

# **The Multi-Generational Nursing Workforce: Analysis of Psychological Capital by Generation and Shift**

**Johanna Sweet  
Roanoke College**

**Susan Swayze  
The George Washington University**

*The purpose of the study was to identify if psychological capital scores varied by generation and shift. 203 nurses, from all shifts at a 350 bed community hospital, completed the 24-item psychological capital questionnaire and descriptive survey questions. Nurses' overall psychological capital scores and self-efficacy significantly varied by generation, with Baby Boomers having the highest overall level of psychological capital, followed by Generation X, and Millennials. Self-efficacy was greater for nurses working on day shift, as compared to night shift. Nurse Leaders should examine the role of psychological capital and intervention initiatives for retention, productivity, and improved patient care.*

Technology, health care reform, and a nursing shortage have shaken the core foundation of healthcare. Patient acuity in hospital settings continue to increase, while at the same time patient satisfaction, patient outcomes, and patient length of stay have become a priority (Moore, Everly, & Bauer, 2016). Structures in health care settings are becoming less hierarchical and managers and supervisors are challenged with greater responsibilities and larger numbers of direct reports (Brunetto, Farr-Wharton, & Shacklock, 2012). The patient population is becoming more diverse and the diversity of nurses themselves adds to the turmoil. "Many nurses work in unhealthy settings where disruptive nurse relationships have become the norm" (Moore, Leahy, Sublett, & Lanig, 2013, p. 1). Burn out and turnover are common outcomes to the conditions nurses are exposed to (Moore et al., 2013).

The current nursing workforce in the United States includes five generations of nurses: Traditionalist, Baby Boomers, Generation X, Millennials, and Gen Z. Each group offers unique characteristics and adds to the complexity of patient care and nurse relationships. With the current nursing shortage, organizations are seeking to retain the retiring Baby Boomers, and recruit new graduate nurses (NGNs), whom are often Millennials and now Gen Z. "New graduate nurses are particularly vulnerable to unsupportive health-care work environments as they require opportunities to develop both confidence and their ability to practice independently (Benner, 2001; Hodges et al., 2008; Dyess & Sherman, 2009; Cleary et al., 2013)" (Stam, Laschinger, Regan, & Wong, 2015).

The World Health Organization (2006) considers nurses as the backbone of healthcare systems and indicated that an effective workforce strategy has to be focused on three core challenges: improving recruitment, helping the existing workforce work more efficiently, and slowing the rate which workers are leaving the healthcare market. Recruitment and retention is a vital step to managing the nursing shortage,

with its own set of challenges. Replacement costs for turnover is high. The 2016 National Healthcare Retention and RN Staffing Report found the turnover rate for bedside registered nurses to be 17.2%, with an average cost of turnover ranging from \$37,700 to \$58,400. The result is an average hospital losing \$5.2M-\$8.1M each year. “Even a percent change in turnover would save the average hospital an additional \$373,200” (Nursing Solutions, Inc., 2016). Extensive training is mandatory for new nurse success and retraining for seasoned nurses, which can be costly for any organization. The retention of seasoned nurses will aid in the nursing shortage and help the organization to retain their foundation of nursing expertise. Providing a supportive and psychologically safe environment for nurses, especially NGNs, will aid in retention and lower turnover cost.

Aside from recruitment and retention, nurse leaders and human resource professionals are seeking out ways to help the existing workforce work more efficiently (WHO, 2006). The discussion of the multi-generational workplace has become a popular topic in the literature as nurse leaders seek to manage their workforce. Psychological capital (hope, self-efficacy, resilience, and optimism) (Luthans, Youssef, & Avolio, 2007) has also begun to enter the discourse on ways to manage nurse relations and nursing outcomes (Avey, Luthans, & Jensen, 2009; Baomah & Laschinger, 2015; Laschinger & Grau, 2012; Sun, Zhao, Yang, & Fan, 2011). This study will further add to this discussion, by examining psychological capital (PsyCap) among generational cohorts and between work shifts at a community medical center. PsyCap – a healthcare professional’s hope, self-efficacy, resilience, and optimism- impacts interaction with colleagues and patients, and the employee’s ability to cope with and implement change within the patient care delivery system.

Health care organizations are seeking out new ways to manage the complexity of patient care and the diversity of generations in their workforce. “Holding onto old notions and practices that no longer characterize the demands of the time will do nothing but exacerbate the conditions which facilitate the demise of nurses and nursing work” (Porter-O’Grady, 2001, p. 183). PsyCap can aid in managing the current complexities that exist for nurse leaders and should be explored.

### **Psychological Capital**

PsyCap is defined as “An individual’s positive psychological state of development that is characterized by: (1) having confidence (self-efficacy) to take on and put in the necessary effort to succeed at challenging tasks; (2) making a positive attribution (optimism) about succeeding now and in the future; (3) persevering towards goals and, when necessary, redirecting paths to goals (hope) in order to succeed; and (4) when beset by problems and adversity, sustaining and bouncing back and even beyond (resiliency) to attain success” (Luthans et al., 2007, p. 3). PsyCap is rooted in positive organizational behavior, “the study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today’s workplace” (Luthans, 2002, p. 59).

PsyCap plays an important role in nurses work engagement and well-being. PsyCap explained 38% of variance in new nurses’ work engagement (Boamah & Laschinger, 2015). Specifically, in a study of NGNs, Laschinger and Grau (2012) linked PsyCap to positive relationship with their work, lower levels of burnout, and better physical health. PsyCap is moderately to strongly negatively correlated with compassion fatigue (Bao & Taliaferro, 2015), emotional exhaustion (Phillips, 2016), and work stress (Avey, Luthans, & Jensen, 2009). Higher PsyCap increases self-reported job embeddedness and performance of nurses (Sun et al., 2011).

Management is important to PsyCap. Bakri and Ali (2015) revealed that organizational justice partially mediated the effect of PsyCap on job burnout of nurses working in Pakistani hospitals. Additionally, positive PsyCap had a significant influence on customer orientation (Kim, Seo, Kim, & Min, 2015), and self-reported job embeddedness and performance of nurses (Sun et al., 2011).

PsyCap also aids in the workplace between co-worker relations. Roberts, Schere, and Bowyer (2011) found that PsyCap moderated the impact of stress and thus employees with high PsyCap were less likely to be uncivil to their coworkers. Eastman (2013), concluded that PsyCap provides a mild protection against being a target of workplace bullying.

PsyCap is an emerging discussion on managing nurse relations given the strong relationship with positive organizational outcomes. These findings suggest that PsyCap is an important variable to employee well-being, co-worker relations, and customer orientation. PsyCap should be considered as a tool for organizations to use in their effort to recruit, retain, and enhance nursing outcomes. Understanding PsyCap by shift and generational cohort can aid organizations in this initiative.

### Multi-Generational Workforce

There are currently five generations of nurses in the workforce in the United States. This multi-generational workforce has become a popular discussion over the last decade with practitioners. As the workforce has become more generationally diverse, practitioners are exploring ways to manage new graduates and the changing expectations of employees. In the past decade, there have been many articles and books focused on the differing values and behaviors by generation, as well as consulting services for organizations (Stark & Farner, 2015). A plethora of discussions exist, especially on managing millennial employees. Two streams of literature have emerged. One validating that characteristics of generations impact the workplace, and two, “empirical studies have been contradictory and therefore inconclusive suggesting that age/generational difference might not influence perceptions to the extent that human resource and management practitioners have been led to believe” (Teclaw, Osatuke, Fishman, Moore, & Dyrenforth, 2014, p. 4). Regardless of the contradictions, the discussion is important to practitioners and deserves to be researched. Although no one categorization exists in name or dates, most generations are defined similarly. Traditionalist are born prior to 1946, Baby Boomer between 1947-1964, Generation X between 1965-1976, Generation Y between 1977-1993, and the newest generation entering the workforce, Gen Z, was born after 1993.

**TABLE 1**  
**GENERATIONAL COHORTS BIRTH RANGE**

Generational Cohort	Date of Birth
Traditionalist	Prior to 1946
Baby Boomer	1947-1964
Generation X	1965-1976
Millennials (Generation Y)	1977-1993
Gen Z (Nexters)	Born after 1993

### Psychological Capital Research on Generational Cohorts

Staples (2014) explored the generational differences in PsyCap across multiple industries with a sample of 347 respondents. The findings indicated that Baby Boomers’ PsyCap scores were higher than their younger generations and ANOVA results suggested statistically significant difference among the generations. Staples (2014) is currently the only research conducted on PsyCap scores by generation.

Complimentary to the study of PsyCap variances by generation, Sparks (2012) found significant differences among generations’ psychological empowerment scores. Baby Boomers and Generation X nurses differed in their total psychological empowerment scores – how they perceived their environments. There is limited research that explores the differences in PsyCap between generational cohorts.

### Hypotheses & Methods

The purpose of this study was to identify if psychological capital scores varied by generation and shift.

*H1.* There will be statistically significant differences in average psychological capital, hope, self-efficacy, resilience, and optimism scores among generational cohorts.

*H2.* There will be statistically significant differences in average psychological capital, hope, self-efficacy, resilience, and optimism scores between work shift groups.

This research study was conducted at a 350-bed community medical center in the southeastern region of the United States. The population included all employees within a department with direct patient care responsibilities. The population included a total of 843 employees. 500 employees responded, of which 203 were registered nurses (RN) and certified registered nurse anesthetists (CRNA). PsyCap was measured using the PsyCap Questionnaire (PCQ). The PCQ is a self-reported 24-item questionnaire (Luthans et al., 2007). The questionnaire was adopted from established scales to include the self-efficacy scale (Parker, 1998), hope scale (Snyder et al., 1996), resilience scale (Wagnild & Young, 1993), and optimism scale (Scheier & Carver, 1985). PsyCap is defined as “An individual’s positive psychological state of development that is characterized by: (1) having confidence (self-efficacy) to take on and put in the necessary effort to succeed at challenging tasks; (2) making a positive attribution (optimism) about succeeding now and in the future; (3) persevering towards goals and, when necessary, redirecting paths to goals (hope) in order to succeed; and (4) when beset by problems and adversity, sustaining and bouncing back and even beyond (resiliency) to attain success” (Luthans et al., 2007, p. 3).

The PCQ used a Likert-type scale from one to six: strongly disagree (1), disagree (2), somewhat disagree (3), somewhat agree (4), agree (5), and strongly agree (6). There were six questions for each of the four constructs. To emphasize the “state-like” nature of the measure, the participants were asked to respond by describing “how you may think about yourself right now.” The survey measured four constructs - hope, self-efficacy, resilience, and optimism – as subscales. The subscale scores were computed by averaging the responses to the six questions for each construct. The composite score (or the overall PCQ score) was computed by averaging the four subscales.

The survey instrument contained a question regarding year of birth/generation. The majority of the 203 nurses that participated in the study (186) provided information regarding their year of birth. The data presented in Table 1 show that the nurses largely fell in three generational categories (Baby Boomers, Generation X, and Millennials).

**TABLE 2  
NURSE RESPONSE BY GENERATION**

<b>Range</b>	<b>Number</b>	<b>Percentage</b>
Prior to 1946 (Traditionalist)	2	1.1%
1946-1964 (Baby Boomer)	59	31.7%
1965-1976 (Generation X)	56	30.1%
1977-1993 (Millennial)	69	37.1%

Given the small number of nurses in the “prior to 1946” age category (2), that category was merged with the 59 nurses in “1946-1964” age category in statistical analyses. It should also be noted that Gen Z was not included in the study because there were no staff younger than 18 (born after 1993) included in the population employed at the research site when data was collected.

The survey instrument contained a question regarding shift as well. Specifically, the survey asked, “What shift are you assigned to work, the majority of the time in the last 12 months?” Of the 203 nurses in this study, 163 provided shift information. Table 3 shows that the majority of the nurses (93) in this study were on the day shift. For statistical analyses regarding differences in PsyCap by shift, only the nurses that reported working on either the Day shift (93) or Night shift (50) were used given the sufficiency of the sample sizes.

**TABLE 3**  
**NURSE RESPONSE BY SHIFT**

Shift	Number	Percentage
Day	93	57.1%
Evening	3	1.8%
Night	50	30.7%
Day/night rotation	9	5.5%
Weekend	8	4.9%

In order to explore the differences in PsyCap among nurses, the data gathered through the survey containing Likert-type items was analyzed descriptively using means and standard deviations. Inferential statistics that compared two groups were computed utilizing t-test analyses while those comparing more than two groups utilized the analysis of variance procedure with Tukey post hoc tests. These analyses were selected in keeping with prior PsyCap studies that treated Likert-type data as interval data and utilized the associated descriptive and inferential statistics.

## RESULTS

Results indicated that self-efficacy and overall PsyCap scores varied across generational cohorts. As one might expect, nurses with more experience had higher levels of self-efficacy and overall PsyCap. Millennials indicated the lowest levels of self-efficacy and PsyCap, despite the stereotype that they are perceived as acting entitled and confident (Piper, 2012).

**TABLE 4**  
**PSYCAP RESULTS BY GENERAITONAL COHORT**

Scale	Baby Boomer 1964 or before mean (SD) n	Generation X 1965-1976 mean (SD) n	Millennial 1977-1993 mean (SD) n
Self-efficacy	4.87 (.68) 61	4.80 (.71) 54	4.36 (.70) 66
Hope	5.01 (.72) 56	4.89 (.63) 54	4.85 (.58) 69
Resilience	4.88 (.70) 60	4.90 (.63) 52	4.72 (.69) 66
Optimism	4.66 (.82) 58	4.55 (.67) 52	4.49 (.67) 65
Psychological Capital	4.85 (.52) 53	4.79 (.49) 48	4.62 (.55) 60

As Table 4 shows, the older the generation, the higher the self-efficacy, hope, resilience, optimism, and overall PsyCap. Stated another way, on average, nurses from the Baby Boomer generation reported higher self-efficacy, hope, resilience, optimism, and overall PsyCap than Generation X or Millennial nurses. The Millennial nurses reported the lowest average scores on each of the PsyCap subscales as well as on the composite PsyCap score.

After conducting a test of homogeneity of variance for each construct, univariate analysis of variance were computed for each of the four subscales as well as the composite PsyCap construct. Statistically significant differences among the three generations were found in the self-efficacy subscale,  $F(2, 178) = 9.88, p = .000$ , and composite PsyCap,  $F(2, 158) = 3.048, p = .050$ . Tukey post-hoc analyses revealed that

the significant differences in self-efficacy were between the Millennial nurses ( $M = 4.36$ ) and the GenX nurses ( $M = 4.80$ ),  $p = .002$  as well as the Millennial nurses ( $M = 4.36$ ) and the Baby Boomer nurses ( $M = 4.87$ ),  $p = .000$ . Additionally, the difference in the composite PsyCap score for Millennial nurses ( $M = 4.62$ ) and the Baby Boomer nurses ( $M = 4.85$ ),  $p = .051$  was likely the driver of the overall statistically significant ANOVA result. Statistical analyses did not reveal significant generational differences on the Hope,  $F(2, 176) = 1.039$ ,  $p = .356$ , Resilience,  $F(2, 175) = 1.264$ ,  $p = .285$ , or Optimism  $F(2, 172) = 0.907$ ,  $p = .406$ ) constructs. These findings suggest that the differences between generational groups were not large enough to be statistically significant and thus may not be inferred from this sample of nurses to the larger population of nurses.

In an effort to understand differences in PsyCap across the organization, data was analyzed by nurses on day and night shift. Descriptive statistics showed that day shift nurses reported higher average self-efficacy, resilience, optimism, and overall PsyCap.

**TABLE 5**  
**PSYCAP RESULTS BY SHIFT**

Scale	Day Shift mean (SD) n	Night Shift mean (SD) n
Self-efficacy	4.78 (.72) 91	4.44 (.77) 49
Hope	4.93 (.62) 90	4.93 (.60) 49
Resilience	4.88 (.74) 88	4.75 (.69) 49
Optimism	4.62 (.74) 86	4.48 (.74) 47
Psychological Capital	4.81 (.55) 81	4.65 (.49) 44

T-tests were conducted to compare day shift nurses and night shift nurses reports of PsyCap. The only statistically significant difference was found in self-efficacy with day shift nurses reporting higher average self-efficacy than night shift nurses,  $t(138) = 2.626$ ,  $p = .010$ . The remaining analyses did not reveal statistically significant differences between the nurses given their shift – Hope,  $t(137) = -0.039$ ,  $p = .969$ , Resilience,  $t(135) = 1.090$ ,  $p = .268$ , Optimism,  $t(131) = 1.025$ ,  $p = .307$ , and PsyCap,  $t(123) = 1.582$ ,  $p = .116$ . Day shift employees have only statistically significant differences in their self-efficacy as compared to night shift employees.

## DISCUSSION AND RECOMMENDATIONS

### Generational Differences in PsyCap

The study is significant in finding that PsyCap and self-efficacy have statistically significant differences by generational cohorts. These findings support the findings of Staple (2014), in that PsyCap does vary significantly by generational cohorts with Baby Boomers having the highest levels of overall PsyCap. Descriptive statistics indicate that, on average, nurses from the Baby Boomer generation reported higher hope, self-efficacy, resilience, optimism, and overall PsyCap than Generation X or Millennial nurses. The findings indicate that Millennials have a slightly lower level of PsyCap, as compared to Baby Boomers and Generation X nurses. The findings of this study illustrate the need for new graduate nurses (NGNs), most often Millennials, to engage in PsyCap interventions. The nursing industry, in an effort to recruit and retain NGNs, conducts extensive research and training on the NGN. It is important that nursing leaders support NGNs in training initiatives to increase their self-efficacy, while incorporating psychological capital initiatives into orientation as well. In a study of new graduate fit, as it relates to

NGNs, seasoned nurses determined how well new graduates would “fit in” based on three themes – positive personal characteristics, open learning, and effective preceptors or mentors (Moore et al., 2013). With Millennials having a lower overall psychological capital and self-efficacy as compared to Generation X and Baby Boomers, PsyCap interventions may aid in NGNs overall ability to “fit in” by enhancing their ability to learn (increased self-efficacy or confidence), and to have positive personal characteristics (hope and optimism).

The nursing industry must also seek out and mentor Generation X employees, often mid-level nurses, as they too do not have the self-efficacy and PsyCap levels of those in the Baby Boomer generation. These results are practical in that more experience will increase confidence and self-efficacy. It is surprising, however, that the Baby Boomer generation does not have lower self-efficacy scores given the massive technology changes that have occurred in nursing practice (Porter-O-Grady, 2001) and the stereotype that Baby Boomers are not comfortable and lack self-efficacy with new technology as compared other generational cohorts (Boysen, 2016). The nursing industry must remember that NGNs are not the only employees in need of training and support, and should allocate resources to mid-level nurses as well.

Nurses are considered at high risk for burnout. Burnout of nurses threatens their own health, but can also impact the quality of patient care (Ding et al., 2015). PsyCap is negatively related to emotional exhaustion (Lashinger et al., 2012) and can have a direct and indirect effect on burnout (Ding et al., 2015). Retention of nurses is key to aiding in the nursing shortage (WHO, 2006). PsyCap interventions can mediate the role of coping styles with emotional exhaustion and burnout (Ding et al., 2015) and thus can be a tool for organizations in an effort to retain nursing staff. It should be noted that Baby Boomers have a higher perception of well-being and affective commitment (Brunetto, Farr-Wharton, & Shackock, 2011), thus PsyCap interventions may benefit Millennials and Gen Z the most.

“For an organization to fulfill its social contract to provide high-quality, cost-effective, and safe healthcare, it must satisfy the needs and manage the expectations of those who directly deliver these services; especially with the still-fluid stipulations of the Affordable Care Act (ACA)” (Piper, 2012). Understanding that the newest generation – Gen Z and Millennials – expect the workplace to offer work life balance, be a positive meaningful experience, and a place to develop personally through coaching and feedback is important to meeting their expectations (Piper, 2012). PsyCap seeks to develop a person’s hope, self-efficacy, resilience, and optimism, which in turn impacts their perception of the organization. For example, employees with higher psychological capital scores have better perceptions of learning organization dimensions (Little & Swayze, 2014; Sweet, 2012). Again, psychological capital interventions may be beneficial in meeting expectations, which in turn can assist in retention and the overall patient care experience.

PsyCap explained 38% of the variance in new nurses’ work engagement (Boamah & Laschinger, 2015) and is a predictor of job satisfaction (Luthans & Jensen, 2005). The newest generation of nurses have lower overall PsyCap scores. With job satisfaction and work engagement impacting organizational outcomes, it is essential for nursing organizations to recognize that PsyCap interventions are important to achieving excellence in patient care and other organizational goals. This is especially important today with complex reimbursement initiatives and the importance of managing patient perceptions.

### **Psychological Capital by Shift**

Day shift nurses have higher levels of self-efficacy than those on night shift. No significant differences existed with psychological capital, hope, optimism, and resilience by shift. One might presume that day shift nurses have higher levels of self-efficacy than those on night shift because of the limited contact night shift employees have with nursing administration and nurse leadership. The limited contact could result in less positive reward and feedback on their performance, which is important in building self-efficacy. Additional research is needed to understand why self-efficacy is lower on night shift than on day shift. Nursing leaders should be conscience and make extra efforts to ensure practices and procedures (to include reward, recognition, and feedback) are equivalent on night shift, as they are on day shift.

This study is limited in scope to one community hospital. It is not generalizable. Further research should be conducted to examine PsyCap between generations and shift. Qualitative research examining the PsyCap of nurses could help to design intervention initiatives specific to generational cohorts. Examining the relationship between self-efficacy and primary shift worked is needed in an effort to understand the reason that self-efficacy may be lower for night shift employees. The findings of these future studies could assist nursing administration and human resource professionals to develop training and development programs that would be tailored to specific cohorts (such as NGOs) that not only would develop nurses as professionals, but would also increase their psychological capital, hope, self-efficacy, resilience, and optimism. Overall, this study is significant in understanding that generational cohorts vary in PsyCap and self-efficacy, and self-efficacy is greater for nurses on day shift as compared to night shift.

## REFERENCES

- Avey, J. B., Luthans, F., & Jensen, S. M. (2009). Psychological capital: A positive resource for combating employee stress and turnover. *Human resource management, 48*(5), 677-693.
- Bakri, N., & Ali, N. (2015). Relationship between Organizational Justice, Psychological Capital and Job Burnout: Empirical Evidence from Health Care Sector. *Asian Social Science, 11* (25), 84-89. doi: 10.5539/ass.v11n25p84
- Bao, S., & Taliaferro, D. (2015). Compassion Fatigue and Psychological Capital in Nurses Working in Acute Care Settings. *International Journal for Human Caring, 19*(2), 35-40. doi: <http://dx.doi.org/10.20467/1097-5710-19.2.35>
- Benner, P. E. (2001). *From novice to expert: Excellence and power in clinical nursing practice*. Pearson.
- Boamah, S. A., & Laschinger, H. (2015). The influence of areas of work-life fit and work-life interference on burnout and turnover intentions among new graduate nurses. *Journal of Nursing Management, 16*, 101-107.
- Boysen, P.G. (2016). Multigenerational Challenges and the Future of Graduate Medical Education. *Ochsner Journal, 16*, 101-107.
- Brunetto, Y., Farr-Wharton, R., & Shacklock, K. (2012). Communication, training, well-being, and commitment across nurse generations. *Nursing Outlook, 60*(1), 7-15.
- Cleary, M., Horsfall, J., Muthulakshmi, P., Happell, B., & Hunt, G.E. (2013). Career development: graduate nurse views. *Journal of Clinical Nursing*. Advanced Online Publication. doi: 10.1111/jocn.12080
- Ding, Y., Yang, Y., Yang, X., Zhang, T., Qui, X., Wang, X. Wang, L., & Sui, H. (2015). The Mediating Role of Coping Style in Relationships between Psychological Capital and Burnout among Chinese Nurses. *PLOS ONE, 10*(4).
- Dyess, S. M., & Sherman, R. O. (2009). The first year of practice: New graduate nurses' transition and learning needs. *The Journal of Continuing Education in Nursing, 40*(9), 403-410.
- Eastman, G. (2013). *The Relationship between Psychological Capital and Workplace Bullying for Nurses* (Doctoral Dissertation). Available from ProQuest Dissertations and Theses Database. (3575191)
- Hodges, H.F., Keeley, A.C., & Troyan, P.J. (2008) Professional resilience in baccalaureate prepared acute care nurses: first steps. *Nursing Education Research 29*, 80-89.
- Kim, S., Seo, R. B., Kim, B. N., & Min, R. A. (2015). The Effects of Positive Psychological Capital, Organizational Commitment, Customer Orientation in Clinical Nurses. *Journal of Korean Academy of Nursing Administration, 21* (1), 10-19. <http://dx.doi.org/10.1111/jkana.2015.21.1.10>
- Laschinger, H. K. S., & Grau, A. L. (2012). The Influence of Personal Dispositional Factors and Organizational resources on workplace violence, burnout, and health outcomes in new graduate nurses: A cross-sectional study. *International Journal of Nursing Studies, 49*(3), 292-291.
- Little, J., & Swayze, S. (2015). Employee Perceptions of Psychological Capital and Learning Organization Dimensions in a Community Medical Center. *Organizational Development Journal 33*(2), 79-104.
- Luthans, F. (2002). The need for and meaning of positive organizational behavior. *Journal of organizational behavior, 23*(6), 695-706.
- Luthans, F., Avolio, B. J., Avey, J. B., & Norman, S. M. (2007). Positive psychological capital: Measurement and relationship with performance and satisfaction. *Personnel psychology, 60*(3), 541-572.
- Luthans, F., & Jensen, S. (2005). The linkage between psychological capital and commitment to organizational mission: A study of nurses. *Journal of Nursing Administration, 35*(6), 304.

- Luthans, F., Youssef, C. M., & Avolio, B. J. (2007). *Psychological capital: Developing the human competitive edge* (p. 3). Oxford: Oxford University Press.
- Moore, J. M., Everly, M., & Bauer, R. (2016). Multigenerational Challenges: Team-Building for Positive Clinical Workforce Outcomes. *Online Journal of Issues in Nursing, 21*(2).
- Moore, L. W., Leahy, C., Sublett, C., & Lanig, H. (2013). Understanding nurse-to-nurse relationships and their impact on work environments. *Medsurg Nursing, 22*(3), 172.
- NSI Nursing Solutions, Inc. (2016). 2016 National Healthcare Retention & RN Staffing Report. [www.nsinursingsolutions.com](http://www.nsinursingsolutions.com).
- Parker, S. (1998). Enhancing role breadth self-efficacy: The roles of job enrichment and other organizational interventions. *Journal of Applied Psychology, 83*(6), 835-852.
- Phillips, M. (2016). Embracing the Multigenerational Nursing Team. *MEDSURG Nursing, 25*(3), 197-199.
- Stam, L. M., Laschinger, H. K., Regan, S., & Wong, C. A. (2015). The influence of personal and workplace resources on new graduate nurses' job satisfaction. *Journal of nursing management, 23*(2), 190-199.
- Piper, L. (2012). Generation Y in Healthcare: Leading Millennials in an Era of Reform. *Frontiers of health services management, 29*(1), 16-29.
- Porter-O'Grady, T. (2001). Is shared governance still relevant? *Journal of Nursing Administration, 31*(10), 468-473.
- Roberts, S. J., Scherer, L. L., & Bowyer, C. J. (2011). Job stress and incivility: What role does psychological capital play? *Journal of Leadership & Organizational Studies*.
- Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: assessment and implications of generalized outcome expectancies. *Health psychology, 4*(3), 219.
- Snyder, C., Sympson, S., Ybasco, F., Borders, T., Babyak, M., & Higgins, R. (1996). Development and validation of the state hope scale. *Journal of Personality and Social Psychology, 70*(2), 321-335.
- Sparks, A. (2012). Psychological empowerment and job satisfaction between Baby Boomer and Generation X nurses. *Journal of Nursing Management, 20*, 451-460.
- Staples, H.L. (2014). *The Generational Divide: Generational Differences in Psychological Capital* (Doctoral dissertation). Available from ProQuest LLC, UMI Dissertation Publishing. (UMI 3673069)
- Stark, E., & Farner, S. (2015). Intergenerational Warfare in the U.S. Workplace, or Nothing More than Growing Pains? *SAM Advanced Management Journal, Winter*.
- Sun, T., Zhao, X.W., Yang, L.B., & Fan, L.H. (2011). The impact of psychological capital on job embeddedness and job performance among nurses: a structural equation approach. *Journal of Advanced Nursing, 68*(1), 69-79. doi: 10.1111/j.1365-2648.2011.05715.x
- Sweet, J. (2012). *The relationship between psychological capital and learning organization dimensions in a community medical center: An exploratory survey research study* (Doctoral dissertation). Retrieved from Proquest/UMI Dissertations.
- Teclaw, R., Osatuke, K., Fishman, J., Moore, S. C., & Dyrenforth, S. (2014). Employee age and Tenure within organizations: relationship to workplace satisfaction and workplace climate perceptions. *The health care manager, 33*(1), 4-19.
- Wagnild, G., & Young, H. (1993). Development and psychometric. *Journal of nursing Measurement, 1*(2), 165-178.
- World Health Organization. (2006). Working together for health. Geneva, Switzerland: World Health Organization.