

Summary statement

Why is this research needed?

- This research is needed because little is known about what young nurses would like to change in nursing.
- It is imperative that policy makers and practice leaders understand the views of young nurses if they are to be retained in the profession.

What are the key findings?

- Young nurses are primarily dissatisfied with poor work conditions, poor salary and poor relationships with their older peers.
- The lack of motivating factors in nursing is likely to push young nurses from nursing at a time when their retention is vital given the predicted global nursing shortage.

How should the findings be used to influence policy/practice?

- Workforce planners need to understand what push/pull factors are motivating young nurses to remain in, or exit from, the profession so that strategies can be developed to address these concerns.
- Employers of young nurses should listen to their concerns so that 'in-house' policies can be developed to contribute to the retention of this important sector of the workforce.
- Employers should create a workplace culture that motivates young nurses to want to stay in the nursing profession.

Key words

Generation Y, nursing, motivation, Herzberg, work, career

Introduction

Background

The meaning of 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 a “task to be undertaken ...thing done or made by work; result of an action” (Deverson, 1997, p. 1231). Thus, work has several meanings.

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. Miller (2006) suggests that good work in nursing can be considered to be work that is both “technically and scientifically effective as well as morally and socially responsible” (p.471) and is influenced by factors such as; 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, society’s view of that work and the monetary rewards afforded, for example the status of a 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, it can be considered to be significant, fundamental and important aspect of adult life (Greenhaus, Callanan & Godshalk, 2000; Landy & Conte, 2007).

Work as a determinant 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 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).

Work life balance

The concept of having a work-life balance is viewed by many workers as an important issue for them (Hays Specialist Recruitment Limited, 2010; Jamieson, Kirk & Andrew, 2013). It has been suggested that work-life balance is what Generation Y value most in a work environment (McCrindle, 2006; McCrindle & Pleffer, 2008). They will not view work as their ‘life’, rather they will favour flexibility in the workplace (Jamieson et al., 2013). Further, Generation Y nurses note that they want shift patterns that complement their out of work life activities with workloads that do not leave them exhausted for their off work time (Jamieson et al., 2013).

Herzberg Motivation-Hygiene Theory of motivation to work

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, Mausner & Snyerman 1959). It was further refined by Herzberg in the 1960s (Herzberg, 1968) and has been replicated innumerable times. The aim of Herzberg et al.’s (1959) research was to discover individual workers’ attitudes towards their work and what it was that individual workers wanted from their jobs.

Push-Pull factors

The Motivation-Hygiene 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 (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).

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. Hygiene factors serve as a basis for a satisfied employee and are not themselves satisfiers. Positive changes in hygiene factors will only result in short term attitude changes. 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. 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. (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)

Generation Y

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.

There are several definitions of the age span of Generation Y in the literature, for the purposes of this paper Generation Y are consider to be those individuals born between 1980 – 1994. The age ranges used here is reflective of McCrindle and Pleffer's (2008) work.

This particular cohort, the children of the Baby Boomers, have been the subject of much research, especially in the management and marketing fields. 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.

Generation Y attitudes to work

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. Secondly, they value the culture of their workplace, placing a high importance on being socially connected with peers. 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 on-going education.

Others, such as Healy (2008) suggested that Generation Y are looking for a career that they can be passionate about. Healy (2008) also suggests 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. 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.

However, 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 differences were minimal. 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 Chartered Certified Accountants & Mercer, 2010). 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.

The study

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.

Design

This research used a descriptive exploratory approach (Burns & Grove, 2009) utilising a New Zealand wide on-line survey to elicit both quantitative and qualitative data.

The instrument

No one survey was located in the literature that would suitable answer the aims of this research. Accordingly, four instruments (or part thereof) were utilised for this research in order to answer the research question and aims.

The instrument, called the 2009/2010 Gen Y nurses survey, comprised eight sections;

1. Demographic data.
 - a. This section comprised 18 mostly closed answer questions.
 - b. The questions for this section were taken from the NCNZ Annual Practising Certificate survey. This allowed for easy comparison with NCNZ data with regard to ethnicity, length of time working as nurse, hours of work, area of employment and practice.
2. Future career intentions.
 - a. This section comprised 15 questions with a mixture of open and closed questions. One questions related to the views of Generation Y towards career. This question was a 5 point Likert scale asking participants to rate their views from 'very important' to 'not important' about nine aspects of work such as challenging work and access to education. This section of the survey was used, with permission, from a survey

developed by the Australian human resources group AH Revelation (AH Revelations, 2006).

3. Career commitment

- a. This section comprised seven questions, using a five point Likert scale from 'strongly agree' to 'strongly disagree'. These questions related to career commitment were taken from a validated survey designed by Blau (Blau, 1985, Blau, 1988, Blau, 1989).

4. Decision to become a nurse

- a. Sections four to eight were taken from a survey developed by (McCabe et al., 2003) The aim their research was to report on the "characteristics, attitudes and employment participation plans of practising RNs in Western Australia" (2003, p. 2). Permission was received from the authors to adapt their survey.
- b. This comprised 22 questions with a 5 point Likert scale from 'very important' to 'not important'.

5. Working environment

- a. There were 19 questions in this section with a 5 point Likert scale from 'strongly agree' to 'strongly disagree'.

6. Satisfaction with nursing

- a. This section had 15 questions with a 5 point Likert scale from 'extremely satisfied' to 'unsatisfied'.

7. Attitudes to nursing

- a. This section had 10 questions with a 5 point Likert scale from 'strongly agree' to 'strongly disagree'.

8. Final comments

- a. This section gathered open text data from the open ended question: If there was one thing you could change about nursing what would it be?

The focus of this article is to report on the qualitative free text data from section eight. The open ended question allowed the participants to express their views in their own words.

Demographic data from section one is provided (see table 1) as background but not reported on detail. Results from section one to seven have been reported elsewhere (Jamieson et al., 2012a, Jamieson et al., 2013).

Participants

Emails inviting participation in a survey were sent via the Nursing Council of New Zealand¹ (NCNZ) to 454 eligible participants. Eligible participants were registered nurses born between 1981 and 1988 (Generation Y) who had supplied an email address to the NCNZ and had indicated that they were willing to participate in surveys via emails. This recruitment method elicited 295 responses = 65% return rate.

To further increase the return rate Nurse Entry to Practice² (NETP) coordinators at all New Zealand District Health Boards (DHBs) were contacted by a research assistant and asked if all eligible nurses, both enrolled in a current NETP programme and those who had since completed the programme, could be invited to undertake the survey via an email from the research assistant. This was considered a useful way of contacting other eligible nurses, as the majority of new registered nurses are enrolled in a NETP for their first year of practice. NETP coordinators from all 21 DHBs agreed to contact eligible RNs. Although two different samples of nurses were recruited no differences were noted between them because no data was collected about which DHB they worked for therefore it was not possible to know which NETP they were enrolled in.

Those interested in undertaking the survey were asked to contact the research assistant via email. The research assistant and a NCNZ staff member checked that there were no duplications. Eighty-two nurses asked to be sent a link to the survey. Sixty-three responses were received = 77% return rate. The total numbers of responses equals 358 (N=358). Data collection occurred from August 2009 to January 2010. No incentives were offered for participation. Completion and submission of the survey was considered as consent to participate.

Although two different samples of nurses were recruitment it is not considered that there were any differences between the cohorts because all nurses in New Zealand must be registered with the NCNZ hence nurses recruited via the NETP are a subset of the larger group. Therefore the sample of 358 respondents were consider to be one cohort.

¹ The role of the Nursing Council of New Zealand (NCNZ) is to protect the public by setting standards for nursing in New Zealand by accrediting and auditing nursing education programmes and issuing New Zealand Registered Nurses (RN) with their competency based Annual Practicing Certificates. All RNs working in New Zealand must be registered with NCNZ.

² All District Health Boards in New Zealand offer a thirteen month Nurse Entry to Practice (NETP) programme to support graduate nurses wishing to work in hospitals, primary care or aged/residential care.

Data collection

Data was collected via the on-line survey and automatically populated into an Excel spread sheet.

Ethical considerations

Ethical approval was sought and obtained by a university. The on-line survey opened with an information and consent page which explains that the email recipient was being invited to participate 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 choose not to complete the survey once they had commenced.

Data Analysis

Numeric data were analysed using PASW Statistics Version 18 (IBM, 2009). Quantitative data analysis was undertaken by the researcher and overseen by a statistician and one of the supervisors to ensure accuracy. NVivo 8 was used as a text management system to code free text data (QSR International (Americas) Inc, 2012). Herzberg's theory was used as a framework for the analysis of qualitative data, hence free text data was coded against Herzberg's themes of ten hygiene/maintenance factors and six motivators.

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). As such, it is not possible to be totally objective when coding free text data. The analysis process for the open text data was as follows:

- 1) The final categories for the content analysis were predetermined to be Herzberg's motivation and hygiene/maintenance factors.
- 2) Free text submitted by respondents to the open ended survey question was selected as the unit of analysis.
- 3) The free text was read through by the researcher 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.

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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, by the researcher and overseen by one of supervisors, 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

9) One of the supervisors checked the researcher's work to ensure abstraction was correct

Validity and reliability

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 Nursing Council of New Zealand (NCNZ) Annual Practising Certificate (APC) survey, Blau's career commitment scale (1989) and the McCabe et al. (2003) 2002 RN survey into one instrument. For details about validity and reliability see Jamieson, Kirk and Andrew (2012a).

Findings

Socio-demographic characteristics of respondents

The majority of respondents were female, New Zealand European, who had first registered in New Zealand. These results mirror data from the New Zealand Nursing Council. Their mean age was 25 years, with the majority having worked as registered nurses for less than one year with many having worked for 1 to 4 years. The majority worked in main urban areas and were employed in public hospitals with the most common clinical areas to work included surgical wards, medical wards, child health areas and perioperative services. The mean hours of work per week were 38. See table 1 for details.

Changes that Generation Y New Zealand Registered nurses want for their profession

Respondents were asked the question: what one thing would you change about nursing? Comments were received from 76% of the respondents ($n=271$). Overall more comments were received about Herzberg's maintenance factors (254 comments) than motivation factors (26 comments, see Figure 1). Examples of the respondents' views are

detailed in Table 2. There was no restriction on the amount of text that respondents were able to submit.

Maintenance factors

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 or improving; Shift work (32 comments), staffing numbers (30 comments), personal support (29 comments), nurse-patient ratio (11 comments) and equipment (7 comments), or decreasing/improving; work load (15 comments) and 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.

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.

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.

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,

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service managers, hospital/corporate managers. Four comments were specifically related to the need for supervisors (unspecified) to decrease their bullying of nurses.

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, or company policy/administration

Motivation factors

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.

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.

Advancement

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

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.

Discussion

When asked to comment on what one thing would you like to change about nursing responses were overwhelming skewed towards Herzberg's 'push factors'. This is of concern to the profession given that the ongoing global nursing shortage means that nurse retention is already top priority in most countries (Shaffer, 2014). While these nurses enjoy their work their commitment for a long term career is not evident (Jamieson et al., 2012b). As such, this finding should also be a concern for the profession and issues surrounding nurses retention. Locally, the Nursing Council of New Zealand (2013) note that the nursing population is

aging at the same time as a future crippling supply shortage of nurses is predicted. This means that the retention of these Generation Y nurses is essential.

All respondents noted that there was room for improvement in most factors that are considered to be imperative if employees are to not feel dissatisfied with their work and therefore able to concentrate on obtaining and maintaining the satisfying motivators (Herzberg, 2008: Herzberg et al., 1959). For example, the majority of respondents noted that work conditions needed addressing. The respondents expressed their concerns that work conditions such as poor shift work allocations impacted negatively on their health and contributed to increased levels of stress. West, Ahern, Byrnes and Kwanten (2007) and West, Boughton and Byrnes (2009) noted that newly graduated nurses find shift challenging given their lack of tolerance towards a disrupted social life.

Further, new graduate nurses may be susceptible to shift work induced depression and burnout, key precursors or push factors from work (Navigate, 2002, West et al., 2007). Such concerns may also negatively impact on the nurses' sense of having a work-life balance. McCabe et al. (2003) also reported concern amongst nurses about the stressful nature of nursing work. Young nurses, under the age of thirty years, surveyed by Clendon and Walker (2011b) noted that they were not prepared as undergraduates for the emotional stress they encountered as registered 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 increasingly stressful (World Health Organization, 2006) with stress due to high workloads a key reason why nurses leave the profession (Tourangeau et al., 2009). Moreover, 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 (Barker & Nussbaum, 2011, Keller, 2009).

Furthermore, the perceived lack of safe staffing levels and the lack of personal support have the potential, according to Herzberg (1968) and Lipkin and Perrymore (2009), to significantly contribute to dissatisfied employees. Moreover, some respondents noted that a high nurse-patient ratio was of concern to them due to safety risks. These concerns are coupled with disquiet that high workloads and paper/computer work are barriers to being present at the bedside, which is where these nurses want to be (Jamieson, 2012).

Given the extensive literature about members of Generation Y wanting mentorship (Healy, 2008, McCrindle & Pleffer, 2008, AH Revelations, 2006, McCrindle, 2006, Hershatter & Epstein, 2010) and on-going feedback it is a concern for the profession that

many of the respondents expressed their negative views about the lack of personal support in the workplace. As well, the reported incidences of poor relationships with peers due to bullying and negative attitudes of older peers and poor relationships with supervisors are reflective of push factors that may entice these nurses to other work (Herzberg et al., 1959; Navigate, 2002; Moody & Pesut, 2006; Miller, 2006; Black, 2008).

Respondents were unanimous that their current salaries did not fairly reflect their worth. Herzberg noted that a perceived unfairness of salary was highly likely to result in dissatisfied employees. Such dissatisfaction according to Herzberg contributes to push factors from work (Herzberg, 1968).

Study Limitations

Accessing the Generation 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. The self-select nature of surveys may also add bias to the results. The sample size could be viewed as small however 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.

This study was conducted over a six month period from 2009-2010. Since that time no new published research specific to young New Zealand nurses, other than already mentioned, has been located. However, the New Zealand Nurses Organisation has published two research reports since 2010 about New Zealand nurses in general (Walker & Clendon, 2013; New Zealand Nurses Organisation, 2011). Results from both reports confirm findings from this study. A 2011 survey of New Zealand nurses over the age of 30 years (n=1076) noted that nurses agreed/strongly agreed that they were poorly paid and they disliked shift work. Further, the nurses felt strongly that their job satisfaction had been significantly reduced due to; high workloads, high patient acuity and high staff turnover (New Zealand Nurses Organisation, 2011). A repeat of survey in 2013 of 1448 New Zealand Nurses, this time inclusive of nurse under the age of 30 years, noted an increase in concerns about poor moral. It was proposed by the researchers that this was due to even heavier workloads than those reported in 2011 (Walker & Clendon, 2013).

Conclusion

Given the ageing New Zealand nursing workforce couple with an ageing population and an increasing demand for health services it is clear that the retention of young Generation Y registered nurses in the health workforce is essential. It is imperative that employers of nurses and government organisations responsible for nursing work force planning understand what push or pull factors are motivating these nurses to remain in, or exit from the profession with a view to developing strategies to address their concerns. If Generation Y NZRNs are to remain in the workplace then the workplace needs to develop motivators to keep them there. If this doesn't occur the potential exists for the health care workplace to either be overwhelmed by dissatisfied workers which will be detrimental to both the nurses and patients or a workplace that is short of nurses.

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Table 1: Socio-demographic characteristics of respondents.

		Study Sample	Female	Male
Total in survey		358		
Gender Responses <i>n</i> (% of responses)		351	330 330(94)	21 21(6)
Ethnicity Responses <i>n</i> (% of responses)		*349	327	21
	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)
	Other	71(19.8)	62(17.3)	8(2.2)
Country respondents first registered as a Registered Nurse n (%) Responses <i>n</i> (% of responses)		351	330	21
	New Zealand	316(90.0)	301(91.2)	15(71.4)
	Other	35(10.0)	29(8.8)	6(28.6)
Year of birth n (%) Responses <i>n</i> (% of responses)		348	326	21
	1980-1982	95(27.3)	87(26.7)	8(38.1)
	1983-1985	122(35.1)	113(34.7)	8(38.1)
	1986-1988	131(37.6)	126(38.6)	5(23.8)
Age in years	Mean (SD)	25 (2.7)		
	Maximum	29		
	Minimum	21		
Time working as an RN Responses <i>n</i> (% of responses)		350	328	21
	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 <i>n</i> (% of responses)		350	329	21
	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)

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Table 1: Socio-demographic characteristics of respondents. (cont'd)

		Study Sample	Female	Male
Total in survey		358		
Main Employer Responses		350	328	21
<i>n</i> (% of responses)	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	9(2.6)	9(2.7)	-
	Public hospital	287(82.0)	267(81.4)	19(90.5)
	Rest home/residential care	9(2.6)	9(2.7)	-
	Other	7(1.96)	7(2.1)	-
Practice areas Responses		351	329	21
<i>n</i> (% of responses)	Assessment and rehabilitation	11(3.1)	11(3.3)	-
	Child health including neonatology	43(12.3)	42(12.8)	1(4.8)
	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)
	Other	41(11.7)	40(12.2)	1(4.8)
	Perioperative (theatre)	35(10.0)	33(10.0)	2(9.5)
	Primary healthcare	17(4.8)	17(5.2)	-
	Surgical	75(21.4)	65(19.8)	10(47.6)
Hours of work	Mean	38		
	Standard deviation	7		

*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.

Motivation and maintenance factors

Table 2 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)	<i>"Shiftwork (sic) (in my current position), more friendly hours, would be great to create the work/life balance"</i>
Staffing (30)	<i>"Better staffing would not go astray either"</i>
Personal support (29)	<i>"support for emotional issues and tools to help support patients and their families though traumatic situations and the time to do that"</i>
	<i>"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"</i>
Nurse-patient ratio (11)	<i>"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"</i>
	<i>work load ... to allow us to spend more one on one time with patients"</i>
Equipment (7)	<i>"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"</i>
Improve:	
Work load (15)	<i>work load ... to allow us to spend more one on one time with patients"</i>
Paper work (15)	<i>"less time spent doing paper work and computer work and more time with patients"</i>
Salary increase(55)	<i>"The PAY"</i>
	<i>"Better pay and more benefits!!! Like heath insurance etc! come on guys, get with the rest of the world!"</i>
	<i>"Pay that reflects the hard work that we do and the impact we make in healthcare"</i>

Motivation and maintenance factors

Table 2: 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)	<i>"bullying attitude of other nurses, especially the older nurses who don't believe in the way we were trained"</i>
	<i>"Nurses that bully other nurses, we need a great sense of team work to be able to do great things for our patients"</i>
Attitudes (19)	<i>"nursing attitudes towards junior nurses. It is a common misconception that junior nurses have no knowledge or skills"</i>
	<i>"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"</i>
Relationships with supervisors (22)	
Better management (18)	<i>that management recognized and respected the hard work that nurses do and showed appreciation!"</i>
	<i>"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"</i>
	<i>"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>
Decrease bullying by management (4)	<i>"Better managers who spent the time to build up members of the team instead of cutting them down at the first opportunity (Horizontal violence)"</i>
	<i>"The bullying of management that has made all of the experienced staff leave"</i>
Personal life (4)	<i>"better work/life balance"</i>
	<i>"The feeling(sic) of duty to the place, eg (sic) feeling guilty asking for time off when the children are sick"</i>

Table 2: Individual respondents' views about aspects of nursing they would like to change.

Motivation and maintenance factors

(cont'd)

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

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

n=271

Motivation and maintenance factors

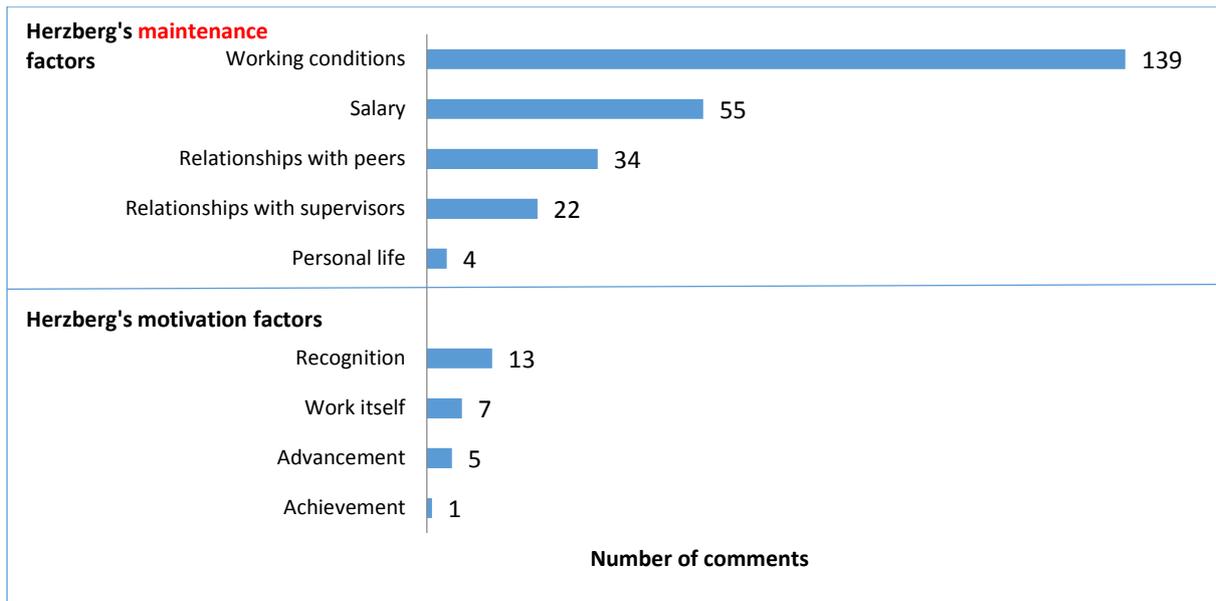


Figure 1: Comments received from the open ended question: what one thing would you change about nursing?

*n=271**

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