

Nursing Values and a Changing Nurse Workforce

Values, Age, and Job Stages

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Objectives: To identify the extent values are associated with age group and job stage; job satisfaction, productivity, and organizational commitment; as well as education, generation, ethnicity, gender, and role.

Background: Values direct the priorities we live by and are related to employee loyalty and commitment. Lack of congruency between a nurse's personal values and those of the organization decrease satisfaction and effectiveness and may lead to burnout and turnover. Little research has been done on whether values differ by age, generations, or job stages.

Methods: Nurses in all roles (N = 412) in three hospitals in Los Angeles County were randomly surveyed, using valid and reliable instruments to measure the variables of interest.

Results: Nurses in the top third for job satisfaction, organizational commitment, and productivity showed higher scores for many values including their associates, creativity, esthetics, and management, while those in the bottom third scored higher in economic returns only. Nurses in different generations differed little; younger generations placed higher values on economic returns and variety.

Conclusions and implications: Management strategies to meet nurses' values and increase their satisfaction and retention are presented.

Values are a fundamental part of our human existence. They direct the priorities we live by and shape our being in the world.¹ Values filter the information we use to judge situations and make decisions, and values ultimately shape our consciousness. Lee characterized values as the basis upon which individuals make choices about how to live their lives.² Consciously or unconsciously, values influence the selection of priorities that are then acted on in our personal and professional lives. Shared values in the workplace build trust and are essential for employee loyalty and commitment.^{3,4}

Living outside our values creates a dissonance between our inner and outer world that is stressful and exhausting.¹ In the work setting, a lack of congruency between personal and organizational values decreases job satisfaction and work productivity and ultimately may lead to job burnout and turnover.⁵⁻⁸

Although studies have focused on job satisfaction and turnover associated with dissatisfaction,⁹⁻¹² little research has been done on values held by nurses and whether values change with age and job stage. With an aging nursing workforce and an increasing nursing shortage, it is vital to understand how values influence nurses' satisfaction as they age and move through job stages. This information might enable organizations to promote strategies that enhance recruitment, job satisfaction, productivity, organizational commitment, excellence, and ultimately retention.¹³ Therefore, the purposes of this study were to identify the extent values are associated with the independent variables of age group and job stage, and with the dependent variables of job satisfaction, productivity, and organizational commitment. Additional purposes were to determine relationships among values and demographic variables of education, generation, ethnicity, gender, and role.

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This was part of a larger study that examined developmental stages of nurses.

Literature Review

Values encompass the abstract of what is right, worthwhile, or desirable.¹⁴ Individuals and groups are identified by the values they adopt, and even more by the values that are evident in their daily activities, choices, and decisions.¹⁵ For example, the value of altruism, or care for the patient's health and well being, is an overriding value of nursing care.¹⁶ Most nurses enter their careers with an altruistic value of service and a desire to improve the lives and health of patients and their families¹⁷ through the establishment of effective nurse-patient relationships. In a study of nurses in Michigan (N = 1780), Fletcher found that nurses expressed intrinsic values of patient care and making a difference in people's lives as well as extrinsic values of employment benefits.¹⁸ However, these nurse subjects also gave multiple examples of unacceptable stressors in their jobs, such as having to arrange 1 year in advance for vacation and personal time off.

Super has spent a lifetime researching values and has developed an instrument to measure the satisfaction that is sought in work (intrinsic values), and the satisfaction that may be concomitant or an outcome of work (extrinsic values).^{19,20} Each of the value categories are defined in Table 1 in terms of the construct they were designed to measure.²¹

The importance that an individual places on either intrinsic or extrinsic values may differ with age, life cycle phase, and professional status. Shapira and Griffith identified a relationship among values, work values, and roles.²² In a study that examined the work values of 432 engineers, managers, and production and clerical employees, results showed that performance was related more to extrinsic values for production among clerical workers, and to intrinsic work values for managers and engineers. These findings support the work of Super and Bohn,²¹ who stated that some values are characteristics of educated and economically advantaged people, whereas others are common to people of all socioeconomic levels. Super proposed that a degree of security might be necessary before most people can attach importance to beauty or creativity. The hierarchy of needs developed by Maslow is also relevant to values, because values are derived from needs.²³ Thus the worker who makes over \$50,000 per year and has a college degree may attach more importance to values such as intellectual stimulation and esthetics

than does the worker who makes \$30,000 per year and places higher value on security and variety.

Understanding the value structure of an employee can be an important aid in determining the psychological appropriateness of a given training or employment, and in clarifying and setting professional goals and rewards. Selecting and retaining employees who identify with the organization's mission, goals, and values are important considerations in promoting employee satisfaction, productivity, and organizational commitment.^{5,24,25} Knowing the values that motivate an individual may be an important tool for a manager in enhancing employee productivity, developing effective teams, and directing performance counseling.¹³

Age Groups and Generations

Kupperschmidt contends that work values vary with age and generation,²⁶ whereas Johnson found values increased or faded in response to reinforcement.²⁷ This researcher found that older nurses tend to leave the hospital workforce for other positions; yet those remaining report more satisfaction and commitment to the organization than younger nurses.^{17,28} Younger nurses entering the workforce may have attitudes and values toward work and career that differ from older nurses. Work values may also vary according to differences among generations.^{26,29,30} The values of the new generation, named Generation X, may result in varying levels of organizational commitment. Dunn-Cane, Gonzalez, and Stewart describe Generation Xers as being more likely to regard organizations as places to grow, not places to grow old.³¹

Both the Boom and Silent Generation have been described as having traditional work values and ethics. The Boom generation, born between 1943 and 1960, tend to have a materialistic focus, working long hours at their jobs. Individuals from the Silent Generation, born between 1925 and 1942, are currently in or nearing retirement. Often described as hard working, conservative, and cautious, the Silent Generation is viewed as mediators and mentors.^{32,33}

Generation X refers to the generation born between 1961 and 1981.³⁴ According to the literature, this generation has attitudes and values toward work and career that differ from previous generations.

The media has negatively described Generation X as cynical, unmotivated, self-absorbed, and questioning of authority.^{35,36} The present-oriented values of Generation X may result in more frequent changes in employment and careers when confronted with work demands.^{26,37} Generation Xers stress career security rather than job security and or-

Table 1. Operational Definitions of Work Values

Value	Operational Definition
Achievement	Work that gives one a feeling of accomplishment in doing a job well
Altruism	Work that enables one to contribute to the welfare of others
Associates	Work that brings one into contact with fellow workers whom one likes
Creativity	Work that permits one to invent new things, design new products, or develop new ideas
Economic returns	Work that pays well and enables one to have the things one wants
Esthetic	Work that permits one to make beautiful things and to contribute to the beauty of the world
Independence	Work that permits one to work in one's own way, as fast or slowly as one wishes
Intellectual stimulation	Work that provides opportunity for independent thinking and for learning how and why things work
Management	Work that permits one to plan and lay out work for others to do
Prestige	Work that gives one standing in the eyes of others and evokes respect
Security	Work that provides one with the certainty of having a job
Supervisory relations	Work that is carried out under a supervisor who is fair and with whom one can get along
Surroundings	Work that is carried out under pleasant conditions; not too cold, noisy, or dirty
Variety	Work that provides an opportunity to do different types of jobs
Way of life	Work that permits one to live the life one chooses and to be the type of person one wishes to be

ganizational commitment. However, they have loyalty to organizations that reflect their values and that provide learning opportunities to enhance work skills and abilities.²⁶

Job Stages

Job and career stages provide another way of conceptualizing life cycle influences that may affect employee performance and attitudes. Super's model views career stages as extending from the individual's conception to death: growth, exploratory, establishment, maintenance, and decline. In contrast, Dalton and Thompson identified career stages in relation to the organization: developing an identity, building competence, developmental relationships, and the capacity to lead.³⁸

Graham studied air traffic controllers and identified career stages of entry, mastery, and disengagement.^{39,40} He theorized that these stages are related to and are levels of identification of the self and ego with the job environment. According to Graham, the environment influences the individual as he or she moves through stages on a predictable continuum related to time on the job, skill development, and attitudes. This identification includes job values, symbols, standards, skills, and rewards. Identity formation with the environment and with the "ideal" job begins in the entry stage, increases throughout the mastery stage, and begins to depolarize at the advent of the disengagement stage. Graham's model was selected for this research because it might explain the path that nurses follow and has outcomes important to nurses.

Employee outcomes important to all organizations include job satisfaction, productivity, and organizational commitment.

Job Satisfaction, Productivity, and Organizational Commitment

Job satisfaction, productivity, and organizational commitment were selected for this study as important variables that influence employee retention. Researchers have spent considerable time and effort developing models to explain individuals' job turnover behavior and to increase individual and organizational productivity.⁴¹⁻⁴³ Work values may be an important component of a model that predicts employee satisfaction, productivity, and organizational commitment, thus decreasing costs related to absenteeism, transfers, and turnover.⁴⁴⁻⁴⁶

In a study by Taylor and Covaleski, values and career plans discriminated between those who remained in their jobs or accepted internal transfers, versus those who turned over within a 1-year period.⁴⁶ In a study by George and Jones, the relationship between job satisfaction and turnover intention was moderated by value attainment and positive mood.⁴⁴ The nature of the interaction was such that the relationship between job satisfaction and turnover intention was strongest when workers' jobs did not help them attain terminal values, and the relationship was weakest when jobs helped workers attain terminal values.

Methods

Permission to conduct the study was received from the University Research Office for Protection of Human Subjects and from appropriate approval bodies of each hospital. The study was exempt from informed consent requirements because participation was voluntary and participants could not be identi-

fied. Anonymity and confidentiality of staff questionnaires and responses, as well as hospital response patterns, were protected by omitting names on questionnaires and through confidential management of the data set.

Settings

Three private, not-for-profit hospitals in Los Angeles County were selected for convenience and because they were representative of such hospitals. These hospitals were moderately sized facilities with a licensed bed capacity of 386, 460, and 551 beds, respectively. Each had a large outpatient service, serving the healthcare needs of a varied, multiethnic population.

Sample

The study's randomly selected sample ($N = 412$) of Registered Nurses was primarily women (95%); 50% of the sample was over age 40 with a mean age of 41 (Table 2). Forty-six percent of the sample held at least a Bachelor's degree in Nursing, and the majority (67%) received their nursing education in the United States. Eighty-six percent were employed full time, 66% were staff nurses, and 15% were middle managerial rank (managers, clinical nurse specialists, educators, and case managers); the rest were charge nurses or supervisors. The average number of years of RN experience was 15.6.

Procedure

Hospitals requested different survey approaches, so the randomization procedure was altered in the following ways. The sample, using random numbers generated by a computer program, was generated from a list of all Registered Nurses in Hospitals A and B. In addition, all managers, educators, clinical nurse specialists, and case managers were invited to complete questionnaires to increase the number of participants in non-staff nurse roles. Hospital A had 297 Registered Nurses; a sample of 169 was invited to participate and 110 returned questionnaires for a return rate of 65%. Hospital B had 486 nurses; a sample of 266 was invited to participate and 133 returned questionnaires for a return rate of 50%. Hospital C had 500 nurses and requested that all questionnaires be distributed on a single day. Therefore, a day was randomly chosen and all nurses on duty (357) during that 24-hour period received questionnaires; 169 questionnaires were returned, for a return rate of 47%. Overall return rate was 52%. No analysis of non-participants was performed. A sample size of 350 to 400 was felt to be sufficient for detecting small to medium effects, with a power of .8, when comparing multiple categories.

Instruments

The survey packet consisted of a letter of information and invitation and 7 survey instruments including personal demographic questions. The survey instruments are described as follows.

Work Values Inventory

Super developed a work values inventory (WVI) based on the values described in Table 1.¹⁹ The WVI addresses each of these 15 values as sub-scales embedded in three statements, each describing the importance of the work characteristic. The values are mixed in order of presentation. Examples are "work in which you help others" and "work in which you have a supervisor who is considerate." The employee rated each statement on a 5-point Likert-type scale, from very important to unimportant, and points are summed to produce sub-scale scores for each value (3 minimum, 15 maximum). Validity was evaluated as well as test-retest reliability with a median reliability of .83.¹⁹ In this study, internal consistency of these 3-item scales was demonstrated and ranged from Cronbach's $\alpha = .62$ for independence to $\alpha = .91$ for altruism. Although normative data are available for many categories, it was not found for nurses or comparable professions, so could not be included in comparisons.

Job Identity Stages Questionnaire

A description of three stages of development in the respondent's present job, using the model developed by Graham,³⁹ was included in the survey packet. Content validity was established by the incorporation of a broad description, representative of the various facets included in Graham's model. Reliability was estimated by test-retest methods. The researcher administered the questionnaire to 21 graduate nursing students, at two points, with a 3-week interval. Respondents were instructed to choose the one stage of development in their present job that best described their situation. The instrument was found to be stable with 80% of the graduate students showing complete agreement between the first and second administration.

The following instruments—job satisfaction, productivity, and organizational commitment scales—are valid and reliable, and are described in more detail, including sample questions, in a previous study.^{12,47}

Job Satisfaction Scale

Job satisfaction, defined as the feelings an employee has about the job in general, was measured by the Job-in-General Scale.⁴⁸ In the current study, internal consistency was also demonstrated ($\alpha = .85$).

Table 2. Demographic Characteristics of Nurses (N = 412)

Data	N	%
Sex		
Female	388	94.9
Male	21	5.1
Generation		
Generation X	70	17
Baby boomers	252	61.2
Silent generation	79	19.2
Education—highest		
Associate Degree in Nursing	119	29.1
Diploma	68	16.6
Bachelor of Arts, Bachelor of Science, and Bachelor of Science in Nursing Degrees	187	37.9
Graduate degree	35	8.5
Years as a registered nurse		
0–2	44	10.8
3–5	44	10.8
6–10	56	13.7
11–20	147	35.9
21+	118	28.9
Roles		
Staff nurse	271	66.4
Manager	40	9.8
Clinical nurse specialist, case manager, educator	21	5.1
Other (supervisors, charge nurses)	76	18.6
Status		
Full-time	349	86.2
Part-time	56	13.8
Ethnicity		
American Indian	3	.7
Afro-American	11	2.7
Chicano	16	4.0
Chinese	11	2.7
East India/Pakistan	4	1.0
Japanese	10	2.5
Korean	10	2.5
Latino	11	2.7
Filipino	113	28.1
Asian—other	7	1.7
White	188	46.8
Other	18	4.4

Productivity

Productivity is conceptualized by Bain as output over input,⁴⁹ or the contribution toward an organizational end result in relation to resources consumed. Productivity must be measured by various indicators of both quantitative and qualitative output. This questionnaire was developed by the researcher to measure self-perception of productivity and had an internal consistency of $\alpha = .91$ in this study.

Organizational Commitment

Organizational commitment is defined as a measure of the identification with, and involvement in, the goals and values of the organization. The Organiza-

tional Commitment Scale⁵⁰ was found to have internal consistency in the present study (Cronbach's $\alpha = .90$).

Data Analysis

Data were analyzed using Statistical Analytical Software (SAS Institute, Cary, NC, 27513), and also Statistical Program for the Social Sciences (SPSS 10.1 for Windows) through univariate and bivariate approaches. Demographic variables were examined for relationships with values; then research questions about this study's independent variables (values, age group, and job stage) and dependent variables (job

satisfaction, productivity, and organizational commitment) were examined, using Spearman's correlation, analysis of variance (ANOVA), and *t*-tests. ANOVA and *t*-tests were used to provide more information across and within specific groupings. Alpha was set at $P < .05$ for all data analyses unless otherwise indicated.

Results

Description of Nurses on Dimensions of Values

The mean scores for values, on a scale of 3 to 15, ranged from a low of 9.48 (SD = 2.86) for esthetics to a high of 13.64 (SD = 2.04) for supervisory relations (Table 3). In this study, multiple correlations among values were found with the most significant relationships ($< .60$, $P = .0001$) noted between achievement and altruism, achievement and intellectual stimulation, creativity and independence, creativity and intellectual stimulation, prestige and associates, security and economic returns, supervisory relations and achievement, supervisory relations and altruism, supervisory relations and way of life, way of life and achievement, way of life and intellectual stimulation, altruism and intellectual stimulation, and altruism and way of life. Other interesting relationships include supervisory relations and security ($r = 0.59$, $P = .0001$) and security and achievement ($r = 0.60$, $P = .0001$).

Value Differences Related to Education, Ethnicity, Gender, and Role

ANOVA showed some significant differences for values among educational levels. Post hoc comparisons,

using the Bonferroni *T* test, showed that nurses with bachelor's degrees had significantly higher scores than associate-degree nurses in relation to esthetic values ($m = 9.86$ vs. 8.68), creativity ($m = 11.88$ vs. 11.08), and management ($m = 10.30$ vs. 9.44). Non-graduate degree nurses rated values of altruism, associates, economic returns, security, supervisory relations, and surroundings more highly than master's prepared nurses did. Surprisingly, nurses with graduate degrees rated achievement lower ($m = 12.82$, SD = 2.80) than did nurses without graduate degrees ($m = 13.31$, SD = 1.86).

In relation to ethnicity, ANOVA revealed some significant differences, but only Caucasian and Filipino had sample sizes that were a significant percent of the total N; thus most differences could not be compared. However, Filipino nurses had significantly higher scores than Caucasians in values of associates ($m = 13.19$ vs. 11.30), creativity ($m = 12.26$ vs. 11.31), esthetics ($m = 11.27$ vs. 8.28), management ($m = 10.92$ vs. 9.40), prestige ($m = 12.49$ vs. 11.17), security ($m = 13.47$ vs. 11.99), and surroundings ($m = 13.15$ vs. 11.73). Gender differences were noted in relation to values of management and independence, with males scoring higher in both values. However, differences were not statistically significant, probably because of the small ($n = 21$) number of males.

Roles were analyzed and showed significant differences in values between managers and staff nurses in relation to values of creativity ($m = 12.43$ vs. 11.33) and management ($m = 10.83$ vs. 9.73) with managers having higher scores for these values. Managers ($m = 10.28$) and staff nurses ($m = 9.49$) also had higher scores for esthetics than advanced practice nurses (APNs) including Clinical Nurse Specialists, Case Managers, and Educators ($m = 7.57$); not surprisingly, managers revealed higher values for management than APNs ($m = 10.83$ vs. 8.95), though not as high as might be expected. Staff nurses showed significantly higher scores than managers in relation to values of security ($m = 12.77$ vs. 11.63), surroundings ($m = 12.65$ vs. 11.20), supervision ($m = 13.83$ vs. 13.05), and economic returns ($m = 12.94$ vs. 11.55) and demonstrated higher scores than advanced practice nurses in relation to surroundings ($m = 12.65$ vs. 10.81), security ($m = 12.77$ vs. 11.29), esthetics ($m = 9.49$ vs. 7.57), and economic returns ($m = 12.94$ vs. 11.43).

Age and Values

The relationship between esthetics and age ($r_{bo} = .11$, $P = .01$) was the only positive relation-

Table 3. Mean Value Scores ($N = 411$) (Scale 3-15)

Value	Mean	±	SD
Achievement	13.21	±	2.01
Altruism	13.24	±	2.15
Associates	11.89	±	2.32
Creativity	11.57	±	2.42
Economic returns	12.60	±	2.41
Esthetic	9.48	±	2.86
Independence	11.78	±	2.04
Intellectual stimulation	12.78	±	2.01
Management	9.95	±	2.37
Prestige	11.54	±	2.27
Security	12.55	±	2.45
Supervisory relations	13.64	±	2.04
Surroundings	12.32	±	2.16
Variety	11.08	±	2.20
Way of life	13.33	±	2.11

ship between age and individual work values. Significant negative relationships between age and values were shown in regards to the following values: economic returns ($rbo = -.13, P = .008$), prestige ($rbo = -.10, P = .04$), and variety ($rbo = -.19, P = .0001$). In other words, older nurses scored lower on these values than younger nurses.

Values and Job Satisfaction

As with age, job satisfaction did not show positive correlations with work values. A negative correlation was demonstrated with economic value and job satisfaction ($rbo = -.14, P = .05$); nurses with high values for economic returns had lower job satisfaction.

Comparisons of Values by Lowest One Third and Highest One Third Mean Scores for Employee Outcomes

Values were compared between the lowest and the highest third of the nurses for job satisfaction, productivity, and organizational commitment (Table 4). Results revealed that nurses in the top third of job satisfaction had significantly higher scores for values of associates, creativity, esthetics, and management. Nurses in the lowest third for job satisfaction had significantly higher scores for economic returns. Nurses who rated their productivity highest had significantly higher scores for values of achievement, associates, creativity, esthetics, independence, intellectualism, management, prestige, security, surroundings, and variety. Nurses in the highest third for organizational commitment had significantly higher scores for values of achievement, altruism, associates, creativity, esthetics, and intellectualism. Nurses in the lowest third for organizational commitment had significantly higher scores for economic returns.

Values and Job Stage

Of the nurses in this study, 13% reported being in the Entry Job Stage, 62% in Mastery, and 24% in Disengagement from their jobs.¹⁷ Analysis of variance demonstrated significant differences among nurses in different job stages in values for economic return ($F_{2,356} = 3.90, P = .02$). Post hoc comparisons, using a *t*-statistic, showed significant differences, at $P < .05$ levels, between entry and mastery job stages, with nurses in the entry stage showing higher scores in values for economic returns ($m = 13.33$ vs. 12.33). Differences were also seen in altruism between entry and disengagement job stages with a mean of 13.71 ($SD = 1.71$) at entry and 12.93 ($SD = 1.86, P = .02$) at disengagement. Disengaged nurses had a lower mean score, just short of significance ($F_{2,357} =$

$3.64, P = .057$) on achievement than non-disengaged nurses.

Comparisons of Values by Generations

Generation X, Boom Generation, and the Silent Generation were compared for differences in values. Significant differences were found between the Silent Generation ($m = 10.58, SD = 2.38$), the Boom Generation ($m = 11.18, SD = 2.12, P = .05$), and Generation X ($m = 11.81, SD = 1.88, P = .002$) in relation to variety. There were also differences among the Silent Generation ($m = 11.97, SD = 2.78$), the Boom Generation ($m = 12.77, SD = 2.31, P = .011$), and Generation X ($m = 13.25, SD = 1.49, P = .003$) in relation to values for economic returns. Generation X had higher values for both variety and economic returns. However, no other significant differences were identified.

Discussion

As managers struggle with how best to recruit and retain nurses, they might attempt to identify the values that influence motivation and job satisfaction for these care-giving professionals. This study revealed that the highest rated value of these nurses was for good supervisory relations, consistent with other researchers' findings among non-nurses.⁵¹ This study also supports previous research that found correlations between organizational commitment and positive relations with the supervisor.⁵² It is obvious that effective managers are extremely important to staff, and that a critical strategy for recruiting and retaining nurses is having skilled nurse managers who are actively involved with their staff. Supervisory relations were also highly correlated with altruism, achievement, way of life, and security, so these are also very important values for managers to understand and to support.

Value differences were found among nurses, depending on their age, educational background, ethnicity, and gender. Roles of nurses also affected values, but it is not known whether the value differences preceded the role changes or occurred after nurses became charge nurses, managers, or advanced practice nurses.

Entry-level nurses placed higher value on economic returns than mastery level nurses, and disengaged nurses showed lower values for altruism than nurses in the entry stage, and lower values for achievement than non-disengaged nurses. In a National Institute of Health-funded study on the structure of coping, the authors state that disengagement

Table 4. Values of Nurses with Lowest 1/3 and Highest 1/3 Mean Scores of Job Satisfaction, Productivity, and Organizational Commitment (N = 412) (Scale 3-15)

Value	Job Satisfaction (n = 150/158)	P	Productivity (n = 121/130)	P	Organizational Commitment (n = 122/120)	P
Achievement						
Low	13.18	.61	12.91	.00*	12.89	.02*
High	13.30	.61	13.79	.00	13.47	.02
Altruism						
Low	13.15	.41	13.15	.08*	12.92	.03*
High	13.35	.41	13.62	.09	13.51	.03
Associates						
Low	11.76	.04*	11.45	.00*	11.43	.01*
High	12.29	.04	12.47	.00	12.22	.01
Creativity						
Low	11.33	.03*	10.62	.00*	10.96	.00*
High	11.92	.03	12.72	.00	11.90	.00
Economic returns						
Low	13.05	.00*	12.53	.23	12.89	.01*
High	12.32	.00	12.90	.23	12.16	.01
Esthetic						
Low	9.18	.00*	8.19	.00*	8.80	.00*
High	10.24	.00	10.69	.00	9.98	.00
Independence						
Low	11.91	.62	11.21	.00*	11.62	.75
High	11.79	.62	12.45	.00	11.70	.75
Intellectual stimulation						
Low	12.78	.72	12.45	.00*	12.43	.04*
High	12.86	.72	13.28	.00	12.97	.04
Management						
Low	9.71	.01*	9.11	.00*	9.63	.07
High	10.42	.01	10.82	.00	10.19	.07
Prestige						
Low	11.69	.74	10.95	.00*	11.28	.32
High	11.60	.74	12.21	.00	11.58	.32
Security						
Low	12.57	.52	12.26	.02*	12.23	.11
High	12.75	.52	13.02	.01*	12.73	.11
Supervisory relations						
Low	13.69	.70	13.80	.74	13.48	.56
High	13.60	.70	13.88	.74	13.64	.56
Surroundings						
Low	12.48	.41	12.11	.02*	12.27	.89
High	12.27	.41	12.75	.02	12.23	.89
Variety						
Low	11.20	.59	10.80	.00*	11.16	.49
High	11.06	.59	11.59	.00	10.97	.49
Way of life						
Low	13.49	.28	13.22	.13	13.24	.77
High	13.24	.29	13.62	.13	13.32	.77

*Significant at < .05

from values and the job is a normal way employees use to reduce job stress.⁵³ Again, the manager's role in decreasing job stress would be critical to avoiding disengagement of nurses. More research is needed to determine the answers to these questions.

Although initial analyses did not reveal great differences, variation became more apparent as we compared the top third and the bottom third of

nurse outcomes. Participants in the top third for job satisfaction, productivity, and organizational commitment had significantly higher scores for many values, while nurses in the lowest third of job satisfaction and organizational commitment had higher scores only for economic returns. In fact, value scores were so consistently lower for this group that it caused the researchers to wonder which came

first: a tendency to place less emphasis on values or lower job satisfaction, productivity, and organizational commitment. Perhaps there is a tendency to have a flatter emotional affect among nurses who become disengaged.

If skillful managers focused more on supporting nurses in the attainment of their values within the work setting, perhaps nurse outcomes would be higher. Buckingham and Coffman, in their book on what the greatest managers do differently, recommend "breaking all the rules."⁵⁴ The rules say treat every employee alike; do not get personally involved with staff; and spend equal time with all who work under your direction. Buckingham and Coffman say treat each person individually, identify each person's strengths, and invest time in employees to support them in leading with their strengths.

To apply this wisdom, managers should meet with staff nurses upon hire, after 3 months, and at least annually thereafter and examine the values, goals, and priorities of each nurse. Use of Super's values instrument and/or a questionnaire about the nurse's values and priorities would provide an opportunity to assess work values and talk about how the work setting can support the nurse in fulfilling her/his values. The nurse and manager could then set goals, based on meeting these values, goals, and priorities.

For example, if a nurse is in school and requires time off for classes, it is important to meet her/his school requirements. If it is important for a nurse to be home for children, right after work, that should be accommodated if possible. When economic returns are of highest priority, ways of accomplishing more income should be discussed and goals set. Nurses with high values for esthetics should be involved in activities (eg, decorating the unit) that fulfill those values. Those who enjoy change and variety can certainly be accommodated, recognized, and rewarded for being more flexible. High values for co-worker relations are a signal for involvement in peer recognition or social activities. Those who value recognition and achievement could be regular presenters of educational information, and leaders in unit activities. Values for education, growth, and change or variety could be encouraged and supported.

Redesigning care delivery systems has often spread managers so thin that their foci are on accomplishing numerous tasks. Managers may disengage from their values around the staff as a method for coping with their own stress, especially if they feel unsupported or inadequate. However, managers

with effective interpersonal skills that focus on the staff will help prevent dissatisfaction and the turnover that creates the problems that are so time consuming. In one author's many years as a nurse executive, she found that time invested in staff paid back wonderful results of nurses who enjoyed their jobs and were committed to patient care and to the organization.

Another way to focus on meeting values would be to have a seminar or workshop on the topic, identify values of individuals and of the unit, and involve the staff in planning ways to be sure work and values are congruent, and that staff feel fulfilled. A monthly time of recognition and appreciation would also be an excellent strategy.

In this time of shortage, managers can become passionate advocates for their staff and for methods that increase satisfaction and decrease turnover. Arguments about cost become trite in comparison with the cost of replacing one nurse, or of using registry in place of regular employees. Managers who can demonstrate low use of illness benefits, reduced turnover, high staff job satisfaction, productivity, organizational commitment, and limited use of agency personnel can demand organizational power and support for their requests. These managers should be strongly supported by the nurse executive.

Sign-on bonuses may actually increase turnover by encouraging nurses to switch jobs frequently. What if the attraction was to have managers who really care about their nurses and who make sure that values of nurses are fulfilled? Such competent managers should receive extra recognition and support if they are able to attract and retain staff.

The comparison of values among Generation X nurses, Boomer generation nurses, and the older, Silent Generation is interesting. In spite of the popularity of articles, conference presentations, and Internet material on the great differences among these generations, our study showed significant differences only for values of variety and economic returns; the younger the generation, the higher these values. However, in comparing Altruism, Generation X scored higher than either Boomers or the Silent Generation, while all three generations were evenly matched on Intellectualism and Achievement, and the Silent Generation scored higher on Esthetics. Those differences that do exist may be more a result of age than generation. In fact, as we researchers contemplated our values, we remembered how much more important variety and economic returns were to us as new graduates (one of us is a Boomer, and one is from the Silent Generation).

This study has limited generalizability because of the settings, the sample, and the nonexperimental methodology. The instrument for measuring job stage used a single measure for each stage, and measured the nurses' perception of his/her job stage. However, other instruments, including the values instrument, had thorough validation of their psychometric properties.

This study examines the relationships among nurse values, job stages, age, generation, and nurse outcomes of job satisfaction, productivity, and organizational commitment. Further, application of this information to decreasing nurse turnover is made.

Values are a critical element of what motivates and rewards nurses. A serious shortage of professional nurses provides the impetus to examine rela-

tionships between values and positive outcomes for staff nurses. If living outside our values creates a dissonance between our inner and outer world that is stressful and exhausting,¹ the mission of the nurse manager should be to strive to reduce that dissonance for staff, thus preventing disengagement, frustration, and costly turnover.

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