Perceived Nursing Supervisor Support and its Relation to Turnover Intention among Staff Nurses

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ABSTRACT

The quality of the relationship between nurses and their supervisor may contribute to eliminate intention to leave workplace by nurses. **The study aimed to** identify perceived nursing supervisor support and its relation to turnover intention among staff nurses. **Research design:** A comparative correlational design was utilized to meet the aim of this study. **The study setting:** this study was conducted at critical and non-critical care units at Benha University Hospital. **The study sample:** composed of all staff nurses (293) who are working in the above mentioned setting; 149 of staff nurses working at non-critical care units and 144 staff nurses working at critical care units. **Tools: two tools were used** for data collection; Perceived Nursing Supervisor Support Questionnaire and Turnover Intention Questionnaire. **Results:** more than two fifth of staff nurses had moderate perception level regarding nursing supervisor support at critical and non-critical care units. Staff nurses working at critical care units had higher turnover intention level than staff nurses working at non-critical care units. **Conclusion:** there was highly statistically significant negative correlation between perceived nursing supervisor support and staff nurses' turnover intention at critical and non-critical care departments. **The study recommended:** that nursing supervisors should be trained to provide constructive feedback and support to their staff nurses which may help to decrease turnover intention.

Key words: Staff nurses, supervisor support - turnover intention..

Introduction

Staff nurses often work in problematic practice environment, characterized with various difficulties and stress-factors that can undermine staff nurses' full capacity to provide excellent care. International insights and empirical studies show the importance of balanced, healthy and supportive nurse practice environment and psychosocial work environments to achieve and sustain stable and high performance. These types of nurse practice environment characterized by high levels of job satisfaction and engagement, relatively low levels of stress, burnout and turnover rates, as well as favorable scores on quality of care and patient safety indicators **(Van Bogaert et al., 2014)**.

Perceived supervisor support (PSS) is a common view of employees concerning the extent to which supervisors value their contributions and care about their well-being, interests and welfare **(Anjum and Naqvi, 2012)**. Supportive supervisor behaviors include emotional support, instrumental support, role modeling behaviors and creative work-life management. Supportive supervisors improve teamwork issues; enhance subordinates' job satisfaction and career satisfaction and lower turnover rate **(Achour et al., 2013)**. In the work context,

supervisor support is an important work-related resource, it aids in achievement of nurses' work goals and, it may buffer the pressure and job stress of nurses, which, lead to greater work engagement (**Suan and Nasurdin, 2016**).

Supervisor support includes four dimensions: emotional support, instrumental support, role modeling behaviors, and creative work-life management (**Kopp, 2013**). *Emotional support* pertains to how much a supervisor cares about nurses' feelings and listens to them. It involves the extent to which supervisors make nurses feel comfortable discussing family-related issues, express concern for the way that work responsibilities affect family, *instrumental support* focuses on the supervisor's ability to administer and provide daily resources or services to assist nurses in their efforts to successfully manage their dual responsibilities in work and family roles such as flexible work schedules and other work accommodations (**Kwan, 2014; Meglich et al., 2016**).

Role modeling behaviors of supervisors refer to the supervisor exhibiting how to handle work family issues and allowing nurses to observe and learn. *Creative work-family management* is the supervisor's ability to implement and shape work practices to accommodate the interests of both the organization and nurses' work-family roles in order to create a win-win situation for all and to facilitate nurses' effectiveness on and off the job. Creative work-family management is proactive, more strategic, and innovative. It is unlike instrumental support, which is more individually oriented, reactive, and typically initiated in response to a nurse's request (**Hammer et al., 2009; Kossek et al., 2014; Neglia, 2015**).

Turnover intention is one's voluntary intention to cease from being employed by the current employer. It is a conscious wilfulness to leave the organization from the nurse's own wills to evaluate other opportunities. It is thought of turnover intentions that lead to an actual turnover. Turnover intention has critical importance to organizations because it influences stability and productivity and it proves to be very costly (**Nawaz et al., 2015; El-Sakka, 2016; Osman et al., 2016; Klerk and Stander, 2014**). **Seid, (2015)** found that 54.9 % of nurses in Addis Ababa had high intention to leave their organization and also, the finding was higher than Sidama zone public health facilities (50%), South Africa (51.1%), Saudi Arabia (40.4%) and Egypt (18.4%) and lower than Republic of Ireland (60%) and Lebanon (67.5%).

Turnover may be involuntary or voluntary. *Involuntary turnover* is initiated by the organization. It includes terminations or redundancies due to unacceptable behavior, job performance problems, or as a result from corporate downsizing due to organizational restructuring or cost-reduction program to improve effectiveness and increase shareholder value. In contrast *voluntary turnover* is initiated by the nurses, and may be avoidable or unavoidable. The unavoidable voluntary turnover may be due to circumstances beyond the nurse's control such as nurse's death or spouse's relocation, while the avoidable voluntary turnover may be prevented by certain organizational change actions such as pay increases, promotions, or job enrichment programs that increase job satisfaction and commitment to the organization (**Yemi-Sofumade, 2012**).

Also, turnover can be classified into functional or dysfunctional according to the impact of nurse turnover on the organization. *Functional turnover* occurs when poor performers leave an organization. This type of turnover doesn't harm the organization in the long term. Instead, it benefits the organization by excluding poor performers, maximizes the cost savings as a result of unpaid bonuses to outgoing nurses, and the introduction of new nurses to replace outgoing nurses results in the introduction of new ideas, creativity and innovation into the

organization. *Dysfunctional turnover* occurs when high performers leave an organization. It causes severe disruptions of the organization as loss of productivity, compromised quality of work produced by the departing nurse, and loss in competitive advantage for the organization within the marketplace **(Radford, 2013)**.

The consequences of nurse turnover include nursing care outcomes and patient outcomes. *Nursing care outcomes* as high nursing turnover can threaten the well-being of individual nurses, it is associated with deterioration in nurse's mental health status. When staffing shortages, there was high nurse-to-patient ratios resulting in decreased quality of care, also increase the rate of medication errors, falling incidents and adverse event incidents**.** *Patient outcomes* as high nurse turnover increase patients' dissatisfaction with care. Additionally, the churn (changes in staffing numbers and mix) created by excessive turnover and the resulting of newly hired staff, part-time staff, and temporary staff produces adverse outcomes for patients, lack of continuity of care and decrease nurses' productivity **(Hayes et al., 2012)**

Supervisor support helps nurses in improving work skills and developing career plans, and supervisor can also provide ongoing feedback, facilitate learning, and offer the overall support necessary for nurses. The supportive environment which provided by supervisors is important for nurses to believe that their future work selves are attainable, and may be an added benefit for employees to perform these developmental behaviors and become more engaged in their work. However, low supervisor support may signal to nurses that their aspirations to achieve their ideal future work selves are not important and may deter employees from seeking developmental opportunities to advance their careers and develop themselves. Nurses who believed that the supervisor valued their contributions and cared will tend to decrease the turnover and

positively related with work engagement **(Arakeri, 2013; Ying et al., 2013)**.

Significance of the study

The researcher observed at different units of Benha University Hospital that some nurses intented to leave their workplace and searching for work opportunity in another hospital and tend to leave their current department due to many causes. Some of these causes are overload of work, low salary and benefits compared to their effort, rigid work schedules, rigid supervisors' relations, and lack of support. Health Care organizations require a stable, qualified and engaged nursing staff to provide effective level of patient care and attain the customer satisfaction. Therefore it is crucial for organizations and direct supervisors to support their staff nurses in order to decrease the pressure and keep nurses satisfied with their job and reduce their intention and willingness to leave workplace so this study conducted to examine the relationships between perceived nursing supervisor support and turnover intention among staff nurses at Benha University Hospital.

Second tool: **Turnover Intention Questionnaire:** Structured questionnaire developed by the researcher based on literature review **(Roodt, 2008; Peterson, 2009; Jourdain & Chênevert, 2010)** to assess to what extent staff nurses intent to leave their work. It includes 12 items.

Scoring system: Subjects' responses were measured on a five point Likert Scale ranged from (1) never to (5) always. The scoring system was reversed for negative items. The scores of each dimension summed up and converted into percent scores. The intention to turnover was considered high if the percent score was more than 75%, it considered moderate if the percent score was ranged from 60 to 75%, while it considered low if the percent score less than 60%.

Tools validity: Face and content of study tools were validated by jury group consisted of nine experts from nursing administration and psychiatric nursing from Cairo University, Menofia University and Zagazig University. It took one month (March) 2016. Minor modifications were done based on jury opinions (modification in the verbs).

Reliability of instrument: It was measured using cronbach's Alpha. Perceived nursing supervisor support was 0.964 and turnover intention was 0.778.

Pilot study: was carried out in April 2016 to ascertain the clarity and applicability of the study tools. 30 staff nurses were included in the pilot study representing 10 % of total study subjects. It has also served in estimating the time needed for filling the tools. It ranged between 20-30 minutes. No modification was needed and the pilot included in the study.

Field work

Data collection took about three months from beginning of May 2016 to end of July 2016. The researcher met staff nurses and explained the aim and the nature of the study and the method of filling questionnaire. This was done individually or through group meetings. The researcher distributed the questionnaire sheets to the participated staff nurses to fill it in work times which determined before with head nurse of each unit according to type of work and work load. Data collected three days /week in the presence of the researcher to clarify any ambiguity. The average number of sheets filled per week was ranged between 20-26.

Ethical consideration

Before conducting the study, explanation of the nature and aim of the study have been explained to staff nurses included in the study. All subjects were informed that participation in the study is voluntary and informal consent was obtained from each participant in the study. Confidentiality of data obtained was protected by the allocation of a code number to the questionnaire sheets. Subjects were informed that the content of the tools will be used for the research purpose only. Participants' right to withdraw from the study at any time was ascertained.

Administrative Design

An official permission was issued from Dean of the Faculty of Nursing to the Director of Benha University Hospital for taking their permission to conduct the study, and seek their support. The researcher met head nurse of each department to determine suitable time to collect data from her staff.

Statistical design

Data were verified prior to computerized entry. The Statistical Package for Social Sciences (SPSS version 20.0) was used. Descriptive statistics were applied in the form of mean and standard deviation for quantitative variables and frequency& percentages for qualitative variables. Qualitative categorical variables were compared using chi-square test. Pearson correlation coefficient was calculated between variables. Whenever the expected values in one or more of the cells in 2x2 tables was less than 5, Fisher exact test was used instead. Statistical significance was considered at p-value $p < 0.05$, and considered highly statistically significance at p-value $p < 0.001$.

Results

Table (1) shows that most of staff nurses (84.0%) who working at critical care units had age less than 30 years while slight less than one quarter (24.8%) had the same age were working at non-critical care units. Regarding to gender, the majority of staff

nurses were female at critical and non-critical care units (95.8%, 100 %) respectively. Regarding to years of experience at current unit, less than two thirds of staff nurses (65.3%) at critical care units had less than 5 years of experience, while more than half of staff nurses (66.4%) at non-critical care units had more than 10 years of experience in the unit.

Table (2) Shows domains of nursing supervisor support, in relation to emotional support: more than half of staff nurses had high perception level regarding staff nurses can talk with supervisor effectively to solve conflicts of work and non-work issues at critical and non-critical care units (64.6% & 51.0%) respectively. While at critical care units, three fifth of staff nurses had low perception level regarding supervisor is willing to listen to problems and try to meet nurses' needs (61.1%&59.7%) respectively.

Regarding instrumental support: Reveals that more than half of staff nurses (52.1%) who working at critical care units had low perception level regarding nurses can depend on supervisor to help them when there is scheduling conflicts. While more than one third of staff nurses (41.6%) who working at non-critical care units had low perception regarding supervisor keeps nurses informed of any decisions that were made in regards to their patients. There were statistically significant difference between staff nurses in two different units and instrumental support.

In relation to role model: Shows that slight more than one third (34.0%) of staff nurses who working at critical care units had moderate perception regarding supervisor demonstrates how a nurse can jointly be successful on and off the job. While at non-critical care units, less than one third of staff nurses (30.2%) had moderate perception level regarding supervisor encourages nurses in difficult situations and supervisor demonstrates effective behaviors in how to juggle work and non-work balance.

Regarding creative work-family management: Clarifies that more than half of staff nurses who working at critical care units and more than one third of staff nurses who working at non- critical care units had low perception regarding supervisor acts without consulting the work group and supervisor does not allow voicing of different opinions from nurses. There were Statistical significant differences between two groups in all items related work-family management as a domain of nursing supervisor support except supervisor acts without consulting the work group.

Figure (1) Shows that more than two fifth of staff nurses who working at critical and non-critical care units had moderate perception level regarding nursing supervisor support (45.2% & 40.3%) respectively. Meanwhile about one fifth of staff nurses working at critical care units had high perception level regarding supervisor support.

Table (3) Shows that more than half of staff nurses (55.6%) who working at critical care units and the majority of staff nurses (85.9%) working at non-critical care units had low level regarding nurses scan newspapers and other forms of social media for job opportunities. There was highly statistically significant difference between staff nurses in both groups regarding nurses think for leaving current job, nurses scan newspapers and other forms of social media for job opportunities, nurses' most important needs at work are compromised, the probability that nurses will leave current job, current job affects nurses' personal wellbeing and generally, and generally nurses have intention to turnover the work. Also, there was no statistically significant difference between staff nurses and nurses look forward to another day at this work.

Figure (2) Clarifies that more than two fifth of staff nurses had high turnover intention at critical care units, while the same

percent had high intention to stay at non-critical units.

Table (4) Demonstrates that there was a highly statistically negative correlation between perceived nursing supervisor support and staff nurses' turnover intention in the studied units.

Aim of the study

Identify perceived nursing supervisor support and its relation to turnover intention among staff nurses at Benha University Hospital.

Research Questions

1. What is the level of nursing supervisor support that perceived by staff nurses at critical and non-critical care units?

2. Is there difference between staff nurses at critical and non-critical care units regarding their intention to leave their work?

3. Is there a relationship between perceived nursing supervisor support and turnover intention among staff nurses?

Subjects & methods

Design: A comparative correlational design was used to achieve the aim of the present study.

Setting: The current study was conducted at Benha University Hospital in the following departments: ten non-critical care units include medical departments (medicine units, 1, 2, 3, 4, 5, and Hepatic Unit) and surgical departments (Orthopedic, Obstetric and Genecology, Male and Female surgery and Urology) and nine Critical Care Units (Intensive Care Unit (ICU), medium ICU, emergency ICU, Hepatic ICU,

Coronary Care Unit (CCU), chest ICU, chest and heart ICU, pediatric ICU, and pediatric incubator). Total number of bed at this hospital is 880. The hospital composed of three separated buildings; medical building (478 beds), surgical building (384 beds) and Ophthalmology building (18 beds).

Subjects: convenient sample composed of all staff nurses (293 staff nurses) who are working in the above mentioned departments at hospitals; 149 of staff nurses working at non-critical units as medical surgical units (medical units 77 staff nurses, surgical units 72 staff nurses) and 144 staff nurses working at critical care units.

Tool of data collection: Data of the present study was collected by using two tools namely; Perceived nursing supervisor support questionnaire and Turnover Intention Questionnaire

First tool: **Perceived nursing supervisor support questionnaire**: structured questionnaire developed by the researcher based on literature review **(McGilton, 2005; Hammer et al., 2009)**. It aims to assess supervisor support as perceived by staff nurses. It included two parts:-

First Part: It included personal data about staff nurses as (age, gender, marital status, work unit, qualification, and experience years at current unit).

Second Part: It contains 32 items divided into four categories; emotional support (7 items), instrumental support (9 items), role model (6 items) and creative work family management (10 items).

Scoring system: Subjects' responses were scored on a five point Likert Scale ranged from (1) strongly disagree to (5) strongly agree. The score was reversed for negative items. Scores of each dimension summed up and converted into percent scores. The perception was considered high if

the percent score was more than 75%, moderate if the percent score was ranged from 60 to 75%, while it considered low if the percent score less than 60%.

Table (1): Personal characteristics of staff nurses (n=293)

Items	Staff nurses at Critical care units (n=144)		Staff nurses at Non-critical care units (n=149)	
	No	%	No	%
Age				
< 30 years	121	84.0	37	24.8
30 - 40 years	20	13.9	48	32.2
> 40 years	3	2.1	64	43.0
Mean ± SD	25.83±4.64		36.07±7.42	
Range	20 - 47		19 -50	
Gender				
Female	138	95.8	149	100.0
Male	6	4.2	0	0.0
Experience years at current unit				
< 5	94	65.3	19	12.8
5 - 10	40	27.8	31	20.8
>10	10	6.9	99	66.4
Mean ± SD	5.24±4.06		14.45 ±7.87	
Range	1-22		1-33	

Table (2): Staff nurses perception levels regarding domains of nursing supervisor support (n=293)

	Staff nurses at Critical care units (n=144)						Staff nurses at Non-critical care units (n=149)						x^2	p–value
	High		Moderate		Low		High		Moderate		Low			
	No	%	No	%	No	%	No	%	No	%	No	%		
Emotional support														
Supervisor is friendly.	38	26.4	51	35.4	55	38.2	43	28.9	28	18.8	78	52.3	10.900	0.004*
Supervisor is willing to listen to problems.	34	23.6	22	15.3	88	61.1	56	37.6	20	13.4	73	49.0	6.787	0.034*
Supervisor tries to meet nurses' needs.	25	17.4	33	22.9	86	59.7	48	32.2	24	16.1	77	51.7	9.082	0.011*
Nurses can talk with supervisor effectively to solve conflicts of work and non-work issues.	93	64.6	28	19.4	23	16.0	76	51.0	28	18.8	45	30.2	8.745	0.013*
Instrumental support														
Nurses can depend on supervisor when there is scheduling conflicts.	46	31.9	23	16.0	75	52.1	51	34.2	39	26.2	59	39.6	6.214	0.045*
Supervisor keeps nurses informed of any decisions that were made in regards to their patients.	35	24.3	35	24.3	74	51.4	70	47.0	17	11.4	62	41.6	18.876	0.000**
Role model														
Supervisor encourages nurses in difficult situations.	48	33.3	40	27.8	56	38.9	67	45.0	45	30.2	37	24.8	7.232	0.027*
Supervisor demonstrates effective behaviors in how to juggle work and non-work balance.	35	24.3	47	32.6	62	43.1	56	37.6	45	30.2	48	32.2	6.588	0.037*
Supervisor demonstrates how a nurse can jointly be successful on and off the job.	39	27.1	49	34.0	56	38.9	47	31.5	31	20.8	71	47.7	6.482	0.039*
Work-family management														
Supervisor acts without consulting the work group.	37	25.7	31	21.5	76	52.8	52	34.9	30	20.1	67	45.0	3.026	0.220
Supervisor does not allow voicing of different opinions from nurses.	25	17.4	44	30.6	75	52.0	50	33.6	39	26.2	60	40.2	10.219	0.006*

* Statistical significant (P < 0.05)   **** highly statistical significant (P < 0.001)**
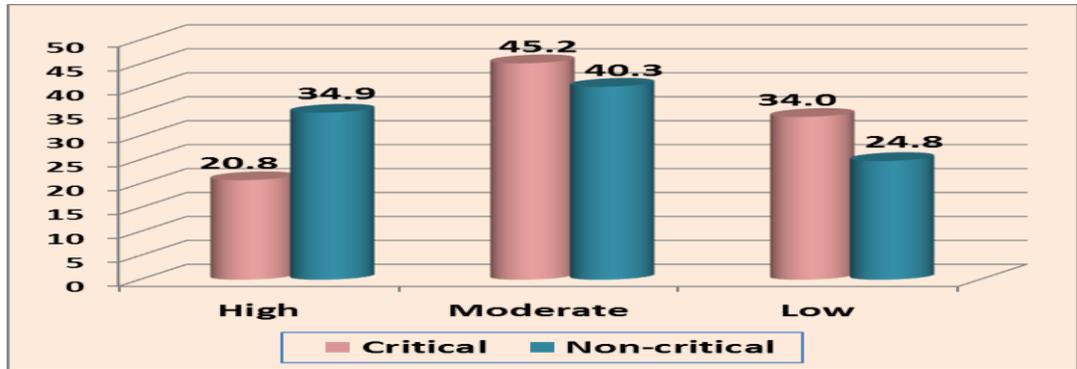
Figure (1): Total staff nurses perception levels regarding supervisor support

Table (3): Distribution of staff nurses regarding turnover intention (N=293)

Items	Staff nurses at Critical care units n=144						Staff nurses at Non-critical care units n=149						x^2	p-value
	High		Moderate		Low		High		Moderate		Low			
	No	%	No	%	No	%	No	%	No	%	No	%		
Think for leaving their current job.	44	30.6	31	21.5	69	47.9	21	14.1	23	15.4	105	70.5	16.691	0.000**
Scan newspapers and other forms of social media for job opportunities.	34	23.6	30	20.8	80	55.6	13	8.7	8	5.4	128	85.9	33.121	0.000**
Current job satisfies their personal needs.	69	47.9	45	31.3	30	20.8	71	47.7	62	41.6	16	10.7	6.907	0.032*
Workplace is jeopardized.	123	85.4	19	13.2	2	1.4	108	72.5	33	22.1	8	5.4	8.260	0.016*
Most important needs at work are compromised.	74	51.4	39	27.1	31	21.5	45	30.2	61	40.9	43	28.9	13.772	0.001**
The probability that nurses will leave their current job.	70	48.6	40	27.8	34	23.6	34	22.8	41	27.5	74	49.7	27.211	0.000**
Look forward to another day at this work.	57	39.6	54	37.5	33	22.9	61	40.9	51	34.3	37	24.8	0.365	0.833
Family responsibilities prevent nurses from leaving their current work.	75	52.1	37	25.7	32	22.2	64	43.0	31	20.8	54	36.2	6.945	0.031*
Current job affects nurses' personal wellbeing.	92	63.9	30	20.8	22	15.3	52	34.9	47	31.5	50	33.6	25.675	0.000**
The trouble of relocating prevents nurses' from leaving their current employer.	58	40.3	46	31.9	40	27.8	45	30.2	39	26.2	65	43.6	8.087	0.018*
Prefer to stay in work if they have freedom to choose.	73	50.7	40	27.8	31	21.5	96	64.4	25	16.8	28	18.8	6.661	0.036*
Generally, nurses have intention to turnover the work.	68	47.2	26	18.1	50	34.7	30	20.1	29	19.5	90	60.4	26.249	0.000**

* Statistical significant (P < 0.05)   ** highly statistical significant (P < 0.001)
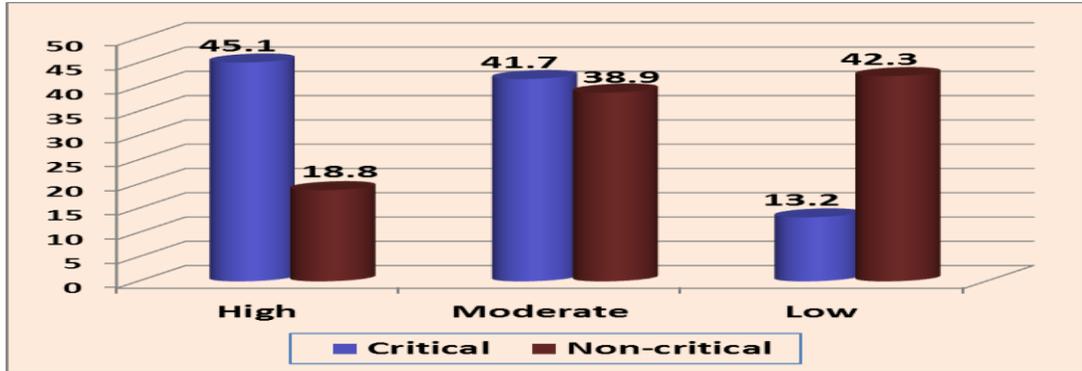
Figure (2): Distribution of staff nurses regarding total turnover intention

Table (4): Correlation coefficient between turnover intention and perceived nursing supervisor support of staff nurses.

Variables	Turnover intention			
	Critical care units		Non-critical care units	
	r	P	r	P
Perceived nursing supervisor support	- 0.621	0.000**	- 0.653	0.000**

** highly significant at (P < 0.01)

Discussion

The present study aimed to identify perceived nursing supervisor support and its relationship with turnover intention among staff nurses. That can be achieved through assessing level of nursing supervisor support as perceived by staff nurses, assessing to what extent the staff nurses intent to leave their work and exploring the relationship between perceived nursing supervisor support and turnover intention among staff nurses at Benha University Hospital.

I. Nursing supervisor support level as perceived by staff nurses

Concerning nursing supervisor emotional support, the results of present study revealed that more than half of staff nurses had high perception regarding they can talk with supervisor effectively to solve conflicts of work and non-work issues. This could be due to that supervisor communicates effectively with nurses and provides chance to express their problems for solving it together. Also, this could be due to close or friendly relationship between supervisor and staff nurses.

The result of present study was supported with **Vegsund, (2014)** who conducted a study

about "work engagement among nurses", and found that leader can foster communication and provide nurses the opportunity to express feelings and thoughts for sharing good experiences to reduce conflicts and solve problems in a constructive way.

In relation to, nursing supervisor instrumental support, the results of the present study revealed that more than half of staff nurses working at critical care units had low perception regarding nurses can depend on supervisor in scheduling conflicts. This could be due to the staff shortage and work-load prevent nurse supervisor to meet the desires of staff nurses about scheduling.

On the other hand, this result disagreement with **Yoerger et al., (2015)** who conducted a study about "participate or else!: the effect of participation in decision-making in meetings on employee engagement", and found that supervisors must show concern for the employee, such as taking time to listen or making efforts to be flexible with the work schedule.

Also, the present study finding revealed that more than one third of staff nurses working at non-critical care units had low perception regarding supervisor keeps nurses informed of any

decisions that were made in regards to their patients. This could be due to the supervisor doesn't have enough time to hold meeting for nurses to inform them new decisions. Also, supervisor not interest in explaining the reason for decision and its consequences.

This result of present study disagreed with **Lutter, (2011**) who conducted a study about "an exploration of registered nurses' intentions to leave the profession: a qualitative study", and found that nurses who perceive higher levels of structural empowerment, be more involved in decision-making, and have opportunities for professional development are less likely to intend to leave nursing.

Regarding nursing supervisor support as a role model, the results of the present study revealed that more than one third of staff nurses working at critical care units had moderate perception level regarding supervisor demonstrates how a nurse can jointly be successful on and off the job. This could be due to lack of supervisor training and experience prevents them to learn nurses how to judge and evaluate the conditions. Also the present study revealed that, approximately one third of staff nurses working at non-critical care units had moderate perception level regarding supervisor encourages nurses in difficult situations and supervisor demonstrates effective behaviors in how to juggle work and non-work balance. This could be due to that supervisors not provide support or advice for nurses about how to deal with difficult times and problems effectively, and most of them had bureaucratic style which concern with laws and regulations application.

This result aligns with **Siu et al., (2010)** who conducted a study about "role resources and work–family enrichment: the role of work engagement", and concluded that supervisor support considered as a role resource by providing instrumental advice, affective resources and expectation to motivate employees in achieving the work goals.

In relation to creative work-family management of nursing supervisor support, the results revealed that the staff nurses working at *critical* and non- critical care units had low perception level regarding supervisor acts without consulting the work group and supervisor does not allow voicing of different opinions from nurses.

This could be due to that supervisor may use autocratic leadership in some situation or not trust in nurses' opinions.

On the contrary with the previous finding, **Ying et al., (2013)** conducted study about "the employee engagement in nursing industry: a study on hospital-based nurses", and revealed that the voice opportunity increases the satisfaction level, willingness to accept the decision made and improve the performance and sense of engagement with the organization.

The results of the present study revealed that staff nurses working at critical and non-critical care units receive moderate support from the supervisor. This could be due to that lack of supervisors training to support nurses and increase their nurses' capabilities, performance, and development.

This finding of present study was agreement with **Galletta et al., (2011)** who conducted a study about "turnover intention among Italian nurses: the moderating roles of supervisor support and organizational support", and found that that the Italian nurses perceived moderate levels of care adequacy, job satisfaction and PSS.

On the other hand, the present study finding was inconsistent with **Momanyi and Kaimenyi, (2015)** who conducted a study about "an investigation into factors causing high nurse turnover in Mission Hospitals in Kenya: a case for Pcea Chogoria Hospital". They found that the majority of the respondents strongly disagreed that supervision is effective or supportive. Moreover, **KO, (2011)** who conducted a study about "group cohesion and social support of the nurses in a special unit and a general unit in Korea" found that there is no significant difference was found between types of units in terms of social support.

II. Turnover intention among staff nurses

Regarding turnover intention, the results of the present study revealed that the highest percentage of staff nurses who working at critical and non-critical care units had low level regarding nurses scan newspapers and other forms of social media for job opportunities. This could be due to that nurses may find other opportunities only through friends and colleagues. Also, they enjoy working in this hospital.

This result of the present study disagreement with **El-Sakka, (2016)** who conducted a study about "the relationship between person-organization fit, burnout, and turnover intention among academic staff" and **Rainayee, (2013**) who conducted a study about "employee turnover intentions: job stress or perceived alternative external opportunities", and stated that the individual deliberate intention to withdrawal from the organization to hunt for other alternatives job opportunities.

The study findings showed that staff nurses working at critical departments had higher turnover intention level than staff nurses working at non-critical care units. This difference could be due to critical care units characterized by excessive workload demands, staff shortage and dealing with life-threatening health problems. This leads to nurses' burnout and may affect their job satisfaction level, which affects their intention to leave.

In the same line, **Seid, (2015)** who conducted a study about "assessment of the magnitude and associated factors of turnover intention among nurses in Tikur Anbessa specialized hospital", found that nurses who had worked at emergency department were more likely to report turnover intention than who had worked at medical ward. Also, **Mohamed and Mohamed (2013)** who conducted a study about "impact of job demand and control on nurses intention to leave obstetrics and gynecology department", found that the nurses' intentions to leave were low.

III. The relationships between perceived nursing supervisor support and turnover intention.

Regarding the relationship between perceived nursing supervisor support and turnover intention, the result of the present study revealed that there was a negative significant relationship between perceived nursing supervisor support and nurses' turnover intention at critical and non-critical units. This might be related that supervisor provides nurses with constructive feedback, so they had less intention to leave.

This result was supported with **Kalidass and Bahron, (2015)** who conducted a study about "the relationship between perceived supervisor support, perceived organizational support, organizational commitment and employee turnover intention", **Carvalho, (2015)** who conducted a study about "clarifying the role of social support in the relationship between stressors and strains at work: the effect of self-construals", **Shacklock et al., (2013)**, **Galletta et al., (2013)** who conducted a study about "the roles of unit leadership and nurse–physician collaboration on nursing turnover intention", and **Newman et al., (2011)** who conducted a study about "the effects of perceived organizational support, perceived supervisor support and intra-organizational network resources on turnover intentions: a study of Chinese employees in multinational enterprises", found that there was a negative relationship between PSS and turnover intention.

Conclusion

In the light of the foregoing present study results, it can be concluded that, less than half of staff nurses had moderate perception level regarding nursing supervisor support. Also, staff nurses working at critical units had high turnover intention than staff nurses working at non-critical units. There was highly statistically negative correlation between perceived nursing supervisor support and staff nurses' turnover intention at Benha university hospital. These findings answer all research questions.

Recommendations

In the light of the findings obtained from the present study, the following recommendations are suggested:

1. Nurse supervisors should periodically meet their staff and encourage them to express their feelings, interests, voice their opinion and view about jobs.

2. Hospital management have to allow staff nurses' participation in decision making especially in issues related to them.

3. Create strategies that promote supportive work environment such as rewards, flexible work schedules, fair pay and benefits, safe working conditions, and training.

Future researches are suggested

1. Explore factors influencing staff nurses' turnover intention.

2. Relationship between perceived supervisor support and absenteeism.

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