Walden University

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Walden University
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Abstract

Generational Cohort Differences in Types of Organizational Commitment

Among Nurses in Alabama

by

April Lavette Jones

MSM, Faulkner University, 2006

MSW, University of Alabama, 2003

BS, Stillman College, 2000

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Organizational Psychology

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Abstract

In hospitals in the United States, the ratio of nurses to patients is declining, resulting in an increase in work demands for nurses. Consequently, organizations face challenges with nurses' organizational commitment. Studies have revealed generational differences, as determined by birth year, in employee levels of organizational commitment in a number of organizational settings. However, there is a gap in the literature regarding the impact of generational cohorts on the organizational commitment of nurses. The purpose of this quantitative, nonexperimental, cross-sectional design was to address whether generational cohorts of nurses differed in their levels of organizational commitment, and to investigate whether licensed practical nurses (LPNs) and registered nurses (RNs) differed in their levels of organizational commitment. A purposive sampling method was used to recruit 132 nurses in Alabama for this study. A MANOVA was employed to test the mean differences in organizational commitment by generational cohort status and nursing degree. Results revealed that generational cohort status did not have a significant impact on nurses' levels of organizational commitment. However, the findings showed that LPNs had significantly lower levels of affective commitment than RNs. This study provided information that may be of use to hospital administrators and human resource managers in communicating the need for flexible incentive packages to address the needs of a diverse workforce. Results from the study may promote social change by providing information about how nurse credentials are associated with their organization commitment. This association is critical for building organizational stability, organizational effectiveness, and nurse recruitment and retention.

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Dedication

This dissertation is dedicated to my father, the honorable Lawrence County Commissioner Mose Jones, Jr.; my mother, Ella Mae Jones; my sisters, Sharon and Jalisa Jones; my brothers, Shaffer and Christopher Jones; and our Heavenly Father, Jesus Christ.

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Chapter 1: Introduction to the Study

During the past several decades, the healthcare system in the United States has experienced a constant decline in the ratio of nurses to patients (Spetz & Givin, 2003). Researchers have predicted that by 2025, the healthcare system could experience a nursing shortage of approximately 500,000 to 1,000,000 nurses (Buerhaus et al., 2007; Sephel, 2011; Zangaro, 2001). The shortage among registered nurses (RNs) is further predicted to grow until 2030, and the forecast is for an extreme shortage of RNs in the southern and western states (Juraschek, Zhang, Ranganathan, & Lic, 2012). Projections from the American Association of College Nursing have suggested that by 2030, the nursing shortage could contribute to a national healthcare crisis (Ehrhardt, 2009).

According to Carman-Tobin (2011), the shortage of RNs will result in increasing demands being placed upon licensed practical nurses (LPNs). Currently, LPNs work mostly in the healthcare system to execute routine patient care, and they often work at a lower wage than RNs. However, as the shortage of RNs continues to grow, LPNs may be increasingly called upon to perform tasks normally executed by RNs (Carman-Tobin, 2011). This possible trend has raised concerns regarding the potential quality of patient care because, typically, LPNs do not receive the same level of training as RNs in caring for the critically injured and ill (Buerhaus et al., 2007).

As the work demands for nurses continue to increase, organizations face mounting challenges in obtaining organizational commitment from the remaining cadre of nurses (Carman-Tobin, 2011). *Organizational commitment* has been defined as "the relative strength of an individual's identification with and involvement in a particular organization" (Mowday, Porter, & Steers, 1982, p. 27). In today's healthcare industry,

employee commitment to the organization is a critical issue (Zangaro, 2001). McNeese-Smith (2001) revealed that a lack of organizational commitment was a strong indicator of nurse disengagement on the job. In turn, lack of engagement has been shown to be negatively correlated with the quality of patient care (Buerhaus et al., 2007). Additional research has revealed that risks of errors in the healthcare industry are reduced when employees have high levels of organizational commitment (Parry & Urwin, 2010; Pilcher, 1994; Somunoglu, Erdem, & Erdem, 2012).

Several studies have revealed a number of variables that affect employee commitment to an organization (Ashforth et al., 2008; Cennamo & Gardner, 2008; Van Dick et al., 2006). The workforce of today is more diverse than ever before, and that diversity is manifested in differences in race, gender, ethnicity, and generational cohorts (Sloan Center of Aging, 2008). In fact, Twenge and Campbell (2008) stated that family of origin, social associations, media, and cultural ties contribute to value systems among generational cohorts. These generational values are unique within each group. Several researchers have investigated the impact of generational differences on employee identification and commitment to the organization (Bryson & White, 2008; Edwards & Pecci, 2010; Jean & Stacy, 2008; Twenge & Campbell, 2008). Cumulatively, studies have revealed that different generations have varied preferences and needs, and those differences have a major impact on employees' commitment to organizations (Bryson & White, 2008; Edwards & Pecci, 2010; Jean & Steacy, 2008; Twenge & Campbell, 2008). Therefore, individual expectations and needs will impact healthcare professionals' levels of commitment to their organizations. It is therefore imperative that researchers investigate the degree to which employees in different generational cohorts may differ in

organizational identification and commitment and the impact that those differences may have on organizations.

Statement of Problem

Hospitals continue to experience a shortage of nurses who began prior to 1998 (Buerhaus et al., 2007). Consequently, nurses are increasingly being required to do more than they have in the past. As work demands increase, nurses and other healthcare professionals experience a corresponding decline in their levels of productivity and organizational commitment (McNeese-Smith, 2001). Researchers, including Buerhaus et al. (2007), have shown that nurses' levels of productivity and levels of organizational commitment are correlated with the effectiveness of care provided to patients. Past research has revealed that lack of an adequate nursing staff could result in detrimental outcomes for patients and to possible violations of ethical standards (Buerhaus et al., 2007).

McNeese-Smith (2001) revealed that a lack of organizational commitment was a strong indicator of nurse disengagement on the job. There is a body of literature that indicates that the stability of an organization depends on the level of commitment of its constituents (Carman-Tobin, 2011; Erdem, & Erdem, 2012; Shariffi-Moghadam et al., 2012; Yaget, 2007). Organizational identification and commitment are two important elements that affect employee performance and productivity as well as the overall performance of an organization (Albert, Asford, & Dutton, 2000).

Past research has shown that there are generational differences that impact employees' commitment to organizations (Bryson & White, 2008; Edwards & Pecci, 2010; Jean & Steacy, 2008; Twenge & Campbell, 2008). Studies have also shown that

organizational commitment is related to how nurses perform on the job (Buerhaus et al., 2007; McNeese-Smith, 2001). However, the problem is that it is not known how generational cohort status affects nurses' level of organizational commitment. It is therefore imperative that researchers investigate the degree to which employees in different generational cohorts may differ in organizational identification and commitment and the impact that those differences may have on organizations.

Purpose of Study

The purpose of this quantitative study was to explore whether there were significant differences in levels of organizational commitment displayed by four generational cohorts of nurses. I also examined whether participants differed in their levels of organizational commitment based on their nursing credentials. The dependent variables were levels of the three types of organizational commitment (affective, continuance, and normative) as measured by the Organizational Commitment Scale. The independent variables were generational cohort status and nursing status. Generational cohort status (Generation Y, Generation X, Baby Boomers, and Veterans) was determined by each participant's date of birth. Nursing credential was determined by each participant's nursing title (LPN or RN).

The findings of this study may be used by healthcare leaders and human resource practitioners to understand how generational cohort status affects nurses' level of organizational commitment, which can have an impact on the organizational environment. Organizational commitment contributes to the goals of organizations, which often consist of increases in retention, productivity, and job satisfaction and a decrease in turnover (Carver & Candela, 2008). Recent research suggests that workplace

relationships may be influenced by generational differences between nurses (Boychuk-Duchscher & Cowin, 2004). In addition, differences in generational values can impact both collegial relationships and organizational commitment. The conflict of personal values with organizational values is one of the primary drivers for burnout (Leiter & Shaughnessy, 2006), and job burnout is a well-recognized cause of turnover and intent to leave. Results of the study may provide information that can assist with the development of more effective recruitment and retention strategies for nurses. Keepnews, Brewer, Kovner, and Shin (2009) stated that researchers agree that past recruitment strategies may not be effective with younger generations. According to Keepnews et al., the ability to have a comprehensive understanding of different generational cohorts of nurses working together in the workforce today is a way to enhance nurse retention and maximize successful organizational outcomes. Retention of nurses across the generations is crucial to ensuring safe work environments and positive health outcomes for patients.

Nature of Study

I used a quantitative, nonexperimental, cross-sectional design to examine whether generational cohorts of nurses differ in their levels of organizational commitment. A survey methodology was used to gather data on the variables of interest for this study. I provide a brief explanation of the methodology for this study in the paragraphs below. Chapter 3 contains additional details, explanations, and a rationale for the methodology.

The use of quantitative research is appropriate when "the researcher is testing objective theories by examining the relationship among variables ... so that numbered data can be analyzed using statistical procedures" (Creswell, 2009, p. 4). The objective of this study was to determine if nurses in different generational cohorts and with different

degrees differ in their levels of organizational commitment. The independent variables were generational cohort and nursing title (LPN or RN). The dependent variables were the levels for each of the three types of organizational commitment (affective, normative, continuance) as measured by the Organizational Commitment Scale (OCS). The dependent variables of interest were quantitative in nature. Therefore, the use of a quantitative research paradigm was appropriate for this study.

The nonexperimental design was appropriate because such designs are commonly used in research to describe current existing characteristics of people such as attitudes, perceptions, and values (Trochim & Donelly, 2007). Cross-sectional studies are frequently used to compare different individuals in different age groups (Leedy & Ormrod, 2005). The focus of this study was on generational differences in organizational commitment. Therefore, the use of a nonexperimental, cross-sectional design was appropriate for studying the variables of interest.

The OCS, developed by Allen and Meyer (1990), was used to collect data from nurses working in the state of Alabama. According to Creswell (2009), survey research allows one to generalize information from a sample to a population in order to make inferences about certain characteristics of the population. Survey research was appropriate for this study because the results enabled me to gain a deeper understanding of levels of organizational commitment from a sample of nurses in Alabama.

The population of interest for this study was composed of nurses employed within the United States. The targeted sample for the study consisted of registered nurses (RNs) and licensed practical nurses (LPNs) working in the state of Alabama. A purposive sampling method was used to recruit participants for the study. Purposeful sampling is

used when a researcher has interest in a group of individuals with specific characteristics (Creswell, 2009; Trochim & Donelly, 2007). In this study, I was specifically interested in LPNs and RNs working in the state of Alabama; therefore, purposeful sampling was the appropriate sampling frame for this study.

I used two procedures to recruit participants for the study. An email announcing the study was sent to nurses working in hospital settings. This email also served as the invitation to participate in the study. A copy of the email announcement is included in Appendix D. I also advertised the study in the *Alabama Nurses* newsletter. The advertisement described the purpose of the study and contained information regarding how individuals could participate in the study. A copy of the advertisement announcement is included as Appendix E. Additional details regarding the recruitment procedures are presented in Chapter 3.

I used G*Power 3.1.2 online power analysis software to determine the appropriate sample size for this study. According to the results, the desired sample size for the study was 132 nurses. The following parameters were also used to determine the appropriate sample size: Conventional level for power was specified .80 (80%), a medium effect size of $eta^2 = .14$, and $p = .05$.

The primary data collection tool was the OCS. The OCS is a construct valid instrument that has been used widely in research. The instrument contains the following three scales, which measure different aspects of organizational commitment: affective, continuance, and normative commitment. Additional details regarding research and literature related to the OCS are presented in Chapter 2. Details regarding the scoring, validity, and reliability of the OCS are presented in Chapter 3.

I used an online survey tool, Survey Monkey, to collect data. The information from the participants was confidential in order to ensure that ethical procedures were followed. Data were analyzed in SPSS. The multivariate analysis of variance (MANOVA) procedure was used to analyze the data. The MANOVA procedure is used to compare different groups on multiple variables (Stephens, 2009). Descriptive statistics such as frequency counts were used to summarize the demographic data for the participants. Results from the statistical analyses are presented in tables and narrative text in Chapter 4 of the dissertation.

Research Question and Hypotheses

This research was guided by three research questions. The research questions and related hypotheses are presented below.

Research Question 1: What are the differences in the levels of organizational commitment among generational cohorts of nurses, as measured by mean scores on the Meyer and Allen Organizational Commitment Scale?

H1□: There are no statistically significant differences in the levels of organizational commitment (normative, continuance, affective), as measured by the OCS, in a sample of generational cohorts of nurses (Generation Y/Millennials, Generation X, and Baby Boomers) as determined by the birth dates of the participants.

H1□: There are statistically significant differences in the levels of organizational commitment (normative, continuance, affective), as measured by the OCS, in a sample of generational cohorts of nurses (Generation Y/Millennials, Generation X, and Baby Boomers) as determined by the birth dates of the participants.

Research Question 2: What are the differences in the levels of organizational commitment based on nursing credential (LPN, RN, BSN, and MSN), as measured by mean scores on the OCS?

H2□: There are no statistically significant differences in the levels of organizational commitment (normative, continuance, affective) based on nursing credential (LPN, RN, BSN, and MSN), as measured by mean scores on the OCS.

H2□: There are statistically significant differences in the levels of organizational commitment (normative, continuance, affective) based on nursing credential (LPN, RN, BSN, and MSN), as measured by mean scores on the OCS.

Theoretical Framework

The theoretical framework used to guide this study was rooted in the premises of generational theory and organizational commitment theory. Both theories contribute principles that can be used to explain how generational cohort status may affect individual nurses' levels of organizational commitment. Details regarding each theory are presented in the paragraphs that follow.

Organizational Commitment Theory

Organizational commitment theory is based on social exchange theory (Blau, 1964; Emerson, 1976) and the norm of reciprocity (Gouldner, 1960). *Reciprocity* is a social norm or value whereby "(1) people should help those who have helped them, and (2) people should not injure those who have helped them" (p. 171). This is applied to the employee-organizational relationship in the exchange of resources, symbolic or tangible, between employee and employer. Each party gets something out of the relationship or the relationship will cease to exist. Although this exchange of resources can be

considered a universal concept, the context of the relationship or degrees of expectation may vary by person within that reciprocal relationship and may vary across cultural or even generational lines (Coyle-Shapiro & Shore, 2007; Cropanzano & Mitchell, 2005). Because this theory addresses the social exchanges of resources and relationships, it is a good fit to demonstrate the employee-organization connection that either causes or does not cause organizational commitment.

According to Somunoglu, Erdem, and Erdem (2012), *organizational commitment* refers to the degree to which individuals embrace organizational values and goals, which is vital in order for personnel to feel that they are part of the organization. In addition, Gelade, Dobson, and Gilbert (2006) indicated that organizational commitment is of significant interest to psychologists because there is robust evidence of a relationship between high levels of commitment and favorable organizational outcomes. Organizational commitment theory was relevant to this study because the theory may provide information that could be used by human resource professionals to understand how different types of organizational commitment impact nurses' decisions to remain with or depart from the healthcare setting. This understanding could be used by human resource professionals to develop strategies for improving nurses' organizational commitment, which, in turn, could result in developing strategies for addressing the shortage of nurses in the healthcare industry.

Generational Theory

Some of the seminal work related to generational cohorts was published by Mannheim in the article "The Problem of Generations" in 1923 (Pilcher, 1994). The original essay was designed to provide a sociological explanation as to why different

people of different ages behaved either similarly or dissimilarly. Later, Strauss and Howe (1991) expanded upon the works of Mannheim. According to Strauss and Howe, generational attitudes and values are shaped and determined by a number of variables such as parental interaction, economic situation, major social movements, and historical events that occur during the generational period. Horvath (2011) stated that generational theory is commonly used to explain the bases of how life events interact to influence the development of norms for different generations, such as ideals, beliefs, worldviews, and historical events. Each generation is shaped and formed collectively, and therefore its members have similar thought processes, reactions, and behaviors.

The current workforce in the United States consists of multiple generations with many and varied beliefs and values (Apostolidis & Polifroni, 2006; Sloan Center of Aging and Work at Boston College, 2008). Several studies have indicated that generational differences in work values are common phenomena (Mannheim, 1952; Parry & Urwin, 2011). The generational cohorts each experienced life events during their normative years that shaped their belief systems, attitudes, and values (Giancolo, 2006; Patalano, 2008; Tajfel & Turner, 1986).

Several researchers have posited that employees are different and that employees make different contributions to an organization (Ashforth et al., 2008; Cennamo & Gardner, 2008; Van Dick et al., 2006). Other researchers (Jean & Steacy, 2008; Twenge & Campbell, 2008) have recognized the impact of generational differences on employee commitment and identification with the organization. Other studies (Bryson & White, 2008; Edwards & Peccei, 2010) have observed employee identification within organizations and how it affects employees' perceptions of their organizations in terms of

how their welfare was handled. The conceptual argument concluded from the literature is that generational differences within the workplace have a major impact on employee identification and commitment within an organization (Bryson & White, 2008; Edwards & Pecci, 2010; Jean & Steacy, 2008; Twenge & Campbell, 2008). In order to effectively recruit and retain nurses, managers must be cognizant of those differences, if they exist, and take proactive steps to develop effective human resource practices for successfully addressing those differences.

Operational Definitions

Affective commitment: The employee's positive emotional attachment to the organization (Allen & Meyer, 1990).

Baby Boomers: The generational cohort of Baby Boomers, which consists of individuals who were born between the years 1943 and 1960 (Carver & Candela, 2008).

Continuance commitment: The tendency for an employee to stay in an particular organization the costs of leaving outweigh the benefits of moving to another job or organization; or then tendency for and employee to remain because of lack of perceived alternative employment opportunities (Allen & Meyer, 1990).

Generational cohorts: Generational cohorts share beliefs and experiences in life based on historical events, which form a set of shared beliefs, attitudes, and values (Giancolo, 2006; Patalano, 2008; Tajfel & Turner, 1986).

Generation X: The generational cohort Generation X consist of individuals who were born between the years 1961 and 1981 (Carver & Candela, 2008).

Generation Y: The generational cohort Generation Y consist of individuals who were born between the years 1982 to 2003 (Carver & Candela, 2008).

Normative commitment: The employee commits to and remains with a specific organization due to feelings of obligation to that entity (Allen & Meyer, 1990).

Organizational commitment: Belief in and acceptance of an organization's goals and values (Mowday, Porter, & Steers, 1982).

Veterans: The generational cohort that consists of individuals who were born between the years 1925 and 1942 (Carver & Candela, 2008).

Assumptions

An assumption made in regard to the present study was that nurses would be honest in their responses to questions on the three inventories. The most efficient way to establish whether survey respondents give honest answers to questions is to use an external validation measure to substantiate answers. Generational theory principles are assumed to relate to the generational cohort of nurses, as generations vary in terms of what they value, which was the central premise of the proposal.

Limitations

While a survey can be an appropriate method for gathering data from a large population (Trochim & Donelly, 2007), there are limitations associated with the use of the survey methodology. First, surveys rely on self-report from participants, and there are several limitations associated with self-reported data. The first limitation is that the data are accurate only to the extent that participants give honest answers to the questions. The second limitation is related to the degree to which participants understand their thoughts or emotions enough to report them accurately as they respond to the survey items. The third limitation is related to the notion of *social desirability*, which means that

participants may respond to items on a survey based on what they think is socially acceptable or how they think the researcher wants them to respond (Babbie, 1995).

There are also several weaknesses associated with survey research. The first major weakness is that use of a standardized, single response format to collect information on a variable of interest may lead to the collection of superficial or inaccurate information that does not completely represent the respondents' attitudes, experiences, or individual differences. The use of surveys can also result in the collection of artificial information that does not adequately represent complex social processes in natural settings (Babbie, 1995). According to Leedy and Ormrod (2005), there are several other weaknesses associated with survey research. First, survey respondents are often a self-selected group, and they may or may not be representative of the overall population of interest. Second, surveys are susceptible to response sets from the participants. *Response sets* occur when participants respond to items on a survey in a biased fashion, such as marking to show positive agreement with a series of questions. Finally, surveys are vulnerable to overrater or underrater bias—that is, the tendency to give consistently high or low ratings.

Significance of Research

Notably, there has been documented concern from hospital administrators, doctors, and nurses regarding the nurse shortage in the United States (Buerhaus et al., 2007). Research has revealed that the declining number of nurses is having a negative impact on the organizational commitment of nurses who remain in the healthcare industry (Buerhaus et al., 2007; McNeese-Smith, 2001). According to Somunoglu, Erdem, and Erdem (2012), the level of commitment that nurses have to their jobs and the

organizations where they work is crucial to patient care. There is a body of literature that indicates that the stability of an organization depends on the level of commitment of its constituents (Carman-Tobin, 2011; Erdem & Erdem, 2012; Shariffi-Moghadam et al., 2012; Yaget, 2007). Organizational identification and commitment are two important elements that affect employee performance and productivity as well as the overall performance of an organization (Albert, Asford, & Dutton, 2000).

It is critical to the healthcare industry to determine if there are differences in the levels of organizational commitment among the four generational cohorts of nurses, and whether nurses with different credentials (LPNs, BSNs, MSNs, etc.) differ in their levels of organizational commitment (Zimmerer, 2013). Research in the nursing profession has shown that there may be a relationship between employee organizational commitment and generational cohort status (Zimmerer, 2013). This study has added to the body of literature by way of knowledge on generational differences in nurses' levels of affective, continuance, and normative organizational commitment within healthcare facilities in Alabama. Additionally, this research has added to the body of knowledge by identifying whether nurses with different credentials (LPNs, BSNs, RNs, and MSNs) differ on the three types of organizational commitment. In order to effectively recruit and retain current and future nurses, managers must be cognizant of those differences, if they exist, and take proactive steps to develop effective human resources practices for successfully addressing those differences. This study could provide information that could be used to communicate to healthcare leaders and human resources managers the need for developing flexible incentive packages that address the diverse needs and desires of a diverse workforce. Results from the study could possibly be used to promote social

change by providing information that could be used to advocate for the need to develop strategies to promote patient care through programs that raise the organizational commitment of nurses. These strategies may also be helpful in retaining nurses in the healthcare industry in the United States, and thereby mitigate the potentially negative consequences of a nursing shortage.

Summary

Since 1998, the United States' healthcare system has experienced a decline in the number of nurses (Spetz & Given, 2003). Studies have shown that by 2025, the U.S. healthcare system could experience a nursing shortage of up to 1,000,000 nurses (Buerhaus et al. 2007; Sephel, 2011; Zangaro, 2001). The American Association of College Nursing revealed that the remaining workforce of nurses may be negatively affected by a healthcare crisis caused by a nursing shortage (Ehrhardt, 2009). Past research has revealed that the lack of an adequate nursing staff could result in detrimental outcomes to patients and to possible violations of ethical standards (Buerhaus et al., 2007). Research has shown that nurses' levels of productivity and levels of organizational commitment are related to the quality of care provided to patients (Buerhaus et al., 2007). McNeese-Smith (2001) revealed that a lack of organizational commitment was a strong indicator of nurse disengagement on the job. There is a body of literature that indicates that the stability of an organization depends on the level of commitment of its constituents (Carman-Tobin, 2011; Erdem & Erdem, 2012; Shariffi-Moghadam et al., 2012; Yaget, 2007). Therefore, the purpose of this study was to investigate whether there are differences in the organizational commitment of LPNs and RNs from four different generational cohorts.

This dissertation has been organized into five chapters. Chapter 1 has provided an overview of the study, including a description of the following: background of the study, problem statement, purpose of the study, research questions and hypotheses, theoretical framework for the study, nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance of the study. Chapter 2 contains a review of the literature, which includes a critical review of literature detailing other scholars' analyses as they relate to the impact of generational differences on commitment to the organization. Chapter 3 describes the methodology that was used for this study. Chapter 4 presents the results of the data analysis, and Chapter 5 presents the discussion and conclusions.

Chapter 2: Literature Review

Introduction

Organizational commitment among employees has been an addressed in various scholarly works, including those by Riketta (2005), Klein et al. (2009), Fiorito et al. (2007), and Edwards and Peccei (2010). These scholars have taken different approaches to issues related to what causes differences in organizational commitment among employees and how these differences impact employee performance, recruitment, and retention. This chapter presents some the research that has examined issues related to generational perceptions of nurses' organizational commitment. This chapter presents a summary of the literature related to the nurses and organizational commitment being investigated in this study. The chapter begins with a summary of the strategy used to conduct the literature review for the study. The chapter also presents a definition of organizational commitment. The chapter summarizes the literature related to the two theories that provide the theoretical foundation for the study, which are organizational commitment theory and generational cohort theory. The chapter also presents a summary of literature that addresses the impact of organizational commitment on employees and organizations.

Literature Search Strategy

I conducted an electronic search of several major databases (1952-2012) to locate relevant literature for this study. The databases included Academic Search Premier, PsycArticles, PsychInfo, Business Source Complete, Google Scholar, HealthStart, Emerald, Healthstar, Thoreau, ProQuest, Sage Premier, and ERIC. I used the following key words and various combinations of the key words to locate relevant articles:

organizational commitment, organizational identification, generational differences, generations, generational cohorts, generational differences, healthcare professionals, workplace, organization, hospital, hospital employees, nurses, licensed practical nurse, registered nurse, nurse shortage, Alabama nurse, and *perceptions*. In addition, the Sloan Research Center of the University of Boston website was used to research literature regarding generational cohorts in the workplace. I conducted a computerized search for dissertation and thesis abstracts as well. The reference list from each paper and book I used for the literature review was also reviewed for possible articles to use in this literature review.

Theoretical Orientation

Due to the complex nature of the variables being investigated in this study, I have chosen two theories to provide the theoretical orientation to guide this research. I used organizational commitment theory to address the variables associated with organizational commitment among nurses. I used generational theory to explain how age contributes to possible differences in organizational commitment among nurses. Additional details of each theory and research related to each theory are presented in the paragraphs that follow.

Organizational Commitment Theory

Definition of organizational commitment. There are a number of definitions for *organizational commitment*; there are some commonalities in the various definitions. Mowday, Porter, and Steers (1982) defined organizational commitment as "the relative strength of an individual's identification with and involvement in a particular organization" (p. 27). Other researchers have defined organizational commitment as the

psychological attachment that individuals develop toward an organization (Bryson & White, 2008; Fiorito et al., 2007; Wright & Kehoe, 2007). More recently, Somunoglu, Erdem, and Erdem (2012) defined organizational commitment as the degree to which an individual embraces the values and goals of an organization. The key notion in each of these definitions is that organizational commitment is a major variable that influences a number of organizational outcomes such as employee job performance and job satisfaction, personnel turnover, and organizational citizenship behavior. Gelade, Dobson, and Gilbert (2006) indicated that organizational commitment should be of interest to organizations because there is a body of research that links levels or organizational commitment to a number of outcomes for an organization.

Research on Organizational Commitment

Academics and practitioners have conducted research on organizational commitment for over four decades (Summers, 2010). According to Gelade et al. (2006), organizational commitment is of significant interest to psychologists because there are data that reveal that high levels of commitment are correlated with favorable outcomes for an organization. Mosadeghrad et al. (2008) also found that organizational success is highly correlated with employee effort and commitment.

Randall (1987) conducted a study and found that organizational commitment levels can range from low to moderate to high. Results from the study showed that the varying levels of commitment were associated with positive and negative consequences for the individual and the organization. Table 1 presents a summary of results from Randall's study. The table shows that low levels of organizational commitment were related to positive outcomes for employees (such as employee creativity) and the

organization (i.e., exit of disengaged employees). However, low levels of commitment tend to have a dysfunctional impact on the person (e.g., lack of upper ladder opportunities) and for the organization (e.g., lack of retention and loyalty on the part of individuals).

Results from Randall's study (1987) further revealed that moderate levels of organizational commitment were associated with positive employee outcomes such workplace stability, worker satisfaction, and work-life balance; however, the negative aspect of organizational commitment was correlated with fewer opportunities for individual promotions and advancement. With regard to the organization, moderate levels of organizational commitment were associated with positive outcomes such as reduced absenteeism, decreased turnover, and increased retention. The negative aspects of moderate levels of organizational commitment might lead to the ineffective use of personnel and a decrease in organizational effectiveness.

Data from the Randall study (1987) further indicated that high levels of commitment could also lead to positive and negative outcomes for the individual and the organization. On the positive side, individuals may experience personal career advancement or increased income. The positive outcomes for the organization might result in a secure and stable workforce, which works to achieve organizational goals and objectives. On the other hand, results revealed that high levels of organizational commitment were related to negative outcomes for individuals such as limited opportunities for growth and success. Some of the negative consequences for the organization might be the ineffective use of personnel and lack of flexibility and adaptability for the organization.

The Randall study (1987) was important in that it identified the various levels of commitment that a person could have toward an organization. Randall also outlined the possible consequences that varying levels of commitment can have for individuals as well as the organization. Therefore, to understand how to improve commitment, one must acknowledge the multiple factors that influence commitment in positive or negative ways. Randall (1987) found that varying levels of commitment have varying degrees of impact on employee performance. Table 1 presents a summary of how levels of organizational commitment affect both the individual and the organization, with positive and negative consequences associated with varying levels of organizational commitment.

Organizational commitment is a complex and important concept that is particularly relevant to nurses (Carver & Candela, 2008). According to Wagner (2007), organizational commitment is a variable that is rarely investigated in nursing studies related to turnover. Research has revealed that organizational commitment is linked to nurses' intentions to leave their current jobs (Carver, 2009; Lynn & Redman, 2005). The healthcare system has a significant problem with organizational commitment (Carman-Tobin, 2011). Factors that may contribute to employees' levels of Organizational Commitment are demographic variables such as, age, gender, salary, marital status, education, years of work experience, type of employment, and job satisfaction. In addition, the works of McNeese-Smith (2001) revealed that modern RN organizational commitment is mostly correlated with variables such as "educational opportunities, relationship with co-workers, salary, home/family needs, desire to serve diverse patients, shared governance, and empowerment" (Carman-Tombin, 2011).

Table 1

Possible Consequences of Levels of Commitment

Level of commitment	Individual		Organizational	
	Positive	Negative	Positive	Negative
Low	Individual creativity, innovation, and originality. More effective human resources utilization.	Slower career advancement and promotion Personal costs as a result of whistleblowing. Possible expulsion, exit, or effort to defeat organizational goals.	Turnover of disruptive/poor performing employees limiting damage, increasing morale, bringing in replacements. Whistleblowing with beneficial consequences for the organization.	Greater turnover, tardiness, and absenteeism; lack of intention to stay; low quantity of work; disloyalty to the firm; illegal activity against the firm; limited extra-role behavior; damaging role modeling; whistleblowing with damaging consequences; limited organizational control over employees.
Moderate	Enhanced feelings of belongingness, security, efficacy, loyalty, and duty. Creative individualism. Maintenance of identity distinct from the organization.	Career advancement and promotion opportunities may be limited. Uneasy compromise between segmental commitments.	Increased employee tenure, limited intention to quit, limited turnover, and greater job satisfaction.	Employees may limit extrarole behavior and citizenship behaviors. Employees may balance organizational demands with nonwork demands. Possible decrease in organizational effectiveness.
High	Individual career advancement and compensation enhanced. Behavior rewarded by the organization. Individual provided with a passionate pursuit.	Individual growth, creativity, innovation, and opportunities for mobility are shifted. Bureaupathic resistance to change. Stress and tension in social and family relationships. Lack of peer solidarity. Limited time and energy for nonwork organizations	Secure and stable work force. Employees accept the organization's demands for greater production. High levels of task competition and performance. Organizational goals can be met.	Ineffective utilization of human resources. Lack of organizational flexibility, innovation, and adaptability. Inviolate trust in past policies and procedures. Irritation and antagonism from overzealous workers. Illegal/unethical acts committed on behalf of the organization.

Note. From "Commitment and the Organization: The Organization Man Revisited," by D. Randall, 1987, *Academy of Management Review, 12*, p. 462. Copyright 1987 by Academy of Management. Reprinted with permission.

Impact of organizational commitment. Several researchers have noted that organizational commitment has a strong relationship to employee performance and productivity (Bryson & White, 2008; Fiorito et al., 2007; Wright & Kehoe, 2007). Chew and Chan (2008) observed that when employees are committed to the organization, they can devote their time and effort to working on different roles within the organization. This increased concentration frequently results in increased effort and productivity from the employees. Fiorito et al. (2007) has presented the argument that organizational commitment results from the process of building employee trust in an organization. When employees have trust in an organization, they are not influenced by decisions to look for other jobs, and consequently they have fewer distractions that might affect their performance. The main premise of the cited literature is that building organizational commitment is a crucial step that can result in improved employee performance and productivity (Bryson & White, 2008; Chew & Chan, 2008; Fiorito et al., 2007; Wright & Kehoe, 2007).

According to Sadegina et al. (2011), employees who have high levels of organizational commitment will tend to exert more effort in pursuit of the organization's goals and will identify more with the organization's goals. Wright and Kehoe (2007) proposed that human resource management within organizations should be tasked with measuring the levels of organizational commitment among employees. Chew and Chan (2008) also proposed that employees' turnover intentions and rates could be an indication of their levels of organizational commitment. The main premise of the cited literature is that building organizational commitment is crucial step that can result in improved

employee performance and productivity (Bryson & White, 2008; Chew & Chan, 2008; Fiorito et al., 2007; Wright & Kehoe, 2007).

Generational Theory

Mannheim's essay titled "The Problem with Generations" is frequently cited as the seminal work in generational research (Pilcher, 1994). The intent of the essay was to describe how life events shaped the experiences and worldviews of people across class, racial, and geographic boundaries. Because individuals born at a given time tend to share common life experiences, individuals in a given generation tend to have similar thought processes, reactions, and behaviors (Pilcher, 1994). More recently, Horvath (2011) proposed that generational theory could be used to explain how common life experiences and historical events shape the development of norms, ideals, beliefs, and worldviews of generations of individuals born during a particular time frame.

Generational cohort theory can be used to present the premise that employment patterns and specific values of practiced by various generational cohorts of nurses are based on the social norms and behavioral values developed by each generation (Blythe et al., 2008). Strauss and Howe (1991) theorized that generational cycles have historical foundations, and the generational cycles forecast the movements of future generations through the four generation types. According to Horvath (2011), different generations hold different views about familial roles, traditions, career purpose, work ethic, finance, and expectancy of life.

Different Generations of Nurses in the Workplace

Several researchers (Cennamo & Gardner, 2008; Giancola, 2006; Haynes, 2011) have observed that the workplace is composed of different age groups, which represent

employees of different generational cohorts. According to Carver and Candela (2008), there are four generations that could be working as nurses in a given organization. Those generational cohorts are *Generation Y*, also referred to as *Millennials*, *Generation X*, *Baby Boomers*, and *Veterans*. Generation Y is composed of individuals who were born during the years 1982-2003. Generation X is composed of individuals who were born between the years 1961-1981. Members of the generation called Baby Boomers were born during the years 1943-1960. Finally, the Veterans are the group of older individuals born during the years 1925-1942 (Carver & Candela, 2008). According to Farag et al. (2009), the percentages of nurses in the workplace by generational cohort are as follows: Generation Y make up 8% of the workforce; Generation X makes up 21%; Baby Boomers make up 47%; and Veterans make up 24%.

The generational cohorts have each experienced events that form their belief systems, attitudes, and values (Giancolo, 2006; Patalano, 2008; Tajfel & Turner, 1986). Generational differences in attitudes and values derive from important events, such as social, political, and economic events, which occur during the developmental stages of childhood (Benson & Brown, 2011). Age or generational cohorts differ primarily due to the global events they experience (Lamm & Meeks, 2009). Further, the manner in which individuals react to and interpret these events results in attitudinal and behavioral differences between age cohorts or generations. It is imperative for nurse managers to understand the uniqueness of each generation and how cohort status might affect the levels of organizational commitment among the four cohorts. Nurse managers must also be cognizant of how generational cohort affects individual work styles (Carver &

Candela, 2008). Table 2 presents a summary of selected generational differences as those differences may be manifested in the workplace (Carver & Candela, 2008).

Generally, it is agreed that a distinguishing characteristic of the difference between the generations is technological change (Gordon & Ohio, 2005; Haynes, 2011; Melissa et al., 2008; Lamm & Meeks, 2009). With rapid changes in technology, the world has moved from simple to more complex innovations that have been experienced differently by different age groups. In addition, research has revealed that the various generations of nurses have differences with regard to behavior, thoughts, and work preferences (Farag, Tullai-McGuinness, & Anthony, 2009). The coming paragraphs contain descriptions of the four generational cohorts and address literature that describes the workplace characteristics of the cohorts.

Generation Y. Generation Y is frequently referred to as the *millennium generation*. This cohort is projected at over 81 million, or approximately one-fourth of the U.S. population (Rawlins, Induik, & Johnson, 2008). Haynes (2011) noted that Generation Y is a generation that was born in the age of the Internet and online search engines. This generation has always had access to technology that other generations did not have during their formative years. This generation of nurses is technologically advanced, and their ability to apply this knowledge for practical and efficient patient care is valuable (Sherman, 2006). This generation of nurses prefers to use technology (Wieck, 2006). This generational cohort tends to be comfortable with and skilled at using a variety of technological tools such as tweeting and texting, as well as forms of social media such as Facebook, YouTube, Google, and Wikipedia (Keeter & Taylor, 2009).

Table 2

Selected Generational Differences

Generation	Age (born between)	Defining life events	Sacrifice for greater good	Expectations of employer	Comfort with technology
Veterans	1925-1942	World War II, Great Depression, Prohibition, women won right to vote, household appliances more common.	High Value	If I work hard and am loyal to organization, I can expect a good pension/retirement at age 65. Expect Social Security support.	Mass production of automobiles, household appliances more common, not comfortable with technology.
Baby Boomers	1943-1960	Korean War, Vietnam War, and Cuba Crisis. Watched moon landing, assassinations of JFK and MLK, college campus war protests.	Moderate Value	I expect to be rewarded with increased pay, benefits, and recognition for a job well done. Expect to need some Social Security support.	78s and LPs, vacuum tubes, mainframe computers. Not comfortable with rapidly changing technology.
Generation X	1961-1981	Cold War, watched first launch of Space Shuttle, divorce rates increased, more women in workforce, Iranian Hostage Crisis.	Low Value	I expect to gain portable skills and knowledge to improve resume, understand necessity of retirement planning.	Eight track and cassettes, VCRs, calculators, cable TV, Atari. Willing to adapt to technology.
Generation Y	1982-2003	Fall of Berlin Wall, school campus violence, World Trade Center Attacks, Space Shuttle Disaster 2, SARS outbreak.	Moderate-High Value	I expect an extended orientation period so I can feel comfortable with the job, already planning for retirement.	CDs and DVDs, personal computers, cell phones, Internet, iPod, MP3. Expect the latest technology.

Note. From "Attaining Organizational Commitment Across Different Generations of Nurses," by L. Carver and L. Candela, 2008, *Journal of Nursing Management*, *16*, p. 987.

In the workplace, Haynes (2011) noted that Generation Y nurses tend to operate under the principle of working smarter and not harder or longer. Therefore, they are observed as being a highly innovative generation that is effective in the workplace to establish great and innovative progress. Giancola (2006) also observed that Generation Y has established new practices within the workplace where people are being paid according to their output and not the previous system of being paid according to working hours. Past studies have revealed that Generation Y nurses tend to be civic minded and they may bring positive changes to healthcare workplaces with core values. The Generation Y nurses tend to be techno-savvy and want a work-life balance (Broom 2010; Carver & Candela, 2008; Swenson, 2008).

Generation X. Generation X consists of the smallest generational cohort at only 49 million. They account for only 17% of the United States population. The value of this generation of nurses to the profession is innovation and creativity in problem solving with unit issues (Sherman, 2006). They tend to desire autonomy in their work, have technology skills, are problem solvers, and resist micromanagement (Blythe et al., 2008 & Broom 2010). Statistics reveal that the Generation Xers are less likely to stay loyal to an organization and have changed employers more frequently than any other generational group (Terjesen et al., 2007). As Terjesen et al. (2007) noted, Generation X is the most difficult group to retain within a workplace because they have a common behavior of always moving and looking for major prospects that motivate them change to other jobs. Mann (2008) observed that individuals in Generation X tend to uphold the virtue of self-reliance, something that calls for understanding in any given social setting including a workplace. Terjesen et al. (2007) also looked at Generation X and described them as

being as self-directed, self-made, and self-sufficient. Therefore, it requires that any given work setting leaders apply a leadership style that does not place orders but listens to members of the Generation X cohort (Mann, 2008). Generation X has a broader vision of advancing in their work. Wong et al. (2008) noted that Generation X always has the zeal of solving larger problems, influencing the status quo, and collaboratively preparing for their future. Thus, this generation demands respect and involvement (Dries et al., 2008).

Broadbridge et al. (2007) also found that Generation X is seen as a generation that values interactions and being heard as opposed to previous generations that appear to do things the way they are ordered. Generation X nurses may be starting out their nursing careers after venturing into business and after experiencing the effects of organizational restructuring, downsizing, and work place re-engineering (Wong et al., 2008). Generation Xers are aware that successful institutions cannot guarantee them job security (McCrindle & Hooper, 2008). The members of this generational cohort do not expect to base their career establishment on long-term employment in a given organization (Alsop, 2008). Members of Generation X are seldom permanent in particular jobs because they always have some criticisms over what they have and they are frequently on the lookout for more (Broadbridge et al., 2007). Leaders need to understand the elements that influence different generations and what is a preference of one generation to another (Norman 2008).

Baby Boomers. Connaway et al. (2008) and Dann (2007) acknowledged that in the cultural context, baby boomers are associated with a rejection of traditional values. They are also noted as being slow to embrace changes in the cultural context. Gillon (2004) has indicated that Baby Boomers "almost from the time they were conceived,

Boomers were dissected, analyzed, and pitched to by modern marketers, who reinforced a sense of generational distinctiveness" (p. 6). Gillon (2004) emphasized the notion that baby boomers have received a high level of recognition among the scholars who started studying generations. A major feature of baby boomers is that they tend to think of themselves as a special generation and thus have grown confident of themselves (Dann, 2007).

From a different perspective, Connaway et al. (2008) observed that boomers grew up during a time when social change was taking place at an alarming rate. Oblinger (2003) observed that this generation experienced huge changes in the political arena. It was a time when every aspect of life was experienced drastic changes. In terms of social abilities, Dann (2007) noted that the Baby Boomer generation is highly social and rarely prefers individualism. Therefore, they are noted as being able to adapt well to situations that require teamwork and they adapt well in social gatherings (Dann, 2007).

Baby Boomers tend to be work-centric. They further explained that, when motivated, the baby boomers are hardworking. Littrell et al. (2005) had also noted that the baby boomers tend to be motivated by position, perks, and prestige. Connaway et al. (2008) further noted that Baby Boomers tend to have high levels of independence, which in turns results in them having high levels of self-confidence and self-reliance. With the generation having grown up in an era of reform, Dann (2007) observed that they have a strong belief that they can change the world. They are also goal oriented, which makes them confident in what they want to achieve. Oblinger (2003) also noted that in terms of competitiveness, the baby boomers are confident in themselves and their abilities. Their desire to win is supported by their positive attitudes towards success. The Baby boomer

generation of nurses tend to be concerned with career stagnation; they tend to prefer face-to-face communication. Baby Boomers tend to have company loyalty, are competitive, and value discussion and working beyond their requirements (Blythe et al., 2008; Broom 2010).

Veterans. This generation has been term as "traditionalists, silent generation, silents, matures, and the greatest generation" (Tolbize, 2008, p. 2). The value of this generation of nurses to the profession is the intelligence and company history they bring to teams. When technology fails this generation knows how to adapt and function without the use of technology (Sherman, 2006). The Veterans are also known to have strong views of and respect for authority. Timmermann (2005) also noted the veterans grew up during a time when there were few alternatives with regard to choices for consumer goods. Therefore, this is a generation that has lived with what they have and are thus are able to manage with little available resources. Veteran nurses value hard work, economic security in their jobs, and respect for seniority (Blythe et al., 2008; Broom 2010).

One of the major characteristic of the Veterans is that they are hard working. Veterans were raised d during a time when society embraced strong work ethics. During this generation work was considered a privilege for everyone in the society. Therefore, it was only through hard work that everyone was expected to earn a daily living. McIntosh-Elkins et al. (2007) observed that during this time, the dependency rate was low based on the fact that everyone was devoted to work for a living. Therefore, Veterans have been observed as a generation that would devote most of their time to working and earning a daily living.

Timmermann (2005) observed that the Veteran generation is linked with being highly loyal. In this case, the generation is observed as being civic minded and loyal to their country. As compared to the younger generations, including Generation Y and Generation X, the veterans are regarded as less likely to shift from one job to another or a career to another. Their submissiveness is also observed as evident in their relationships with other people. McIntosh-Elkins et al. (2007) observed that Veterans have been raised in a paternalistic environment, the Veterans respect authority and can submit to powers above them. Therefore, Veterans are regarded as one of the easiest generations to work with. The veterans are also noted as having less of conflict with other people because of their ability to compromise. It is a generation that can submit very easily and handle more pressure from other people when relating with them. A general observation from Dobransky-Fasiska (2002) revealed that this generation is also slow to change because it highly embraces its traditional norms and values. In this context, the new technologies being advanced in the modern day are a huge challenge for many Veterans because the generation has worked for a long time without the assistance of such technologies. Interestingly, there is one characteristic that all generations share in common, which is respect (Carver & Candela, 2008). Therefore, the idea is for organizations to acknowledge and practice the most effective approaches of handling diverse generations and leading the same (Broadbridge et al., 2007).

Impact of Generational Differences in the Workplace

Results from past studies have revealed that the presence of different generations within the workplace poses many challenges, especially in the aspect of management (Dries et al., 2008; McGuire & Hutchings, 2007; Oblinger, 2003). Seidl (2008) noted that

different generations have different characteristics and different expectations. Those differences makes it difficult to manage the various generations when they are brought together in one organization. It is essential that organizations be cognizant of the different expectations from the different generations if the organizations hope to retain these generations within the workplace (Oblinger, 2003; Seidl, 2008). For instance, Dries et al. (2008) observed that one of the major impacts of generational differences is the difference in work characteristics. A simple review the generations revealed that Baby Boomers tend to be more committed to the jobs that directly contribute to the growth of their careers. On the other hand, the Generation Y has been observed to be committed to jobs that have great returns. With such differences in work characteristics, it is noted that the management of the different generations is a challenge.

A case example of the difference in motivation was presented in the works of Barry (2011), who observed that strategies adopted to motivate Generation X are totally different from the strategies that motivate Generation Y. Barry (2011) noted that Generation Xers are much more interested in career choices when working. Generation Xers tend to be motivated by work environments that support career development. In contrast, Augusta et al. (2005) observed that Generation Yers are much more concerned with financial gains. They observed that when Generation Yers consider the appropriate workplace for them, they consider particularly what they gain. In this context, it means that among the major strategies that would highly motivate the Generation Y employees include incents such as rewards, pay increase, and other types of compensation within the workplace. Sue and David (2008) revealed that with such different motivational needs of the different employee generations, human resources within these organizations are

forced to change and consider including different motivational strategies within the workplace.

From a different perspective, Macy et al. (2008) observed that generational differences contributes to additional challenges in cultivating team work. Macy, Gardner, & Forsyth (2008) had observed that with different age groups, it is a challenge to bring together a team based on the fact that they have different priorities. For instance, Sue and David (2008) observed that Generation X is much more oriented in joining teams and working with other people. As Rocky (2009) had noted, teamwork is critical within the workplace to improve performance, which has mandated the human resource to develop different strategies to ensure teamwork is cultivated within the workplace. Several researchers have noted (Barry, 2011; Jean &Stacy, 2008; Macy et al., 2008) that understanding the different needs across the different generation employees is the most critical issue in developing teamwork and improving performance.

Rocky (2009) noted that among the major impacts of having different generations is the difference in change management. From their perspective, different generations have different ways of handling change. In their perspective, change is inevitable within the organization, which is why having employees who can efficiently handle change is an important issue. Sue and David (2008) noted that Generation X is more resistant to accepting change as compared to other generations. Augusta et al. (2005) conducted a study on change management as related to introducing new technologies in the workplace. The researchers noted that Baby Boomers were not well equipped with the knowledge and skills needed to effectively use the new technologies. However, several Generation X and most of Generation Y employees had adequate skills to use these new

technologies. Considering the generational differences in the requisite skills for handling new technology, a major concern for human resource management is how to ensure that different generations across the workplace are adequately motivated to receive the skills and training need to use the new technologies.

Conversely, Macy et al. (2008) considered the issue of organizational conflict when making an effort to develop an understanding of impact of having different generations in the workplace. They first developed the perspective of conflicts that occur within the workplace. From this perspective, it was noted that different employees within the workplace have different interpretations of conflict. Of particular relevance was the mention of the issue that different generations represent different age groups, which makes it a challenge to understand the source of conflict and how to manage the same. From another perspective, Barry (2011) observed that the issue of conflict is also of major interest when it comes to how the different generation employees handle the conflict. The different ways of handling conflict is what Sue and David (2008) explained as leading to a challenge within the workplace. A study by Augusta et al. (2005) revealed that it is important to understand how different generations understand and handle conflict in order to facilitate teamwork and increase the performance of the different employees. On a different perspective, Barry (2011) also explained that differences in organizational competitiveness is also critical when it comes to understanding the impact of different generations in the workplace.

Due to the changing nature and diversity of the workforce, leaders need to understand the elements that influence the organizational commitment of different

generations (Norman 2008). The first step toward accomplishing this is to investigate the use of tools which accurately and reliably measure organizational commitment.

Measuring Organizational Commitment

Bryson and White (2008) have stated that it is difficult to measure organizational commitment from a general perspective. Therefore, a level of categorization is important to measuring the different levels of commitment. Adams (2006) stated that understanding different types of organizational commitment is vital and needed because of the challenges within retention and turnover among the various generational cohorts (Engelman, 2009). Past research has revealed that organizational commitment can be subdivided into three categories: affective, continuance, and normative.

Affective commitment. Affective commitment is defined as an emotional connection to, association with, and participation in an organization (Meyer and Allen, 1991, p. 67). Affective commitment to an organization is shown when an employee has psychological attachment and identification with the organization (Fields, 2002). Past research has revealed that affective commitment is related to employee outcomes such as productivity, attendance, and retention (Hunton & Norman, 2010). DenHartog and Belschak (2007) noted that employees with high levels of affective commitment tended to have a heightened sense of group belonging, and they tended to demonstrate more collaboration and helping behaviors. The DenHartog and Belschak findings indicated that affective commitment was positively related to prosocial organizational behaviors. Research outcomes from Mosadeghrad et al. (2008) indicated that demographic variables such as tenure, age, year of employment, employment type, and marital status have a significant impact in employees' levels of organizational commitment.

Continuance commitment. Continuance commitment refers to an individual's awareness of the consequences related to his or her departure from an organization (Meyer & Allen, 1991, p. 67). Past research has demonstrated that the costs of the leaving an organization can be high. Those losses could result in loss of benefits, potential pay cuts, expenses associated with searching for another job search expenses, and the risk of unemployment (Mosadeghrad et al., 2008). A person's perceptions of the benefits versus costs of such losses can impacts an employee's sense of continuance commitment.

Antecedents to continuance commitment were described in two general categories: investments and alternatives (Meyer & Allen, 1997). Investments refer to what the employees believe they have invested in the job (time, effort, money) and do not want to lose if they were to leave. Alternatives refer to the employee's perception of what is, or is not, available in terms of alternative employment opportunities. In situations where a person feels there is too much at stake to leave a job, the person may have a heightened sense of continuance commitment because he or she does not want to accept the risks associated with leaving a job or position. Hunton and Norman (2010) indicated that continuance commitment derives from a worker's perception about costs associated with leaving an organization, and the worker's perception that such causes them to stay out of necessity. Mosadeghrad et al. (2008) found that the acquired amount of investment in an organization by an employee and scarcity of work with another company are significant factors of continuance commitment.

Normative commitment. Normative commitment refers to the feelings of obligation and responsibility to continue employment with an organization (Meyer & Allen, 1991, p. 67). Normative commitment can develop when employees adopt the

values and support the mission of the organization (Fields, 2002; Khalili & Asmawi, 2012). Normative commitment is based on a person's feelings of moral obligation to and organization, and it is rooted in employee's cultural values, and social norms, and belief in organizational loyalty (Hunton & Norman, 2010; Mosadeghrad, Ferlie, & Rosenberg, 2008).

Summary

The workforce today is more diverse than ever before with a mixture of difference due to race, gender, ethnicity, and generation cohort. The multi-generational nature of today's nursing workforce consists of four generation cohorts including the Generation Y/, Generation X, Baby Boomers, and the Veterans (Carver & Candela, 2008). Research has revealed that the various generations of nurses have differences with regard to behavior, thoughts, and work preferences (Farag et al., 2009). A major premise of this study is that different generations of nurses have different levels of organizational commitment.

A number of studies have revealed that organizational commitment is related to employee performance and productivity (Bryson & White, 2008; Fiorito et al., 2007; Wright & Kehoe, 2007). Mosadeghrad et al. (2008) found that organizational success is highly correlated with employee effort and commitment. Randall conducted a study (1987) and found that high levels of commitment can also lead to positive and negative outcomes for the individual and the organization. Research has also revealed that organizational commitment is linked to nurses' intentions to leave their current jobs (Carver, 2009; Lynn & Redman, 2005). Findings from several studies have revealed that generational cohort differences within the workplace have a major impact on

employee identification and commitment within an organization (Bryson & White, 2008; Edwards & Pecci, 2010; Jean & Steacy, 2008; Twenge & Campbell, 2008).

Results from other studies have revealed that the presence of different generational cohorts within the workplace poses many challenges in the area of personnel management (Dries et al., 2008; McGuire & Hutchings, 2007; Oblinger, 2003). Macy et al. (2008) noted that blending of different generational cohorts poses many challenges in cultivating team work amongst the various cohorts. Rocky (2009) noted that challenges of managing organizational change is compounded by the fact that different generational cohorts react differently to changes in the organization. Macy et al. (2008) addressed the complications of managing organizational conflict due to the differences in the way that the generational cohorts approach conflict resolution. Other researchers (Barry, 2011; Macy et al., 2008) addressed the generational differences in worker motivation and the challenges associated with developing incentive programs for motivating employees in the different generations.

The current workforce of nurses is composed of nurses from different age groups, which represent different generational cohorts (Cennamo & Gardner, 2008; Giancola, 2006; Haynes, 2011). Therefore, it is critical for nurse managers to consider generational cohort status and how it impacts the organization. The main premise that has emerged from the reviewed literature is that there is need for further study on the issue of the impact of generational cohort status on organizational commitment.

Chapter 3: Methodology

The United Healthcare system is facing a critical nursing shortage that is projected to extend at least through the year 2030 (Buerhaus et al., 2007; Zangaro, 2001). The nursing shortage is expected to increase the work demands and role stress of nursing professionals (McNeese-Smith, 2001). The remaining nurses frequently experience negative effects such as stress and dissatisfaction with their jobs (Pilcher, 1994). In turn, the level of organizational commitment among nurses is on the decline. Carmin-Tombin (2011) stated that the stability of the healthcare system is predicated on the organizational commitment of nurses. Organizations are facing increasing difficulty in recruiting and retaining a qualified staff of nurses. In addition, the differences in worker motivation that are influenced by generational cohort status cause additional difficulties with recruitment and retention. Results from this study add to the existing body of knowledge regarding the impact of generational differences in attitudes and values related to the workplace.

The purpose of this nonexperimental, quantitative, cross-sectional study was to determine if there were any significant differences in affective, continuance, and normative commitment displayed by four generational cohorts of nurses (Generation Y, Generation X, Baby Boomers, and Veterans). The study also investigated whether nurses with different credentials (LPNs, BSNs, MSNs, etc.) differed in the types of organizational commitment. This chapter presents details regarding the methodology for this study. The chapter addresses the research design, sampling frame, and sampling procedures, as well as the data collection and data analysis procedures. The findings of this study may potentially be used by policymakers and human resources practitioners in

the healthcare profession with recruitment and retention strategies that address the shortage of nurses.

Research Design and Rationale

A nonexperimental, quantitative, cross-sectional research design was used to explore whether generational cohorts of nurses differed in their levels of organizational commitment. A survey methodology was used to gather data on the variables of interest for this study. The coming paragraphs contain a detailed description and rationale of the research design.

Research design. This study was based on a nonexperimental design. The study did not meet the criteria for a true experimental design, as that would have required random assignment of research participants to the research groups and manipulation of the independent variable (Trochim & Donnelly, 2007). The nonexperimental design is also commonly used in research to describe current characteristics of people such as attitudes, perceptions, and values (Trochim & Donelly, 2007). Therefore, the nonexperimental research design was appropriate for this research.

Quantitative research is appropriate when "the researcher is testing objective theories by examining the relationship among variables ... so that numbered data can be analyzed using statistical procedures" (Creswell, 2009, p. 4). Leedy and Ormond (2005) also asserted that quantitative research is applied in order to explain, authenticate, or validate relationships. The objective of this study was to determine whether nurses differed with regard to their levels of organizational commitment. The independent variables were generational cohort and nursing title (LPN or RN). The dependent variables were the three types of organizational commitment (affective, normative,

continuance) as measured by the Organizational Commitment Scale (OCS). The dependent variables of interest were quantitative in nature. Therefore, the use of a quantitative research paradigm was appropriate for this study.

Cross-sectional designs are used in research to identify differences in a population that may be associated with certain events. Cross-sectional studies are frequently used to compare different individuals in different age groups (Leedy & Ormrod, 2005). Cross-sectional studies are also used to collect data at a single point in time (Trochim & Donelly, 2007). The focus of this study was generational differences in organizational commitment. The 6data were collected once from each participant. Therefore, the use of a cross-sectional design was appropriate for studying the variables of interest.

A survey, the OCS by Allen and Meyer (1990), was used to collect data from nurses working in the state of Alabama. According to Creswell (2009), survey research allows one to generalize information from a sample to a population in order to make inferences about certain characteristics of the population. Using survey research was appropriate for this study because the results enabled me to gain a deeper understanding of levels of organizational commitment from a sample of nurses in Alabama.

Setting

Population. The population of interest for this study was composed of nurses employed within the United States. The targeted sample for the study was registered nurses (RN) and licensed practical nurses (LPN) working in the state of Alabama. The healthcare system is Alabama's largest private industry. A study from the Alabama Hospital Association showed that approximately 14% of the positions for nurses are being by covered by contingent employees (Ray, 2004). The Alabama Department of

Labor previously revealed that over 2,009 vacant registered nursing jobs were listed in March 2013 and that nursing was the profession with the largest number of job openings (McCreless, 2013). At least one study projected an annual increase of approximately 1,797 vacant nursing positions (McCreless, 2013).

Local health industry experts stated that the number of healthcare positions continues to rise; however, there is a statewide dearth of nurses due to the low numbers of individuals entering the profession and the large numbers that are leaving (McCreless, 2013). It is critical to the healthcare industry to identify if there are differences in organizational commitment among the four generational cohorts and disciplines of nurses (Zimmerer, 2013). Research in the nursing profession has shown that employee organizational commitment may be related to generational cohort status (Zimmerer, 2013).

Sampling frame. Purposive sampling was used to recruit participants for the study. Purposeful sampling is used when a researcher has an interest in a group of individuals with specific characteristics (Creswell, 2009; Trochim & Donelly, 2007). In this study, I was specifically interested in LPNs and RNs working in the state of Alabama; therefore, the use of purposeful sampling was the appropriate for this study. The primary inclusion criteria were that participants be either LPNs or RNs employed in the state of Alabama for at least 1 consecutive year.

Sample size calculation. The reliability of results from a statistical analysis is partly a function of the sample size from which the results were computed (Howell, 2004; Mertler & Vanatta, 2005; Stevens, 2009). A priori determination of sample size establishes the minimum number of cases needed for achieving a desired significance

level (Stevens, 2009). The minimum sample size for the MANOVA statistical procedure is affected by (a) level of desired power (γ), (b) accepted level of error (α), and (c) desired effect size (ρ^2; Stevens, 2009). The traditional parameters used in determining sample size for the MANOVA procedure are as follows: γ = .80, α = .05, and ρ^2 =.50 (Mertler & Vanatta, 2005; Stevens, 2009). According to Stevens (2009), the stated parameters would indicate that the minimum sample size for a four-group MANOVA with three predictor variables would be *n* = 132. The sample would need to contain approximately 33 participants in each of the four groups. In addition, according to the results obtained from G*Power 3.1.2 online power analysis software, the minimum sample size for adequate power is *n* =132. A literature review of studies from Blythe et al. (2008), Somunoglu et al. (2012), and Dorgham (2012) about organizational commitment in healthcare settings revealed a set α = .05, which was used for this study.

Recruitment/survey completion procedures. I used two methods to recruit nurses for the study. First, I recruited nurses from a local hospital by contacting the director of nursing to seek permission to conduct the study. Second, I recruited nurses through the Alabama Nursing Association newsletter, *Alabama Nurse*. Details regarding recruiting procedures for each source are presented in the paragraphs below.

The recruiting process at the hospital started with me contacting the director of nursing to seek permission to conduct the study in the hospital. I made the contact via email. Appendix A contains the information that I relayed to the director of nursing by written correspondence. I informed the director of nursing about the purpose of the study and invited the hospital to cooperate with the study.

The director of nursing accepted my invitation to participate in the study by reply via email. Please see Appendix B for a copy of the email confirmation. After I received IRB approval from Walden University to conduct research, I sent the director of nursing an email that asked the director to send an email announcement (see Appendix C) about the study to nurses in the hospital. The email announcement described the purpose of the study and invited nurses to participate in the study by completing an online survey. The first page of the survey had a copy of the Informed Consent Form (see Appendix H) that described the purpose of the study, potential benefits of the study, and procedures for completing the study.

I asked the director of nursing to send two emails to LPN and RN nurses during the 4-week data collection period. The first email introduced the study and invited the nurses to participate. The second email (Appendix E) was sent during the third week of the data collection period to remind nurses who wished to participate to do so by the end of the week.

I also recruited nurses through the Alabama Nursing Association via the purchase of an advertisement in the organization's newsletter. The *Alabama Nurse* newsletter advertisement was posted in the quarterly issue of the newsletter for nurses to review. The survey participation period was 6 weeks only (Appendix F). The survey had directions on how to complete the survey for participants. The directions included how to proceed through the survey by use of the survey navigation buttons and how to respond to the 7-point Likert-type scale numbered 1-7, with 1 being *strongly disagree* and 7 being *strongly agree*. The survey had 28 questions with six sections: (a) invitation to participate and informed consent, (b) demographics, (c) employment questions, (d)

affective commitment questions, (e) continuance commitment questions, and (f) normative commitment questions. It took 6 minutes or less for participants to complete the survey.

Instrumentation and Materials

The primary data collection tool was the Meyer and Allen Organizational Commitment Scale (1990). This instrument was designed to measure the relative strength of a number of value statements thought to be indicative of organizational commitment. The survey for this study consisted of five sections. The first section gathered demographic data from the participants. The second part of the survey gathered information about employment history. Sections 3 through 5 gathered data on the participants' organizational commitment.

The last three sections of the survey were composed of the three OCSs, which measure different aspects of organizational commitment. The three scales are affective, continuance, and normative commitment. Research from Mosadeghrad et al. (2008) indicated that each of the three dimensions of organizational commitment could have a positive effect on hospital employees' commitment.

Instrument scoring. The demographic section of the survey collected demographic information such as nursing degree title, year of birth, gender, type of degree (AA, AM, BS, etc.), and nurse title. The second part of the survey gathered information about employment history such as number of years as a nurse, number of years in current position, and number of years in the health care profession. Sections 3 through 5 gathered data on the participants' organizational commitment.

The demographic section of the survey also collected data for the two independent variables, which were degree title and generational cohort. Only participants who currently held positions as LPNs or RNs were included in the results. Generational cohort status was determined by each participant's year of birth. The chart shown in Table 3 was used to code generational cohort status:

Table 3

Generational Cohort Status

Code	Cohort	Birth Years
A	Generation Y	1982–2003
B	Generation X	1961–1981
C	Baby Boomers	1943–1960
D	Veterans	1925–1942

The scale scores for the OCS were calculated by summating the scores for each of the three scales. Participants responded to each item using the following Likert-type scale: 1 = *strongly disagree,* 2 = *disagree,* 3 = *slightly disagree,* 4 = *undecided,* 5 = *slightly agree,* 6 = *agree,* and 7 = *strongly agree.* All negatively worded items were reverse coded prior to statistical procedures being conducted. The Affective Commitment Scale was calculated by summing together Items 11–16. The Continuance Commitment Scale was calculated by summing together Items 17–21. The Normative Commitment Scale was calculated by summing together Items 22–28. Scores on each of the scales can range from a low of 8 to high of 56. High scores on the scales are associated with high levels of organizational commitment.

Validity and reliability of the OCS. Construct validity demonstrating the conceptually distinct aspects for each scale of the OCS was examined in two separate studies (Allen & Meyer, 1990, 1996). Results from both studies indicated that three components of organizational commitment were empirically distinguishable from each other and could be reliably measured. Affective, continuance, and normative organizational commitment scale items loaded on separate orthogonal factors, indicating that the three constructs are independent of one another (Allen & Meyer, 1990). The construct validity of the three organizational commitment scales was assessed in a meta-analysis (Allen & Meyer, 1996). Based upon the findings of multiple studies, it was concluded that the three commitment measures were distinguishable from other measures of work attitudes.

Previous research has revealed that the scales of the OCS have good reliability estimates. One study noted the following coefficient alphas for the three scales: continuance commitment (0.74), affective commitment (0.82), and normative commitment (0.83; Jyothibabu et al., 2010). In addition, Carver et al. (2011) conducted a study of nurses in which the OCS demonstrated the following estimates of reliability: affective commitment (0.87), continuance commitment (0.80), and normative commitment (0.84).

Threats to Validity

The primary threat to validity in this study was the internal validity of the results. The internal validity of results was affected by the reliability of the results of the data obtained from the OCS in the sample of nurses. Reliability is the first requirement for validity, as an instrument that is not reliable cannot be valid (Kaplan & Saccuzzo, 2009).

Reliability is a key psychometric property that is based on scores obtained by an instrument, and the scores can change across samples (Kaplan & Saccuzzo, 2009; Mertler & Vanatta, 2005). “Authors should provide reliability coefficients of the scores for the data being analyzed even when the focus of their research is not psychometric” (Wilkinson & The APA Task for on Statistical Inference, 1999, p. 596). Therefore, whenever researchers conduct studies using surveys, they must report information about the reliability of the survey data for the sample of participants included in a study (Trochim & Dunnelly, 2007). As the researcher, I addressed threat to validity by assessing the degree to which the OCS collected reliable data from the sample of nurses who participated in the study.

Determining reliability of OCS for current study. The first step in assessing the reliability of an instrument requires that researchers make a determination of how much data were missing and how to handle the missing data (Harris, 2013). Missing data create problems in research because they affect “the generalizability of findings, [decrease] the amount of usable data in a data set, and ultimately [decrease] the power associated with a statistical test” (Harris, 2013, p. 89). I took two steps to address the presence of missing data. First, I took a visual look at the data to see how much data were actually missing. In cases where 15% or more of the data were missing for one person, I dropped the entry from the data analysis because of too much missing data (Harris, 2013; Hertel, 1976). I used the means imputation procedure for situations in which less than 15% of the data were missing for a given individual. *Imputation* is defined as “the estimation of a missing value and subsequent use of the estimated in statistical analyses” (Allison & Gormon, 1993, p. 85).

A reliability analysis and item analysis was used to measure the reliability estimates for the three scales of the OCS. Cronbach's coefficient alpha (α) was used to measure the internal consistency of the scales included in the OCS (Trochim & Donelly, 2007). The significance of the obtained alphas were tested against the value of $\alpha = .70$, because past research has indicated that values of .70 or greater indicates a reliable scale (Kaplan & Saccuzzo, 2009; Mertler & Vanatta, 2005).

Data Collection

Prior to data collection, I obtained approval from the Institutional Review Board (IRB) at Walden University to conduct the study (Appendix J). The purpose of the IRB is to protect the rights of the human subjects participating in the study. I used the online survey tool Survey Monkey to collect data from a participants located in various areas of Alabama. Survey Monkey allowed me to download the results into a spreadsheet or database, which was imported into SPSS where the data were analyzed.

Individuals received an invitation to complete the survey through one of two mediums. Nurses working in hospitals received the email inviting to the participant from the director of nursing at their hospital as described in the recruiting procedures outlined above. Other individuals were invited to complete the survey through an announcement posted in the *Alabama Nurse* newsletter. The newsletter contained the web address that granted participants access to the online Nurse Commitment survey (Appendix K).

Participants voluntarily consented to participate in the study by reading the informed consent page and acknowledging their understanding of the requirements for participating in the study. The informed consent statement described the purpose of the study and informed participants that their participation was voluntary. Participants were

given consent to participate in the study by clicking on the next button to move forth to the survey. Individuals who do not wish to complete the study were instructed to exit from the survey.

Data Analysis

Data collected during this study were analyzed in SPSS. The data were analyzed using a mixture of descriptive and inferential statistics. Descriptive statistics such as frequency counts was used to summarize the demographic data for the participants. The results from these data analyses are presented in tables, charts, and narrative text in Chapter 4. Inferential statistics were used to address the following research questions and related hypotheses.

Research Question and Hypotheses

This research was guided by two research questions. For the purpose of statistical analyses, the hypotheses are presented in the null form. The null hypothesis states that all means are equal. If statistical computations provide values that are significantly different, then the null form of the hypothesis is rejected and its alternative form is accepted (Black, 1999; Howell, 2004). The research questions and related hypotheses are presented below:

Research Question 1: What are the differences in the levels of organizational commitment among generational cohorts of nurses as measured by mean scores on the Meyer and Allen Organizational Commitment Scale?

H1□: There are no statistically significant differences in the levels of organizational commitment (normative, continuance, affective), as measured by the OCS, in a sample of generational cohort of nurses (Generation Y/Millenials, Generation X, and Baby Boomers) as determined by the birth dates of the participants.

H1□: There are statistically significant differences in the levels of organizational commitment (normative, continuance, affective), as measured by the OCS, in a sample of generational cohort of nurses (Generation Y/Millenials, Generation X, and Baby Boomers) as determined by the birth dates of the participants.

Research Question 2: What are the differences in the levels of organizational commitment based on nursing credential (LPN, RN, BSN, and MSN), as measured by mean scores on the OCS?

H2□: There are no statistically significant differences in the levels of organizational commitment (normative, continuance, affective), based on nursing credential (LPN, RN, BSN, and MSN), as measured by mean scores on the OCS.

H2□: There are statistically significant differences in the levels of organizational commitment (normative, continuance, affective), based on nursing credential (LPN, RN, BSN, and MSN), as measured by mean scores on the OCS.

The MANOVA procedure was used to test the null hypothesis for each research question. The MANOVA procedure is used to compare different groups on multiple variables (Stephens, 2009). In this study, I compared the mean scores of four groups of generational cohorts on the three organizational commitment scales. I also compared the mean scores of LPNs and RNs to determine if there differences in levels of commitment between those two groups.

The MANOVA procedure offers several advantages over the univariate ANOVA procedure (Mertler & Vanatta, 2005). First, by using more than one dependent variable researchers gain a better chance of understanding of how changes in one variable affects the other variables. Second, results from the MANOVA procedure may reveal results that

are not obtainable from single ANOVA procedures. For instance, a MANOVA could reveal if the independent variables interact to influence the dependent variables. Such information could not be obtained from a series of univariate ANOVAs. Third, use of the MANOVA procedure controls for the inflation of the Type I error rate caused by multiple univariate tests. Fourth, the MANOVA procedure takes into consideration the degree of correlations among the dependent variables (Mertler & Vanatta, 2005). The materiel outlined in this paragraph provided my supporting rationale as to why the MANOVA procedure was the appropriate statistical procedure for testing the null hypotheses for this study.

The MANOVA is one procedure from a family of parametric, statistical procedures that are predicated upon the following assumptions: interval or ratio scale of measurement for the dependent variable, equal sample sizes, independence, normality, and homogeneity (Howell, 2004). These assumptions must be met because they affect the proper use and interpretations of results from a given ANOVA procedure (Mertler & Vanatta, 2005). Therefore, researchers must assess the degree to which the assumptions are met before conducting statistical tests and analyzing the results of such tests (Howell, 2004; Mertler & Vanatta, 2005).

The scale of measurement assumption for MANOVA suggests that data collected for the dependent variable must be measured on the interval or ratio level (Howell, 2004). The dependent variable in this research, which were scores for the affective, normative, and continuance commitment, were measured on a ratio level. The equality of sample size assumption for MANOVA posits that the size of each group must be approximately equal. The power of the statistical procedure is greatly diminished when sample sizes are

disproportionately unequal (Stevens, 2009). In such cases, the researcher may need to resort to the use of nonparametric statistical procedures such as Freidman's Rank test (Howell, 2004). I reviewed the descriptive statistics to determine whether the sample sizes are equal in each group before conducting inferential statistical procedures. In the event of unequal sample sizes, I conducted the appropriate statistical procedures to compensate for the differences where possible.

The assumption pertaining to independence states that scores in each sample must be independent and the scores must not be highly correlated with each other (Mertler & Vanatta, 2005). I used the Durbin Watson test to assess the degree of correlation among the variables of interest. The normality assumption posits that the patterns of scores for each group should reflect the shape of the normal distribution. The Kilmogorov-Smirnoff and Shapiro-Wilks test statistics was used to test this assumption (Kilpatrick & Feeney, 2007). The homogeneity of variance assumption assumes that there is equal variance between groups. I used the Levene test statistic to test the homogeneity of variance assumption (Kilpatrick & Feeney, 2007). If violations of the assumptions are noted, actions would be taken to address the assumptions. I also provided a discussion of how the assumptions affect the interpretations of data generated for the study.

Ethical Considerations

Anonymity and confidentiality of the information from the participants was assured in order to ensure that ethical procedures are followed. In this case, an informed consent page was included on the first page of the survey. The informed consent page contained the statement of the purpose of the study, the procedures that were used to collect data, the benefits associated with the study, and limitations of the study.

Participants provided voluntary consent and acknowledged their understanding of the study requirements by clicking on the consent button and proceeding to take the survey. Individuals who do not wish to complete the survey were instructed to close the browser to Survey Monkey and that doing so exits them from the survey.

This research study has minimal risk to the research participants. The survey questions do not contain or solicit any sensitive information from the participants. I adhered to the highest standards for conducting ethical research with human subjects. Verification of the respondents during data collection of web-based surveys was another ethical consideration because it can be difficult to verify whom is taking the survey.

I protected the privacy confidentiality of the participants by taking several actions. First, the surveys did not collect any personally identifying information about the participants. All surveys were anonymous and there is no way to link individual's participants to survey results. Second, all results collected from the data are reported in aggregate form. Third, Survey Monkey stored data collected from the study on the website for one year after the research has concluded. After the one-year period, the data will be deleted from the Survey Monkey data storage system. Since the conclusion of the research, I maintain the data downloaded from Survey Monkey in electronic format on a password protected computer in my home for 10 years. After the 10-year period, the data is to be deleted from my computer.

There were no benefits to the participants for participating in the research study. A copy of the study summary results were provided to the hospital director of nursing; and, any other nurses upon their request via email.

Summary

This quantitative study was designed to determine if there are any differences in levels of affective, continuance, and normative commitment displayed by four generational cohorts of nurses (Generation Y, Generation X, Baby Boomers, and Veterans). Participants consisted of purposive sample of nurses in a hospital setting and from nurses responding to the *Alabama Nurse* newsletter advertisement. Data collection occurred via a web-based survey using the revised Meyer and Allen Organizational Commitment Scale (Meyer and Allen, 1993). Descriptive and inferential statistics (MAVONA) were used in data analysis. This chapter described the research methodology that was utilized upon IRB approval to carry out the purpose of the study. Additionally, this chapter described the participants of the study, the instrumentation, the data collection procedures, and the data analysis schema that were used in this study. The results of this study are presented in Chapter 4. Furthermore, a summary of the findings, discussion of the findings, and recommendations for practice, policy, and further research are presented in Chapter 5.

Chapter 4: Results

Introduction

The purpose of this quantitative survey-based study was to explore whether there were significant differences in levels of organizational commitment displayed by nurses in different generational cohorts. Additionally, I explored whether participants differed in their levels of organizational commitment based on their nursing credentials. The dependent variables were three types of organizational commitment (affective, continuance, and normative) as measured by the Organizational Commitment Scale (Allen & Meyer, 1996). The independent variables were generational cohort status (Generation Y, Generation X, Baby Boomers, and Veteran) as determined by birth year and nursing credentials as determined by type of nursing degree (LPN, RN, BSN, or MSN).

This chapter reports the results of the data analysis. This chapter also includes a discussion of the process for prescreening data, a summary of the demographic data for the participants who were included in the repeated-measures design, an explanation of how the relevant statistical assumptions were assessed, and a discussion of results from testing the null hypothesis for each research question. The chapter concludes with an evaluation of the findings from the MANOVA statistical procedure.

Data Collection

Demographic Data

Table 4 presents a summary of the demographic data on race, gender, and generation cohort of the LPN and RN participants of the study. The racial and gender distribution of the sample reflects the distribution found in LPN and RN nurses in

Alabama. Regarding the race/ethnicity variable, the largest percentage of participants indicated that they were White (49%) and female (80%). The largest percentage of participants were categorized as Generation X (39.3%), indicating that they were born during the years 1966-1985. There were only three participants in the Veterans category, who were born during the years 1925-1942. The small number of participants prevents any meaningful statistical comparisons for the Veteran nurses. Consequently, the Veteran group of nurses was removed from the sample and not included in any further statistical analyses.

Table 4

Participant Demographic Data

Variable	Frequency	Percent
Race/Ethnicity		
White	71	49.0
Black/African American	48	33.1
Other (American Indian/Alaskan Native, Asian/Indian, Japanese, Chinese, Mixed race/ethnicity, Filipino, other Pacific Islander)	24	16.6
Missing	2	1.4
Total	145	100.0
Gender		
Female	116	80.0
Male	26	17.9
Total	142	97.9
Missing	3	2.1
Total	145	100.0
Generational cohort as determined by birth year		
Generation Y (1982–2003)	41	28.3
Generation X (1961–1981)	57	39.3
Baby boomers (1943–1960)	44	30.3
Veterans (1925–1942)	3	2.1
Total	145	100.0

The participants' educational attainment and nursing credentials are summarized in Table 5. Regarding the highest educational attainment, the largest percentage of participants indicated that they held an associate degree (42.8%). The second largest category of degree attained was for a bachelor's degree (23.4%). In terms of nursing credentials, 46.9% indicated that they were registered nurses and 24.8% indicated that they were LPNs.

Table 5

Participants' Educational Attainment and Nursing Credentials

	Frequency	Percent
Highest Educational Attainment		
Certificate	24	16.6
Associate's degree	62	42.8
Bachelor's degree	34	23.4
Master's degree	24	16.6
Missing	1	.7
Total	145	100.0
Nursing Credential		
LPN (licensed practical nurse)	36	24.8
RN/ADN (registered nurse)	68	46.9
BSN (Bachelor of Science nursing)	19	13.1
MSN (Master of Science Nursing)	17	11.7
Total	140	96.6
Missing	5	3.4
Total	145	100.0

Table 6 presents a summary of the participants' years of nursing experience and the settings in which they worked. Regarding nursing experience, nurses who indicated that they had over 10 years of experience as nurses had the largest respondent percentage

(37.9%). The nurses who indicated that they had less than 1 year of experience as nurses had the smallest respondent percentage (4.1%). The greatest percentage (48.3%) of participants indicated that they worked in the hospital setting. The smallest percentage of nurses indicated that they worked either in an emergency clinic or in an assisted living facility (4.1% for each setting).

Table 6

Participants' Years of Experience and Nursing Setting

	Frequency	Percent
Years of Experience		
Less than 1 year	6	4.1
1-2 years	29	20.0
3-5 years	27	18.6
6-10 years	25	17.2
Over 10 years	55	37.9
Total	142	97.9
Missing	3	2.1
Total	145	100.0
Healthcare Setting		
Assisted living facility	6	4.1
Doctor's office	10	6.9
Emergency clinic	6	4.1
Hospital	70	48.3
Medical clinic	21	14.5
Nursing home	19	13.1
Total	132	91.0
Missing	13	9.0
Total	145	100.0

Prescreening Data

Data should be prescreened before conducting statistical procedures in order to assess the accuracy and validity of data collected for the study. The quality of the collected data has an impact on the appropriateness and accuracy of inferential statistical procedures performed on the data as well as the subsequent interpretations made from the data (Mertler & Vanatta, 2005). Prescreening data allows researchers to assess the degree to which analytical errors may be present. Prescreening also allows researchers to interpret findings within an appropriate context (Onwuegbuzie & Daniel, 2003). The prescreening phase of data analysis should assess the following: level of measurement for dependent variable, adequacy of the sample size for conducting statistical analyses, procedures for addressing missing data, accuracy of data collected, and the degree to which the assumptions have been met for each statistical procedure (Mertler & Vanatta, 2005). Details regarding the steps I took to prescreen the data are presented .in the following paragraphs.

Level of measurement for dependent variable. The appropriateness of using any statistical procedure depends on the level of measurement for the data. MANOVA is an analytic procedure that requires that the dependent variable be measured at the interval or ratio level (Stevens, 2009). The dependent variable in this study was the participants' self-reported ratings on three scales on the OCS, which were measured at the interval level. Therefore, the assumption for the ratio or interval level of measurement for the dependent variable, organizational commitment, was met for this study.

Adequacy of sample size. The reliability of results generated from a statistical procedure depends on the size of the sample from which the results were obtained

(Howell, 2004; Mertler & Vanatta, 2004; Stevens, 2009). There are minimum sample sizes needed for each statistical procedure. The minimum sample size is affected by the following parameters: (a) the level of desired precision for the statistical procedure (γ); (b) the accepted confidence interval or accepted level of error (ϵ), and (c) the value of the squared population multiple correlation (ρ^2; Stevens, 2009). The a priori sample size analysis presented in Chapter 3 indicated that the desired sample size for this study was 132 participants. The following parameters were also used to determine the appropriate sample size: Conventional level for power was specified .80 (80%), a medium effect size of $eta^2 = .14$, and $p = .05$. The data from this study contained results for 145 nurses. I concluded that the sample size was adequate for achieving the desired level of power for the study, which was set at $\gamma = .80$ (Mertler & Vanatta, 2005; Stevens, 2009).

Missing data. When prescreening data, researchers must address the issue of how to handle missing data (Stevens, 2009). Missing data create problems with interpreting findings from research because missing data affect the generalizability of findings, decrease the amount of usable data in a data set, and ultimately decrease the power associated with a statistical test (Mertler & Vanatta, 2005; Stevens, 2009). Researchers must therefore make an a priori determination of how to handle missing data and summarize the steps taken to mitigate the effects of missing data.

In this study, three steps were taken to address the presence of missing data. First, a visual scan was made of the surveys to determine how much data were missing. If a participant failed to respond to 15% or more of the items on either of the surveys, the participant was considered to have too much missing data and the participant was dropped from the statistical analyses (Hertel, 1976). Using this criterion for assessing

missing data, one participant's data were eliminated from the data analysis because of too much missing data. The participant failed to respond to 5 of 18 items, which constituted 28% missing data, which exceeded the 15% threshold recommended by Hertel (1976).

Second, a frequency count was conducted using SPSS to determine how much data were missing for each of the surveys. Results revealed that only 36 of the possible 2,610 data entries (145 participants X 18 survey items) were missing. The missing data constituted less than 1.00% of the total survey data. In addition, the visual scan of the data did not reveal any particular patterns or associations among the missing survey items. Consequently, the missing data were considered to be missing at random (MAR). Data are considered to be MAR if the value of a variable is not a function of that variable itself (Allison & Gormon, 1993).

In the third step of the missing data analysis, a means imputation procedure was used to replace data for the 36 missing items. *Imputation* is defined as "the estimation of a missing value and the subsequent use of that estimate in statistical analyses" (Allison & Gormon, 1993, p. 85). Item means were inserted for items that had missing values. The method of assigning a scale for missing data maximizes the amount of data collected and minimizes the effects of missing data. The strategy of replacing missing data with a constant was supported by Cohen and Cohen (1985).

Accuracy of data. A major requirement of survey research is that researchers report information about the psychometric properties of the survey for the sample of participants included in the study (Onwuegbuzie & Daniel; 2003; Trochim & Dunnelly, 2007). Reliability is a key psychometric property that must be reported in survey research because reliability is a function of scores obtained by an instrument and scores on an

instrument can vary from sample to sample (Thompson & Vacha-Haase, 2000). Therefore, reliability estimates for current samples of participants must be reported in survey-based studies even when the focus is not on the psychometric properties of the instrument (Onwuegbuzie & Daniel, 2003; Wilkinson & The Task Force on Statistical Inference, 1999).

Cronbach's coefficient alpha was used to measure the reliability of the instrument used in this study (Cohen, 1988; Trochim, 2006). According to Westhuis and Thayer (1989), coefficient alpha is the best measure of internal consistency because it "provides a good estimate of the major source of measurement error, sets the upper limits of reliability, [and] provides the most stable estimate of reliability" (p. 157). The goal of any test developer would be to get reliability coefficients that approach 1.0; however, such a value is seldom achieved in behavioral and social science research. Therefore, the significance of the obtained alphas was evaluated against the value of alpha = .70; past research indicated that values of .70 or greater represent a scale that is internally consistent (Kaplan & Saccuzzo, 2005; Mertler & Vanatta, 2005).

Table 7 presents summary results from the reliability analysis. The data showed that all obtained coefficient alphas were statistically significant at $p < .001$. The obtained alphas were significantly higher than the test value of .70. The results indicated that the three subscales of the OCS (ACS, CCS, and NCS) used in this study collected accurate and reliable data from the participants in this study.

Table 7

Summary Table of Results From Reliability Analysis of Instruments Used in Study

Scale	*M*	*Sd*	α	95% Confidence Interval		*F*	*df1*	*df2*	Sig
				Lower	Upper				
Overall	72.71	22.46	.92	.90	.94	3.62	144	2448	.000
ACS	27.24	9.45	.89	.86	.91	2.67	144	720	.000
CCS	21.50	9.03	.87	.84	.90	2.34	144	720	.000
NCS	23.97	9.78	.92	.90	.94	3.97	144	720	.000

Note. $N = 145$ for all analyses. ACS = Affective Commitment Scale; CCS = Affective Commitment Scale; NCS = Normative Commitment Scale.

Statistical Assumptions for MANOVA

The MANOVA statistical procedure is appropriate when there are more than two scores of the dependent variable or when there are more than two groupings on the independent variable (Howell, 2004; Mertler & Vanatta, 2005). In this study, there were three scores for the dependent variable (ACS, CCS, and NCS). There were two independent variables (generational cohort status and nursing credential), and each independent variable was divided into at least three groups. Therefore, the MANOVA procedure was appropriate for use in this study. The MANOVA procedure also offers the following advantages: (a) it is more efficient than independent *t* tests because it can address simultaneous comparisons between two or more means (Howell, 2004) and (b) the procedure effectively controls for the increased Type I error rates that are associated with multiple comparisons (Howell, 2004; Mertler & Vanatta, 2005).

The MANOVA procedure is also based on the following assumptions: scale of measurement, independent scores, adequacy of sample size, linearity, normality, and homogeneity of variance or homoscedasticity (Howell, 2004; Stevens, 2009). The first step of the MANOVA procedure is to test the degree to which statistical assumptions have been met. Testing statistical assumptions associated with a statistical procedure enables researchers to interpret their findings more accurately and assess the degree to which errors may impact the interpretation of the results (Howell, 2004; Mertler & Vanatta, 2005; Onwuegbuzie & Daniel, 2003). Results from the preliminary data analysis are presented below for each assumption.

Scale of measurement. The scale of measurement assumption is based on the notion that data collected for the dependent variable must be measured on the interval or ratio level (Howell, 2004). There were three scores for the dependent variable (ACS, CCS, and NCS).The scores for each of the three dependent variables were measured on the interval, thus satisfying the scale of measurement assumption.

Independent scores. The independence of observation assumption states that scores in each sample must be independent and that the scores in one group must not be repeated in the other group (Mertler & Vanatta, 2005). This assumption cannot be tested empirically; rather, it is judged as a feature of the data collection process. The participants in the study completed the measures at various times during the data collection process at various locations in Alabama. In addition, each participant could only select one option for the independent variables of generational cohort and nursing title. The aforementioned criterion rendered it unlikely that individual scores could be

replicated across the three groups; therefore, the scores on the dependent variables were assumed to be independent of each other.

Adequacy of sample size. The adequacy of sample size assumption posits that the size of each group must be approximately equal on each dependent measure. The power of the statistical procedure could be diminished when sample sizes are disproportionately unequal (Stevens, 2009). I assessed this assumption by comparing the sample sizes across the each of the tow dependent variables. Table 8 presents the summary descriptive statistics for the OCS Subscale scores across generational cohort status. The results show that the sample sizes are not exactly equal across the three groups. Research is mixed regarding the impact of sample size on results from a MANOVA. One group of researchers (Hair, Anderson, Tatum, & Black, 1995) has indicated that if the sample in each cell exceeds the number of dependent variables, then the presence of unequal samples should have little impact on the results. The data in Table 8 and Table 9 revealed that the smallest sample size across each variable exceeded the number of dependent variables. Another source has indicated that MANOVA is robust to moderate departures from this assumption (Howell, 2004). Because this research is exploratory in nature and the varying guidelines given on unequal sample size, I concluded that the unequal sample sizes should have minimal impact on the results.

Table 8

Summary Descriptive Statistics for Generational Cohorts on OCS Subscale

				95% CI for Means	
OCS Subscale/Generational Cohort	*N*	*M*	*SD*	Lower	Upper
Affective Commitment Subscale					
Generation Y (1986 – 2005)	41	22.85	9.06	19.91	25.71
Generation X (1966 - 1985)	54	28.24	7.87	20.09	30.39
Baby Boomers (1946 - 1965)	42	29.54	10.83	26.17	32.92
Continuance Commitment Subscale					
Generation Y (1986 – 2005)	41	18.77	9.61	15.74	21.8
Generation X (1966 - 1985)	54	23.28	8.62	20.93	25.63
Baby Boomers (1946 - 1965)	42	21.23	8.47	18.59	23.86
Normative Commitment Subscale					
Generation Y (1986 – 2005)	41	19.98	9.94	16.84	23.12
Generation X (1966 - 1985)	54	21.42	8.73	22.04	26.8
Baby Boomers (1946 - 1965)	42	26.67	10.14	23.51	29.83

Table 9

Summary Descriptive Statics for Nursing Category on OCS Subscales

OCS Subscale/Generational Cohort	*N*	*M*	Variance	*95% CI for* Means *Lower*	Upper
Affective Commitment Subscale					
LPN (licensed practical nurse)	34	22.74	9.00	19.60	25.88
RN/ADN (registered nurse)	67	28.59	9.82	26.20	30.99
BSN (Bachelor of Science nursing)	19	24.95	7.28	21.44	28.45
MSN (Master of Science Nursing)	17	31.77	8.60	27.35	36.19
Continuance Commitment Subscale					
LPN (licensed practical nurse)	34	19.83	8.34	16.92	22.74
RN/ADN (registered nurse)	67	20.59	8.82	18.44	22.74
BSN (Bachelor of Science nursing)	19	23.00	10.11	18.13	27.87
MSN (Master of Science Nursing)	17	25.14	9.24	20.39	29.89
Normative Commitment Subscale					
LPN (licensed practical nurse)	34	20.29	9.63	16.93	23.65
RN/ADN (registered nurse)	67	25.24	10.27	22.74	27.74
BSN (Bachelor of Science nursing)	19	23.14	7.57	19.51	26.8
MSN (Master of Science Nursing)	17	25.71	9.66	20.74	30.67

Normality. The normality assumption posits that the patterns of scores for each group on the dependent variable should reflect the shape of the normal distribution. When the MANOVA procedure is performed, data must be assessed for both univariate and multivariate normality (Mertler & Vanatta, 2005). Univariate normality relates to the degree to which the data for a given variable is normally distributed (Mertler & Vanatta, 2005). Multivariate normality refers to the degree to which the data is normally distributed across the various combinations of data.

Univariate normality. The Kilmogorov-Smirnoff test statistic was used to test the assumption for univariate normality (Kilpatrick & Feeney, 2007). Results are presented in Table 10. The data reveals that the univariate normality assumption was not upheld for several scores across both independent variables. Data revealed that the univariate assumption was not upheld on the CCS Subscale for the Generation Y cohort. In addition, the normality assumption was not upheld on the NCS Subscale for the Generation X and Generation Y cohort. Moreover, the assumption of normality was not upheld on the nursing title variable on the NCS Subscale for LPNs and RN/ADNs. However, several researchers (Howell, 2004; Mertler & Vanatta, 2005; Stephens, 2009) have stated that the ANOVA procure is robust violations of the assumptions of normality and the departures from normality have minimal effect on results. The data were interpreted with the result in mind.

Table 10

Tests for Univariate Normality of Variance Across the Dependent Variables

OCS Subscale		Kolmogorov-Smirnov[a]		
		Statistic	*df*	Sig.
	Generational Cohort Status			
ACS	Generation Y (1982 – 2003)	.119	41	.157
	Generation X (1961 – 1981)	.099	54	.200*
	Baby Boomers (1943 – 1960)	.125	42	.096
CCS	Generation Y (1982 – 2003)	.174	41	.003
	Generation X (1961 – 1981)	.080	54	.200*
	Baby Boomers (1943 – 1960)	.096	42	.200*
NCS	Generation Y (1982 – 2003)	.203	41	.000
	Generation X (1961 – 1981)	.140	54	.010
	Baby Boomers (1943 – 1960)	.122	42	.117
	Nursing Credential			
ACS	LPN (licensed practical nurse)	.102	34	.200*
	RN/ADN (registered nurse)	.098	67	.179
	BSN (Bachelor of science nursing)	.187	19	.079
	MSN (Master of Science Nursing)	.145	17	.200*
CCS	LPN (licensed practical nurse)	.120	34	.200*
	RN/ADN (registered nurse)	.102	67	.083
	BSN (Bachelor of science nursing)	.196	19	.054
	MSN (Master of Science Nursing)	.137	17	.200*
NCS	LPN (licensed practical nurse)	.163	34	.022
	RN/ADN (registered nurse)	.163	67	.000
	BSN (Bachelor of science nursing)	.182	19	.096
	MSN (Master of Science Nursing)	.142	17	.200*

Multivariate linearity and normality. This assumption can be tested by examining bivariate scatter plots for the continuous variables of interest. The scatter plots approximated the form of elliptical shapes when the assumptions are upheld (Mertler & Vanatta, 2005). The continuous variables in this study were scores on the ACS, CCS, and NCS Subscales. Figure 1 presents the bivariate scatter plots. The graphs show that each scatterplot approximated the shape of an ellipse shape. I therefore concluded that that multivariate normality assumption was upheld for the data set.

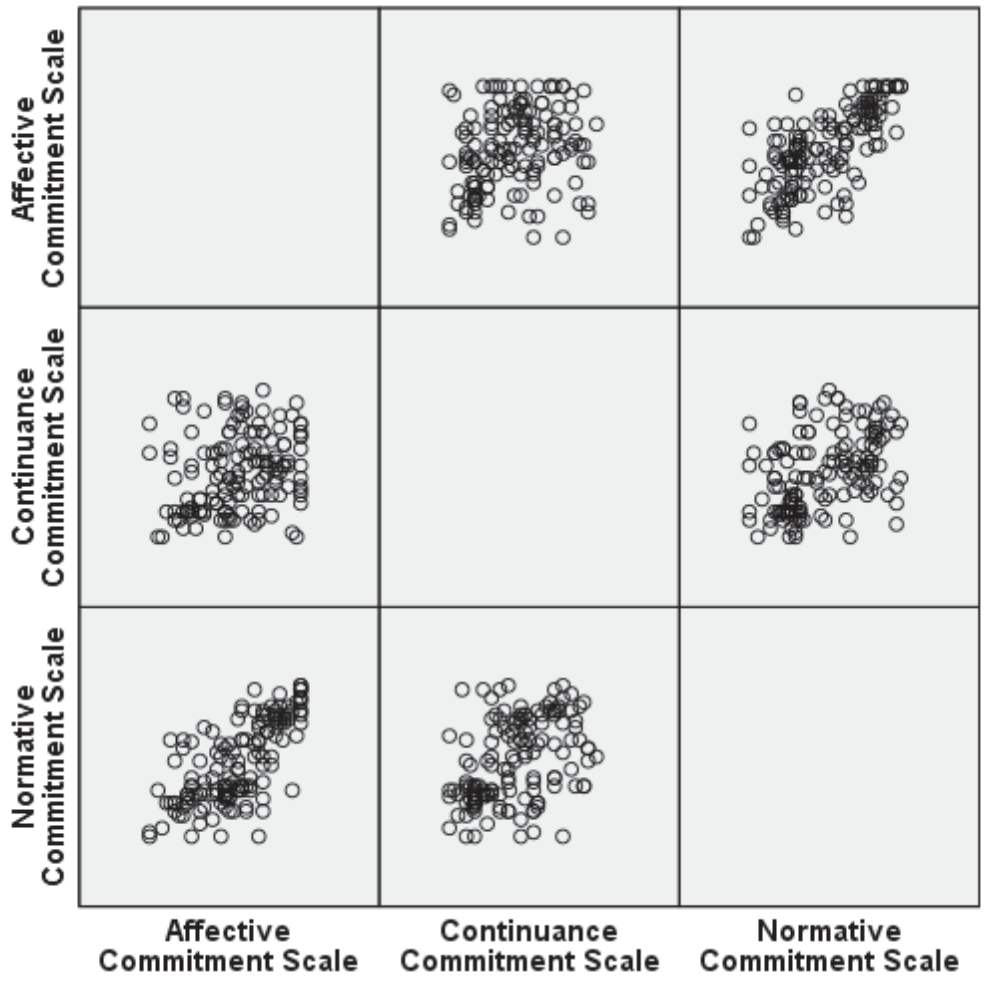
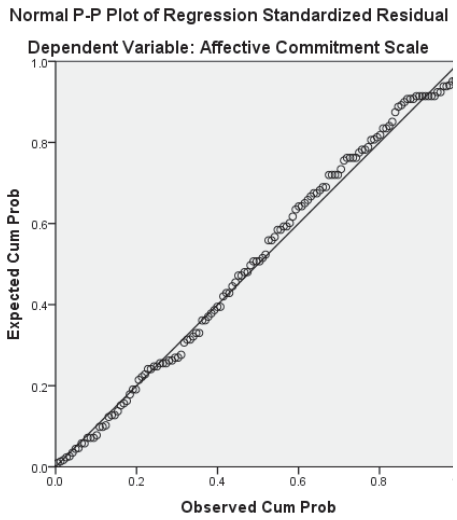
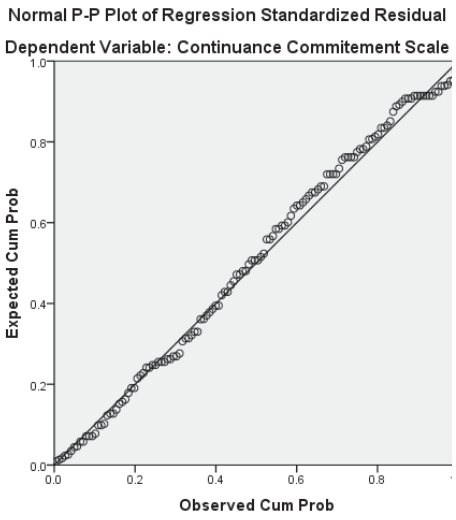


Figure 1. Multivariate normality check.

Linearity. The linearity assumption poses there should be a linear relationship between the continuous variables of interest. The assumption for multivariate linearity was assessed by observing visual displays of a distribution of scores on the Normal P-P Plot of the Regression Standardized Residuals (Mertler & Vanatta, 2005). This graphical display compares the shape of a distribution of scores to the shape of the normal distribution. The shape of the normal distribution is represented by a 45^{o} straight line. When data for a variable is normally distributed, the data on the P-P plot would approximate a straight 45^{o} line. The researcher tested the assumptions for linearity on the dependent variables, OCS subscale scores, for generational cohort status and nursing credential, using the P-P plot. Figure 2 shows the results. The graph reveals that the shape of the data points for each of the dependent variables roughly approximated the shape of a straight line with some points falling above the lines and some points falling below the lines. The researcher concluded that the assumptions for multivariate linearity were upheld for the dependent variables.

Homogeneity of variance/ homoscedascity. The homogeneity of variance assumption for MANOVA assumes that there are equal variances in the scores across the dependent variable (Mertler & Vanatta, 2005). The Levene's Homogeneity test for both univariate and multivariate normality was used to test the null hypothesis that the error variance of the dependent variable was equal across groups (Mertler & Vanatta, 2005; Stephens, 2009).





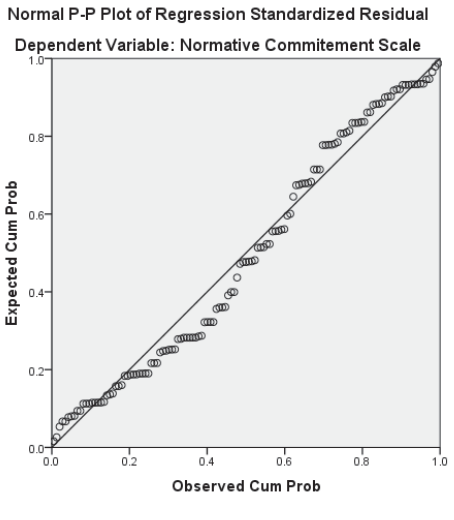


Figure 2. Normal P-P plot of standardized residuals.

Levene's test for equality of error variances is presented in Table 11. The data revealed several points where the assumption was not upheld. Results show that in the case of univariate tests, the assumption was not upheld for Generational Cohort status on the Affective and Continuance Commitment Subscales. The data further revealed that the assumption was not upheld for any of the variables in the multivariate test.

Table 11

Results From Univariate and Multivariate Homogeneity of Variance Tests

	Levene Statistic	*df*1	*df*2	Sig.
Univariate Results				
Generational Cohort Status				
Affective Commitment Scale	5.225	2	135	.007
Continuance Commitment Scale	5.225	2	135	.007
Normative Commitment Scale	.584	2	132	.559
Nursing Title				
Affective Commitment Scale	1.781	3	130	.154
Continuance Commitment Scale	1.781	3	130	.154
Normative Commitment Scale	2.183	3	127	.093
Multivariate Tests[a]				
Affective Commitment Scale	3.292	11	117	.001
Continuance Commitment Scale	3.292	11	117	.001
Normative Commitment Scale	5.007	11	117	.000

Conclusions From Testing Assumptions

Several researchers (Howell, 2004; Stevens, 2009) have stated that the *F*-test is robust and violations of the assumptions of normality and homogeneity of variance have minimal effect under certain conditions. Specifically, if the larger group variance or standard deviation is no more than four times the smallest group variance or standard

deviation, violations of assumptions will have minimal effect (Howell, 2004). Hair, Anderson, Tatum, & Black (1995) suggested determining which group has largest variance. If the smaller group has larger variance, alpha level is understated and the alpha level should be increased. These guidelines prompted me to further compare the variances among the groups on the variables in which the homoscedasticity assumption was violated. I next investigated the summary descriptive statistics to compare the variance the variables of interest.

Tables 7, 8 and 9 present the summary descriptive statistics for the dependent variables, generational cohort status and nursing category. A review of the computed standard deviation for each of the variables indicated that there were no cases where the larger group variance exceeded the smaller group variance by a factor of four. The greatest difference in standard deviation scores occurred on the generational cohort comparison on the NCS Scale for the nursing credential. Review of the data showed that the RN/ADN subgroup (n = 67) was the largest group and had the largest standard deviation (SD = 10.27), and the LPN subgroup (n = 19) had the smallest deviation .The ratio for the two groups was 1.34, consequently violations of the assumption of equal variances should have minimal effect on the results. In light of this finding regarding the error variances, I opted to use Pillai's Trace as the test statistic to interpret for the MANOVA results. I chose Pillai's Trace because it is considered to be robust to violations of the homogeneity of variance assumption (Howell, 2004; Stevens, 2009).

Results

Demographic Data Results

Results from the demographic data revealed the demographic characteristics of the participants to be consistent with the general characteristics of nurses. The data showed that majority of participants were White females employed in the hospital setting. Generation Xers composed the largest generational cohort. The smallest generational cohort was the Veterans. This particular group was excluded from the data analysis because of the small sample size. The data further showed that the largest percentage of the participants had associate degrees, and the greatest number of nurses held the RN credential.

Reliability of the OCS

While the issue of reliability was not a primary focus of this study, previous researchers have indicated that "Authors should provide reliability coefficients of the scores for the data being analyzed even when the focus of their research is not psychometric" (Wilkinson & The APA Task for on Statistical Inference, 1999, p. 596). Whenever researchers conduct studies using surveys they must report information about the reliability of the survey data for the sample of participants included in a study (Trochim & Dunnelly, 2007). Consequently, the reliability of the OCS was also assessed for the sample of nurses included in this study.

Data from the reliability analysis showed that values for Cronbach Alphas ranged from a low of .87 for the CCS Subscale to .92 for the overall scale. These findings were consistent with previous results from previous research from Jyothibabu et al. (2010) which showed values that ranged from 0.74 - .83, as well as results from Carver et al.

(2011) which reported values that ranged from 0.83 - .87. These findings established that the OCS collected reliable data from the participants included in this sample.

MANOVA Results

The MANOVA procedure was used to examine the research questions posed for the study. The first step of the analysis was used to assess the suitability of the data for the MANOVA. Box's test of equality of covariance matrices was used as the test statistic. The result were not statistically significant, $F(9, 2042.14) = 90.66$, $p > .05$, which indicated the data were suited for performing the MANOVA procedure. Results from the MANOVA procedures were used to address the research questions.

Research Question 1: What are the differences in the levels of organizational commitment among generational cohorts of nurses, as measured by mean scores on the Meyer and Allen Organizational Commitment Scale?

H1□: There are no statistically significant differences in the levels of organizational commitment (normative, continuance, affective), as measured by the OCS, in a sample of generational cohort of nurses (Generation Y/Millenials, Generation X, and Baby Boomers) as determined by the birth dates of the participants.

H1□: There are statistically significant differences in the levels of organizational commitment (normative, continuance, affective), as measured by the OCS, in a sample of generational cohort of nurses (Generation Y/Millenials, Generation X, and Baby Boomers) as determined by the birth dates of the participants.

Data from the MANOVA procedure indicated there were no statistically significant differences, $F(2, 135) = 1{,}079$, $p > .05$.) in the participants' levels of organizational commitment due to generational cohort status. I therefore did not reject the

null hypothesis for the first research question. No further statistical tests were necessary for this research question.

Table 12

MANOVA Between-Subjects Effects for Birth Year

Dependent Variable	*df*	*F*	Sig.	Partial Eta Squared	Observed Power[d]
Affective Commitment Scale	2	1.079	.343	.017	.236
Continuance Commitment Scale	2	1.791	.171	.028	.369
Normative Commitment Scale	2	1.521	.223	.024	.319

Research Question 2: What are the differences in the levels of organizational commitment based on nursing credential (LPN, RN, BSN, and MSN), as measured by mean scores on the OCS?

H2□: There are no statistically significant differences in the levels of organizational commitment (affective, continuance, normative), based on nursing credential (LPN, RN, BSN, and MSN), as measured by mean scores on the OCS.

H2□: There are statistically significant differences in the levels of organizational commitment (affective, continuance, normative), based on nursing credential (LPN, RN, BSN, and MSN), as measured by mean scores on the OCS.

Data from the MANOVA procedure indicated that there were statistically significant differences, $F(2, 135) = 1{,}079$, $p \leq .05$.), in participants' levels of organizational commitment due to nursing credential. A summary of the results is presented in Table 10. The data revealed that there were statistically significant

differences in scores based on nursing credentials on the Affective Commitment Subscale. The null hypothesis was rejected. The observed power of .892 indicated that the differences were large enough to be detected 89.2% of the time. The partial Eta squared of .102 revealed a medium effect size. Pairwise comparisons were used to locate the source of the significant difference.

Table 13

MANOVA Between-Subjects Effects for Nursing Credential

Dependent Variable	*df*	*F*	Sig.	Partial Eta Squared	Observed Power[d]
Affective Commitment Scale (ACS)	3	4.758	.004	.102	.892
Continuance Commitment Scale (CCS)	3	1.310	.274	.030	.343
Normative Commitment Scale (NCS)	3	1.778	.155	.041	.454

Appendix I presents a summary table of the pairwise comparisons. Results revealed significant differences between LPNs and RNs as well as between LPNs and MSNs on the Affective Commitment Scale. A review of the summary descriptive statistics in Table 9 revealed that LPNs ($M = 22.74$) had lower means scores on the ACS than both RNs ($M = 28.59$) and MSNs ($M = 31.77$). There were also statistically significant differences on the NCS.

Data from the MANOVA procedure indicated that generational cohort status and nursing credential did interact to produce statistically significant differences, $F(3, 375) = 2.332$, $p < .05$), in levels of organizational commitment among generational cohorts of

nurses. A summary of the MANOVA results is presented in Table 14. The data revealed that there were statistically significant differences on all three scales. The null hypothesis was rejected; and, the table of pairwise comparisons presented in Appendix I was used to locate the source of the significant differences.

Table 14

MANOVA Between-Subjects Effects for Generational Cohort Status X Nursing Category

Dependent Variable	*df*	*F*	Sig.	Partial Eta Squared	Observed Power[d]
Affective Commitment Scale	6	3.051	.008	.128	.900
Continuance Commitment Scale	6	3.219	.006	.134	.917
Normative Commitment Scale	6	3.230	.006	.134	.918

The data in Table 14 revealed that the observed power of .90 indicated that the differences in ACS scores were large enough to be detected 90% of the time. The partial Eta squared of .128 revealed a medium effect size. Appendix I presents the table of estimated marginal means for the data set. The data reveals that the ACS scores varied by generational cohort status and nursing credentials. The data revealed that on the ACS Scale, individuals who held an MSN and who were born during the years 1943 – 1960 had the highest scores *(M* = 38.51). The next highest scores belonged to MSNs born during 1961-1981 (*M* = 31.00) and LPNs born during 1961 – 1981 (*M* = 3 0.61). The lowest scores were found for LPNs born during 1943-1960 (*M* = 17.50) and LPNs born during 1982-2003 (*M* = 17.94).

The data in Table 14 also reveals that the CCS scores varied by birth year and nurse category. Data in Table 14 further revealed that the observed power of .917 indicated that the differences in CCS scores were large enough to be detected 91.7% of the time. The partial Eta squared of .134 revealed a medium effect size. For the CCS, individuals who held a BSN born during the years 1943 – 1960 had the highest means scores (M = 32.50). The LPNs who were born during 1982 - 2003 had the lowest mean scores (M = 15.20). Those two groups of nurses had the relatively highest and lowest scores respectively. There were no other scores that were close in number to those two.

Finally, data in Table 14 revealed that the NCS scores also varied by birth year and nurse category. Data in Table 14 revealed that the observed power of .918 indicated that the differences in CCS scores were large enough to be detected 91.8% of the time. The partial Eta squared of .134 revealed a medium effect size. For the NCS, individuals who held a MSN and were born during the years 1943 – 1960 had the highest means scores (M = 33.33). The LPNs who were born during 1982- 2003 had the lowest mean scores (M = 15.01). Those two groups of nurses had the relatively highest and lowest scores respectively. There were no other scores among the other cohorts that were close in number to these two cohorts.

Summary

This chapter provided results from this study, where the purpose was to determine whether there were significant differences in levels of organizational commitment displayed by nurses in different generational cohorts, and to examine whether participants differed in their levels of organizational commitment based on their nursing credentials. The data revealed that the majority of the participants were White females. The majority

of participants were considered Generation Xers as most of them were born during the years 1966-1985. The greatest percentage of participants indicated they were employed in the hospital setting.

Data were collected using the OCS. The psychometric properties of the OCS were assessed and reported for the participants in this study. The data showed that the instrument collected reliable data for the participants as the coefficient alphas for the overall scale and the three subscales met or exceeded the critical value of .70 as established by other researchers.

The dependent variables were the three types of organizational commitment (affective, continuance, and normative) as measured by the Organizational Commitment Scale. The independent variables were generational cohort status (Generation Y, Generation X, Baby Boomers, and Veteran) as determined by birth year, and nursing credentials as determined by type of nursing degree title (LPN, RN, BSN, or MSN). A MAONVA procedure was performed to address the null hypotheses for the three research questions. The results showed that there were no statistically significant differences in organizational commitment among the various generational cohorts. However, results revealed there were statistically significant differences due to nursing credentials. The findings showed that there were statistically significant differences in the ACS scores according to nursing credential. The data revealed that LPNs had lower means scores on the ACS than both RNs and MSNs.

The data also revealed that generational cohort status and nursing credential generated a statistically significant interaction effect. There were statistically significant interaction effects on the three scales of the OCS (ACS, CCS, and NCS). The data

revealed that on the ACS, individuals who held an MSN and who were born during years 1946 – 1965 had the highest scores and LPNs born during 1943-1960 (M = 17.50) and 1982-2003 had the lowest scores. The data further revealed that the CCS scores varied by birth year and nurse category. Individuals who held a BSN born during the years 1943 – 1960 had the highest means scores, and LPNs who were born during 1982 - 2003 had the lowest mean scores. Finally, data revealed that the NCS scores also varied by birth year and nurse category. Individuals who held an MSN and were born during the years 1943 – 1960 had the highest means scores, and LPNs who were born during 1982 - 2003 had the lowest mean scores. Chapter 5 presented a further discussion of these findings and situate the findings in the context of existing literature.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

A number of studies have investigated the impact of generational differences on employee identification and commitment to an organization (Bryson & White, 2008; Edwards & Peccei, 2010; Jean & Stacy, 2008; Twenge & Campbell, 2008). Cumulatively, the data have revealed that different generations have varied preferences and needs, and those differences have a major impact on employees' commitment to organizations (Bryson & White, 2008; Edwards & Pecci, 2010; Jean & Steacy, 2008; Twenge & Campbell, 2008). Therefore, individual expectations and needs have a significant impact on healthcare professionals' levels of commitment to their organizations. It is therefore imperative that researchers investigate the degree to which employees in different generational cohorts may differ in organizational identification and commitment and the impact that those differences may have on organizations.

The purpose of this cross-sectional quantitative study was to determine if there were significant differences in affective, continuance, and normative commitment displayed by four generational cohorts of nurses (Generation Y, Generation X, Baby Boomers, and Veterans). The study also investigated whether nurses with different nursing credentials (LPN, BSN, MSN, etc.) varied in type of organizational commitment.

Results from the demographic data revealed the demographic characteristics of the participants to be consistent with the general characteristics of nurses. The data showed that the majority of participants were White females employed in the hospital setting. Generation Xers composed the largest generational cohort. The smallest generational cohort was the Veterans. This particular group was excluded from the data

analysis because of the small sample size. The data further showed that the largest percentage of the participants had associate degrees and the greatest number of nurses held the RN credential. In this chapter, I present a summary of the results and discuss the findings in the context of past literature. The chapter also presents limitations of the study, implications for social change, and suggestions for future research.

Interpretation of Findings

Generational Cohort Status

One of the major premises of this study was that different generational cohorts of nurses have different attitudes and values that affect their levels of organizational commitment (Apostolidis & Polifroni, 2006; Sloan Center of Aging and Work at Boston College, 2008). Results from past studies have shown that members of generational cohorts experienced life events that were instrumental in shaping their belief systems, attitudes, and values (Giancolo, 2006; Patalano, 2008; Tajfel & Turner, 1986). There are various life events, such as social, political, and economic events, that occur during the developmental stages of childhood and subsequently impact individuals' perspectives on life (Benson & Brown, 2011). Age or generational cohorts differ primarily due to the global events that they experienced (Lamm & Meeks, 2009). These life experiences consequently impact how individuals respond to stimuli in the environment, particularly in the work environment. Therefore, it is imperative for nurse managers to understand the uniqueness of each generation and how cohort status might affect the levels of organizational commitment among generational cohorts of nurses (Carver & Candela, 2008).

The first research question for this study addressed differences in the levels of organizational commitment among generational cohorts of nurses, as measured by mean scores on the Meyer and Allen Organizational Commitment Scale. The null hypothesis was not rejected, as the results revealed that there were no statistically significant differences in organizational commitment among the various generational cohorts of nurses. Prior research found that a variety of demographic characteristics influence organizational commitment, such as age, gender, salary, marital status, education, years of work experience, type of employment, and job satisfaction (Carman-Tombin, 2011). Findings from this study could not be used to support the notion that generational cohorts of nurses are affected differently by events, such as social, political, and economic events, that occur during the developmental stages of childhood (Benson & Brown, 2011). While it is true that generational cohorts differ primarily due to the global events they experience (Lamm & Meeks, 2009), findings from this study did not support the hypothesis that those events affected the nurses' levels of organizational commitment. Findings from the current study also failed to support previous research in the nursing profession that showed that employee organizational commitment may be related to generational cohort status (Zimmerer, 2013).

According to Horvath (2011), different generations hold different views about familial roles, traditions, career purpose, work ethics, finance, and expectancy of life. Generational cohort theory can be used to present the premise that employment patterns and specific values of various generational cohorts of nurses are based on the social norms and behavioral values developed by each generation (Blythe et al., 2008). Strauss and Howe (1991) theorized that generational cycles have historical foundations and that

generational cycles forecast the movements of future generations. However, results from this study did not provide support for the premises of generational cohort theory.

Nursing Credentials

The second research question for this study addressed whether there were differences in levels of organizational commitment based on nursing credential (LPN, RN, BSN, MSN), as measured by mean scores on the OCS. The null hypothesis was rejected, as the results revealed that there were statistically significant differences in participants' levels of organizational commitment on the Affective Commitment Subscale due to nursing credential. The data revealed that there were statistically significant differences in scores on the OCS for the ACS. A further analysis of the data showed significant differences between LPNs and RNs as well as between LPNs and MSNs. A review of the summary descriptive statistics revealed that LPNs had significantly lower mean scores on the ACS than both RNs and MSNs. These results indicated the LPNs had significantly fewer positive emotional attachments to the organization (Allen & Meyer, 1990).

Affective commitment to an organization is shown when an employee has psychological attachment to and identification with the organization (Fields, 2002). Affective commitment is also described as the employee's positive emotional attachment to the organization (Allen & Meyer, 1990). The theoretical framework of organizational commitment theory may support the rationale for affective commitment among nurses. According to Somunoglu, Erdem, and Erdem (2012), *organizational commitment* refers to the degree to which individuals embrace organizational values and goals, which is vital in order for personnel to feel they are part of the organization. The findings for RQ 2

showed that Baby Boomer RNs with master's degrees had higher mean scores on the ACS. Generational cohort theory can be used to present the premise that employment patterns and specific values of practice in various generational cohorts of nurses are based on the social norms and behavioral values developed by each generation (Blythe et al., 2008). Strauss and Howe (1991) theorized that generational cycles have historical foundations and that generational cycles forecast the movements of future generations through the four generation types. Several studies have indicated that generational differences in work values are common phenomena (Mannheim, 1952; Parry & Urwin, 2011). The members of each generational cohort experienced life events during their normative years that shaped their belief systems, attitudes, and values (Giancolo, 2006; Patalano, 2008; Tajfel & Turner, 1986). The conceptual argument concluded from the literature is that generational differences within the workplace have a major impact on employee identification and commitment within an organization (Bryson & White, 2008; Edwards & Pecci, 2010; Jean & Steacy, 2008; Twenge & Campbell, 2008). These findings were consistent with previous findings that revealed that Baby Boomers tend to have company loyalty, are competitive, and value discussion and working beyond their requirements (Blythe et al., 2008; Broom, 2010).

Limitations of Study

There are several limitations that may affect the generalizability of findings from this study. The first limitation pertains to the use of survey research. Chapter 1 provided specific details concerning how the use of survey research could have impacted the findings from this study.

The second limitation pertains to the self-selection bias that is in inherent in studies that are founded on volunteer participants. This type of bias occurs when participants make the decision of whether or not to participate in a study (Trochim, 2006). This type of bias may result in a sample of participants who have unique characteristics that in some way cause the sample of participants to be different from the general population of interest. Consequently, results from a given study may or may not be generalizable to other samples. While the reliability analysis showed that the OCS collected reliable data from the sample, there may still be a possibility that the volunteer participants were unique in some way that was not captured by the data collected in this particular study.

A third limitation of the study pertains to the sample size. The overall sample size met the minimum criteria established in the G-Power analysis and therefore presented a 95% possibility that the univariate data analysis was due to differences in group scores. However, the sample sizes for the pairwise comparisons did not consistently meet the minimum thresholds for the pairwise comparisons. As a researcher, I acknowledge that the small sample size may have impacted the findings from this study and that the findings of the study might have been different if taken from a different sample.

The fourth limitation of the study pertains to the limited geographic region in which the data were collected. The data were collected from nurses employed in locations around the state of Alabama. The working conditions and environments in Alabama may or may not reflect the working conditions experienced by nurses in other parts of the United States. Therefore, the responses from nurses in Alabama may or may not be generalizable to nurses working in other areas of the country.

Recommendations

The following recommendations are offered to address the limitations mentioned above and to present considerations for future studies. First, the issue of self-selection bias would be addressed if organizations could administer the OCS to the full cadre of nurses to assess the organizational commitment of the nurses. Second, additional studies need to be conducted with a larger sample of nurses to assess whether the findings from the study can be replicated and to determine the utility of using the OCS to assess organizational commitment among nurses. Third, additional qualitative studies could be conducted to determine from a qualitative standpoint which variables affect nurses' organizational commitment and how those variables affect organizational commitment. Fourth, testing for an interaction between generational cohort and nursing credential with a larger sample size in various U.S. geographical areas and/or comparison with nurses in another country might show an interaction effect and perhaps add more gender and cultural diversity to the study. Finally, research about the commitment profiles of each individual nurse OC and to focus on more proximal factors (e.g., work environment, teams, supervisors, and patients) not so much toward the organization may serve as a better indicator of nurse commitment.

Implications

This study added to the body of literature knowledge on generational differences among nurses in levels of affective, continuance, and normative organizational commitment within healthcare facilities. Additionally, this research added to the body of knowledge by identifying whether nurses with different credentials (LPNs, BSNs, RNs, and MSNs) differ on the three types of organizational commitment. In order to effectively

recruit and retain current and future nurses, managers must be cognizant of those differences, if they exist, and take proactive steps to develop effective human resources practices for successfully addressing those differences. This study provided information that may be of use to healthcare leaders and human resource managers to communicate the need for developing flexible incentive packages that address the diverse needs and desires of a diverse workforce. Results from the study may have use in the promotion of social change by providing information to advocate for the need to develop strategies to promote better patient care through programs that raise the organizational commitment of nurses. These strategies may also be helpful in retaining nurses in the healthcare industry in the United States and thereby mitigate the potentially negative consequences of a nursing shortage.

Conclusion

The purpose of this cross-sectional quantitative study was to determine if there were significant differences in affective, continuance, and normative commitment displayed by three generational cohorts of nurses (Generation Y, Generation X, and Baby Boomers). The study also investigated whether nurses with different nursing credentials (LPN, BSN, MSN, etc.) varied in types of organizational commitment. Cumulatively, results revealed that generational cohort status alone did not have a significant impact on nurses' levels of organizational commitment. The data further revealed that nursing credential affected the nurses' level of organizational commitment. Specifically, LPNs tended to have the lowest level of emotional attachment and commitment, as indicated by scores on the ACS. The data further revealed that generational cohort status and nursing credential interacted to impact levels of organizational commitment among the

participants. The results showed that Baby Boomers with the BSN and MSN credentials had the highest levels of organizational commitment as evidenced by scores on the NCS and the CCS.

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Appendix A: Hospital Request to Research Email

>>> April Jones <a> 8/16/2013 7:40 PM >>>
Dear Ms. Spires:

Thank you returning my phone call today about my doctoral study Generational Perceptions of Nurses Organizational Commitment. I have attached a copy of my research request letter and a sample letter of agreement for your review. In addition, a revised nurse commitment survey is attached for your review and you may visit my link at https://www.research.net/s/nursecommitmentsurvey . The survey questions 1-10 are demographic questions and some of those questions can be revised as need to suite the hospitals comfort with the survey. Survey questions 11-28 are valid questions from researcher's Allen and Meyers 1990 Organizational Commitment Survey and may not be changed as the researchers have copyright and the survey has be tested as a valid and reliable instrument.

To reduce time away from patient care, there are several options that we can explore to administer the survey. I suggest that either your hospital send out an email invitation to participate with the voluntary study to your nurses, in which, the email invitation and informed consent would be provide by me to your web master/IT professional to send to the nurses with a 1-3 week response time frame; or you could provide a list of email address and I could send the email directly from the Survey Monkey system; or I could come to your staff meeting to announce the study, answer any questions, and administer the survey or leave hard copies in a designated location (e.g. nurse station) with a secured return box for participation; or if you have an intranet or website we could post the link with a research description for the nurses.

The study is confidential and will not include your hospital name nor the nurses names. There are not risk or harm to the participants and the only benefit is to add to the body of literature to assist with human resource recruitment and retention practices of nurses. A copy of the study results will be share with your hospital director of nursing. Walden University's Institutional Review Board (IRB) will provide an approval letter to conduct research as well.

I look forward to speaking further with you about the study and answering any questions you may have as well. Thank you for your time and consideration of my request. I hope that your hospital will be able to support my doctoral research study.

.

Appendix B: Hospital Confirmation to Research

Subject : Re: Student Research Inquiry Information
Date : Wed, Aug 28, 2013 10:58 AM CDT
From : Meg Spires <mspires@baptistfirst.org>
To : "April Jones" <april.jones2@waldenu.edu>
Attachment : IMAGE.jpg
IMAGE.jpg

Ms. Jones,

I agree for our staff to participate in this survey.

Thanks

Meg W. Spires, RN CEN
Director of Nursing
Prattville Baptist Hospital
Nursing Administration

334-361-4254 Office
334-451-0670 Mobile

>>> April Jones <april.jones2@waldenu.edu> 8/16/2013 7:40 PM >>>
Dear Ms. Spires:

Thank you returning my phone call today about my doctoral study Generational Perceptions of Nurses Organization Commitment. I have attached a copy of my research request letter and a sample letter of agreement for your review. In addition, a revised nurse commitment survey is attached for your review and you may visit my link at https://www.research.net/s/nursecommitmentsurvey . The survey questions 1-10 are demographic questions and some of those questions can be revised as need to suite the hospitals comfort with the survey. Survey questions 11-28 are valid questions from researcher's Allen and Meyers 1990 organization commitment survey and may not be changed as the researchers have copyright and the survey has be tested as a valid and reliable instrument.

To reduce time away from patient care, there are several options that we can explore to administer the survey. I suggest that either your hospital send out an email invitation to participate with the voluntary study to your nurses, in which, the email invitation and informed consent would be provide by me to your web master/IT professional to send to the nurses with a 1-3 week response time frame; or you could provide a list of email address and I could send the email directly from the Survey Monkey system; or I could come to your staff meeting to announce the study, answer any questions, and administer the survey or leave hard copies in a designated location (e.g. nurse station) with a secured return box for participation; or if you have an intranet or website we could post the link with a research description for the nurses. All nurses who participate in the study will receive a coupon to a local or on line store.

The study is confidential and will not include your hospital name nor the nurses name. There are not risk or harm to the participants and the only benefit is to add to the body of literature to assist with human resource recruitment and retention practices of nurses. A

copy of the study results will be share with your hospital. Walden University's Institutional Review Board (IRB) will provide an approval letter to conduct research as well.

I look forward to speaking further with you about the study and answering any questions you may have as well. Thank you for your time and consideration of my request. I hope that your hospital will be able to support my doctoral research study.

Sincerely,

April Lavette Jones
Student ID#: A00148498
Student, PhD in Organization Psychology
email: april.jones2@waldenu.edu
alternate email: mssinsapril@yahoo.com
phone: 334-356-4037
Montgomery, AL CST

Baptist HEALTH

Appendix C: Invitation to Participate Email

RE: "Participate in Nurse Commitment Survey"

Dear Nurse (s),

In an effort to research how different age groups of nurses commit to healthcare organizations, doctoral candidate April Jones at Walden University is conducting a research study, Generational Cohort Differences in Types of Organizational Commitment among Nurses, with LPN/RN nurses. Your participation with the Nurse Commitment survey may assist with policymakers and human resources professionals' recruitment and retention strategies of nurses. It will take you approximately 6 minutes to complete the survey.

Simply click on the link below, or cut and paste the entire URL into your browser to access the survey:

Survey link: https://www.research.net/s/nursecommitmentsurvey .

I would appreciate your **response within four weeks from the date of this email.**

Your input is very important to the researcher and will be kept strictly anonymous and confidential, used only for the purposes of the research study.

If you have any technical difficulties accessing or submitting the survey; and/or have any questions about the survey please call me at XXXX or email me at april.jones2@waldenu.edu .

Sincerely,

April L. Jones

April Jones, ABD
Doctoral Candidate
Walden University
april.jones2@waldenu.edu

Appendix D: Informed Consent

Survey Monkey Version

Purpose. You are invited to participate in a research study being conducted as part of a dissertation study, Generational Cohort Differences in Types of Organizational Commitment among Nurses, at Walden University. The purpose of this study is to examine the differences, if any, in types of Organizational Commitment (e.g. affective, continuance, normative) shown by generational cohorts (e.g. generation Y, generation X, baby boomers, & veterans) of nurses. There is no deception in this study. The researcher is simply interested in LPNs/RNs in Alabama thoughts regarding the topic for research purposes only.

This research has been approved by the Walden University IRB. The approval number is 02-04-14-0148408. The approval expires Feb 2, 2015.

You may print and keep a copy of the informed consent form for your records.

Participation requirements. You will be asked to complete an anonymous online survey consisting of 28 multiple choice questions. The survey will take approximately 6 minutes to complete.

Research personnel. The following people are involved in this research project and may be contacted at any time: April Jones, BA, MSW, MSM, at april.jones2@waldenu.edu or 334-354-3411; and, Richard Thompson, Ph.D., dissertation chairperson at richard.thompson@waldenu.edu

Potential Risk/Discomfort. There are no known risks in this study. However, you may withdraw at any time and you may choose not to answer any question that you feel uncomfortable answering in the survey.

Potential Benefit. There are no direct benefits nor compensation to you for participating in this research. The results will have scientific interest that may eventually have benefits to policy makers and human resource professionals regarding the recruitment and retention of nurses in the workplace.

Anonymity/Confidentiality. The data collected in this study is confidential. All data is coded separately and there is not an association to your name. Also the coded data are stored separately and is not available to the researcher.

Right to Withdraw. Your participation is voluntary and you have the right to *discontinue participation at any time* without any penalty. You may skip questions on the survey if you do not want to answer them.

Please direct your questions about the study to: April Jones, BA, MSW, MSM, at april.jones2@waldenu.edu or 334-354-3411. Questions about the rights as a research

participant may be directed to the Walden University representative at **612-312-1210**.

Voluntary Consent. I acknowledge that I have read and understand the conditions of my participation with the Nurse Commitment Survey describe above. By proceeding to answer survey questions I am agreeing to voluntary consent to participate in the research study.

Appendix E: Invitation to Research Reminder Email

RE: "REMINDER-Participate in Nurse Commitment Survey"

Dear Nurse (s),

This email is a reminder that the last day to participate in the six minute Nurse Commitment survey is by the end of this week. The original email is included below, if you need further information about the purpose of the research survey. If you wish to participate in the study, please do so by the end of this week.

Simply click on the link below, or cut and paste the entire URL into your browser to access the survey:

Survey link: https://www.research.net/s/nursecommitmentsurvey

---

RE: "Participate in Nurse Commitment Survey"

Dear Nurse (s),

In an effort to research how different age groups of nurses commit to healthcare organizations, doctoral candidate April Jones at Walden University is conducting a research study, Generational Cohort Differences in Types of Organizational Commitment among Nurses, with LPN/RN nurses. Your participation with Nurse Commitment survey may assist with policymakers and human resources professionals' recruitment and retention strategies of nurses. It will take you approximately 6 minutes to complete the survey.

Simply click on the link below, or cut and paste the entire URL into your browser to access the survey:

Survey link: https://www.research.net/s/nursecommitmentsurvey .

I would appreciate your **response within four weeks from the date of this email.**

Your input is very important to the researcher and will be kept strictly anonymous and confidential, used only for the purposes of the research study.

If you have any technical difficulties accessing or submitting the survey; and/or have any questions about the survey please call me at XXXX or email me at april.jones2@waldenu.edu .

Sincerely,

April L. Jones

Appendix F: *Alabama Nurse* Newsletter Advertisement

Nurse Commitment to Healthcare Survey

You are invited to participate in a doctoral dissertation study that will examine generational cohort differences in types of organization commitment among nurses, by Ph.D candidate April Jones being conducted at Walden University.

The purpose of this study is to evaluate whether nurses in different age generations (e.g. Generation Y, Generation X, Baby Boomers, Veterans) have differences with their types of organization commitment (e.g. affective, continuance, normative).

There is no deception in the study. I am only interested in your thoughts regarding the topic.

Please complete the six minute survey within six weeks of this advertisement.

- **Confidential**
- **Anonymous**

Questions concerning the study should be directed to the researcher:
April Jones, BA, MSW, MSM, at:
april.jones2@waldenu.edu

Take the Nurse Commitment Survey at this link:

https://www.research.net/s/nursecommitmentsurvey

This is a survey through survey monkey which is a credible and safe survey link. The survey is approved by Walden University Institutional Review Board.

Subject : **Customer 137648 AL March 14 Confirmation**

Date : Thu, Nov 21, 2013 08:14 AM CST

From : **Laura Christensen <lchristensen@aldpub.com>**

To : April Jones <april.jones2@waldenu.edu>

Attachment : Untitled.pdf

Good Morning April~

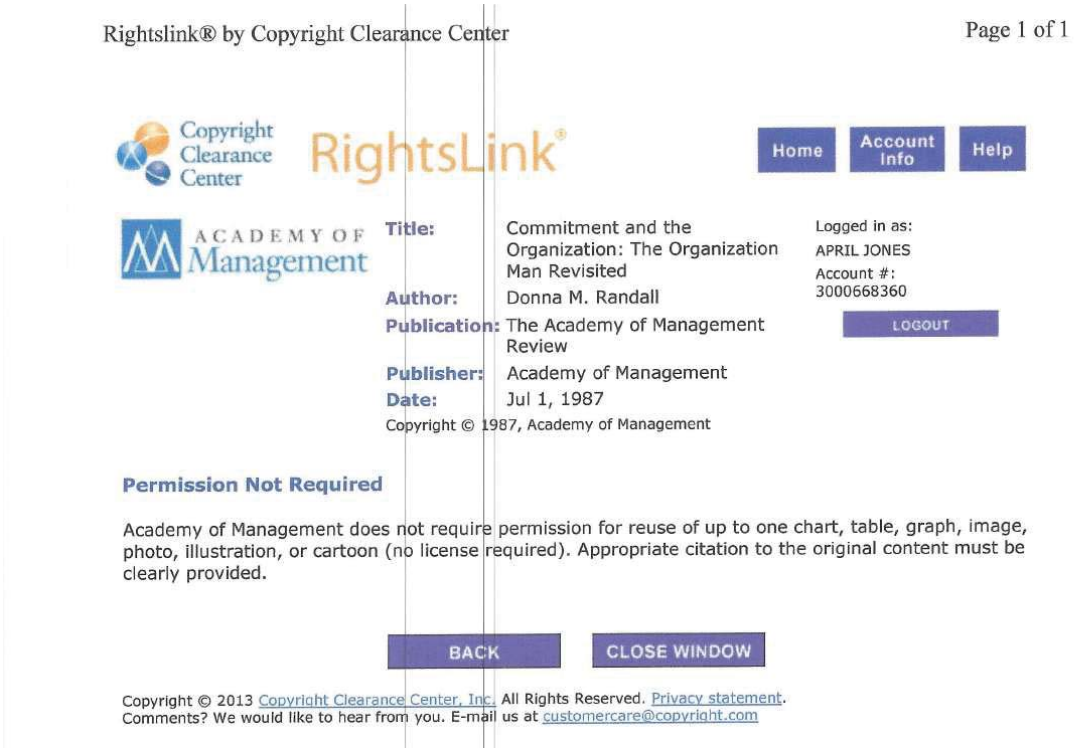
Attached is a revised confirmation for your ad scheduled to run in the **March** issue of the **Alabama Nurse**.

Once you get your approval to proceed, reply to confirm your space reservation and we will go ahead and use the approved proof I have on file.

Thank you for your business!
~Laura

Laura Christensen, Advertising Account Executive
Arthur L. Davis Publishing Agency, Inc.
ph. 800-626-4081 ext. 1321 f. 319-277-4055
nursingALD.com * ALDpub.com

Appendix G: Copyright Permissions



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Page 1 of 1

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ACADEMY OF Management

Title: Commitment and the Organization: The Organization Man Revisited

Author: Donna M. Randall

Publication: The Academy of Management Review

Publisher: Academy of Management

Date: Jul 1, 1987

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Account #:
3000668360

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Comments? We would like to hear from you. E-mail us at customercare@copyright.com

Subject : Re: thank you note
Date : Wed, May 16, 2012 09:37 PM CDT
From : "April Jones" <april.jones2@waldenu.edu>
To : Natalie Allen <nallen@uwo.ca>

Dr. Allen,

Thank you for your permission to use the TCM survey and for the best wishes!

Sincerely,

April Lavette Jones
Student ID#: A00148498
Student, PhD in Organization Psychology
email: april.jones2@waldenu.edu
alternate email: mssjmsapril@yahoo.com
phone: 334-356-4037
Montgomery, AL CST

Original E-mail
From : Natalie Allen [nallen@uwo.ca]
Date : 05/16/2012 08:23 AM
To : April Jones [april.jones2@waldenu.edu]
Subject : Re: Organization Committment Scale Instrument Request

Hello April,

Thank you for your interest in using the Three-Component Model (TCM) Employee Commitment Survey in your research. You can get information about the measure, a Users' Guide, and the measure itself at: http://employeecommitment.com/

For academic / research purposes, please choose the Academic Package. (There is no charge for this package.)

I wish you well with your research!

Best,

Natalie Allen

On 05/15/12, **April Jones** <april.jones2@waldenu.edu> wrote:

Dear Professors Allen and Meyer:

I am a doctoral student with Walden University in the school of psychology. I am currently putting together my dissertation proposal and am seeking a copy of and permission to use your 1993 (or latest edition) Organization Commitment Scale Instrument (OCS). Please see the attached

letter of request for your review. I would greatly appreciate your assistance with my request to complete my study about "Generational Differences in Organization Identification and Commitment". If you need to validate any of my information you may contact my dissertation chair Dr. Richard Thompson at richard.thompson@waldenu.edu .

Sincerely,

April Lavette Jones
Student ID#: A00148498
Student, PhD in Organization Psychology
email: april.jones2@waldenu.edu
alternate email: mssjnsapril@yahoo.com
phone: 334-356-4037
Montgomery, AL CST

--

Dr. Natalie J. Allen
Professor, Dept. of Psychology
The TeamWork Lab
University of Western Ontario
London, Ontario, CANADA N6A 5C2
(519) 661-3013
nallen@uwo.ca
http://www.teamworklab.uwo.ca

Title: Attaining organizational commitment across different generations of nurses
Author: LARA CARVER,LORI CANDELA
Publication: Journal of Nursing Management
Publisher: John Wiley and Sons
Date: Sep 2, 2008

Logged in as:
APRIL JONES
Account #:
3000668360

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Appendix H: Nurse Commitment Survey

Nurse Commitment Survey

1. Invitation to Participate and Informed Consent Form

Purpose. You are invited to participate in a research study being conducted as part of a dissertation study, Generational Cohort Differences in Types of Organizational Commitment among Nurses, at Walden University. The purpose of this study is to evaluate the differences, if any, in the types of organization commitment (e.g. affective, continuance, normative) shown by generational cohorts (e.g. generation Y, generation X, baby boomers, & veterans) of nurses. There is no deception in this study. The researcher is simply interested in LPNS/RNs in Alabama thoughts regarding the topic for research purposes only.

Participation requirements. You will be asked to complete an anonymous online survey consisting of 28 multiple choice questions. The survey will take approximately 6 minutes to complete.

Research personnel. The following people are involved in this research project and may be contacted at any time: April Jones, BA, MSW, MSM, at april.jones2@waldenu.edu or 334-354-3411; and, Richard Thompson, Ph.D., dissertation chairperson at richard.thompson@waldenu.edu

Potential Risk/Discomfort. There are no known risks in this study. However, you may withdraw at any time and you may choose not to answer any question that you feel uncomfortable answering in the survey.

Potential Benefit. There are no direct benefits nor compensation to you for participating in this research. The results will have scientific interest that may eventually have benefits to human resource professionals regarding the recruitment and retention of nurses in the workplace.

Anonymity/Confidentiality. The data collected in this study is confidential. All data is coded separately and there is not an association to your name. Also the coded data are stored separately and is not available to the researcher.

Right to Withdraw. Your participation is voluntary and you may discontinue participation at any time without any penalty. You may skip questions on the survey if you do not want to answer them.

Please direct your questions about the study to: April Jones, BA, MSW, MSM at april.jones2@waldenu.edu or 334-354-3411. Questions about the rights as a research participant may be directed to the Walden University representative at 612-312-1210. You may print and keep a copy of the informed consent form for your records.

Voluntary Consent. I acknowledge that I have read and understand the conditions of my participation with the Nurse Commitment Survey describe above. By proceeding to answer survey questions I am agreeing to voluntary consent to participate in the research study.

2. Demographic Information

Thank you for taking this survey about Generational Cohort Differences in Types of Organizational Commitment among Nurses. There are 28 questions and it will take approximately 6 minutes to complete the survey. The survey is anonymous and confidential. Please answer all of the questions to the best of your ability.

Nurse Commitment Survey

In order to progress through the survey, please use the following navigation buttons:

- Click the Next button to continue to the next page.
- Click the Previous button to return to the previous page.
- Click the Exit survey button if you need to exit the survey.
- Click the Done button to submit your survey.

1. Race:

- ☐ White
- ☐ Black, African Am., or Negro
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Chinese
- ☐ Korean
- ☐ Guamanian or Chamorro
- ☐ Filipino
- ☐ Vietnamese
- ☐ Samoan
- ☐ Other Asian
- ☐ Other Pacific Islander

Some Other Race (please specify)

2. Gender:

- ◯ Female
- ◯ Male

3. Birth Year:

- ◯ 1986-2005
- ◯ 1965-1966
- ◯ 1965-1946
- ◯ 1945-1920

4. Education (highest earned):

- ◯ Certification
- ◯ Associates degree
- ◯ Bachelor degree
- ◯ Master's degree
- ◯ Doctorate degree

5. Nurse Category:

- ◯ Licensed Practical Nurse (LPN)
- ◯ Register Nurse (RN/ADN)
- ◯ Bachelor Science Nurse (BSN)
- ◯ Master Science Nurse (MSN)
- ◯ Doctorate of Nurse Practitioner (PhD)

3. Employment Questions

Please provide the following information about yourself.

Page 2

Nurse Commitment Survey

6. Employment Term:

◯ Full-time ◯ Part-time ◯ PRN ◯ Contractor/Consultant/Temporary

Other (please specify)

7. Nurse Responsibility:

◯ Staff Nurse ◯ Chief Nurse ◯ Unit Manager ◯ Charge Nurse ◯ Clinic Nurse

Other (please specify)

8. Years of Experience:

◯ Less than a year ◯ 1-2 years ◯ 3-5 years ◯ 6-10 years ◯ Over 10 years

9. Years of experience at current organization:

◯ Less than 1 year ◯ 1-2 years ◯ 3-5 years ◯ 6-10 years ◯ Over 10 years

10. Healthcare Setting:

◯ Assisted Living ◯ Doctor's Office ◯ Emergency Clinic ◯ Hospital ◯ Medical Clinic ◯ Nursing Home

Other (please specify)

4. Affective Commitment Questions

Please rate the following on a scale of 1-7.
1 = strongly disagree and 7 = strongly agree.

11. I would be very happy to spend the rest of my career with this health care organization.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

12. I really feel as if this health care organization's problems are my own.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

13. I do not feel a strong sense of "belonging" to my health care organization.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

Nurse Commitment Survey

14. I do not feel "emotional attached" to this health care organization.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

15. I do not feel like "part of the family" at this health care organization.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

16. This health care organization has a great deal of personal meaning to me.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

5. Continuance Commitment Questions

Please rate the following on a scale of 1-7.
1 = strongly disagree and 7 = strongly agree.

17. Right now, staying with my health care organization is a matter of necessity as much as desire.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

18. It would be very hard for me to leave my health care organization right now, even if I wanted to.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

19. Too much of my life would be disrupted if I decided I wanted to leave my health care organization now.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

20. I feel that I have too few options to consider leaving this health care organization.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

21. If I had not already put so much of myself into this health care organization, I might consider working elsewhere.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

Nurse Commitment Survey

6. Normative Commitment Questions

Please rate the following on a scale of 1-7.
1 = strongly disagree and 7 = strongly agree.

22. One of the few negative consequences of leaving this health care organization would be the scarcity of available alternatives.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

23. I do not feel any obligation to remain with my current employer.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

24. Even if it were to my advantage, I do not feel it would be right to leave my health care organization now.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

25. I would feel guilty if I left my health care organization now.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

26. This health care organization deserves my loyalty.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

27. I would not leave my health care organization right now because I have a sense of obligation to the people in it.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

28. I owe a great deal to my health care organization.

◯ Strongly disagree ◯ Disagree ◯ Slightly disagree ◯ Undecided ◯ Slightly Agree ◯ Agree ◯ Strongly agree

Appendix I: Pairwise Comparisons for Nursing Category Across the OCS Subscales

Dependent Variable	(I) NurseCategory	(J) NurseCategory	Mean Difference (I-J)	Std. Error	Sig.[b]	95% Confidence Interval for Difference[b]	
						Lower Bound	Upper Bound
ACS	LPN (licensed practical nurse)	RN/ADN (registered nurse)	-6.331*	2.078	.017	-11.902	-.760
		BSN (Bachelor of science nursing)	-3.564	2.773	1.000	-10.997	3.868
		MSN (Master of Science Nursing)	-10.298*	3.092	.007	-18.586	-2.009
	RN/ADN (registered nurse)	LPN (licensed practical nurse)	6.331*	2.078	.017	.760	11.902
		BSN (Bachelor of science nursing)	2.766	2.381	1.000	-3.616	9.149
		MSN (Master of Science Nursing)	-3.967	2.746	.906	-11.328	3.394
	BSN (Bachelor of science nursing)	LPN (licensed practical nurse)	3.564	2.773	1.000	-3.868	10.997
		RN/ADN (registered nurse)	-2.766	2.381	1.000	-9.149	3.616
		MSN (Master of Science Nursing)	-6.733	3.303	.262	-15.587	2.121
	MSN (Master of Science Nursing)	LPN (licensed practical nurse)	10.298*	3.092	.007	2.009	18.586
		RN/ADN (registered nurse)	3.967	2.746	.906	-3.394	11.328
		BSN (Bachelor of science nursing)	6.733	3.303	.262	-2.121	15.587
CCS	LPN (licensed practical nurse)	RN/ADN (registered nurse)	.919	2.042	1.000	-4.555	6.394
		BSN (Bachelor of science nursing)	-3.432	2.724	1.000	-10.736	3.872
		MSN (Master of Science Nursing)	-1.770	3.038	1.000	-9.914	6.374
	RN/ADN (registered nurse)	LPN (licensed practical nurse)	-.919	2.042	1.000	-6.394	4.555
		BSN (Bachelor of science nursing)	-4.351	2.339	.391	-10.623	1.921
		MSN (Master of Science Nursing)	-2.689	2.698	1.000	-9.922	4.544
	BSN (Bachelor of science nursing)	LPN (licensed practical nurse)	3.432	2.724	1.000	-3.872	10.736
		RN/ADN (registered nurse)	4.351	2.339	.391	-1.921	10.623
		MSN (Master of Science Nursing)	1.662	3.245	1.000	-7.038	10.362

	MSN (Master of Science Nursing)	LPN (licensed practical nurse)	1.770	3.038	1.000	-6.374	9.914
		RN/ADN (registered nurse)	2.689	2.698	1.000	-4.544	9.922
		BSN (Bachelor of science nursing)	-1.662	3.245	1.000	-10.362	7.038
NCS	LPN (licensed practical nurse)	RN/ADN (registered nurse)	-4.673	2.196	.212	-10.561	1.216
		BSN (Bachelor of science nursing)	-4.476	2.930	.775	-12.332	3.380
		MSN (Master of Science Nursing)	-5.820	3.268	.464	-14.581	2.940
	RN/ADN (registered nurse)	LPN (licensed practical nurse)	4.673	2.196	.212	-1.216	10.561
		BSN (Bachelor of science nursing)	.197	2.516	1.000	-6.549	6.943
		MSN (Master of Science Nursing)	-1.148	2.902	1.000	-8.928	6.632
	BSN (Bachelor of science nursing)	LPN (licensed practical nurse)	4.476	2.930	.775	-3.380	12.332
		RN/ADN (registered nurse)	-.197	2.516	1.000	-6.943	6.549
		MSN (Master of Science Nursing)	-1.344	3.491	1.000	-10.702	8.014
	MSN (Master of Science Nursing)	LPN (licensed practical nurse)	5.820	3.268	.464	-2.940	14.581
		RN/ADN (registered nurse)	1.148	2.902	1.000	-6.632	8.928
		BSN (Bachelor of science nursing)	1.344	3.491	1.000	-8.014	10.702

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

b. Adjustment for multiple comparisons: Bonferroni.

Curriculum Vitae

April L. Jones, Ph.D

Email: draljones1@gmail.com

Social Sciences & Management Professional

Academically accomplished social sciences expert and project and program management professional with more than twelve years of experience in leadership, management, and educator roles in nongovernment, government, and military settings. Currently in dissertation phase of doctoral program with emphasis on organizational psychology with specialization in industrial and consultation psychology and expected completion in May of 2014. Strong familiarity with online learning tools and methods, such as Blackboard, webinars, and instructional design. Award winner as vice president of membership for Maxwell Air Force Base chapter of Toastmasters International & researcher, program evaluator/developer, and subject matter expert team member for Air Force Medical Operations Agency Headquarters outreach program.

- ***Quantitative Research*** - Expert with generational cohorts, Organizational Commitment, and program design and evaluation.
- ***Professional Presenter*** –Over thousands of professional presentations at the local, state, national, and international levels about program and project development, program outcomes, diversity and inclusion, workplace violence & stress management, leadership and management, process improvement, preventative health, mental health disorders, psychosocial stressors, disaster recovery, state and federal operations, and congressional requests.
- ***Relevant Certifications*** – Adult Education, Diversity & Inclusion, Instructional Design, Mediator

EDUCATION

PhD Psychology- Organizational Psychology July 2014
Walden University, Minneapolis, Minnesota

Dissertation Topic: Generational differences of nurses' types of Organizational Commitment in Alabama
Dissertation Advisor: Dr. Rich Thompson

Master of Science Management 2006
Faulkner University, Montgomery, Alabama

Master of Social Work 2003
University of Alabama, Tuscaloosa, Alabama

Bachelor of Arts- Sociology 2001
Stillman College, Tuscaloosa, Alabama

RESEARCH INTERESTS AND RELEVANT COURSEWORK

Research interests: individual differences, generational cohorts, organization conflict, human performance, human behavior, change management, organization development, training and development, employment law and expert testimony, strategic and succession planning.

Relevant course work: Cognitive psychology, Tests and Measurements, Statistics I/II, Research Design, International/Cross Cultural Psychology, Vocational Psychology, Personnel Psychology, Organization Behavior, Leadership and Process Change, Psychological Consultation, Successful Practice Management, Employment Law, Human Resource Management, Project Management, Ethics, Foundation of Industrial/Organization Psychology, and Psychology and Social Change.

PROFESSIONAL EXPERIENCE

Family Advocacy/Resiliency Outreach Manager (Contractor) 01/2008-Present
Choctaw Management Professional Service, United States Air Force
The Family Advocacy Program is a DoD congressionally mandated program that provides prevention education, intervention and treatment for family maltreatment on military installations.

Education, Training, Research, Program Development & Evaluation

- Serve as subject matter expert for Air Force Medical Operation Agency headquarters team member to provide program research, development, and evaluation to all installations. Train healthcare professionals and installation leaders and personnel on the prevention of family maltreatment and sphere-head multi-level community organization coordination
- Develop and implement policies and standard operating procedures, interpret regulations and provide advice to internal and external parties on program issues
- Coordinate with program managers and personnel; recommends programmatic / policy changes to increase efficacy and delivery of services

- Serve as public relations representative for mental health/family advocacy resiliency programs to installation members
- Secured $12K in monetary donations for program theme events within six months and $150K in psycho-education programs from partnerships with local organizations

Voluntary Agency Liaison (Term Appointment, Office Closed) 10/2005 – 01/2008
US Department of Homeland Security/ FEMA-AL Transition Recovery Office
Montgomery, AL
The Federal Emergency Management Agency mission is to respond to disasters and assist with the long-term recovery of presidential declared disasters.
Community Consultant, Public Relations, Technical Advisor

- Administrated systems and ensured readiness to address ongoing, specialized, and emergency needs; served as a subject matter expert on federal rules, regulations, and guidelines
- Assessed existing systems and provided advice to state, local, and private organizations on the utilization of best practices for applying them; served as a liaison for the Recovery Office with other Agencies to aid in the coordination of programmatic projects, products and services
- Functioned as a key contributor developing and implementing unique non-profit voluntary disaster relief organization that also provided free legal assistance statewide
- Solicited funds for donations; secured four faith-based homeless shelters
- Prepared, edited, and reviewed grants for operational funding

Field Director 05/2005 – 10/2005
Alabama Department of Children's Affairs
Montgomery, AL
The mission of the department is to govern the state children policy councils (CPC) to assist with assessing the community needs of children services for 32 counties and to make recommendations for funding and top issues to address for the CPCs to the U.S. Supreme Court of Justice.
Community Advisor, Technical Advisor, Trainer

- Aided personnel with organizational development and strategic planning for the implementation, management and execution of regional and nationally recognized programs
- Researched and analyzed data from state programs and developed annual needs assessments; provided advice and made recommendations on specific cases to the State of Alabama CPC, Chief Justice of Supreme Court, legislators, Governor, and District Judges
- Evaluated group personnel and provided training to allow participants to move through 1 – 4 levels in order to become a functional CPC; ensured prospective CPCs had

the required attendance, committees formed, participants and policies in place to comply with CPC standards

- Assessed CPC performance and made recommendations to ensure improvement; generated management reports for review in formal and informal meetings
- Secured 15 of 32 CPC self-assessments and provided training for 7 of 32 counties in only one month

Prevention Specialist/Assistant Director (office closed-pilot grant) 11/2004 – 04/2005
Family Guidance Center of Alabama
Montgomery, AL
The Family Guidance Center of Alabama is a nonprofit agency that provides psyco-education classes, counseling services, and life transition program.
Supervisor, Assistant Director, Social Worker, Educator

- Provided psychological assessments and counseling to adults and children
- Supervised staff and security officers, prepared monthly reports to service providers
- Supervised undergraduate and graduate students as a student liaison; evaluated student and verified that they had completed requirements mandated by social science internship policies
- Secured $3K in donations as part of assisting with program development

Group Home Supervisor (office closed) 08/2003 – 11/2004
United Methodist Children's Home (UMCH)
Selma, AL
The mission of UMCH is to provide temporary and long term placement of foster children and provide spiritual enrichment, campus education, and counseling services.
Supervisor, Trainer, Social Worker, Human Resource Assistant

- Supervised staff, undergraduate students, and security officers
- Served as Department of Human Resources Quality Improvement team member
- Provided Medicaid billing training and safety training to the staff
- Calculated Medicaid billing, maintained cottage budget and allowances
- Recruit and selected staff, prepared work schedules, payroll, performance appraisals, reprimands, and termination letters

Prevention Education Co-Coordinator 11/2000 – 12/2002
West Alabama AIDS Outreach (WAAO)
Tuscaloosa, AL
The mission of WAAO is to provide prevention education and treatment to those at risk or affected by HIV/AIDS.

Educator, Trainer, Program Evaluator, Public Relations

- Served as program evaluator
- Developed program for youth in six public housing developments
- Created, designed, and published program newsletter
- Provided education and training to communities, faith base organizations, and schools

PROFESSIONAL ORGANIZATIONS

- American Psychological Association
- American Society for Training and Development
- International Association for Applied Psychology
- Psi Chi International Honor Society in Psychology
- Society for Industrial and Organizational Psychology Inc.
- Society for Professional Human Resource Professionals
- Maxwell Air Force Base, Toastmasters International, Vice President of Membership.
    - Recognitions: Toastmaster Table Topic & Speech of Day, Membership Campaign Winner, and Speech Evaluator of the Day, Compent Leader/Communicator Awards

PROFESSIONAL PRESENTATIONS

- 2014, Dauphine Universite' Paris, Workshop on research advances in organization behavior and human resources management, graduate student presenter, Paris, France.
- 2014, U.S. Forest Agency, Workplace Stress Management Training, presenter, Montgomery, AL
- 2014, U.S. Air Force-Family Advocacy Program, Program Research & Secondary Prevention Outcomes: How it applies to community social work and federal dollars, presenter, San Antonio, TX
- Maxwell Air Force Base, Mental Health Resiliency Function/Family Advocacy Program, 2008-2013, Preventative Health/Suicide Prevention, Traumatic Stress Response, commanders and first sergeant orientation briefings and annual mental health resiliency presentations for commander and squadron calls and installation organizations
- Maxwell Air Force Base, Intergraded Delivery System, 2008-20013, Military Families Resiliency
- Maxwell Air Force Base Toastmasters International Club, 2012-2013, Competent Communicator and Leadership
- Federal Employee/Women Program, 2008-2013, Stress Management in the Workplace
- Federal Employee/Women Program, 2008-2013, Domestic Violence in the Workplace
- Federal Emergency Management Agency, 2006-2008, Hurricane Katrina Gulf Coast Disaster Recovery Process and Lessons Learned, Conflict Resolution & Mediation for Communities, Roberts Rule of Order for Grass Roots Organizations, Developing and Operating a Non-Profit, Federal operations, grant management and regulations, Diversity and Inclusion, and National Voluntary Organizations Active in Disasters Case Management Train the Trainer

- Alabama Department of Children Affairs, 2005, Policy Council Development and Functions
- Family Guidance Center of Alabama, 2004, Employee Orientation and Documentation
- United Methodist Children's Home, 2003, Legal Ramification of Employee Documentation
- West Alabama AIDS Outreach, 2001-2002, HIV/AIDS Community Prevention

TECHNICAL PROFICIENCIES

- Microsoft Office Suite: Word, Excel, PowerPoint, Access, OneNote, SharePoint, Lync
- Internet Explorer, Social Media, Go to Meeting, Skype, Adobe Connect, Info Path, SkyDrive
- SPSS, FCSS 8, PASS 12, G Power *3, SAS, Zotero