# Workplace Support and Turnover Intention: A Preliminary Conceptual Framework to Inform Practice and Research

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## Review Article

## ABSTRACT

**Background:** More than 40 million baby boomers are expected to leave the workplace by 2020 (Carnevale, 2005). Based on data from nearly 30,000 organizations in the US, the voluntary turnover rate has increased from 9.2% in 2010 to 11% in 2014. The situation is worse for healthcare professionals, including nurses, as the turnover rate has dramatically increased from 13.5% in 2011 to 17.2% in 2015. Resignation is not a sudden decision; it is preceded by an intention to leave the workplace. Turnover Intention (TI) occurs during the period preceding the actual turnover and was defined as an individual's thoughts about quitting their current positions. During this critical period, some factors were found to have promising potentials in reducing TI such as workplace support.

**Aim:** The purpose of this project was to develop a framework that highlight the impact of workplace support on TI. Further, this framework was developed to identify the relationships among TI, influential factors or antecedents of TI and possible consequences of TI.

**Methods:** The proposed framework was developed in two stages. A systematic literature review and concept analysis were completed during stage one. In the second stage, relevant theories were reviewed to further guide the development of the proposed conceptual framework.

**Results:** Using concept analysis, systematic literature review, and a review of relevant theories, the Workplace Support and Turnover Intention (WSTI) conceptual framework was developed. The framework illustrates antecedents to TI and the anticipated consequences of TI. Workplace support was identified as a potential moderating factor between antecedents and TI in the framework.

**Discussion:** This conceptual framework can be useful in understanding the influence of workplace support on TI. Although all the variables identified in the WSTI framework were grounded in prior research and theories, this framework needs further empirically testing. The application of this framework could potentially help improve the quality of the workplace by creating a more supportive environment for employees, including nurses and potentially reducing TI.

**Implications for nursing:** The WSTI framework could provide a resource for healthcare organizations and nursing administration to visualize the relationships between TI and antecedent factors, as well as the influence of workplace support. Further studies involving registered nurses in hospitals and other healthcare organizations are encouraged. Further research could provide insight about relationships among identified concepts and identification of unique variables that are related to the nursing professions and hospitals work environment.

**Conclusion:** In order to ensure the continuity of high quality patient care, healthcare organizations, nursing leaders, and policy makers need to make every effort to sustain an adequate nursing workforce. Many factors discussed in this paper have been identified as antecedents to TI. Many scholars have identified that enhancing workplace support could be a key resource for maintaining a positive environment and reducing TI.

# INTRODUCTION

In the next five years, more than 40 million baby boomers are expecting to leave the workplace [1-3]. Organizations will be better prepared to face this challenge if they were able to maintain adequate staffing by reducing unwanted turnover [4]. According to the CompData's 2014 edition of their annual Benchmark Pro Survey, which draws data from nearly 30,000 organizations in the United States (US) the voluntary turnover rate has increased from 9.2% in 2010 to 11% in 2014. The situation is worse for healthcare professionals, especially nurses, as the turnover rate has dramatically increased from 13.5% in 2011 to 17.2% in 2015 [1]. A shortage of 340,000 nurses is projected by 2020 and a half million by 2025.

The decision to leave employment, is not a sudden decision, it is preceded by an intention to leave the workplace. Turnover Intention (TI) occurs during the period preceding the actual turnover and was defined as someone's thoughts about quitting their current positions [2]. TI was empirically and theoretically supported in the literature as a significant predictor of actual turnover [5]. TI is a multidimensional issue that can be influenced by many factors: both work and non-work related variables.

Most researchers focused on a few factors associated with TI and used simple conceptual models to illustrate the relationships between these factors and TI. Workplace support was studied as a strategy to reduce TI; yet, support was not a concept or factor incorporated into any conceptual models or framework representing TI. Therefore, the purpose of this project was to develop a conceptual framework that identified the relationships among factors influencing TI, including the role of workplace support.

# METHODS

The proposed conceptual framework was developed in different stages. First, a concept analysis of TI, influenced by Rodger's Evolutionary Method, was conducted. However, only some aspects of Roger's method of concept analysis were used. The concept analysis mainly focused on Roger's steps of identifying the antecedents and consequences of TI. A review of literature from three databases: CINAHL, PsycINFO and ABI/INFORMS was used to identify antecedents and consequences of TI.

In the second stage, a systematic review of the literature was conducted to evaluate the relationship between workplace support and TI. Six electronic databases were used to retrieve literature for the systematic review: CINAHL, Academic Search Complete, Business Source Premier, Education Research Complete, Health Source, and PsycINFO. Key words used for the search included: Supervisor support, perceived support, Family supportive supervisor behaviors, support AND turnover intention. Peer reviewed studies that were (a) published in English language, (b) published between 1995 and 2015, (c) investigated the impact of supervisor support on TI, and (d) reported direct measures of supervisor support and TI were included in the review.

In addition to the concept analysis and systematic review of the literature, relevant theories were reviewed to guide the development of the proposed conceptual framework. Both the Social Exchange theory [6] and the Perceived Organizational Support theory [7] were examined, as they were often adopted by career and organizational behavior scholars as a theoretical approach for their studies. These two theories helped guided the development of the proposed conceptual framework.

# RESULTS

Based on the concept analysis, many factors were identified as either antecedents or consequences of TI. The antecedents of TI were categorized into four main groups: individual factors, organizational factors, occupational factors, and external factors. The main consequences of TI included two outcomes: actual turnover or change in job performance.

In the second stage, a total of 12 studies were included in the systematic review to evaluate the relationship between support workplace Support and TI. All the studies included in the systematic review of the literature revealed a negative association between work place support and TI.

### Concept Analysis: Antecedents of TI

Based on the literature review, the antecedents for TI can be organized into four main categories: individual variables, organizational factors, occupational factors and external factors. A short discussion of each four categories if provided here.

### Individual Variables

There were a number of variations between individuals that influenced their intention to leave workplace. For example, it was found that employees with higher education levels were more likely to leave their jobs and have high intention to

quit [5,8,9]. Labatmediene et al. found that employees with vocational education were the most committed to their work, while, the employees with graduate and postgraduate who had the lowest commitment.

Another example of individual variables was tenure. A strong relationship was found between TI and positional tenure and many studies included tenure as an important predictor of TI [10]. Further, the length of employment was found to have association with the TI. Ma et al concluded that nurses with more than six years of experience, were less likely to report TI.

## Organizational Factors

Many factors at the organizational level were found to have an impact on TI such as organizational commitment, career plan and development, and pay and benefits [9,11]. For example, the significant negative correlation between organizational commitment and TI was widely supported in the literature. It was found that employees with high levels of organizational commitment were less likely to have TI [2,12,13].

Career plan and development was another factor that had an association with TI. Career development and opportunities were suggested in the literature as an effective strategy to reduce employees TI [5,14]. Employees, who had promotion opportunities, were found to be less intent to leave their organizations [15].

Pay and benefits was also another organizational factor that impacted employees TI. Yin-Fah et al. [11] suggested that any increase in salary could decrease TI. Employees with a higher salary were less likely to report an intention to leave [5,10,15].

## Occupational Factors

Many occupational factors influenced employees TI such as job autonomy, staffing, perceptions of work group [16], empowerment [17], incivility and ethical climates. Furthermore, it was found that Person-Job Fit had a considerable impact on TI. Employees with high sense of Person-Job Fit felt connected with their organizations and had the abilities, knowledge and skills to meet their job requirements; therefore, these employees had lower TI [4].

Job satisfaction was another occupational factor that impacted TI. A considerable amount of studies revealed the negative association between job satisfaction and TI [5,11,18]. Role stress was another occupational factor association with TI. Employees who experienced higher levels of role stress were more likely to have higher TI [18].

## External Factors

External factors refer to any variables outside the work environment such as other employment opportunities. The labor market can play an important role in TI. A positive correlation was found between perceived alternative job opportunities and TI among information technology workers. Employees with higher TI would actively start searching for an alternative of their current positions based upon the perceived opportunities in external market.

## Work-family Conflict

Work-family conflict occurs when there is an incompatibility between the role demands of work and family domains. In the WSTI framework, the work-family conflict was linked to Occupational Factors and External Factors because WFC occur when there is a conflict between these two factors. Researchers found that work-family conflict was a strong predictor of TI: individuals who perceive that their work roles are interfering with their family roles revealed higher TI [19]. In a study by Haar [20], work-family conflict was positively associated with TI ($\beta=0.49$, $p<0.001$) and accounted for 22% of the TI variance.

## Demographic Variables

A number of demographic variables were found to have an association with work-family conflict and TI. These variables include age, gender, marital status, and parental demand [10,17]. It was found that younger employees faced more work-family conflict than older employees: a study involved 243 nurses revealed a weak but significant correlation ($r=-0.15$, $p<0.05$) between age and work-family conflict [21]. Similar result was found in another involved 727 physicians [22]. Age was also found to be correlated with TI; younger employees were more likely to have higher TI than older employees [9,10,17].

Difference in marital status impacted work-family conflict and TI. It was found that married employees were more disposed to work-family conflict than single employees. Further, researchers concluded that single employees were more likely to leave their jobs [5,10,16]. Ma and colleagues found that more than 70% of nurses in their study who revealed higher TI were singles. These findings match the result of McCarthy et al. [14] who found that 60% of nurses who had high TI were single.

Moreover, a positive relationship was found linking parental demands such as taking care of children and work-family conflict [23]. Increased family responsibilities may consume greater time and energy in the family domain [24] and may leave employees with insufficient resources to meet their work requirements. The presence of children in the household places more responsibilities on working parents and can create even greater work-family conflict [25]. The ages of children in the household often determine the level of care and needs, and significantly contributed to the experience of work-family conflict. Mjoli et al. [26] found that parents with children under the age of six years had the highest levels of work-family conflict, followed by parents with children at school age children. Work-family conflict is found to be lowest in parents of adult children not living at home [27]. Further, the number of young children who live at home also was found to have an influence on the level of work-family conflict.

# SUPPORT IN THE WORKPLACE

Numerous advantages of workplace support were found on the literature. Workplace support was a key resource for maintain a positive environment that has a good influence on fostering satisfaction [28] and reducing turnover [29]. Workplace support helped employees enhance their sense of wellbeing and belonging, this is important especially for those who have left their countries and families for a better job and income. Based on the review of the literature, workplace support was referred to organizational, supervisors or co-workers support.

### Organizational Support

Employees perceived organizational support when they believed their organizations valued their contributions and cared about their well-being. This opinion was based on a perception of how the organization rewarded their performance and response to their socio-emotional needs [30]. Perceived organizational support (POS) was found as key predictor of employees TI [31]. Kalidass et al. [32] found that POS had a negative association with TI ($\beta=-0.525$, $p<0.01$) and they found that 33% variance in TI could be explained by POS ($R2=33.0$, $p<0.01$). Dawley et al. [4] conducted a study involving 346 workers in a manufacturing firm found a significant correlation between POS and TI ($r=-0.412$, $P<0.001$). Nevertheless, Rhoades et al. [30] reported in their meta-analysis a significant negative relationship between POS and TI of ($r=-0.51$, $p<0.001$).

### Supervisor Support

Employees perceived supervisor support by forming general beliefs in which their supervisors value their contributions and are concerned about their well-being [33]. Supervisors may show their support in different forms such as recognition, encouragement, or positive feedback. The negative correlation between supervisor support, including both perceived supervisor support (PSS) and Family Supportive Supervisor Behaviors (FSSB) and TI was strongly supported in the literature [34]. For example, Kalidass et al. [32] found that supervisor support had a negative association with TI ($\beta=-0.402$, $p<0.01$) and that 16.1% variances in TI can be explained by PSS ($R2=16.1$, $p<0.01$).

Likewise, Kuvaas et al. [35] conducted a study including 331 employees from a Norwegian telecommunications organisation reported a negative association between PSS and TI ($\beta=-0.51$, $p<0.001$). Furthermore, it was found that negative correlation between FSSB and TI ($r=-0.34$, $p<0.01$; $\beta=-0.35$, $p<0.001$). Supervisor support found to be a very important form of workplace support since it is not only influence employee TI but does it affect the employees' perception about organizational support [4,31,35].

### Co-worker Support

Little literature was found on co-worker support, unlike the POS and supervisor support, which were well researched. Co-workers support was found to be a predictor of TI. A study was conducted including 187 employees of a major retail bank, and reported a significant correlation between co-worker support and TI ($r=-0.349$; $p=0.00$).
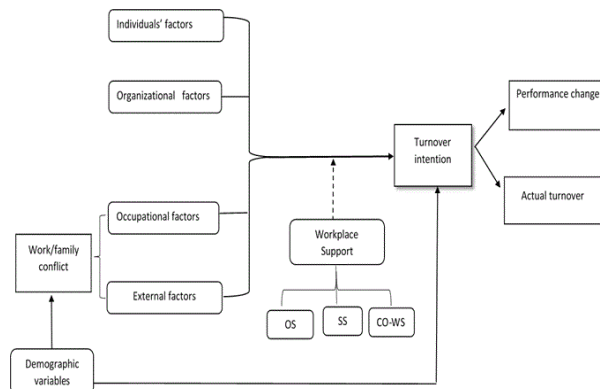
Overall, workplace support is an essential factor to help employees maintain their sense of belonging and wellbeing [32]. A strong negative correlation between workplace support and TI ($r=-0.521$, $p=0.00$) was found. Therefore, workplace support could be adopted as a promising approach to reduce TI. Researchers conducted a study across ten European countries to determine factors affecting nurses' TI ($n=39,893$) and suggested that workplace support could be a buffering factor in reducing the effects of many antecedents on TI.

# THEORETICAL BACKGROUND

A number of theories advocate for the important role of the workplace support. Most influential theoretical perspectives on social support theories hypothesize that social support can reduce the effect of stressful events on human wellbeing. The Social Exchange Theory, and the perceived organizational support theory [6] have been used as a theoretical background for many organizational studies [32,36,37].

The assumptions from The Social Exchange Theory and the Perceived Organizational Support Theory provide strong theoretical support for the proposed WSTI model. By suggesting that employees who perceived a high level of support in the workplace felt an obligation to give back to the organization by having less intention to leave [7]. When organizations offered organizational encouragement in the form of career developmental opportunities, employees become obligated and motivated to expend effort to benefit their organization. Perceive support resulted in employees developing global beliefs that organization valued their contributions and cared about their well-being [30].

Grounded in concept analysis, literature review and informed by the social support theories, the Workplace Support and Turnover Intention (WSTI) conceptual framework was developed **(Figure 1)**. A further discussion of the model is presented in the next section.



**Figure 1.** Workplace support and turnover intention and (WSTI) conceptual framework identifies the multiple factors influencing turnover intention, and the potential mediating effects of workplace support, Note: OS: Organizational Support; SS: Supervisors Support; CO-WS: Co-Workers Support.

# DISCUSSION

The WSTI framework **(Figure 1)** included four main categorical factors that can influence TI: individual, organizational, occupational, and external factors. Work-family conflict was considered as a variable that involve both occupational and external factors; therefore, it was placed between these two factors. Demographic factors can influence the level of work-family conflict as well as have direct influence on the TI.

Based on the review of the literature, employees can perceive workplace support from organizations, supervisors, or co-workers. Therefore, in the WSTI framework, workplace support can be referred to Organizational Support (OS), Supervisors Support (SS) and Co-workers Support (CO-WS). In this framework, workplace support has an influential effect on the relationships between antecedents and TI. Many social support theories advocated this influence. For example, the Buffer Theory of Social Support [38] emphasized that individuals who do not receive social support are more likely to have adverse event and that workplace support could buffer the impact of many antecedents on TI.

Further, a number of scholars found buffering effect of workplace support between many adverse events and outcomes; for example, workplace support was found to have a significant buffering effect on the relationship between physical stressors and medical symptoms [39]. Additionally, a recent study found the same buffering effect of workplace support on the relationship between work-family conflict and job satisfaction [40]. Therefore, workplace support was placed in the WSTI framework, as a buffering factor that influenced the relationships between antecedents and TI.

This influential effect of workplace support is represented by a doted arrow in the WSTI framework diagram. Workplace support has promising potentials in reducing the negative impact of antecedents on TI.

The WSTI framework identifies that TI can lead to a change in employee behaviors and can lead to actual turnover. According to the literature, performance, as a form of employee behavior, was significantly related to TI. Employees with high TI performed less than others. Further, TI has empirical and theoretical support as a significant predictor of actual turnover [5,13].

# NURSING IMPLICATIONS

Within the context of the current nursing shortage and high turnover rate [1], it is essential to understand and investigate nurses TI. The WSTI framework could provide a valuable help for healthcare organizations and nursing administration to visualize the relationships between TI and antecedents' factors and the influence of workplace support. Further this framework provides a useful tool for researchers to identify key research questions. Therefore, the WSTI can

be used as a framework to guide further research to advance the nursing knowledge about turnover management and nursing retention.

Across studies, higher levels of workplace support were associated with decreased TI [36,41] and support was effective in reducing the impact of many adverse events [39,40]. As proposed in the WSTI framework, workplace support could be effective in reducing the impact of many influential factors on nurses TI. Therefore, promote workplace support could be an operative strategy to retain nurses and reduce unwanted turnover.

Supervisor support was an essential form of workplace support that has a strong association with reduced TI ($\beta$=-0.51, p<0.001) [35]. Therefore, promoting supervisor support can be a relatively easy strategy to be adopted by healthcare organizations in order to reduce nurses TI. Unlike other complex structural and political interventions, increasing the level of supervisor support may only require time for training to enhance awareness and use of supportive behaviors [36].

The WSTI identifies the main antecedent factors: organizational, occupational, individuals, and external. Although many variables have already been examined in the literature, TI is a complex process and more variables may need to be considering for study. Further research involving nurses is encouraged, to provide insight about unique variables related to the nursing profession and hospital work environment.

Change in employee performance was found to be associated with TI. Therefore, evaluating and monitoring nurses' performance trends could be a potential tool to predict nurses who have TI. Providing additional support and attention to those nurses with problems in performance could potentially help in not only improving performance, but also in preventing actual turnover.

## CONCLUSION

Based on a review of the literature and social support theories, the WSTI framework was developed. This framework identifies four main categories of antecedents for TI: organizational, occupational, individual, and external factors. The WSTI also depicts the possible consequences of TI: change in performance and actual turnover. Workplace support was included in the WSTI framework as an influential factor in the relationship between antecedents and TI.

In order to ensure the continuity of high quality patient care, healthcare organizations, nursing leaders, and policy makers need to make every effort to sustain an adequate nursing workforce. Many factors were discussed in this paper that can lead to an increase in TI. Fortunately, strategies to reduce TI have also been studies, including workplace support [28,29]. The WSTI framework is a helpful tool to guide further research and to advance the knowledge about nursing retention.

## REFERENCES

1.  Nursing Solutions Inc. National healthcare retention and RN Staffing Report. 2015.

2.  Gregory DM, et al. Predictors of registered nurses' organizational commitment and intent to stay. Health Care Manage Rev. 2007;32:119-127.

3.  Carnevale T. The coming labor and skills shortage. 2005;59:37-41.

4.  Dawley D, et al. Perceived organizational support and turnover intention: The mediating effects of personal sacrifice and job fit. J Soc Psychol. 2010;150:238-257.

5.  Ma JC, et al. Predicting factors related to nurses' intention to leave, job satisfaction and perception of quality of care in acute care hospitals. Nursing Economics. 2009;27:178.

6.  Blau G, et al. Using job involvement and organizational commitment interactively to predict turnover. J Manage. 1989;15:115-127.

7.  Eisenberger R, et al. Perceived organizational support. J Appl Psychol. 1986;71:500-507.

8.  Tsai Y. The relationships between organizational citizenship behavior, job satisfaction and turnover intention. J Clin Nurs. 2010;19:3564-3574.

9.  Labatmediene L, et al. Individual correlates of organizational commitment and intention to leave the organization. Baltic Journal of Management. 2007;2:196-212.

10. Almalki MJ, et al. The relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia. BMC Health Serv Res. 2012;12:314-324.

11. Yin-Fah BC, et al. An exploratory study on turnover intention among private sector employees. International Journal of Business and Management. 2010;5:57.

12. Parry J. Intention to leave the profession: antecedents and role in nurse turnover. J Adv Nurs. 2008;64:157-167.

13. Benjamin A. The influence of affective commitment on citizenship behavior and intention to quit among commercial banks' employees in nigeria. Journal of Management and Sustainability. 2012;2:54-68

14. McCarthy A, et al. Employee work–life balance outcomes in Ireland: a multilevel investigation of supervisory support and perceived organizational support. International Journal of Human Resource Management. 2013;24:1257-1276

15. Mohamad AH, et al. The effect of psychological contract and affective commitment on turnover intentions of hotel managers. International Journal of Business and Social Science. 2011;2.

16. Hwang JI, et al. Work climate perception and turnover intention among Korean hospital staff. Int Nurs Rev. 2009;56:73-80.

17. Beecroft PC, et al. Turnover intention in new graduate nurses: A multivariate analysis. J Adv Nurs. 2007;62:41-52.

18. Ryan C, et al. Determinants of intention to leave a non-managerial job in the fast-food industry of West Malaysia. International Journal of Contemporary Hospitality Management. 2011;23:344-360.

19. Lin Qiu. A study on the moderating effects of supervisor support on the relationship between work-family conflict and turnover intention. Management and Service.2010.

20. Haar JM. Work-family conflict and turnover intention: Exploring the moderation effects. N Z J Psychol. 2004;33:35.

21. Yildirim, et al. Nurses' work demands and work–family conflict: A questionnaire survey. Int J Nurs Stud. 2008;45:1366-1378.

22. Mache S, et al. Managing work-family conflict in the medical profession: Working conditions and individual resources as related factors. BMJ Open. 2015;5:E006871.

23. Greenhaus JH, et al. Conflict between work and non-work roles: Implications for the career planning process. Human Resource Planning. 1981:4:110.

24. Greenhaus JH, et al. Sources of work-family conflict among two-career couples. J Vocat Behav. 1989:34:133-153.

25. Hill EJ, et al. Exploring the relationship of workplace flexibility, gender and life stage to family-to-work conflict and stress and burnout. Commun Work Fam. 2008:11:165-181.

26. Mjoli T, et al. Demographic determinants of work-family conflict among female factory workers in South Africa. Journal of Economics, Business and Management. 2013:39-41.

27. Osherson S, et al. Varying work and family choices: Their impact on men's work satisfaction. J Marriage Fam. 1983;45:339-346

28. Humphrey SE, et al. Integrating motivational, social and contextual work design features: A meta-analytic summary and theoretical extension of the work design literature. J Appl Psychol. 2007;92:1332-1356.

29. Aiken LH, et al. The effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. Med Care. 2011;49:1047-1053.

30. Rhoades L, et al. Perceived organizational support: A review of the literature. J Appl Psychol. 2002;87:698.

31. Maertz CP, et al. The effects of perceived organizational support and perceived supervisor support on employee turnover. J Organ Behav. 2007;28:1059-1075.

32. Kalidass A, et al. The relationship between perceived supervisor support, perceived organizational support, organizational commitment and employee turnover intention. International Journal of Business Administration. 2015;6:82-89.

33. Kottke JL, et al. Measuring perceived supervisory and organizational support. Educ Psychol Meas. 1988;8:1075-1079

34. Hammer LB, et al. Measurement development and validation of the family supportive supervisor behavior short form (FSSB-SF). J Occup Health Psychol. 2013;18:285-296.

35. Kuvaas B, et al. Exploring alternative relationships between perceived investment in employee development, perceived supervisor support and employee outcomes. Human Resource Management Journal. 2010;20:138-156.

36. Hammer LB, et al. Clarifying work-family intervention processes: The roles of work-family conflict and family supportive supervisors behaviors. J Appl Psycol. 2011;96:134-150.

37. DeConinck JB, et al. The effects of perceived supervisor support, perceived organizational support and organizational justice on turnover among sales people. Journal of Personal Selling and Sales Management. 2009;29:333-350.

38. Cohen S, et al. Stress, social support and the buffering hypothesis. Psychol Bull. 1985;98:310.

39. Mayo M, et al. Supervisor and co-worker support: A source congruence approach to buffering role conflict and physical stressors. The International Journal of Human Resource Management. 2012;23:3872-3889.

40. Li A, et al. The psychological well-being of disability caregivers: Examining the roles of family strain, family-to-work conflict and perceived supervisor support. J Occup Health Psychol. 2015;20:40.

41. Bagger J, et al. How does supervisory family support influence employees' attitudes and behaviors? A social exchange perspective. J Manage. 2011.