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Predicting medical-surgical nurses' work satisfaction and intent to stay

By Susan K. Steele-Moses, DNS, RN

High turnover rates and poor nurse retention are ongoing issues for healthcare organizations. In 2019, the RN turnover in acute care hospitals was reported to be 17.5%, with an average cost of \$52,100 to replace each nurse.¹ This resulted in an average loss to hospitals of \$5.2 million.¹ Work satisfaction is one predictor of nurse retention.² Factors that promote work satisfaction include adequate staffing and manageable workloads, a supportive manager, and peers who employees like to work with.^{2,9} Although pay and sign-on bonuses can be motivational, their impact diminishes over time.¹⁰ The purpose of this study was to determine which factors promote work satisfaction and intent to stay among medical-surgical nurses.

Literature review

The literature is replete with predictors of workplace satisfaction and factors that promote nurse retention. Researchers have identified key predictors of nurse satisfaction, including age, nurse-patient ratios, manager/leadership influence, practice environment, professional attributes, and rewards and recognition.

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Age

The age of the nurse influences job satisfaction and retention. A cross-sectional survey was conducted with 150 nurses employed in a teaching hospital, with results supporting that age was a significant predictor of job satisfaction and nurse retention. The findings suggest that younger, less experienced nurses were more likely to be dissatisfied and leave the organization within 2 years of employment.¹¹ These results could be related to the number of millennials in the sample, as well as their need to work where they have instant gratification and recognition, work-life

ment.¹⁶⁻¹⁸ In acute care hospitals today, the patients managed on an inpatient unit have a higher acuity than in years past. Thus, staffing models should be based on patient acuity rather than patient ratios.^{16,18}

Manager/leadership influence

Manager behaviors influence nursing satisfaction and retention. Nurses expect their managers to be effective at the unit level and communicate information that affects their work.^{7,10,19,20} In a descriptive qualitative study, what nurses expected from their manager differed. Nurses early in their careers had high expectations of leadership and expressed

practice environment that were important to nurses included working with nurses who respected them, having a voice in decision-making, and having room to grow.¹⁹ Further, when nurses felt they were respected members of the healthcare team and believed that their talents were appreciated and their contributions acknowledged, they were more likely to remain.²¹

Professional attributes

Professional satisfaction is a key driver of job satisfaction. In a descriptive cross-sectional study, autonomy, professional status, and the quality of work interactions were the professional



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balance, collaboration, and an opportunity to advance.^{4,10} In a study conducted with 208 RNs, it was further supported that older, more embedded nurses were more likely to remain in their current position than their younger 20- to 29-year-old counterparts.¹²

Nurse-patient ratios

Nurse-patient ratios are often attributed to decreased work satisfaction.^{1,3,4,13-15} In a cross-sectional study of 1,209 hospital nurses, staffing resource adequacy was the greatest predictor of workplace satisfaction.¹⁵ Although the number of patient assignments is important, this number is relative based on the acuity of the assign-

ment.¹⁶⁻¹⁸ In acute care hospitals today, the patients managed on an inpatient unit have a higher acuity than in years past. Thus, staffing models should be based on patient acuity rather than patient ratios.^{16,18} disappointment and felt stranded when their concerns weren't valued. Mid- and late-career nurses were disappointed that their manager didn't acknowledge their expertise or involved them in decision-making. Overall, when managers weren't engaged and visible on the unit, manager-staff relations suffered.^{13,19}

Practice environment

The practice environment is inherently important to a nurse's intent to stay on a medical-surgical unit.²¹ When nurses are involved in unit decisions, enjoy working with their peers, and have a variety of patient assignments, satisfaction increases.^{7,13,14,19-21} In one qualitative study, aspects of the

attributes leading to nursing job satisfaction.²² When nurses are employed by a Magnet[®] facility, they perceive that professionalism is valued.^{4,7,14,20} In a secondary data analysis comparison of Magnet and non-Magnet hospitals, Magnet hospitals had significantly better work environments and more highly educated nurses.²⁰

Rewards and recognition

Although intrinsic rewards are important, monetary reimbursement alone isn't adequate to promote job satisfaction and retention. In one descriptive survey, the Index of Workforce Satisfaction (IWS) was used to explore characteristics of professional work environments that

affect satisfaction and turnover. Satisfaction with pay was the single most important factor related to nurse retention.²³ Although many may believe that pay is the most important factor to retain nurses, the reward is short-lived and a weak predictor of sustained nurse retention.²⁴

Theoretical framework

Herzberg's Motivational Theory contains two factors: motivation and hygiene.²⁵ Motivational factors are defined as intrinsically rewarding, inspire employees toward superior performance, and are the most predictive of workplace satisfaction.²⁵ Conversely, hygiene factors are defined as those job factors that are essential but don't predict positive long-term workplace satisfaction. As depicted in *Figure 1*, when hygiene factors are in place, they usually result in general satisfaction and prevent dissatisfaction.²⁵ However, the motivational factors result in high employee motivation, satisfaction, and strong commitment.²⁵

Methods

This study was approved by the nursing research council and the clinical research department of a Magnet-recognized hospital in southeastern Louisiana. The hospital's Institutional Review Board affiliate reviewed the study and deemed it minimal risk and exempt.

Sample

The sample consisted of all full- and part-time medical-surgical RNs whose primary assignment was on a medical-surgical unit. The facility has 10 medical-

surgical units with approximately 285 RNs. These include oncology, neurology, telemetry, orthopedic/neurology surgery, general surgery, and general medicine. Three hundred and fifteen nurses attempted the survey; however, eight (2.54%) weren't RNs, 107 (33.97%) weren't primarily assigned to a medical-surgical unit, and 49 (15.56%) began the survey but missed questions and had to be eliminated. The final sample consisted of 151 (47.93%) RNs from a Magnet hospital in southeastern Louisiana.

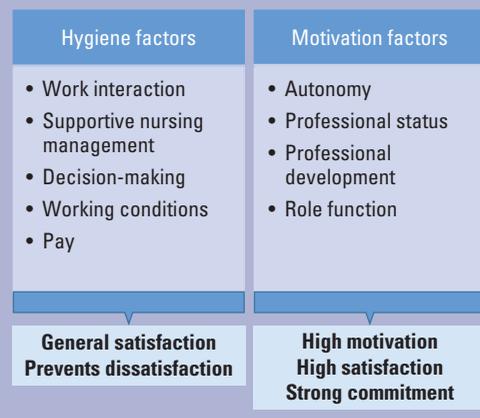
Instrumentation

The adapted IWS questionnaire, which aligns with constructs of Herzberg's Motivational Theory, measured the nurses' work satisfaction. The instrument contained 60 items, measured over nine subscales, and was internally consistent. Each subscale contained five to eight items; was measured on a 5-point Likert scale (strongly agree to strongly disagree); and evaluated known components of nurse work satisfaction: role function, autonomy, professional development, professional status, work interaction, supportive nurse manager, decision-making, working conditions, and pay. Nurses also rated their intent to stay in their current position for the next 12 months on the same 5-point Likert scale.

Data collection

The instrument was entered into an online survey tool for data

Figure 1: Influence of hygiene and motivational factors on work satisfaction



collection. The director of nursing research emailed a cover letter containing the survey link to the nursing staff. A reminder email was sent every third day for 2 weeks. At the end of the 2 weeks, the survey was closed.

Data analysis

After the data were collected, the nurse's responses were downloaded from the online survey tool and uploaded into statistical software. First, the demographic variables and IWS subscales were analyzed using descriptive statistics. Next, the IWS total score and subscale scores were analyzed by demographic variable using an analysis of variance or an independent *t*-test. Finally, those variables that showed a statistically significant difference were entered into a regression model to predict workforce satisfaction and its subcomponents.

Findings

Overall, the nurses in the sample were predominately female and held a baccalaureate degree in nursing. The mean score for the

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nurses' overall job satisfaction indicated that they had a moderate level of satisfaction. Autonomy and work interaction had the highest satisfaction scores, with working conditions and pay falling below 3.0. (See *Table 1*.)

As noted in *Table 2*, only the nurses' age and work experience

made a significant difference in their job satisfaction. There was a significant difference in job satisfaction when age was considered. When years of experience were considered, nurses with 2 to 5 years of experience had a lower work satisfaction score than the other two groups.

There was no difference in job satisfaction based on gender or degree type.

The subscales were further analyzed based on Herzberg's Motivational Theory, which contends that hygiene factors are essential but don't lead to sustainable work satisfaction. Conversely, motivation factors are intrinsically rewarding, foster superior performance, and hold the greatest prediction of work satisfaction.¹¹ As noted in *Table 3*, both age and work experience had a significant effect on hygiene factors. The greatest difference was among nurses ages 20 to 29 when compared with the other three groups, whereas nurses with 2 to 5 years of experience were significantly less satisfied when compared with their counterparts. Only age had a significant effect on motivation factors, with nurses ages 40 to 49 scoring significantly higher than the other age groups. Neither gender nor degree type influenced motivational or hygiene factors.

When nurses were asked about their intent to stay in their

Table 1: Nurse work satisfaction mean scores

Variable	Mean	SD
Nurse work satisfaction, overall	3.39	.626
Motivation factor subscale	3.59	.672
Autonomy	3.87	.633
Professional status	3.71	.746
Professional development	3.68	.795
Role function	3.64	.768
Hygiene factor subscale	3.13	.679
Work interaction	3.86	.679
Supportive nursing management	3.79	.745
Decision-making	3.09	.976
Working conditions	2.46	.604
Pay	2.45	1.10

Note: Cronbach's alpha instrument = .87; subscale range = .72 to .86; SD = standard deviation

Table 2: Effect of age, years of work experience, gender, and degree type on job satisfaction

DV	GV	Group	n	Mean	SD	F-test or t-test	P	
Work satisfaction total score	Age	20–29	47	3.12	.606	6.596	<.001	
		30–39	42	3.48	.519			
		40–49	30	3.65	.649			
		≥50	28	3.58	.499			
	Work experience	<2 years	30	3.30	.525	3.343	.038	
		2–5 years	39	3.22	.678			
		>5 years	81	3.51	.616			
	Gender	Male	17	3.34	.709	.151	.698	
		Female	133	3.40	.617			
	Degree type	Diploma/ ASN BSN	Diploma	60	3.48	.548	2.06	.153
			ASN	89	3.33	.671		
			BSN					

DV = dependent (outcome) variable; GV = grouping variable; SD = standard deviation

Table 3: Effect of age, years of work experience, gender, and degree type on hygiene and motivation factors

DV	GV	Group	n	Mean	SD	F-test or t-test	P
Hygiene factors subscale	Age	20–29	47	2.85	.639	6.056	.001
		30–39	42	3.22	.585		
		40–49	30	3.36	.711		
		>= 50	28	3.35	.566		
	Work experience	<2 years	30	3.00	.612	3.655	.028
		2–5 years	39	2.95	.686		
		> 5 years	81	3.27	.677		
	Gender	Male	17	3.04	.791	.353	.553
		Female	133	3.14	.666		
	Degree type	Diploma/ASN	60	3.21	.589	.857	.462
		BSN	89	3.07	.731		
Motivation factors subscale	Age	20–29	47	3.38	.677	3.633	.014
		30–39	42	3.64	.582		
		40–49	30	3.84	.707		
		>= 50	28	3.71	.544		
	Work experience	<2 years	30	3.56	.594	1.573	.211
		2–5 years	39	3.44	.736		
		> 5 years	81	3.67	.663		
	Gender	Male	17	3.53	.724	.150	.699
		Female	133	3.59	.668		
	Degree type	Diploma/ASN	60	3.65	.628	.857	.356
		BSN	89	3.54	.704		

DV=dependent (outcome) variable; GV = grouping variable; SD = standard deviation

Table 4: Logistic regression to predict retention

Variable	B	S.E.	Wald test	P	ExpB	95% CI lower	95% CI upper
Age	.06	.02	7.39	.007	1.06	1.02	1.11
Role function	1.32	.380	12.14	<.001	3.76	1.79	7.92
Supportive management	.58	.26	4.82	.028	1.78	1.06	2.97
Pay	1.10	.27	29.05	<.001	2.99	1.77	5.05

Note: Model predicted 56% of the variance (Nagelkerke $r^2 = .560$); goodness of fit ($X^2 = 6.42$; $P = .601$); B = unstandardized regression weight; S.E. = standard error; ExpB = exponentiated coefficient B (odds ratio); CI = confidence interval

current position, 56% of them (n = 84) planned to remain on their current unit for the next year. When nurses didn't intend to stay on their unit over the next year, 37 of the 56 (66%) planned to leave the hospital altogether.

As depicted in Table 4, all the variables correlated with the nurse's intention to remain on their current unit at 0.3 or higher except for time as an RN, educational preparation, and length of time on the unit.

Age and the nine subscales of role function, autonomy, professional development, professional status, work interaction, supportive nurse manager, decision-making, working conditions, and pay were entered into a regres-

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sion model to determine intent to stay. Fifty-six percent of the variance of whether a nurse intended to stay on their current unit was predicted by four variables: age, role function, supportive management, and pay, with a good model fit. Thus, when nurses were older, were satisfied with their role functions, had a supportive manager, and were paid fairly, they were 22.4% more likely to remain on their unit than leave it.

Discussion

Research supports that work satisfaction increases when a nurse's role is challenging and diverse.^{11,22}

to stay. To retain nurses, this hospital's human resources department completes an annual market analysis and adjusts compensation accordingly. In addition, nurses employed before 2006 are enrolled in a lucrative pension plan, which is rare in the current healthcare landscape.

Management and leadership behaviors influence nurse satisfaction.^{13,19,21} In this study, when nurses perceived that their manager and nurse administrators were supportive, they were 1.78 times more likely to remain on their medical-surgical unit. When nurse managers and nurse

Recommendations for nurse managers

Recommendations to improve nursing satisfaction and retention include challenging nurses' potential, offering recognition beyond monetary rewards, engaging in leadership behaviors that promote retention, and understanding generational differences.

Challenge their potential

In this study, nurses wanted to feel that their skills were being used to their maximum potential. This may require the development of a professional practice



When role functions maximize employees' skills and competencies and when managers provide a supportive work environment, employees are more likely to remain on their units.

In this study, nurses were 3.76 times more likely to remain on their nursing unit if they were satisfied with their role function. When nurses could effectively use their skills, were satisfied with their work activities, had enough time to provide quality patient care, and paperwork was kept at a minimum, nurses were more satisfied. Therefore, these findings support Herzberg's theory that when employees feel their work is challenging, interesting, and enriching, their work satisfaction increases.

Previous research findings support that compensation is a strong antecedent to work satisfaction.^{22,23} In this study, pay and benefits were the second strongest predictor of a nurse's intent

administrators were available to guide their work, provided praise and recognition, listened, and responded to their concerns, the nurses were happier and more likely to stay.

Finally, research supports that age is a significant predictor of nurse satisfaction.^{4,10,21,26,27} In this study, when nurses were younger, they were more dissatisfied in their current nursing position and more likely to leave. Younger nurses want to work in an environment with instant gratification, recognition, work-life balance, collaboration, and an opportunity to advance.^{4,6,14,26} Conversely, older nurses may be more embedded and likely to remain in their current position than their younger counterparts.^{2,12,21}

model.²⁴ When the nurse manager implements systems that allow nurses to practice to their full potential, making autonomous decisions within their scope of practice and controlling care delivery standards for their patients, they're more satisfied.¹³ To develop and sustain a nurse-directed unit, the nurse manager must affirm the decisions they make, problem solve with them, and include them in decisions that affect nursing.

One way to challenge nurses' potential and build competent teams is to ask nurses to lead a change project to impact patient outcomes.¹⁹ Leading a clinical project provides an opportunity for nurses to identify a problem on the unit, search the literature

Table 5: Motivators and demotivators by generation

Generation	Motivators	Demotivators
Baby boomers	<ul style="list-style-type: none"> • Mutual respect • Hands-on education • Predictable schedule 	<ul style="list-style-type: none"> • Gossipy work environment • Entitlement • Technology
Generation X	<ul style="list-style-type: none"> • Independent decision-making • Flexible schedule • Training focused on career advancement 	<ul style="list-style-type: none"> • Lack of feedback • Feeling “dumped on” • Micromanagement • Being part of a team
Millennials	<ul style="list-style-type: none"> • Recognition and praise • Clear goals and structure • Direct supervision and mentorship 	<ul style="list-style-type: none"> • Hearing about how we do things here • An expectation that working all the time is good • Disparaging comments about them and their generation
Generation Z	<ul style="list-style-type: none"> • Money and job security • Practical experience provided with onboarding orientation • Internal competition • Work-life balance 	<ul style="list-style-type: none"> • Not receiving consistent, straightforward feedback • Lack of an opportunity for internal growth • A manager who’s considered unfair or unethical

for best practices, compare the unit’s activities to their findings, and implement change as required. Once the unit activities are implemented, patient outcomes are measured and compared.¹⁹ When nurses have input into evidence-based improvement interventions that affect them and their patients, they feel valued.^{4,18}

Money isn’t the only reward

Although monetary rewards motivate for short periods, recognition programs that demonstrate appreciation, value, and caring about the work well done contribute to longer gratification.² First, recognition must be sincere and genuine. Staff members will quickly realize if the manager’s actions are ingenuine or have an ulterior motive. Rewards must be individualized and meaningful.¹² Purchasing golf tees for an avid golfer or yarn for an employee who knits is effective because it demonstrates that the manager listens

and knows the nurse’s interests and priorities.

A “caught-ya” board is another way to recognize staff for a job well done. Provide colorful sticky notes on the unit and encourage staff members to write things about each other when they catch their peer going above and beyond. Then at the end of the month, tally the kudos given and announce the winner during the monthly staff meeting. Have gender-neutral rewards placed in a basket and allow the winner to pull one. Rewards as simple as a free lunch, a coffee gift card, or gel pens affirm to staff members that they’re valued and making a difference.

Leadership behaviors that promote retention

Leadership development plays a vital role in nurse manager success. Nurses are often promoted to leadership positions based on their clinical skills rather than their leadership capabilities. Although clinical nurses are

assigned a preceptor to shepherd them into their role, nurse managers are often left to fend for themselves. To promote a successful transition from clinical nurse to nurse manager, a mentor from a peer nursing unit should be assigned. It’s helpful if the manager selects a mentor from their peer group to assist in the transition. Through this mentorship relationship, new managers can learn vital skills to promote their success.

Manager development is essential because the nurse manager has a significant effect on staff morale.¹³ Most nurse managers want to spend more time with their staff, but other priorities often take precedence. Nurses are then left wondering whether the manager cares about them. Research supports that when nurses are asked why they stay at their job, a common response is “my manager.”^{2,10,19,27} Staff members are happy when they feel that their manager makes time for them and

respects their contributions to the unit. They feel cared for when the manager helps if the unit is exceptionally busy, is present at shift change, brings snacks to the night shift, or takes time to ask about how staff members' children are doing. These simple interventions—if they're consistent and genuine—will go a long way to promote nurse retention.

Understanding generational differences

Currently, there are four generations in the workforce. Although this adds to diversity, it comes with challenges. Baby boomers are well established in their careers, work extremely hard, are committed to their profession, and proud of their work ethic.^{10,28,29} Generation X prefers to manage their own time, set their limits, and complete their work without supervision.^{10,28-30} Millennials can become easily bored and impatient, are motivated by ambition, and need instant gratification and praise.^{28,29} Although Generation Z grew up texting, they prefer face-to-face communication so they can ask for clarification, they like to work individually, they're motivated by stability, and they're naturally competitive.^{28,29} The nurse manager must be aware of the generalized motivators for each generation and apply them effectively. (See *Table 5*.)

Recommendations for future research

Based on the findings of this study, future research should focus on the specific attributes of the nursing unit and the nurse manager. The challenge in nurs-

ing today is to determine what younger nurses want so we can retain them. Although older nurses may choose to remain on a unit, their motivation to remain may be significantly different from that of their younger counterparts. A qualitative study exploring the specific preferences of nurses is needed.

Joy at work

For managers to retain staff, they must focus on the factors that promote nurse satisfaction. When role functions maximize employees' skills and competencies and when managers provide a supportive work environment, employees are more likely to remain on their units. Although pay needs to be fair and equitable, it will only sustain satisfaction for a short period. That's why ensuring nurses enjoy what they do and are rewarded in other ways will sustain work satisfaction for an extended period. **NMI**

REFERENCES

1. NSI Nursing Solutions, Inc. 2020 National Health Care Retention & RN Staffing Report. www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf.
2. Heidari M, Seifi B, Gharebagh ZA. Nursing staff retention: effective factors. *Ann Trop Med Public Health*. 2017;10(6):1467-1473.
3. Regan S, Wong C, Laschinger HK, et al. Starting out: qualitative perspectives of new graduate nurses and nurse leaders on transition to practice. *J Nurs Manag*. 2017;25(4):246-255.
4. Waltz LA, Muñoz L, Weber Johnson H, Rodriguez T. Exploring job satisfaction and workplace engagement in millennial nurses. *J Nurs Manag*. 2020;28(3):673-681.
5. Asber SR. Retention outcomes of new graduate nurse residency programs: an integrative review. *J Nurs Adm*. 2019;49(9):430-435.
6. Walker L, Clendon J. Early nurse attrition in New Zealand and associated policy implications. *Int Nurs Rev*. 2018;65(1):33-40.
7. Yarbrough S, Martin P, Alfred D, McNeill C. Professional values, job satisfaction, career development, and intent to stay. *Nurs Ethics*. 2017;24(6):675-685.
8. Barrett R. Changing preceptorship to achieve better quality training and less attrition in newly qualified nurses. *Br J Nurs*. 2020;29(12):706-709.
9. Brook J, Aitken L, Webb R, MacLaren J, Salmon D. Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: a systematic review. *Int J Nurs Stud*. 2019;91:47-59.
10. Price SL, Paynter M, Hall LM, Reichert C. The intergenerational impact of management relations on nurse career satisfaction and patient care. *J Nurs Adm*. 2018;48(12):636-641.
11. Ramoo V, Abdullah KL, Piaw CY. The relationship between job satisfaction and intention to leave current employment among registered nurses in a teaching hospital. *J Clin Nurs*. 2013;22(21-22):3141-3152.
12. Hopson M, Petri L, Kufera J. A new perspective on nursing retention: job embeddedness in acute care nurses. *J Nurses Prof Dev*. 2018;34(1):31-37.
13. Falguera CC, de Los Santos JAA, Galabay JR, et al. Relationship between nurse practice environment and work outcomes: a survey study in the Philippines. *Int J Nurs Pract*. 2021;27(1):e12873.
14. Mihdawi M, Al-Amer R, Darwish R, Randall S, Afaneh T. The influence of nursing work environment on patient safety. *Workplace Health Saf*. 2020;68(8):384-390.
15. Yuan L, Yumeng C, Chunfen Z, Jinbo F. Analyzing the impact of practice environment on nurse burnout using conventional and multilevel logistic regression models. *Workplace Health Saf*. 2020;68(7):325-336.
16. Hill M, DeWitt J. Staffing is more than a number: using workflow to determine an appropriate nurse staffing ratio in a tertiary care neu-

- rocritical care unit. *J Neurosci Nurs.* 2018;50(5):268-272.
17. Osborne S. Acuity and ratios. New South Wales Nurses' Association. 2018. https://issuu.com/thelampnswna/docs/hc161_thelamp_april18_fa4.
 18. Wynendaale H, Willems R, Trybou J. Systematic review: association between the patient-nurse ratio and nurse outcomes in acute care hospitals. *J Nurs Manag.* 2019;27(5):896-917.
 19. Lacey SR, Goodyear-Bruch C, Olney A, et al. Driving organizational change from the bedside: the AACN clinical scene investigator academy. *Crit Care Nurse.* 2017;37(4):e12-e25.
 20. Kelly LA, McHugh MD, Aiken LH. Nurse outcomes in Magnet® and non-Magnet hospitals. *J Nurs Adm.* 2011;41(10):428-433.
 21. Ambani Z, Kutney-Lee A, Lake ET. The nursing practice environment and nurse job outcomes: a path analysis of survey data. *J Clin Nurs.* 2020;29(13/14):2602-2614.
 22. da Silva VR, de Souza Velasque L, Tonini T. Job satisfaction in an oncology nursing team. *Rev Bras Enferm.* 2017;70(5):988-995.
 23. Palmer SP. Nurse retention and satisfaction in Ecuador: implications for nursing administration. *J Nurs Manag.* 2014;22(1):89-96.
 24. Miedaner F, Kuntz L, Enke C, Roth B, Nitzsche A. Exploring the differential impact of individual and organizational factors on organizational commitment of physicians and nurses. *BMC Health Serv Res.* 2018;18(1):180.
 25. Herzberg F, Mausner B, Snyderman BB. *The Motivation to Work.* New York, NY: Routledge; 2017.
 26. Ke Y-T, Kuo C-C, Hung C-H. The effects of nursing preceptorship on new nurses' competence, professional socialization, job satisfaction and retention: a systematic review. *J Adv Nurs.* 2017;73(10):2296-2305.
 27. Nantsupawat A, Kunaviktikul W, Nantsupawat R, Wichaikhum O-A, Thienthong H, Poghosyan L. Effects of nurse work environment on job dissatisfaction, burnout, intention to leave. *Int Nurs Rev.* 2017;64(1):91-98.
 28. Bhatia N, Gülpınar N, Aydın N. Dynamic production-pricing strategies for multi-generation products under uncertainty. *Int J Prod Econ.* 2020;230:107851.
 29. Clark KR. Managing multiple generations in the workplace. *Radiol Technol.* 2017;88(4):379-396.
 30. Hut N. How to successfully manage multiple generations in the workplace. Healthcare Financial Management Association. 2020. www.hfma.org/topics/leadership/article/how-to-successfully-manage-multiple-generations-in-the-workplace.html.

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