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Job and career satisfaction and turnover intentions of newly graduated nurses

HEATHER K. SPENCE LASCHINGER

Distinguished University Professor and Arthur Labatt Family Nursing Research Chair, Health Human Resources Optimization, Arthur Labatt Family School of Nursing, University of Western Ontario, London, ON, Canada

Aim To describe new graduate nurses' worklife experiences in Ontario hospital settings in the first 2 years of practice and to examine predictors of job and career satisfaction and turnover intentions.

Background With a large cohort of nurses approaching retirement, every effort must be made to ensure that the work environments of new graduate nurses are positive, promoting job satisfaction and commitment to the profession to address the nursing workforce shortage.

Method A cross-sectional analysis of data from a mail survey of new graduate nurses (n = 342) in their first and second year of experience was used to address the research objectives.

Results Overall, new graduate nurses were positive about their working conditions and there were few differences between nurses in their first and second years of practice. Structural and personal factors explained significant amounts of variance (31–68%) in both job and career satisfaction and turnover intentions. Empowerment, work engagement and burnout were important significant predictors.

Conclusions Modifiable workplace factors play an important role in influencing new graduates job and career satisfaction and turnover intentions.

Implications for nursing management Managers can employ strategies to enhance quality work environments that promote retention of new graduates and lessen the nursing workforce shortage.

Keywords: job and career satisfaction, new graduate nurses, turnover intentions

Introduction

New graduate nurses are a precious health human resource as the profession continues to experience a workforce shortage, in spite of a temporary reprieve as a result of the recent recession (Buerhaus et al. 2009). Work-life issues that threaten new graduate retention are a concern for nurse administrators (Beecroft et al. 2008, Kovner et al. 2009), given reports of high turnover rates (Beecroft et al. 2001, Halfer & Graf 2006). Many have expressed concern that many new graduates may actually leave the profession altogether as a result of negative working conditions (Griffin 2005, Scott et al. 2008). With a large cohort of nurses approaching retirement, every effort must be made to ensure that the work environments of new graduate nurses are positive, promoting commitment to their place of employment and job satisfaction (Laschinger et al. 2010). The cost of replacing a new graduate nurse is high, both in financial and organizational productivity terms (Beecroft et al. 2001, Lindsey & Kleiner 2005). Numerous factors have been identified as essential to retaining a satisfied engaged workforce. However, there are only a few published reports of workplace characteristics of newly graduated nurses, particularly in the first 2 years of experience in hospital settings, the most common area of practice for new graduate nurses. The purpose of the present study was to describe new graduate nurses' worklife

experiences in Ontario hospital settings in the first 2 years of practice and to examine predictors of job and career satisfaction and turnover intentions.

Conceptual framework for the study

The New Graduate Nurse Worklife and Retention Model (Fig. 1) was derived from the management literature to examine new graduate worklife in the present study. The framework describes initial conditions and personal factors that influence work outcomes through intervening work experiences. Situational and personal factors, such as workplace empowerment and personal dispositional strengths, are basic conditions in the workplace that influence new graduates attitudes and behavioural responses to their work, such as experiences of incivility/bullying and burnout/engagement, which ultimately influence work outcomes, such as job satisfaction and intent to leave or stay in their jobs or the profession, and health outcomes, such as mental and physical health (see Fig. 1). Nursing management has a great deal of control over the quality of working conditions and the professional practice environment new graduates encounter. In the present study, organizational supports for new graduate nurses successful transition to practice, such as orientation programme quality and mentoring, were included as structural situational characteristics that influence new graduates worklife experiences.

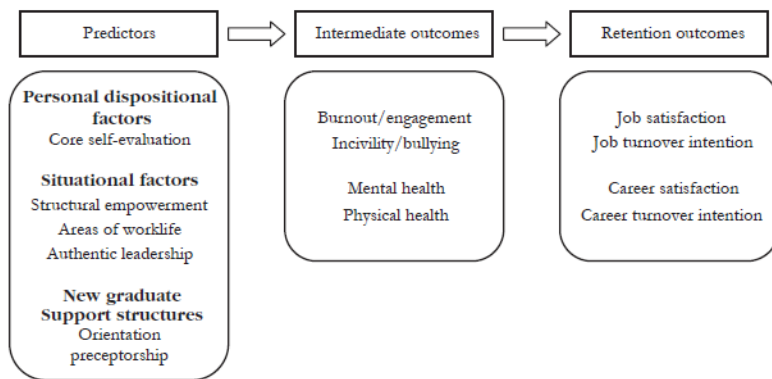


Figure 1
New graduate nurse work life and retention model.

Literature review

The following literature review provides a brief background on the predictors, intermediate outcomes and job and career outcomes included in our study model.

Personal dispositional factors

Research has shown that personal dispositional factors, such as core self-evaluation (CSE), in addition to situational factors, play a role in employees responses to worklife conditions (Judge & Bono 2001). CSE consists of four personality characteristics that affect how people interpret and respond to their environments: self-esteem, general self-efficacy, locus of control and emotional stability (Judge & Bono 2001). CSE has been shown to influence job satisfaction and burnout (Laschinger et al. 2011).

Situational factors

Numerous situational factors in the workplace have been found to influence employees relationships with their work. Structural empowerment, defined as the degree of access to workplace conditions that provide information, support, resources and opportunities to learn and grow, has been shown to be positively related to nurses feelings of autonomy, support for professional practice (Laschinger et al. 2003), job satisfaction (Laschinger et al. 2004a), organizational commitment (Laschinger et al. 2000) and turnover intentions (Nedd 2006). Structural empowerment has also been linked to health outcomes, such as burnout (Laschinger et al. 2009a, 2010) and mental and physical health (Laschinger et al. 2004b). Empowerment is also related to the six areas of worklife described by Leiter and Maslach (2004) as factors that influence employees responses to their workplace: manageable workloads, control over work, rewards for contribution, fair treatment, a sense of community and congruence between personal and organizational values. They have consistently linked these factors to employee burnout, a finding supported in the nursing literature (Cho et al. 2006). In studies of new graduates, structural empowerment and the six areas of worklife have been shown to be important predictors of burnout and work engagement (Cho et al. 2006, Laschinger et al. 2009a). In Cho et al. s (2006) study, unmanageable workload, a perceived lack of fairness and a weak sense of community on the work unit were most strongly related to emotional exhaustion, as were access to support and resources in the work environment. Effective unit leadership has been found to influence both structural empowerment and these six areas of worklife in nursing settings (Young-Ritchie et al. 2009, Laschinger et al. 2011, Patrick et al. 2011), highlighting the role of leadership in creating positive work environments. Authentic leadership (Avolio & Gardner 2005), characterized by leader behaviours that create meaning and optimism in followers through transparency, balanced processing, moral integrity and self-awareness, has been linked to positive working conditions (Wong et al. 2010).

A variety of organizational supports to facilitate new graduate nurses' transition to the workforce have been advocated. Extended orientation programmes beyond the standard hospital orientation process usually run over several weeks and often include a dedicated mentor and/or preceptor to work with each new graduate as they adjust to the full-time role. Most programmes also include a component of classroom learning opportunities and opportunities for dialogue with mentors and experienced nurses about issues and concerns that arise in their early practice experiences. New graduate nurses job satisfaction and turnover intentions have been linked to the quality of the orientation programme they received and the quality of their experience with their preceptors (Halfer & Graf 2006, Scott et al. 2008). New graduate residency programmes are becoming a popular means of promoting retention of new graduate nurses (Beecroft et al. 2008, Ulrich et al. 2010). Residency programmes are longer and more structured than typical orientation programmes, usually 1 year in length. Outcomes that have been reported include lower turnover, greater intent to remain in the organization, improved clinical knowledge and technical skills, confidence and comfort in the graduate nurse role, job satisfaction and positive returns on investment (Beecroft et al. 2001, Williams et al. 2007, Ulrich et al. 2010).

Intermediate outcomes

Maslach (2004) defined burnout as ...a psychological syndrome of exhaustion, cynicism and inefficacy which is experienced in response to chronic job stressors (p. 93). Burnout is characterized by emotional exhaustion, cynicism and professional inefficacy (Leiter & Maslach 2004). High nurse burnout has been linked to numerous detrimental organizational outcomes, including reduced job and patient satisfaction (Leiter et al. 1998, Aiken et al. 2002), poorer job performance, depression, anxiety, neck and back pain (Peterson et al. 2008), increased illness-related absenteeism, higher intentions to leave their current

position (Parker & Kulik 1995) and in some cases higher patient mortality (Vahey et al. 2004). Two recent studies of new graduate nurses found disturbingly high levels of burnout (>60%) (Cho et al. 2006, Laschinger et al. 2009a, 2010). Rudman and Gustavsson (2011) found that 50% of Swedish newly graduated nurses experienced a significant increase in burnout in their second year of practice, which was associated with greater intent to leave the profession. This finding suggests that new graduate nurses transition to the workplace may be longer than the 1-year timeframe suggested by many authors (Boychuk Duchscher 2008, Morrow 2009).

On a more positive note, new graduate work engagement, the opposite of burnout, has been shown to be related to positive working conditions such as empowerment (Laschinger et al. 2009b) and job satisfaction (Giallonardo et al. 2010). Work engagement is a motivational factor characterized by feelings of vigour, dedication and absorption at work (Schaufeli & Bakker 2004), which results from access to job resources (feedback, support and supervisory coaching) and leads to job satisfaction and lower turnover intentions. Wong et al. (2010) linked staff nurses work engagement to perceived manager authentic leadership and trust in management. An important intermediate outcome of interest in the present study was new graduates experiences of negative workgroup interactions, given anecdotal reports of high levels of incivility and burnout being experienced by new graduates (Cho et al. 2006, Boychuk Duchscher 2008). Workplace incivility is defined as low-intensity deviant behaviour with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Porath and Pearson (2010) found that employees who experienced uncivil behaviours at work intentionally reduced their work efforts and the quality of their work, thereby diminishing overall unit effectiveness. Lim et al. (2008) linked incivility to employee health and well-being as well as turnover intentions. In nursing, workplace incivility has been linked to lower levels of structural empowerment, job satisfaction, organizational commitment and higher turnover intentions (Laschinger et al. 2009c).

Workplace bullying, a more overt form of workplace violence, is defined as, a situation where someone is subjected to social isolation or exclusion, his or her work and efforts are devalued, he or she is threatened, derogatory comments about him or her are said behind his or her back, or other negative behaviour aimed to torment, wear down, or frustrate occur (Kivimaki et al. 2000, p. 656). Quine (2001) found that nurses who experienced bullying had lower job satisfaction, higher turnover intentions, clinical levels of anxiety and depression and more sick days than non-bullied nurses. Nurses health is important not only for the nurses themselves but also for the quality of care. Several studies showed a decline in nurses health after the period of restructuring in the 1990s (Shirey 2006). In Canada, nurses reported significantly higher rates of illness-related absenteeism than any other occupational sector (Canadian Institute for Health Information 2007), raising concerns about patient safety as a result of inadequate staffing to ensure high-quality care. Poor mental and physical health of staff nurses has been linked to emotional exhaustion and low levels of empowerment (Parker & Kulik 1995, Laschinger et al. 2004b). There are few large studies of new graduate nurses health and well-being (other than burnout), although Lavoie-Tremblay et al. (2008a) found that 43% of new graduates in Que´bec experienced high levels of psychological distress. Given the negative health effects of burnout in the general nursing population and other occupational groups, mental and physical health were important intermediate outcomes in the present study.

Job and career satisfaction and turnover intention

The primary distal outcomes of interest in the present study relate to key retention factors, such as job satisfaction and turnover intent and career satisfaction and intent to leave the profession. Although research has shown that new graduate nurses are not highly dissatisfied with their jobs (Halfer & Graf 2006, Kovner et al. 2009, Giallonardo et al. 2010, Ulrich et al. 2010), low job satisfaction of new graduates has been linked to a variety of negative outcomes, including low group cohesion and higher turnover intentions (Ulrich et al. 2010), suggesting that attention to this phenomenon is critical. Similarly, while there is little research to suggest that a large proportion of new graduate nurses intend to leave the profession (Scott et al. 2008, Peterson 2009) this possibility is a concern in light of the current workforce shortage. Lavoie-Tremblay et al. (2008b) found that only a small proportion of new graduate nurses in their previous study intended to leave the profession. However, those who did were more likely to have experienced high levels of job strain and effortreward imbalance in their work settings, further highlighting the need to pay attention to the quality of new graduates work environments.

In summary, research in the general nursing population has shown that job and career satisfaction are significantly related to a plethora of workforce conditions, such as workplace empowerment, supportive practice environments, job stress, job and career turnover intentions, job stress and perceived ability to provide high-quality care. Furthermore, many of these workplace conditions have been linked to the quality of unit leadership, suggesting that nursing managers are in a key position to create a positive change. As new graduate nurses represent the future of nursing, it is important to understand factors that contribute to their job and career satisfaction and turnover intentions, particularly in a time of a workforce shortage.

Research questions

The purpose of the present study was to describe new graduate nurses worklife experiences in Ontario hospital settings in the first 2 years of practice and to examine predictors of job and career satisfaction and turnover intentions. Specifically we wanted to know:

- How do new graduate nurses experience their workplaces in terms of personal and situational factors that influence their relationships with their work and contribute to their job and career satisfaction and turnover intentions in the first 2 years of practice?
- What work and personal factors influence new graduate nurses job and career satisfaction and turnover intentions?

Methods

Design

A descriptive correlational design was used to address the research questions. A modified version of the Total Design Method (Dillman 2000) was used to increase survey response rates. Survey packages were

mailed to nurses homes that included a letter explaining the study, a questionnaire, a stamped researcher-addressed return envelope and a coffee voucher as a token of appreciation for their time. A reminder letter was sent to all nonresponders 4 weeks after the initial mailing, and followed by a replacement questionnaire 4 weeks later. Data for this analysis were collected from July to October of 2010. The Research Ethics Board at the University of Western Ontario granted approval to conduct the study.

Sample

A random sample of registered nurses in Ontario with 2 years or less of experience was obtained from the College of Nurses of Ontario registry list. In all, 342 (37.7%) met eligibility criteria, 153 (44.7%) of whom were in their first year of nursing (<12 months) and 189 (55.3%) in their second year (between 12 and 24 months).

Instrumentation

All measures used in the present study were standardized assessment tools shown to have acceptable psychometric properties in previous studies in nursing. Higher scores on each of the tools reflect a higher perception or experience of the construct. All subscales were calculated by summing and averaging items. All total scales were calculated by averaging the subscale scores, with the exception of total empowerment which is calculated by summing subscale scores. The measures used in the present study are described briefly in Table 1.

Data analysis

Data analysis was performed using the Statistical Package for the Social Sciences (version 18.0; SPSS Inc., Chicago, IL, USA). Independent t-tests were used to compare differences between nurses in their first and second year of practice. Correlates of job and career satisfaction and turnover were analysed using correlational and regression analyses.

Results

Descriptive statistics

The sample demographics for new graduates by year of practice in Ontario hospitals are presented in Table 2. On average, new graduates were 28 years of age and held a baccalaureate nursing degree (98%). The large proportion of university-prepared nurses reflects a provincial policy designating the baccalaureate degree as entry to practice by 2005 (College of Nurses of Ontario 2008); most worked full time (55 and 68%), primarily in medical–surgical units (58 and 53%) and the majority (62 and 57%) indicated that nursing was their first career choice and felt prepared to manage their work as a nurse as a result of their education.

The means and standard deviations (SDs) for the major study variables by year of practice are presented in Table 3. Overall perceived access to structurally empowering conditions in their workplace was moderate, with access to opportunity to learn and grow reported as the most empowering work structure, and access to support and resources the lowest. Although all means were higher for new graduate nurses in their second year of experience (with the exception of resources), only access to opportunity differed significantly, $t(339) = 2.26$, $P < 0.05$. Similarly, nurses rated the combined six areas of worklife in the midrange of the scale, with reasonable workload rated the lowest, followed by fairness, and community, reward, and personal-organizational value congruence rated highest. New graduates rated their immediate supervisors authentic leadership as moderate, with significantly higher scores on all but the self-awareness subscale [$t(332) = 1.54$, $P = 0.13$], for the group in their second year of practice. They also rated their levels of core self-evaluation positively, with significantly higher CSE for the second year nurses, $t(340) = 2.45$, $P < 0.05$.

New graduates reported access to organizational structures designed to support their transition to the workforce. Almost all nurses received a formal orientation, which averaged approximately 10 weeks (somewhat longer in critical care areas). Most felt their orientation either somewhat or completely met their needs. On average, they had two preceptors and most participated in a government supported programme for newly graduated nurses (a 6-month supernumerary position in a hospital setting). Most had not had the opportunity to attend seminars on topics helpful for transitioning to their new roles, such as stress management, communication skills and networking for career success.

New graduates in both groups reported moderate levels of work engagement, rating the dedication subscale highest. They also reported moderately high levels of burnout, with moderately high levels (but not severe) of emotional exhaustion.

In terms of workplace violence, new graduates experienced relatively low levels of incivility, both from their supervisors and their coworkers. Thirty-nine per cent of nurses in their first year and 51% of nurses in their second year reported witnessing bullying, but only 24 and 27%, respectively, reported being subjected to bullying themselves. Scores on the Negative Acts Questionnaire reflect relatively low rates of bullying, with the highest scores for both groups on work-related bullying. Although the difference between first and second year reports of witnessing bullying was significant $\chi^2(1, N = 336) = 4.09$, $P < 0.05$ first and second year nurses did not differ significantly on personal exposure to bullying.

Both nursing cohorts reported moderate levels of negative physical and mental health symptoms, with no significant differences between groups. However, they rated their overall health as fairly good to good.

Nurses in our sample were not dissatisfied with their jobs, and nurses in both groups reported high levels of satisfaction with their nursing career. This was also reflected in their relatively low intentions to leave their job, and even lower intentions to leave the nursing profession.

Table 1
Study instruments

<i>Scale/Subscales</i>	<i>Items</i>	<i>Range</i>	<i>α</i>
Areas of Worklife Scale (AWS) (Leiter & Maslach 2004)			
AWS total scale	20	1–5	0.84
Workload	3	1–5	0.50
Control	5	1–5	0.76
Reward	3	1–5	0.82
Community	3	1–5	0.80
Fairness	3	1–5	0.40
Values	3	1–5	0.54
Conditions for Work Effectiveness Questionnaire (CWEQ-II) (Laschinger et al. 2001)			
CWEQ-II total scale	12	4–20	0.83
Opportunity	3	1–5	0.77
Information	3	1–5	0.78
Support	3	1–5	0.80
Resources	3	1–5	0.76
Authentic Leadership Questionnaire (ALQ) (Walumbwa et al. 2008)			
ALQ total scale	16	0–4	0.95
Self-Awareness	4	0–4	0.93
Transparency	4	0–4	0.83
Ethical/Moral	4	0–4	0.84
Balanced Processing	4	0–4	0.81
Core Self-Evaluation (CSE) (Judge et al. 2003)			
CSE total scale	12	1–7	0.82
Utrecht Work Engagement Scale (UWES) (Schaufeli et al. 2002)			
UWES total scale	9	0–5	0.86
Vigour	3	0–5	0.77
Dedication	3	0–5	0.83
Absorption	3	0–5	0.69
Maslach Burnout Inventory-General Scale (MBI-GS) (Schaufeli et al. 1996)			
Emotional exhaustion	5	0–6	0.92
Cynicism	5	0–6	0.85
Personal efficacy	6	0–6	0.84
Negative Acts Questionnaire-Revised (NAQ-R) (Einarsen & Hoel 2001)			
NAQ-R total scale	22	1–5	0.92
Personal bullying	12	1–5	0.93
Work-related bullying	7	1–5	0.80
Physical bullying	3	1–5	0.66
Workplace Incivility Scale (WIS) (Cortina et al. 2001)			
Supervisor incivility	7	1–5	0.90
Co-worker incivility	7	1–5	0.91
Pressure Management Indicator (PMI) (Williams & Cooper 1998)			
Physical health symptoms	7	1–6	0.87
Mental health symptoms	5	1–6	0.83
Satisfaction Scale (adapted from Hackman & Oldham 1975)			
Job satisfaction	4	1–5	0.80
Career satisfaction	2	1–5	0.84
Turnover Intent (adapted from Kelloway et al. 1999)			
Job turnover intent	3	1–5	0.87
Career turnover intent	4	1–5	0.83

Table 2
Demographic variables

	<i>First year experience</i>		<i>Second year experience</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Age	28.22	6.79	28.01	6.41
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Gender				
Female	142	92.8	171	90.5
Male	11	7.2	15	7.9
Highest degree received				
BScN	150	98.0	186	98.4
MScN	2	1.3	–	–
Employment status				
Full time	84	54.9	128	67.7
Part time	54	35.3	40	21.2
Casual	15	9.8	18	9.5
Unit specialty				
Medical-Surgical	89	58.2	100	52.9
Critical Care	28	18.3	50	26.5
Maternal-Child	16	10.5	12	6.3
Mental Health	12	7.8	11	5.8
Other Hospital Unit	5	3.3	9	4.8
Hours per week				
<20 hours	9	5.9	4	2.1
20–39 hours	96	62.7	123	65.1
More than 39 hours	45	29.4	55	29.1
Nursing first career choice				
Yes	95	62.1	107	56.6
No	56	36.6	79	41.8

SD, standard deviation.

Table 3

Means, Standard deviations and frequencies for major study variables

	<i>Range</i>	<i>Year I</i>		<i>Year II</i>	
		<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Areas of worklife	1–5	3.16	0.56	3.24	0.45
Workload	1–5	2.65	0.88	2.66	0.70
Control	1–5	3.20	0.73	3.17	0.67
Reward	1–5	3.34	0.90	3.54	0.91
Community	1–5	3.58	0.97	3.82	0.83
Fairness	1–5	2.88	0.66	2.86	0.60
Values	1–5	3.32	0.72	3.39	0.70
Structural empowerment	4–20	13.46	2.34	13.77	2.31
Opportunity	1–5	4.02	0.68	4.20	0.71
Information	1–5	3.39	0.87	3.43	0.81
Support	1–5	2.95	0.90	3.08	0.87
Resources	1–5	3.13	0.84	3.11	0.78
Authentic leadership	0–4	2.34	0.93	2.57	0.79
Transparency	0–4	2.44	0.92	2.68	0.77
Ethical/moral	0–4	2.40	0.99	2.65	0.82
Balanced processing	0–4	2.32	1.07	2.54	0.95
Self-awareness	0–4	2.17	1.15	2.36	1.11
Core self evaluation	1–7	4.89	0.87	5.11	0.82
Weeks of orientation		10.45	10.28	10.90	9.31
Critical care		16.37	11.55	13.84	9.66
Non-critical care		9.25	9.60	9.82	8.82
Number of preceptors		1.87	1.50	2.01	1.62

Table 3
(Continued)

	Range	Year I		Year II	
		Mean	SD	Mean	SD
Engagement	0–5	3.23	0.75	3.31	0.70
Vigour	0–5	2.78	0.91	2.88	0.88
Dedication	0–5	3.72	0.91	3.81	0.80
Absorption	0–5	3.19	0.90	3.25	0.81
Burnout	0–6				
Emotional exhaustion	0–6	2.87	1.66	2.92	1.38
Cynicism	0–6	1.82	1.40	1.67	1.30
Personal efficacy	0–6	4.54	0.98	4.68	0.88
Incivility	1–5				
Supervisor	1–5	1.35	0.59	1.32	0.53
Co-worker	1–5	1.72	0.88	1.58	0.62
Bullying	1–5	1.59	0.64	1.56	0.47
Personal bullying	1–5	1.45	0.67	1.37	0.47
Work-related bullying	1–5	1.89	0.82	1.95	0.66
Physical bullying	1–5	1.41	0.62	1.41	0.66
Physical health symptoms	1–6	2.68	1.08	2.77	0.93
Mental health symptoms	1–6	2.47	0.97	2.43	0.87
Overall health	1–5	4.37	0.74	4.32	0.77
Job satisfaction	1–5	3.04	0.95	3.09	0.83
Job turnover intentions	1–5	2.72	1.26	2.61	1.28
Career satisfaction	1–5	4.23	0.87	4.28	0.75
Career turnover intentions	1–5	1.53	0.75	1.51	0.71
Transition support programs		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
NGGI new graduate residency programme					
Yes		104	68.0	140	74.1
No		46	30.1	44	23.3
Orientation received					
Percent yes		151	98.7	185	97.9
Orientation met needs					
Completely		49	32.0	89	47.1
Somewhat		91	59.5	87	46.0
Not at all		12	7.8	10	5.3
Attended educational session on:					
Professional behaviours/ethics		37	24.2	53	28.0
Networking for career success		9	5.9	14	7.4
Learning delegation skills		19	12.4	20	10.6
Communication skills		17	11.1	19	10.1
Stress management and coping		27	17.6	24	12.7
Did not attend any of the above		85	55.6	103	54.5

Correlation analyses

The correlates of the major study variables with job and career satisfaction and turnover intent are presented in Table 4 (for total sample and by years in practice). Structural conditions in the workplace including empowerment, the six areas of work life and authentic leadership were most strongly and significantly related to job satisfaction and turnover intent, and less strongly related to career satisfaction and intent to leave nursing (although significant). The magnitude of these correlations was similar across groups. Negative work experiences (incivility and bullying) were significantly related to these outcomes, although not to career satisfaction or intent to leave nursing for nurses in their second year of practice. Both burnout and work engagement were significantly related to job and career satisfaction and turnover intent, as were negative mental and physical health. Core self-evaluation was also significantly and positively related to these outcomes. Age was weakly related to job turnover intentions ($r = .013$). Few of the organizational supports for new graduate transition to the job were significantly related to either job or career satisfaction and turnover intent, with the exception of higher ratings of the effectiveness of their orientation to meet their needs. Feeling that they were prepared to function as a nurse was significantly related to higher job and career satisfaction and a lower intent to leave nursing.

Table 4

Correlations between job and career satisfaction/turnover intentions and major study variables

Predictor variables	Job satisfaction			Intent to leave the job			Career satisfaction			Intent to leave nursing		
	Total	YI	YII	Total	YI	YII	Total	YI	YII	Total	YI	YII
Structural empowerment	0.57	0.61	0.54	-0.45	-0.42	-0.47	0.24	0.25	0.23	-0.20	-0.20	-0.20
Opportunity	0.25	NS	0.35	-0.27	-0.16	-0.34	0.12	NS	0.24	-0.09	NS	-0.17
Information	0.37	0.44	0.30	-0.31	-0.31	-0.31	0.21	0.28	0.13	-0.12	NS	-0.14
Support	0.45	0.48	0.43	-0.32	-0.34	-0.29	0.21	0.23	0.17	-0.18	-0.24	-0.13
Resources	0.53	0.62	0.44	-0.36	-0.36	-0.35	0.16	0.20	NS	-0.18	-0.22	-0.14
Areas of work life	0.69	0.76	0.61	-0.40	-0.45	-0.36	0.33	0.29	0.26	-0.27	-0.36	-0.16
Workload	0.31	0.39	0.23	-0.11	-0.17	NS	0.18	0.21	0.14	-0.18	-0.22	-0.12
Control	0.48	0.60	0.37	-0.25	-0.35	-0.17	0.30	0.41	0.18	-0.15	-0.24	NS
Reward	0.48	0.59	0.37	-0.32	-0.40	-0.25	0.27	0.39	0.16	-0.22	-0.34	NS
Community	0.53	0.60	0.45	-0.34	-0.34	-0.35	0.28	0.31	0.24	-0.22	-0.34	NS
Fairness	0.40	0.45	0.36	-0.20	-0.25	-0.16	NS	NS	NS	-0.10	-0.14	NS
Values	0.48	0.50	0.47	-0.33	-0.34	-0.32	0.18	0.19	0.16	-0.15	-0.17	-0.13
Authentic leadership	0.41	0.45	0.36	-0.30	-0.35	-0.25	0.21	0.25	0.16	-0.23	-0.28	-0.18
Transparency	0.33	0.40	0.26	-0.28	-0.33	-0.23	0.17	0.22	0.13	-0.21	-0.25	-0.18
Moral/ethical	0.33	0.38	0.26	-0.28	-0.34	-0.22	0.16	0.21	NS	-0.20	-0.28	NS
Balanced processing	0.41	0.38	0.44	-0.29	-0.28	-0.28	0.21	0.20	0.21	-0.22	-0.21	-0.23
Self-awareness	0.39	0.46	0.32	-0.24	-0.32	-0.17	0.19	0.27	NS	-0.19	-0.27	-0.13
Supervisor incivility	-0.24	-0.31	-0.17	0.19	0.22	0.15	-0.12	-0.26	NS	0.16	0.32	NS
Co-worker incivility	-0.37	-0.51	-0.19	0.19	0.24	0.12	-0.16	-0.25	NS	0.17	0.31	NS
Bullying (NAQ)	-0.46	-0.56	-0.34	0.32	0.36	0.29	-0.21	-0.32	NS	0.22	0.32	NS
Personal bullying	-0.36	-0.46	-0.23	0.25	0.28	0.22	-0.19	-0.29	NS	0.20	0.31	NS
Work-related bullying	-0.53	-0.63	-0.41	0.35	0.42	0.29	-0.23	-0.34	NS	0.22	0.34	NS
Physical bullying	-0.24	-0.32	-0.17	0.20	0.25	0.17	NS	-0.14	NS	NS	NS	NS
Emotional exhaustion	-0.48	-0.55	-0.41	0.36	0.41	0.31	-0.31	-0.42	-0.18	0.31	0.39	0.22
Cynicism	-0.55	-0.55	-0.55	0.49	0.46	0.53	-0.44	-0.51	-0.36	0.42	0.47	0.37
Personal efficacy	0.23	0.25	0.21	-0.15	-0.18	NS	0.32	0.28	0.37	-0.27	-0.26	-0.27
Work engagement	0.52	0.48	0.56	-0.49	-0.46	-0.52	0.47	0.48	0.45	-0.44	-0.52	-0.35
Vigour	0.52	0.49	0.55	-0.49	-0.44	-0.53	0.42	0.43	0.42	-0.39	-0.47	-0.31
Dedication	0.61	0.57	0.64	-0.54	-0.51	-0.56	0.51	0.50	0.52	-0.48	-0.53	-0.43
Absorption	0.18	0.14	0.22	-0.21	-0.20	-0.22	0.23	0.26	0.20	-0.23	-0.30	-0.16
Witnessed bullying	-0.18	-0.24	-0.13	NS	NS	NS	NS	NS	NS	NS	NS	NS
Subjected to bullying	-0.16	-0.21	-0.12	NS	NS	NS	NS	-0.14	NS	NS	NS	NS
Physical health symptoms	-0.46	-0.50	-0.41	0.32	0.36	0.28	-0.36	-0.43	-0.28	0.33	0.40	0.26
Mental health symptoms	-0.36	-0.43	-0.28	0.28	0.32	0.24	-0.39	-0.44	-0.34	0.41	0.46	0.35
Overall health	0.25	0.33	0.17	-0.14	-0.23	NS	0.30	0.36	0.25	-0.28	-0.26	-0.29
Global empowerment	0.80	0.81	0.78	-0.50	-0.49	-0.52	0.35	0.41	0.28	-0.28	-0.35	-0.23
Core self-evaluation	0.31	0.34	0.27	-0.22	-0.26	-0.17	0.38	0.38	0.38	-0.27	-0.28	-0.25
Received orientation	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Duration of orientation	0.09	NS	0.18	NS	NS	NS	NS	NS	NS	NS	NS	-0.13
Orientation met needs	-0.33	-0.37	-0.29	0.21	0.27	0.15	-0.17	-0.21	-0.13	0.18	0.24	0.13
Number of preceptors	NS	NS	NS	NS	NS	NS	-0.13	-0.25	NS	0.16	0.21	NS
Preparation to work as a nurse	0.22	0.19	0.24	-0.10	NS	NS	0.24	0.25	0.21	-0.14	NS	-0.15

YI, first year only; YII, second year only; NS, not significant.

Regression analyses

Hierarchical multiple regression analyses were conducted to examine the combined effects and relative importance of various situational and personal factors as predictors of job and career satisfaction and turnover intentions (see Table 5). To enhance readability only significant predictors are shown (standardized regression coefficients).

In the combined sample, 59% of the variance in job satisfaction and 40% of the variance in job turnover intent were explained by situational and personal factors. Structural empowerment, authentic leadership, coworker incivility, emotional exhaustion, cynicism and career satisfaction were significant predictors of job satisfaction in the combined group. In comparing first and second year groups, both

empowerment and career satisfaction were significant predictors, but supervisor and coworker incivility and emotional exhaustion were only significant predictors in the group in their first year of practice. For second year nurses, cynicism and duration of their orientation were the only significant predictors beyond empowerment and career satisfaction. In terms of job turnover intent, similar amounts of variance were explained across groups (40%). Empowerment and work engagement were significant predictors in both cohorts.

The predictor variables also explained significant amounts of variance in both career satisfaction and turnover intention across groups (31–45%). For the total group, empowerment, work engagement, CSE, emotional exhaustion, cynicism, poor mental health, job satisfaction and turnover intention were significant predictors of career satisfaction. In both cohorts, job satisfaction was the strongest predictor of career satisfaction, but only engagement and low cynicism added significant unexplained variance in the first year group. In the second year group, empowerment, emotional exhaustion, cynicism, mental health and core selfevaluation all explained independent proportions of variance in career satisfaction. In terms of intention to leave the profession, low work engagement, cynicism, poor mental health, job dissatisfaction and a higher number of preceptors were significant predictors in the combined group. In the first year group, only low levels of work engagement significantly predicted intent to leave nursing, whereas poor mental health, cynicism and a higher number of preceptors were significant predictors in the second year group.

Table 5
Regression results for job satisfaction and turnover intentions and career satisfaction and turnover intentions

Predictor variables	Job satisfaction			Intent to leave the job			Career satisfaction			Intent to leave nursing		
	Total	YI	YII	Total	YI	YII	Total	YI	YII	Total	YI	YII
Final model <i>R</i> -square (<i>R</i> ²)	0.586	0.676	0.533	0.398	0.415	0.405	0.398	0.452	0.403	0.339	0.414	0.313
Core self-evaluation	–	–	–	–	–	–	0.17	–	0.24	–	–	–
Structural empowerment	0.31	0.39	0.24	–0.22	–0.24	–0.19	–0.12	–	0.23	–	–	–
Work engagement	–	–	–	–0.23	–0.23	–0.25	0.24	0.24	–	–0.22	–0.30	–
Supervisor incivility	–	0.13	–	–	–	–	–	–	–	–	–	–
Co-worker incivility	–0.11	–0.20	–	–	–	–	–	–	–	–	–	–
Authentic leadership	0.11	–	–	–	–	–	–	–	–	–	–	–
Emotional exhaustion	–0.18	–0.25	–	–	–	–	0.18	–	0.31	–	–	–
Cynicism	–0.11	–	–0.17	0.26	–	0.31	–0.22	–0.24	–0.19	0.17	–	0.25
Mental health symptoms	–	–	–	–	–	–	–0.12	–	–0.20	0.23	–	0.27
Physical health symptoms	–	–	–	–	–	–	–	–	–	–	–	–
Job satisfaction	n/a	n/a	n/a	n/a	n/a	n/a	0.36	0.38	0.33	–0.16	–	–
Job turnover intentions	n/a	n/a	n/a	n/a	n/a	n/a	0.14	–	–	–	–	–
Career satisfaction	0.18	0.15	0.23	–	–	–	n/a	n/a	n/a	n/a	n/a	n/a
Career turnover intentions	–	–	–	0.17	–	–	n/a	n/a	n/a	n/a	n/a	n/a
Received orientation	–	–	–	–	–	–	–	–	–	–	–	–
Orientation duration	–	–	0.13	–	–	–	–	–	–	–	–	–
Orientation met needs	–	–	–	–	–	–	–	–	–	–	–	–
Number of preceptor	–	–	–	–	–	–	–	–	–	0.12	–	0.15

Total, total sample; YI, first year only; YII, second year only; n/a, not applicable.
Only significant standardized regression coefficients (*P* < 0.05) are shown

Discussion

The results of the present study revealed that nurses situational factors and a core personal resource characteristic had a significant influence on new graduate job and career satisfaction and turnover. Some of these factors differed between nurses in their first and second year of practice.

Worklife differences by year of experience

New graduates in both groups reported relatively high levels of core self-evaluation, although core self-evaluation was significantly higher for new graduates in their second year of practice. This may be because of a greater self-efficacy for practice as a result of experience. While new graduates in their second year of practice reported higher levels of supportive work conditions (empowerment and areas of worklife), the differences were small and non-significant. This suggests that there is work to be done to improve new graduates working conditions, given research linking these conditions to nurse retention. Second year new graduates also rated their immediate supervisors authentic leadership behaviours more highly. Giallonardo et al. (2010) found that new graduate nurses work engagement was higher when they rated their preceptors highly on authentic leadership, suggesting that this leadership approach may be a useful strategy for improving new graduates relationships with their work. Bullying exposure was higher in the second year group, as was emotional exhaustion, suggesting the need to address this source of stress in new graduates work environments to avoid turnover. However, job and career satisfaction and turnover intentions were similar in both groups, which could suggest that exposure to nursing work environments was not necessarily detrimental.

Correlates of job and career satisfaction and turnover intention

Although most of the study variables were significantly related to job and career satisfaction and turnover intentions, several variables stand out as being important across all four outcomes. Specifically, burnout (emotional exhaustion and cynicism) and work engagement were strongly related to both job and career satisfaction and turnover intent. These results are consistent with previous research and suggest that addressing issues that influence these factors is an important priority. Given the strong evidence of the negative health and organizational effects of burnout (Parker & Kulik 1995, Leiter et al. 1998, Aiken et al. 2002, Vahey et al. 2004, Peterson et al. 2008) this is particularly important with the new graduate population in terms of sustaining a strong nursing workforce. Structural empowerment, all six areas of worklife (manageable workload, control, rewards, fairness, community and person-job value congruence) and authentic leadership were also significantly related to job and career satisfaction and turnover intent. Previous research has shown that these variables are strongly related to burnout and work engagement (Cho et al. 2006, Laschinger et al. 2009a, Wong et al. 2010), and suggests actionable management strategies to prevent burnout and promote work engagement among new graduate nurses. Furthermore, because burnout is associated with negative mental and physical health, both of which were significantly related to both job and career satisfaction and turnover intentions in this study, these preventative strategies can have a broader effect on new graduates health and wellbeing, and retention.

The relatively low levels of incivility and bullying in the present study are encouraging. Nevertheless, the results show that higher levels of these experiences are significantly related to job and career dissatisfaction, particularly in the first year of practice. Furthermore, they are associated with higher job and career turnover intentions for this group, highlighting the importance of ensuring that these negative behaviours are not tolerated in the workplace. These findings are consistent with previous research in both nursing and other occupations (Cortina et al. 2001, Laschinger et al. 2010).

Few organizational supports for new graduate transition to the workforce were significantly related to job and career satisfaction and turnover intention. However, the extent to which new graduates felt their initial orientation met their needs, the more satisfied they were with their career and less likely they were to want to leave the nursing profession. This finding supports recommendations in the literature that all new graduates be provided with a strong orientation, both to the organization and to the nursing profession (Scott et al. 2008). An interesting finding that may suggest further research was that lower career satisfaction and greater intent to leave the profession was associated with a higher number of primary preceptors, in the first year group. This result is similar to Boyle et al. s (1996) finding that a higher number of preceptors was associated with commitment to a residency programme. It may be that having more than one preceptor is confusing for new graduates as they go through their first year in practice, suggesting that a team preceptor approach (Ulrich et al. 2010) may not be beneficial in the first year of practice.

Predictors of new graduate satisfaction and retention

The multiple regression analyses results revealed that the personal and situational factors included in this study together explained significant amounts of variance in job and career satisfaction and turnover intentions, particularly job satisfaction. Given the interrelatedness among the predictor variables, it is not surprising that each did not explain unique variance in predicting the four outcomes.

Empowerment, incivility and emotional exhaustion were important for job satisfaction, especially in the first year, whereas only empowerment and cynicism were important for those in their second year of practice. It is possible that with experience, new graduate nurses learn to deal with uncivil work behaviours as part of the job. However, with experience, cynicism about nursing worklife became an important determinant of job dissatisfaction and was also strongly predictive of both career satisfaction and turnover intentions in this group. Given the emotional withdrawal from work associated with this aspect of burnout and its implication for high-quality patient care, efforts to prevent cynicism are important. Previous research has shown that improving fit with any or all areas of worklife can prevent the progression of burnout (Leiter & Maslach 2004). Our results showed that work engagement was a strong predictor of job and career turnover intentions for nurses in their first year of practice. Given research linking areas of worklife to work engagement (Cho et al. 2006) and engagement to turnover intentions (Schaufeli & Bakker 2004), strategies implemented by nursing management to improve fit with these areas of worklife are likely to be effective in retaining new nurses.

Limitations

The limitations of the present study relate to the cross-sectional design which limits the ability to make strong claims of causal effects. Although the sample demographics are representative of the profile for this group in Ontario, sample bias is possible as a result of self-selection to respond to the survey. Unfortunately the study design precludes follow-up on those who chose not to participate. It is also possible that some of the predictors did not remain in the regression models as a result of multicollinearity. However, the variance inflation factor (VIF) for the four regression analyses ranged from 1.02 to 2.93, suggesting that this was not a concern (Mason & Perreault 1991). However, our results provide a comprehensive snapshot of new graduate worklife in Ontario, Canada and identify factors that influence retention outcomes in a time of a nursing shortage and suggest areas for future research. The results suggest that further research using a longitudinal design to track intra-individual changes over time is worthwhile.

Conclusion

The results of the present study provide a snapshot of new graduate nurses worklife in the first 2 years of practice and identify factors that influence both job and career satisfaction and turnover intentions. New graduate nurses were relatively positive about their worklife and committed to staying in the profession. However, the results also showed that there is work to be done to improve new graduate work environments. The findings may inform evidence-based retention strategies that can be used by nursing management to create satisfying and engaging work environments for newly graduated nurses as they make the transition to the profession. Retaining new graduate nurses is an important strategy for addressing the nursing shortage and for sustaining the future of the profession.

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Ethical approval

The research Ethics Board at the University of Western Ontario granted approval to conduct the study.

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