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RESEARCH ARTICLE OPEN ACCESS

Exploring Work Disengagement: A Descriptive Qualitative Study among Generation Z Nurses Working at a Regional Hospital, Thailand

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Abstract:

Introduction: Generation Z nurses are entering the healthcare workforce and are expected to become a main driving force in the nursing profession in the future. However, workplace challenges may lead to disengagement, contributing to their intention to leave the profession. This study aimed to explore the factors that reduce work engagement among Generation Z nurses working at a regional hospital in Thailand.

Methods: A descriptive qualitative design was used. Semi-structured, in-depth interviews were conducted with fifteen Generation Z nurses working in a regional hospital. Data were analyzed using thematic analysis.

Results: Fifteen Generation Z nurses participated in this study, including 11 females and 4 males, aged 22-27 years. Data analysis yielded three main categories: (1) interpersonal and environmental challenges in the workplace, (2) strain arising from work demands, and (3) imbalance between work, personal life, and health. These themes reflected not only the impact of high work demands leading to workplace disengagement, but also issues related to workplace harassment and work-life imbalance.

Discussion: Generation Z nurses face multiple workplace challenges, including a lack of recognition and inappropriate behaviors, which undermine their professional value and confidence. These stressors, combined with heavy workloads and shift work, contribute to emotional exhaustion, burnout, and work-life imbalance. These findings can be explained by the Job Demands-Resources (JD-R) model, which posits that high job demands reduce work engagement and emotional well-being.

Conclusion: The findings highlight the multifaceted challenges faced by Generation Z nurses. A supportive workplace environment, effective workload management, and strategies that promote work-life balance are essential to enhancing work engagement and retaining Generation Z nurses in the healthcare workforce.

Keywords: Work disengagement, Generation Z, Nurses, Regional hospital, Qualitative study.

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1. INTRODUCTION

Work Engagement has emerged as a critical construct in nursing research and workforce management [1, 2], reflecting a positive and fulfilling work–related employee well-being characterized by vigor, dedication, and absorption [3]. A high level of work engagement among nurses has been consistently associated with numerous desirable outcomes, including enhanced quality of nursing care [4], improved safety indicators [5], reduced burnout, and reduced turnover intention [6]. As the global health system continues to confront an increasing workforce shortage, an estimated 13 million additional nurses will be required worldwide by 2030 [7]. Rising patient acuity and increasing operational pressure further intensify these challenges. In this context, maintaining and strengthening nurses' work engagement has become an urgent organizational priority.

The growing demand for healthcare services, along with workforce attrition and early retirement, underscores the need for a new generation of nurses [8]. Generation Z has entered the nursing profession as the youngest generation group within the healthcare workforce, typically defined as individuals born between 1997 and 2015 [9]. Their entry into practice coincides with a period of significant system strain, including heightened workloads, staffing shortages, and the ongoing pressures that occurred during and after the COVID-19 pandemic [10], which cause both physical and mental stress [11] and lead to earlier leaving the profession [12, 13]. In Thailand, it is estimated that 7,000 nurses leave the profession annually [14], while the number of new nurses planning to leave their profession is also high [15]. Generation Z nurses value technology, well-being, supportive, meaningful work, work-life balance, and resist stressful, rigid, or toxic environments [16, 17].

The global nursing shortage has intensified concerns about retaining early-career nurses, especially Generation Z, who are entering the workforce with distinct work values and expectations [18]. Evidence indicates that Generation Z nurses reported the lowest levels of work engagement, organizational committed, and job satisfaction compared with Generation X and Y, raising concerns about burnout, rapid turnover, and long-term workforce sustainability [19]. In Thailand, more than 70 percent of nurses-including those from Generation Z-exhibit low engagement across vigor, dedication, and absorption, influenced by factors such as work-family conflict, workplace culture, and income inequities [20]. Despite this, Generation Z is expected to become the dominant segment of the future nursing workforce. However, they continue to experience a high rate of burnout and intention to leave relative to older cohorts [21, 22].

Although there is substantial research on work engagement, most studies have focused on identifying protective factors that enhance engagement among nurses [23, 24]. In contrast, far fewer have explored the conditions and experiences that diminish engagement, particularly among Generation Z nurses who are newcomers to the profession. Understanding these diminishing factors is critical in today's increasingly demanding healthcare environment. To address this gap, a qualitative descriptive approach is appropriate. As Sandelowski notes, this method provides a clear, low-inference description of participants' perspectives, allowing researchers to capture experiences in their own words [25]. Therefore, this descriptive qualitative study aims to explore the factors that reduce work engagement among Generation Z nurses working at a regional hospital in southern Thailand. The following research questions guided this study: (1) What work-related experiences contribute to disengagement among Generation Z nurses? (2) What challenges do Generation Z nurses encounter in the workplace that reduce their engagement?

2. METHODS

2.1. Research Design and Setting

This study was part of a larger project that aimed to explore and understand the work engagement of Generation Z nurses working at a regional hospital in southern Thailand. Guided by Sandelowski's qualitative descriptive approach, the study examined participants' directly articulated experiences through semi-structured in-depth interviews [25] to explore the factors that reduce work engagement among Generation Z nurses. Thematic analysis was used for data analysis, and the Consolidated Criteria for Reporting Qualitative Studies (COREQ) checklist was used to guide the reporting of the study [26].

2.2. Participants and Sampling

Participants were recruited using purposive sampling. Eligible participants were registered nurses born between 1997 and 2003, aged no more than 28 years, and with no more than six years of work experience.

The researchers visited the study site to introduce the research to potential participants. No prior relationship was established between the researchers and participants before study commencement. Furthermore, the researchers held no supervisory or authoritative roles over the participants and did not influence their decision to participate or perception. Generation Z nurses who expressed interest subsequently contacted the author directly to obtain further information and arrange an interview appointment.

2.3. Data Collection

Data were collected through face-to-face interviews complemented by non-participant observations. All interviews were carried out by TL, a female registered nurse and PhD candidate with formal training and prior experience in qualitative research, particularly in conducting in-depth interviews. SL acted as a non-participating observer during interviews. The interviews were guided by a semi-structured interview guide consisting of open-ended questions. Key questions included: "How do you feel about your work in terms of your motivation, energy, and your overall feeling toward

your work?" and "Are there any situations or experiences at work that make you feel discouraged, demotivation or less willing to come to work?"

Data collection was undertaken between March and June 2025. All interviews were conducted in a private room within the hospital, which participants selected to ensure a comfortable and confidential environment conducive to open discussion. Prior to each interview, written informed consent was obtained, and all interviews were audio-recorded with participants' permission. Each interview lasted approximately 60 minutes. Data saturation was reached after 15 interviews, at which point no new themes or insights emerged.

Reflexivity was actively maintained through the data collection process. The interviewer kept a reflexive journal to document personal reflections, assumptions, and emotional responses after each interview. In addition, a neutral and non-judgmental stance was adopted, with the use of open-ended questions and avoidance of leading prompts to minimize potential bias and ensure that participants' perspectives were authentically represented.

2.4. Data Analysis

Data were analyzed using thematic analysis [27, 28]. All audio recordings were transcribed verbatim within 24 hours to ensure accuracy and preservation of contextual detail. Two members of the research team independently read the transcripts multiple times to develop deep familiarization with the content and to form an initial understanding of participants' perceptions and experiences. While reviewing the transcripts, the researchers identified statements linked to the study aims and created initial codes representing Generation Z nurses' feelings of low motivation, reduced energy, and disengagement at work.

These codes were then examined collectively to identify early patterns that informed the development of preliminary themes. The emerging themes were reviewed and refined against the full dataset to ensure coherence and analytic rigor. Through iterative discussion, the research team clarified, defined, and conceptualized themes that reflected the complex factors contributing to disengagement among Generation Z nurses, reaching consensus through repeated comparison of coded extracts. The final themes were integrated into a clear narrative that reflected participants' voices and provided meaningful insights into factors shaping their workplace experiences.

2.5. Trustworthiness

Trustworthiness was established using Lincoln and Guba's criteria [29]. Credibility was enhanced through triangulation, integrating in-depth interviews, non-participant observations, and field notes. Confirmability was strengthened through member checking, in which the preliminary themes and subthemes were sent to five Generation Z nurses to verify accuracy and resonance [30], and through peer debriefing with qualitative experts to review the analytic process [31]. Transferability was supported by verbatim transcription within 24 hours and the use of thick descriptions and representative quotations to allow readers to assess applicability [32]. Dependability was ensured through regular team discussions in which coding decisions, theme boundaries, and interpretive insights were continuously examined to maintain consistency and methodological rigor.

3. RESULTS

A total of fifteen Generation Z nurses participated in this study (11 females and 4 males), aged 22-27 years. Their work experience ranged from 8 months to 4 years. Participants were employed across various units, including Medical wards. MICU, surgical wards, Trauma wards, NICU, and Orthopedic ward. Family size ranged from three to six members.

The results of thematic analysis revealed three main themes that reflected influences across personal, interpersonal, psychological, and organizational aspects. The themes include (1) Interpersonal and Environmental challenges in the workplace, (2) strain arising from work demands, and (3) imbalance between work, personal life, and health in Table **1**.

Table 1. The themes and subthemes from thematic analysis.

Themes	Subthemes
1. Interpersonal and Environmental Challenges in the Workplace	1.1 Receiving sarcastic or discouraging remarks
	1.2 Receiving inappropriate behaviors
	1.3 Lack of recognition
	1.4 Barriers within the work environment
2. Strain Arising from Work Demands	2.1 High workload demands
	2.2 Emotional strain from patient and relative misconduct
	2.3 Psychological strain from work-related stressors
3. Imbalance Between Work, Personal Life, and Health	3.1 Conflict between professional duties and family responsibilities.
	3.2 Restricted personal time and social life
	3.3 Impacts on health and well-being

3.1. Theme 1: Interpersonal and Environmental Challenges in the Workplace

This theme captures participants' experiences of encountering unfavorable interpersonal and environmental conditions that weakened Generation Z nurses' willingness and motivation to fully engage in their work. These encounters collectively diminished their confidence, sense of value, and emotional connection to their roles. The theme is represented by four subthemes: (1) receiving sarcastic or discouraging remarks, (2) receiving inappropriate behaviors, (3) lack of recognition, and (4) barriers within the work environment.

3.1.1. Receiving Sarcastic or Discouraging Remarks

Participants reflect their experiences of being subjected to belittling, sarcastic, or emotionally discouraging responds from colleagues, patients, or relatives. These remarks left participants feeling undermined,

lowered their morale, and contributed to emotional distress in their daily work.

"I have been working for eight months. When I asked a senior for help, she said that "I have taught you already--why can't you ever remember?" I felt dispirited" (P05).

"I gave some advice to patient's relative, but I did not understand why he became angry with me. He scolded me and made demeaning remarks about my professional role, which left me feeling very sad and disheartened" (P14).

3.1.2. Receiving Inappropriate Behaviors

This theme captures participants' experiences of encountering verbal or non-verbal actions that made them feel dismissed, belittled, or unfairly treated by colleagues and seniors. Such behaviors created emotional discomfort in the workplace.

"I needed some advice from my senior, so I asked her, but she made an annoyed face. I froze and did not know what to do next. I just did not feel okay" (P02).

"It felt like they were bullying me because I was a new nurse. They behaved nicely toward others, but with me, their behaviors felt belittling. I felt unhappy" (P03).

"I was about to ask my senior a question, but she immediately said she was busy before I could even ask. I felt confused and did not know what to say" (P09).

3.1.3. Lack of Recognition in Workplace

Participants described feeling insufficiently acknowledged or valued by senior nurses. This lack of recognition was reflected in seniors' unwillingness to collaborate, limited interpersonal engagement, and behaviors perceived as dismissive, and instances where participants felt they were viewed as a burden.

"As a new nurse, I sometimes felt that the seniors saw me as burden. It made me feel that I was not good enough" (P01).

"I sometimes felt that my seniors did not want to collaborate with me. When I talked to them, they barely even looked at me. It felt like they were against new nurses, and I was unhappy working with them" (P03).

3.1.4. Barriers Within the Work Environment

This subtheme reflects restrictive and unsupportive work conditions that limited young nurses' confidence and readiness. Participants described rigid practice with stricter expectations for young staff and inconsistent training that required them to assume full responsibilities prematurely, often without adequate support.

"The training system was not systematic. I trained for two months in one area and one month in another. After only three months, I had to take full responsibility without support and face many situations without confidence" (P06).

"Sometimes I felt that the work practices were very rigid for young generation. When incidents occurred, head nurse was much stricter with young staff than older ones, even though they also made mistakes." (P12).

3.2. Theme 2: Strain Arising from Work Demands

This theme reflects the diverse pressures nurses encountered in meeting daily work demands. Participants described how the intensity and complexity of their responsibilities generated physical, emotional, and psychological strain. The cumulative burden of heavy workloads, emotionally charged interactions, and persistent workplace stressors often led not only to fatigue and reduced resilience but also to gradual disengagement from work. This theme comprises three subthemes: (1) high workload demands, (2) emotional demands from caring for patients and families, and (3) psychological strain from work-related stressors.

3.2.1. High Workload Demands

Participants described managing excessively heavy workloads, often caring for more patients than recommended and frequently working beyond their scheduled shifts. Insufficient staffing and multiple simultaneous responsibilities made the workload unmanageable, leaving nurses exhausted, overwhelmed, and at times questioning their ability to continue in their roles.

"During some shifts, I had 10 patients under my care, and I could not manage it. It was extremely busy because I had to do everything-caring for patients, admissions, and discharges, as a new nurse, I felt overwhelmed, and it was beyond what I could handle. I was very exhausted" (P05).

"It was too much workload for me, and it really burdened me. Sometimes during my day shift, everything was supposed to be finished by 4 PM, but I had work until 8 PM. I was so exhausted at that time, and I wanted to leave my job" (P07).

"In my medication ward, there should be two nurses caring for 14 patients, but there was only one nurse taking care of all 14. It was too much. Sometimes I even had to stay late to finish all work." (P08).

3.2.2. Emotional Strain from Patient and Relative Misconduct

This subtheme highlights the emotional demands that Generation Z nurses faced when dealing with misunderstandings, criticism, or uncooperative behaviors from patients and relatives. Such interactions required nurses to manage their emotions while continuing to provide care, leaving them feeling hurt, unappreciated, and emotionally exhausted, which in turn contributed to disengagement.

"A patient's relative scolded me, saying, "why did not you taking care of my family member? The drug infusion had finished-why did not you removed it?" At that time, I was busy attending to an emergency patient, I explained the situation to them, but they ignored" (P11).

"While, I was providing a bed bath for my patient, he kicked on my face, I felt so sad. I had done everything for him that nurse could do, yet he responded me this way. I felt hurt and unappreciated" (P14).

3.3. Psychological Strain from Work-related Stressors

This subtheme reflects the psychological pressure nurses experienced when facing work-related challenges, including complex tasks, performance expectations, and the consequences of missed duties. These situations created anxiety, self-doubt, and stress, especially for new nurses adapting to their roles. The strain stemmed not only from the tasks themselves but also from the emotional burden of meeting professional standards.

"When I was caring for a patient with a complex condition, I was unable to complete everything I was supposed to do. During the nursing handover, I realized that many tasks had been missed. I felt like I had failed" (P02).

"My patient was on Nicardipine and was sent to the operating room without me. At that time, I was still new. After he arrived in the operating room, a nurse called me and asked "why did not nurse come with patient? I felt slightly anxious and even after returning to the room, I remained stressed" (P04).

3.4. Imbalance Between Work, Personal Life, and Health

This theme captures how Generation Z nurses experienced a disruption in the balance between work, personal life, and health, which contributed to their disengagement from the nursing role. Participants explained that demanding shifts, long hours, and unpredictable workloads extended into their lives outside the hospital, consuming their time, energy, and emotional capacity. As work increasingly dominated their routines, many felt they had little opportunity for rest or personal fulfillment, leading to a gradual disengagement from their roles. This theme comprises three subthemes: (1) conflict between professional duties and family responsibilities, (2) restricted personal time and social life, and (3) impacts on health and well-being.

3.4.1. Conflict Between Professional Duties and Family Responsibilities

This subtheme reflects the tension Generation Z nurses face when work demands limited their ability to fulfill family responsibilities. Participants felt distressed and guilty when strict duty requirements prevented them from supporting their families, even during urgent situations. Although they provided care for patients, they struggled to offer the same care to their own families, which contributed to their disengagement from the nursing role.

"I work in medical ward, and it is always very busy. One day my mom got sick. I could not take care of her because I was not allowed to leave my duty. I felt upset because I am a nurse who can take care of other people, yet I could not take care of my own mom" (P05).

"I have to sacrifice time with my family. I should be able to take care of them, but I have to take care of other people" (P11).

"My family lives in another province, and if an emergency happens, it is difficult for me to request leave. I can provide nursing care to other people, but I cannot take care of my own family. This is not okay for me" (P15).

3.4.2. Restricted Personal Time and Social Life

Participants described having little to no time for personal activities, relaxation, exercise, or social interactions due to demanding workloads and tightly scheduled shifts. This persistent lack of personal time disrupted their ability to maintain hobbies and relationships, diminishing their overall quality of life. Over time, the continuous erosion of personal space also weakened their work engagement, as they felt increasingly disconnected from their professional roles.

"Because of high demands and the shortage of nursing staff, I have to be on duty every eight hours. I have no time for my personal life, traveling, or relaxing. Sometimes I want to watch just one episode of Korean drama, but I have to save that time for rest" (P06).

"My friends had vacations, but I did not. So, it was very difficult for me to meet with them. The time I should spend exercising is taken up by work, leaving me with no free times in my life" (P11).

"Although my scheduled morning shift is from 8 AM to 4 PM, in reality I have to arrive earlier and often stay beyond my shift. I never know when I will finish, as it depends on the situation. Sometimes, I cannot plan my personal activities" (P13).

3.4.3. Impacts on Health and Well-Being

Participants described notable declines in their physical and emotional health due to heavy workloads and insufficient rest. They reported stress, worries about developing future illnesses, and physical symptoms such as irregular menstruation. Eventually, these ongoing health concerns also contributed to a sense of disengagement, as participants felt increasingly depleted and less connected to their work.

"Sometimes I feel stressed about my health because I do not get enough rest. I worried about my overall well-being" (P08).

"I take care of bedridden patients, and sometimes I worry that if I continue working under these conditions, I might end up like them one day. If my life keeps revolving only around working in the back room, sleeping, and eating, I am afraid that I might develop a stroke in the future" (P10)

"I had been working very hard, which led to irregular menstruation. The doctor advised me to improve my habits, such as sleeping enough and eating proper meals. After making these changes, my health improved" (P12).

4. DISCUSSION

This study identified several underlying issues that contributed to reduced work engagement among Generation Z nurses working in a regional hospital in southern Thailand. The thematic analysis revealed three

interconnected themes: (1) interpersonal and environmental challenges in the workplace, which contribute to nurses' diminished sense of professional value and confidence; (2) strain arising from work demands, reflecting the pressures of heavy workloads and high expectations; and (3) imbalance between work, personal life, and health, highlighting the difficulty Generation Z nurses face in sustaining their well-being. Together, these themes capture the complex interplay of interpersonal, organizational, and personal factors shaping work engagement in this emerging workforce cohort.

Healthcare organizations comprise a diverse workforce, where generational differences in values and work styles may influence workplace interactions and engagement. Diversity in beliefs and values, however, can lead to misunderstanding or conflict [33]. In nursing, the workforce increasingly consists of multiple generations whose differing work styles and values shape their behavior in the workplace [18]. Generation Z demonstrates less resilience compared with older generations [34], which may reduce their tolerance for negative workplace conditions. Consequently, they may be more vulnerable to harmful experiences such as derogatory language or undermining behaviors, potentially escalating into bullying. This aligns with previous studies reporting that Generation Z encounters workplace bullying in the workplace, perpetrated by colleagues, patients, and patients' families [35, 36]. Moreover, Generation Z nurses have also reported feeling unrecognized by their colleagues [18], which can lead to disengagement in their work. Although workplace challenges, including incivility and emotional stress, are reported among nurses in general [36, 37], Generation Z nurses may be more sensitive to these issues due to their expectations for support and feedback [16], which may contribute to stronger disengagement.

This phenomenon can be explained through the lens of the Job Demands-Resources (JD-R) model, which conceptualizes bullying as a hindrance demand that negatively affects psychological well-being [38] and, in particular, work engagement [39]. Undermining behaviors, unrecognition, and rigid working conditions constitute hindrance demands that obstruct employees' goals and deplete their emotional and cognitive resources. As a result, Generation Z nurses become less willing and less able to invest energy and dedication in their work, leading to disengagement.

Moreover, a heavy workload and a shortage of nursing staff, compounded by new and unfamiliar experiences, contribute significantly to feelings of exhaustion. The primary source of exhaustion stems from a high workload, which leads to physical fatigue and the need for rest. However, exhaustion also arises from emotional strain caused by misunderstanding or challenging interactions between nurses and patients or their families. This form of strain is referred to as emotional exhaustion [37]. Consistent with previous studies, workload and staffing shortages are key contributors to burnout and reduced engagement [1, 2]; however, Generation Z nurses may additionally experience stress related to unfamiliar clinical situations during early career transitions [11], which may further contribute to exhaustion. This can be explained by the Job Demands-Resources (JD-R) model, which states that exhaustion or burnout has a direct effect on work engagement. In this model, exhaustion functions as a mediating factor between job demands and burnout [40]. As job demands increase, burnout levels rise, and higher levels of burnout subsequently lead to reduced work engagement among Generation Z nurses.

The consequences of a high workload often lead to an imbalance between personal and professional life. As societal norms evolve, lifestyles and values also shift. For example, Generation Z places greater emphasis on work-life balance compared to older generations [41]. However, the nature of nursing-particularly shift work and continuous eight-hours rotations-makes it challenging for nurses to maintain balance between work, personal life, and overall well-being. While work-life imbalance has long been recognized as a challenge in nursing, younger generations, including Generation Z, place greater importance on maintaining work-life balance compared to older generations [42]. Previous literature suggests that this reflects a broader generational shift in work values, with Generation Z showing a strong emphasis on personal well-being, flexibility, and meaningful work-life integration [16, 19]. When viewed through the lens of the Job Demands-Resources (JD-R) model, work-home conflict is classified as a qualitative job demand [43] that drains employees' energy and psychological resources, ultimately leading to disengagement from their professional roles. High work-family conflict reduces nurses' available resources, leading to lower work engagement, weakened motivation, and greater burnout risk [44].

In summary, reduced work engagement among Generation Z nurses reflects the cumulative impact of interpersonal challenges, demanding work conditions, and difficulties in maintaining work-life balance. These findings are consistent with previous studies highlighting the effects of workload, workplace incivility, and work-life imbalance on nurses' work engagement, but may be more pronounced among Generation Z due to their distinct expectations and work values. These factors function as hindrance demands that erode psychological resources, increasing exhaustion and ultimately weakening work engagement. Interpreted through the JD-R model, the findings underscore the importance of organizational strategies that reduce unnecessary demands, enhance supportive resources, and foster a positive work environment to sustain engagement among Generation Z nurses.

5. STRENGTHS AND LIMITATIONS

This study provides in-depth, context-specific insights into Generation Z nurses' work disengagement, contributing to a better understanding of this underexplored issue among newly entering nurses in a specific healthcare setting. The qualitative descriptive approach rich accounts of participants' perspectives and experiences, offering insight into how engagement is perceived.

However, this study is limited by a small, relatively homogeneous sample from a single regional hospital in southern Thailand, which may limit the transferability of findings. The study also did not include perspectives from other stakeholders (*e.g.*, nurse managers or senior nurses) or data from multiple institutional contexts. In addition, although interviews were conducted by a researcher with no supervisory relationship to participants, interviewer bias and socially desirable responses cannot be entirely excluded. The findings may also reflect contextual factors specific to the four-month data collection period. Furthermore, interviews were conducted in Thai and translated into English by the research team, which may have resulted in the loss of some linguistic and cultural nuances. Therefore, the findings should be interpreted within this specific context rather than generalized. Future research should include multi-site studies across diverse healthcare settings, a broader range of participants and stakeholders, and data from multiple sources to provide a more comprehensive understanding of work disengagement among Generation Z nurses.

CONCLUSION

This study highlights the multifaceted factors contributing to reduced work engagement among Generation Z nurses in a regional hospital in southern Thailand. Workplace interactions, job demands, and work-life balance challenges influence their ability to remain engaged in their work. The findings demonstrate that hindrance demands, such as undermining behaviors, emotional strain, and competing personal responsibilities, can erode the psychological resources needed for sustained engagement. Applying the Job Demands-Resources (JD-R) model clarifies how these factors interact and emphasizes the need for supportive work environments.

From a practical perspective, healthcare organizations should strengthen supportive supervision, ensure adequate staffing, and implement policies that promote work-life balance. In addition, healthcare administrators should foster a transition toward a participatory management style that involves Generation Z nurses in decision-making and values their opinions, particularly regarding flexible scheduling and wellness-oriented policies. Furthermore, addressing undermining behaviors and supporting mental well-being are crucial. By providing emotional support, positive feedback, and opportunities for professional growth, hospitals can cultivate a supportive and family-like work environment that fosters a sense of belonging among Generation Z nurses. Structured orientation programs, mentorship, and regular feedback mechanisms may further enhance engagement among Generation Z nurses. Ongoing attention to these areas is essential for retention and sustaining their contributions to the workplace.

AUTHORS' CONTRIBUTIONS

The authors confirm their contributions to the paper as follows: T.L. and A.O.: Constructed the research design, the aim of the study, and the conceptual framework, and drafted the article. They also conducted the data analysis and interpretation. Moreover, T.L. served as the main interviewer, while S.L. acted as a non-participant observer; C.B. and T.L.: Transcribed the tape recordings verbatim. All authors were involved in the process of data interpretation and reviewed the article draft before submitting it to the journal.

LIST OF ABBREVIATIONS

JD-R model	=	Job Demands - Resources model
COVID-19	=	Coronavirus Disease of 2019
NICU	=	Neonatal Intensive Care Unit
MICU	=	Medical Intensive Care Unit

ETHICS APPROVED AND CONSENT TO PARTICIPATE

This study received ethical approval from The Ethic Committee for Research in Human Subjects in Regional Hospital Thailand (HYH EC 018-68-02).

HUMAN AND ANIMAL RIGHTS

All research procedures involving human subjects were conducted in accordance with the Declaration of Helsinki, International Conference on Harmonization in Good Clinical Practice (ICH-GCP), and The Belmont Report.

CONSENT FOR PUBLICATION

Written informed consent was obtained from all participants prior to their participation in this study.

STANDARDS OF REPORTING

COREQ guidelines were followed.

AVAILABILITY OF DATA AND MATERIALS

All the data and supporting material are available within the article.

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CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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