The Influence of Supervisor Support on Nurses' Turnover Intention

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Abstract

Maintaining adequate nursing staff is a real challenge that many healthcare organizations are facing. Many factors have been identified to positively influence the reduction of turnover intention among. A comprehensive search was conducted in 2016 to review six databases CINAHL, Academic Search Complete, Business Source Premier, Education Research Complete, Health Source, and PsycINFO using a combination of keywords. All 12 studies included in the review consistently found a negative association between supervisor support and turnover intention. However, there were variations in the strength of this association. This systematic review points to the potential of decreasing turnover intention by improving supervisors' support behaviors. Although there are discrepancies within the literature regarding the strength of the association between supervisor support and turnover intention, evidence suggests that supervisor support could impact employees' turnover intention and thus actual turnover. Further research to evaluate the effectiveness of supervisor support on turnover intention is highly recommended, including interventional studies. Support in the workplace could be seen as a serious resource for reducing nursing turnover. Nursing supervisor and managers are encouraged to improve their supportive behaviors. Nursing policies are needed to promote supervisor supportive behaviors such as training programs and workshops.

Keywords: Turnover intention; Work environment; Supervisor support; Retention; Shortage; Nursing policy

Introduction

Maintaining adequate nursing staff is a challenge that many healthcare organizations are facing. This challenge may worsen in the near future. By the year 2020, more than 46 million baby-boomers are expected to retired, which can result in a probable labor shortage of millions of professionals, employees, and workers [1]. Organizations that can be proactive by retaining their skilled employees and reducing unwanted turnover will be better prepared to face these challenges in the future [2]. Turnover intention (TI) is the cognitive stage that precedes actual turnover. TI refers to one's mental decision or thought about remaining at or leaving a job [3]. TI is a significant predictor of actual turnover [4,5]. Therefore, employees' TI represents a crucial area of research in career and organizational literature.

Many factors have been studied to evaluate their potential impact on reducing TI, such as the presence of career development programs and training [6], satisfaction, implementation of fair salary raise [7] and payment and rewards [8]. One additional factor that has been discussed in literature and requires more attention is supervisor support in the workplace.

Background and Purpose

The purpose of this systematic review of the literature was to review and critique the published empirical research on supervisor support as an approach to reduce TI, and make recommendations for further research. Support in the workplace can be categorized into two main areas: proximal and distal. Proximal support focuses on the ways in which employees perceive support from their immediate supervisors. Distal support occurs at the organizational level and focuses on availability of policies and programs that promote support to employees generally [9].

This review will focus on proximal support or supervisor support. Supervisor support refers to how employees perceived that their immediate supervisors value their work- contributions and care

about their comfort [10]. Supervisor support, which is more commonly referred to Perceived Supervisor Support (PSS) in the literature, was negatively related to employee turnover [11].

In addition to the direct effect on turnover, the PSS has an indirect effect on the TI. Researchers have suggested that the relationship between PSS and TI is mediated through other factors such as job satisfaction [12], and perceived organizational support [11].

Method

The five steps for conducting a systematic review was adopted [13]. These steps include (a) framing questions, (b) identifying relevant studies, (c) assessing the quality (d) summarizing the evidence, and (e) interpreting the findings. Electronic databases CINAHL, Academic Search Complete, Business Source Premier, Education Research Complete, Health Source, and Psyc info were searched using a combination of keywords; Supervisor Support OR Supportive supervisions, and Turnover Intention OR Intention to quit. References of all included studies were searched manually for additional studies. The inclusion criteria for the studies were: (a) published in English language between 1995 and 2016, and (b) reported the associated between supervisor support and TI.

To assure the quality of the systematic review, the Effective Public Health Practice Project (EPHPP) Quality Assessment Tool for Quantitative Studies [14] was used to assess each of the studies. Based on the tool's standard criteria, each component was rated as 'strong', 'moderate' or 'weak'. Each study was evaluated separately using this tool. An overall quality rating was determined based on review of all the component ratings. Studies with an overall rating of strong and moderate were included. Studies with an overall rating of weak were excluded from this review

Results

In total, 531 publications were located using the search strategy and identified databases. Articles were exported into reference manager software, Ref works, for easy removal of duplicates; 318 unique publications remained after de-duplication. After reading titles and abstracts, a total of 14 articles were selected. Examination of the reference lists of these 14 articles revealed eight more articles to be included in the review. Therefore, a total of 22 articles were selected for full paper examination. Each study was assessed using EPHPP quality assessment tool and those with weak overall score were excluded. A final total of 12 articles were included in this systematic review. The steps for screening and selection are illustrated in the PRISMA flow diagram in Figure 1.

The sample studies were published between 1995 and 2015 and were mainly conducted in the USA (n=7) and Europe. The European countries included Italy, France, Ireland, and Norway; each with one study. Only one study was conducted in Asia (Malaysia). With regard to the designs of the studies, only one employed a randomized, controlled trial (RCT) design using a pretest-posttest approach, whereas the rest of the studies adopted a cross-sectional, quantitative approach. All studies

involved adult workers and used a sample size ranging from 239-1240. Only one study involved registered nurses [15]. The characteristics of samples are presented in Table 1.

Synthesis of Literature

Types of supervisor support behaviors

Across the studies, there were two main types of supervisor support: work-related supervisor support and family-related supervisor support. Eight studies examined the work-related supervisor support, which commonly was called Perceived Supervisor Support (PSS). Examples of PSS behaviors included: recognition, encouragement, and positive feedback [15]. Two studies examined the family-related supervisor support, including behaviors such as listening and showing care for employees' work–family demands, and responding to an employee's family needs in the form of day-to-day management [16]. Two studies examined both PSS and family-related support. However, only one of these two studies [17] reported the correlation between family-related supports and TI. Types of supervisor support by study are presented in Table 2.

Six studies adopted the [18] definition of supervisory support and defined PSS as an employee's perception of support that is offered by an immediate supervisor, in terms of both valuing their contributions and caring about their well-being and work-related interests [2,9,11,19-21,]. In regard to the measurement of PSS, eight studies used the Survey of Perceived Organizational Support, (SPOS). The SPOS was used after replacing the word organization with the supervisor with no changes to the instrument items or scoring.

Family-related support was defined as a set of behaviors, showed by supervisors that are supportive of employees' family needs [16]. This type of support was described as a multidimensional concept consisting of four types of behaviors: emotional support, instrumental support, role model behaviors, and proactive creative work-family management [16]. In fact, Hammer and coauthors [16] used three different scales to measure family-related supervisor support throughout the development and validation of their scale, Family Supportive Supervisor Behaviors (FSSB). The FSSB scale was developed to measure all four aspects of family-related supervisor support behaviors. Among the four studies examining family-related support, three studies used the FSSB scale [16,17,22] while the fourth study [23] used a scale that measure only the emotional aspects of support.

Supervisor support and TI

All 12 studies included in the review consistently found a negative association between supervisor support and TI. There were variations in the strength of the relationships among the studies. The strength of the correlation between supervisor support (PSS and FSS) and TI ranged from weak to moderate (Table 2).

Kalidass and Bahron [24] found that 16.1% variances in TI was explained by PSS (R^2=16.1, p<0.01). Authors used Beta value to report the negative relationship between PSS and TI, as indicated by the value of (β=-0.402, p<0.01), which was similar to the findings
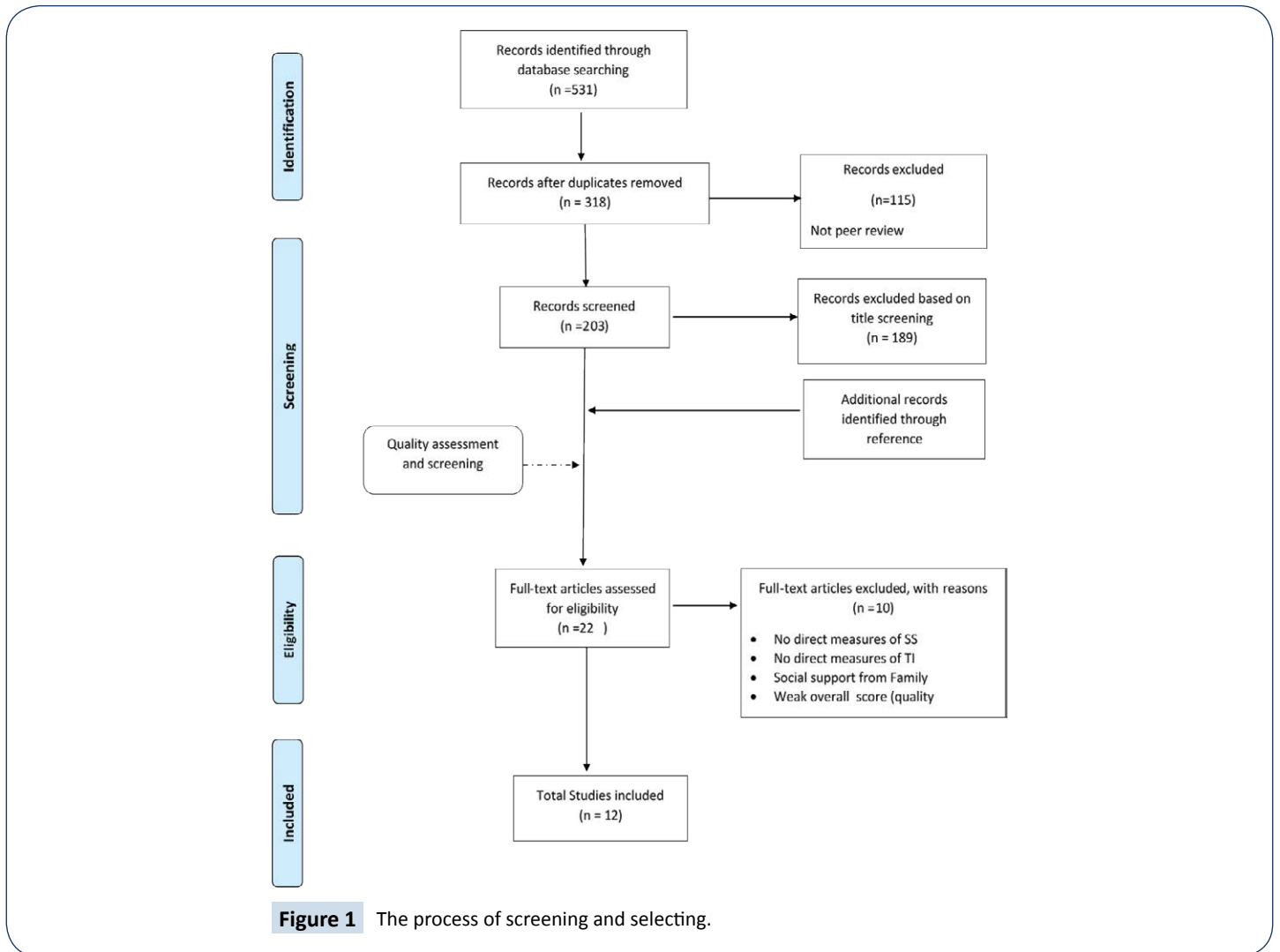
Figure 1 The process of screening and selecting.

Table 1: The characteristics of participants.

Study	Profession	Sample size (% Male/ % Female)
Dawley [2]	Employees in a manufacturing facility	346 (90/10)
Hammer [16]	Employees at information technology division	823(61/39)
Eisenberger [10]	Employees of a Belgium university	521(72/28)
Galletta [15]	Nurses	1240 (19/82)
McCarthya [9]	Employees from 15 organizations.	729 (47/52)
Kuvaas [20]	Employees at telecommunications org.	331 (70/30)
Hammer [22]	Employees at grocery stores	239 (22/77)
DeConinck [21]	Salespeople	384 (78/23)
Hammer [16]	Employees at grocery store	360 (27/73)
Bagger [23]	Employees at institution of higher education	82 (53/47)
Kalidass [24]	Employees from eight hotels	260 (NA)
Maertz [19]	Social workers	375 (18/82)

by Kuvaas and Dysvik [20] ($\beta=-0.51$, $p<0.001$). In the randomized controlled study, Hammer and coauthors [22] developed and evaluated an FSSB training program where supervisors received both face-to face and computer-based training. After completing the FSSB training, authors measured TI and found that the level of TI was decreased among the employees of those supervisors who participated in the training.

Three studies [2,11,19] revealed that the relationship between PSS and TI was mediated by Perceived Organization Support (POS). Kuvaas and Dysvik [20] also found the relationship between PSS and TI was mediated by the Perceived Investment in Employee Development (PIED), which is a form of POS. Despite these findings regarding mediating variables there was an inconsistency regarding whether the mediation was complete

Table 2: Summary of included studies.

Authors/year	Support	Theory	Association between Support and TI
Dawley [2]	PSS	SET	Correlation between PSS and TI r=−0.227, p<0.001 PSS is a predictor of POS, and POS is a predictor of TI
Hammer [17]	PSS and FSSB	SST	Using FSSB scale (β=-0.24, p<0.001) FSSB-SF scale) β=-0.35, p <0.001(Study 2, FSSB-SF (r-0.31, p<0.05)
Eisenberger [11]	PSS	OST	Correlation between PSS and TI (r=-0.11, p<0.05) Correlation between POS and TI (r=-0.24, p<0.001)
Galletta [15]	PSS	Person-Env. Fit Theory	(r-0.18, p<0.01)
McCarthya [9]	PSS	SST	(r=-0.36, p<0.05)
Kuvaas and Dysvik [20]	PSS	SET OST	(r=-0.51, p<0.001)
Hammer [22]	FSSB	SST OST	No significate change in TI post FSSB intervention (r=-0.34, p<0.01).
DeConinck [21]	PSS	SET, Org. Justice	(r=-0.24, p<0.01)
Bagger [23]	FSSB	SET	(r =-0.34, p<0.01)
Kalidass [24]	PSS	SET	(β =-0.402, p<0.01), (R2=16.1, p<0.01)
Maertz [19]	PSS	theory of org. equilibrium	(r=-0.35, p<0.05).
Hammer [16]	PSS and FSSB	SST	Correlation between FSSB and TI (r-0.24, p<0.05)

SET: Social Exchange Theory; **SST:** Social Support Theory; **OST:** Organizational Support Theory

or partial. Only Eisenberger [11] claimed that POS fully mediates the relationships between PSS and TI. Findings from other studies argued that POS was a partial mediator [2,19,20]. Finally, additional variables, such as normative commitment, leader–member exchange, also were found to serve as mediators for relationship between PSS and TI [19,23].

In summary, a total of 12 studies were reviewed to synthesize findings about the relationship between supervisor support, either PSS or FSSB, and TI. All studies indicated a negative association between supervisor support and TI. Employees who perceived that their supervisors cared about them and valued their contributions reported lower levels of TI [2,11,19].

Discussion

Alarming rates of nurses' turnover should force healthcare organizations, leaders, and policy makers to adopt innovative approaches to retain their current nursing workforce. The link between nursing turnover and patients' safety was the main topic of the Careful Nursing Conferences [25], where many leading health service policy-makers shared their concern. They identified that in a situation with high turnover rate among nurses, additional workload and responsibilities would be placed on those remaining. This situation would decrease time spend caring for each patient; therefore, the quality of patient care will be compromised and some patients needs will be neglected [25].

Many factors have been discussed in the literature to improve the retention of nurse workforce such as career development programs and training, job satisfaction, pay and benefits [6-8]. In addition, positive workplace environments have been well recognized as a positive influence on nurse retention and improved quality of patient care [26]. Nurse supervisors and managers play a substantial role in developing and maintaining a positive workplace environment. Therefore, nurse mangers need

to identifying strategies that enhance nurse retention by creating more positive workplace environments [27]. Showing support in the form of respect, care, and recognition by the nurse manger can help in creating a positive environment that reduces TI and enhances nursing retention [28].

The result of this systemic review adds to the growing body of research about the significant impact of supervisor behaviors and attitudes on their followers. Supervisor support could influence employee decision to not leave their current positions. Receiving support in the form of respect, care, and recognition by the nurse supervisor will be more essential than pay and benefits [29]. One nurse participating in a qualitative study revealed that she made a decision to leave her workplace because she did not feeling cared for by the nurse supervisor [28].

This systematic review of the literature identified studies used to exploring the impact of supervisor support on employees' TI. Upon review across studies, findings indicated a negative association between supervisor support and TI. Employees who believed that their supervisors cared about their well-being and valued their contributions showed decreased TI [2,11,19]. However, there were inconsistencies reported regarding the strength of this relationship.

Another area with inconsistencies across studies involved mediators of the PSS and TI relationship. POS was identified as an important variable in understanding the relationship between PSS and TI [11,19]. As explained by Eisenberger [11] supervisor support can be interpreted as representative of POS. Therefore, support from a supervisor could influences TI by affecting the employee's perceptions regarding organization support. Day-to-day contact with employees allots supervisors more opportunities to demonstrate support than does the organization itself. Thereby, PSS is more obvious to employees than POS levels [19] and thus also easier to measure.

Supervisors support was measured by researchers using different scales. The FSSB scale was the only scale used that measured the four dimensions of family-related supervisor support: emotional support, instrumental support, role modeling behaviors, and creative work-family management. Although this scale showed excellent reliability (α.94), there were limited studies in which this scale was used (n=3). Scholars are encouraged to use the FSSB scale to measure different dimensions of support beyond the emotional support. This scale included different behaviours under each type of family support which can facilitate further knowledge development; especially potential training and development programs including interventions.

Although all the tools used to measure the supervisor support behavior included some examples of supportive behaviours, there was a lack of discussion by researchers about specific types of behaviors. Supportive behaviours need further identification and evaluation not only through quantitative research but also by adopting qualitative methods such as focus group. This type of research may help in developing a list of discrete example of supportive behaviors that can be used in intervention/ education programs for supervisors.

Among the studies reviewed, only one study used an interventional approach to assess the impact of supervisor training programs on staff TI. More interventional studies are needed to validate the effectiveness of training programs in order to clarify what behaviors have better outcomes by various groups or types of employees. More interventional studies could reduce the ambiguity about how to develop and implement FSSB programs.

Implications for Nursing and Health Policy

Support in the workplace could be viewed as a serious resource for reducing nursing turnover. Nursing supervisor and managers should be encouraged to improve their supportive behaviors since they are representing their organizations. Nursing administration should be encouraged to educate and train nursing supervisors about the importance of support and the relationship between PSS and TI for the benefit of the nurses, supervisors, and the organizations. The indirect impact of PSS on patient outcomes may also be an area for further research. In nursing education, the concept of supervisor support can be introduced to nursing students early in the nursing leadership and management curricula.

It is essential to know the circumstances under which supervisory support will yield the most impact on TI. Thereby, further studies are recommended to evaluate the influence of other factors on the relationships between supervisor supports and TI. Identifying

these variables may allow supervisors to appropriately demonstrate more appealing support to their employees.

One factor identified as a positive influence on reducing TI was POS [2,11]. Since the supervisors represent their organization, the PSS can be interpreted by employees as POS [11]. Organizations should not assume that supervisors always represent them favorably [19]. Therefore, one approach to improve POS could be through job descriptions and performance reviews of supervisors. Nurse Managers and supervisors need tangible examples of behaviors to adopt in order to meet the changing needs of the workforce. Therefore, a list of most influential supportive behaviors could be included in the job descriptions of nurse supervisors.

Although positive effects of support are promising in reducing nursing TI, there are limited studies examining the impact of supervisor support among nurses population. As noted above, more research in this area is strongly recommended to identify implications for nursing especially with the shortage of registered nurses in the workforce. Understanding what registered nurses perceive as specific supportive behaviors as demonstrated by their supervisors can inform future plans designed to promote nurse manager behaviors that lead to nursing retention.

Within the current nursing shortage, nurses' retention has become a main concern for nurse leaders and policymakers. The result of this review may alert administrators and policymakers about the negative consequences of luck of support in the workplace. Creating supportive environment require big-picture thinking that involve thinking about policies and practices. In order to ensure the continuity of high quality patient care, healthcare organizations, and policy makers need to make every effort to sustain supportive work environment to retain qualified nurses and reduce turnover rates.

Conclusions

This systematic review points to the potential of decreasing TI by improving supervisors' support behaviours. Although there are discrepancies within the literature regarding the strength of the association between supervisor support and TI, evidence suggests that supervisor support could impact employees' intention to leave. For nurses, receiving support by expressions of respect and recognition by the nurse manager can be more important than financial rewards (9). Supervisor support is an innovative approach with promising potentials; though, this systematic literature review suggests that there is much to be learned regarding how supervisory support can function as a tool to reduce TI. This is especially an area for further research in nursing to reduce the likelihood of unwanted turnover by creating a better work environment that support nursing practice and the life demands of nurses.

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