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### ► To cite this version:

Tiphaine Huyghebaert, Nicolas Gillet, Ophéline Audusseau, Evelyne Fouquereau. Perceived career opportunities, commitment to the supervisor, social isolation: Their effects on nurses' well-being and turnover. *Journal of Nursing Management*, 2019, 27 (1), pp.207-214. 10.1111/jonm.12666 . hal-02397435

**HAL Id: hal-02397435**

**<https://hal.science/hal-02397435>**

Submitted on 21 Apr 2023

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**Perceived career opportunities, commitment to the supervisor, social isolation: Their effects on nurses' well-being and turnover.**

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This is the prepublication version of the following manuscript:

Huyghebaert, T., Gillet, N., Audusseau, O., & Fouquereau, E. (2019). Perceived career opportunities, commitment to the supervisor, social isolation: Their effects on nurses' well-being and turnover.

*Journal of Nursing Management*, 27(1), 207-214. <https://doi.org/10.1111/jonm.12666>

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**Abstract**

**Aim(s).** This research investigated the relationship between perceived career opportunities, affective commitment to the supervisor, and social isolation from colleagues on one hand, and nurses' well-being and turnover intentions on the other hand. In addition, this study explored the mediating role of affective commitment to the organization in these relationships.

**Background.** Prior research suggested that organizational commitment explained the effect of nurses' work environment on their turnover intentions. However, less is known about how organizational commitment may contribute to explain nurses' well-being.

**Method(s).** This research used a cross-sectional design. A sample of 244 nurses completed a questionnaire survey.

**Results.** Results indicated that affective commitment to the organization partially mediates the relationships between perceived career opportunities, affective commitment to the supervisor, and social isolation on one hand, and turnover intentions and well-being on the other hand. **Conclusion(s).** This study showed that the way nurses assess various aspects of their work experience transposes to their emotional bond to their organization, which in turn explains their well-being and turnover intentions.

**Implications for nursing management.** This paper identifies factors that could contribute to reduce nurses' intent to quit and promote their well-being.

**Keywords.** Perceived career opportunities, social isolation from colleagues, affective commitment, well-being, turnover intentions.

### **Aims and Background**

The shortage of qualified nurses has become a global obstacle with serious implications for the health of the many people who need to be provided with safe and effective care. In this context where they must try and provide quality care with little resources, nurses tend to allot lots of their personal resources to achieve their missions in the best possible way, which may jeopardize their well-being. Additionally, nurses are likely to seek a situation where they can preserve their personal resources and may consider quitting (e.g., Aiken, Sloane, Bruyneel, van den Heede, & Sermeus, 2013).

The current study aimed to examine whether perceived career opportunities (i.e., PCO), affective commitment to the supervisor (i.e., ACS), and social isolation could also offer leverage to increase nurses' well-being and reduce their turnover intentions. To the best of our knowledge, these variables were for the most part never investigated in the nursing profession and never or only scarcely studied in relation to nurses' well-being and turnover intentions (e.g., Vandenberghe & Bentein, 2009). Moreover, we looked into the mediating role of affective commitment to the organization (i.e., ACO) to explain these effects. Few studies suggested that organizational commitment explained the effect of nurses' work environment on their turnover intentions as demonstrated by El Akremi, Colaianni, Portoghese, Galletta, and Battistelli (2014) in an Italian sample. However, to the best of our knowledge, research has not addressed the mediating role of ACO in French nurses, neither did it consider this explaining mechanism in relation to nurses' well-being.

### **Perceived Career Opportunities**

PCO are defined as "employees' perceptions of the degree to which work assignments and job opportunities that match their career interests and goals are available within their current organization" (Kraimer et al., 2011, p. 488). These career interests are thought by individuals in terms of their own subjective criteria for career success (e.g., promotion, skill development, work-life balance; Kraimer et al., 2011). If the organization does provide employees with options that match their own subjective career plans, it may have a negative effect on their turnover intentions. Indeed, they are more likely to remain within said organization as it contributes to the goals they set for themselves. If not, they may seek career options outside the organization, therefore increasing their turnover intentions.

In the nursing profession specifically, the pursuit of one's career does not consist in a succession of jobs within a single health organization. Indeed, nurses feel that their profession is characterized by few career advancement options (Casey, Fink, Krugman, & Propst, 2004). Moreover, nurses are well aware of the need for qualified professionals and therefore know they can be selective as they will easily find alternative employers. In such context, PCO may allow to retain nurses. Indeed, when they sense that their organization offers career opportunities that match the goals they set for themselves, the idea of turnover might feel like a sacrifice of valued outcomes they strive for (Maertz & Campion, 2004). Research confirmed this rationale in various occupational settings (Kraimer et al., 2011) and in different cultures (e.g., de Beer, Rothmann, & Pienaar, 2016). Yet, no studies investigated this relationship in the nursing profession. The current research thus offered to investigate whether PCO could also prevent turnover intentions in the nursing context.

Additionally, we aimed to answer scholars' call to develop the nomological network of PCO and to examine other consequences at the individual level (Kraimer et al., 2011). Specifically, we proposed to examine their consequences in terms of well-being. Indeed, one could assume that, in a context where they face many demands, nurses who know their organization can provide them with career opportunities in line with their personal goals and interests might have a higher sense of well-being. Showing nurses that their organization offers options to help them achieve their career objectives may send them a signal that they are cared for, that their expertise is responded to, and that their organization supports their personal choices. Moreover, when PCO are high, nurses may feel more authentic as they feel a certain consistency between their subjective criteria for a successful work life and what their organization has to offer. By sensing that their organization supports their true potential and self-actualization (Ryan, Huta, & Deci, 2008), nurses may therefore experience more well-being. As no previous studies examined this possible effect of PCO on well-being, even less so in the nursing context, we offered to investigate this potential relationship.

*Hypothesis 1: PCO negatively relate to nurses' turnover intentions and positively associate with well-being.*

### **Affective Commitment to the Supervisor**

Among the different facets of commitment, affective commitment is known for being the "most widely studied, the most generalizable across targets, and the most predictive of employee behavior" (Morin et al., 2011, p. 718). Affective commitment is defined as an attachment to, an identification with, and an involvement in a particular target (Meyer & Herscovitch, 2001). It can indeed be directed towards different targets, including the supervisor. ACS refers to a high quality relationship between

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employees and their supervisors, to employees' sense of emotional attachment and identification to their supervisors, and their desire to maintain a work relationship with them (Landry & Vandenberghe, 2009).

As most organizations have gotten more and more decentralized, supervisors have become "a more critical focus of exchange with employees than ever before" (Stinglhamber & Vandenberghe, 2003, p. 253). Supervisors are more visible and proximal to employees; they are the face of the organization to their subordinates, therefore they hold a pivotal place in keeping them willing to stay within the company. According to Lawler (2001), such proximal entities (i.e., supervisors) have the power to support employees' autonomy and control over their work environment, and by doing so increase their attachment to said entities. In other words, when they are attached to their supervisor, employees are more likely to stay within the organization as they want to preserve the fulfilling identification with their supervisor's goals and values. Studies supported this by showing ACS' negative effect on intent to quit in various occupations (e.g., Stinglhamber & Vandenberghe, 2003; Vandenberghe, Bentein, & Stinglhamber, 2004) including in a sample of nurses attending courses organized by a nursing school (Vandenberghe and Bentein, 2009). Yet, more research is needed to confirm whether these findings apply to general samples of nurses in other cultural settings.

Research also showed the importance of subordinate-supervisor relationship for nurses' well-being (e.g., Brunetto et al., 2013). Indeed, as suggested by social exchange theory (Blau, 1964), if nurses show commitment to their supervisor, the latter may reciprocate by rewarding them with more resources (e.g., support, information) to help them complete their tasks (Lapointe, Vandenberghe, & Boudrias, 2013). These resources not only allow workers to meet their professional goals but also to stimulate their personal development, hence they promote their well-being (Bakker & Demerouti, 2007). Indeed, because they are provided with more resources, nurses do not have to draw on their own resources to deal with their work challenges, leaving them with more energy and a higher sense of well-being (Hobfoll, 2001). Yet, prior research mostly studied work-related outcomes of ACS (Lapointe et al., 2013), while less attention has been paid to its effects on health-related consequences, even less so in nurses.

*Hypothesis 2: Nurses' ACS negatively associates with their turnover intentions and positively relates to their well-being.*

### **Social Isolation**

Social isolation from colleagues refers to employees' "perceptions of lack of availability of support and recognition, missed opportunities for informal interactions with co-workers, and not being part of the group" (Marshall et al., 2007, p. 196). The understaffed context in which nurses often work puts them in a pressured work pace, which does not leave much time for social interactions with their peers. By missing these informal and spontaneous discussions, nurses may feel out of touch and sense a lack of affective bond and emotional support that may contribute to their feeling socially isolated from their co-workers.

Studies showed that social isolation from colleagues could alter employee well-being (e.g., Mulki, Locander, Marshall, Harris, & Hensel, 2008). Studies also showed that when employees feel isolated from their coworkers, they identify less with their organization, they show less organizational commitment and more turnover intentions (e.g., Marshall et al., 2007). However, one should note that most of these deleterious effects of social isolation from colleagues were found in very specific samples such as salespeople or virtual workers (e.g., Mulki et al., 2008), and scholars called for future research to explore employees' perceptions of isolation in a variety of organizational settings.

*Hypothesis 3: Social isolation from colleagues negatively relates to nurses' well-being and positively associates with their turnover intentions.*

### **Indirect Effects**

Not only did few studies examine the aforementioned relationships in nurses but little research was conducted on the possible mechanisms underlying such effects. Assuming that PCO, ACS, and social isolation have an effect on nurse's well-being and turnover intentions, then which common mechanism could explain such associations? ACO was demonstrated to be a valid mechanism to explain the relationship between employees' work experiences on one hand, and their turnover intentions as well as their well-being (e.g., Lapointe et al., 2013; Vandenberghe et al., 2004) on the other hand. Despite its sharing a common component (i.e., affective) with ACS, ACO reflects a different foci and these two forms of attachment do constitute two different constructs with different effects (Vandenberghe & Bentein, 2009). Indeed, recent research showed workplace affective commitment to have a complex multifocal structure and supported the importance of considering specific affective commitment foci separately for they have unique relations with healthcare workers'

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attitudes and behaviors, above and beyond their global levels of general worklife affective commitment (Perreira et al., 2018).

Additionally, among the different facets of organizational commitment (i.e., affective, normative, continuance), ACO has drawn most of the attention because of its associations with important individual and organizational outcomes including turnover (e.g., Meyer et al., 2002). Scholars have offered a possible explanation for this by suggesting that, by definition and in essence, affective commitment reflects a mindset that implies attachment and involvement towards a target, which echoes a desire to continue employment and may therefore be “a stronger motive than the perceived cost of failing to do so (continuance commitment) or the perceived obligation to stay (normative commitment)” (Vandenberghe & Bentein, 2009, p. 331). Therefore, in this study, we focused on ACO as it has proven to be a valuable and reliable dimension to consider when exploring individual and organizational outcomes.

ACO is known to negatively associate with intended and actual turnover (e.g., Meyer, Stanley, Herscovitch, & Topolnytsky, 2002). Indeed, employees orient their will to reciprocate towards the target they consider as being the source of their experiences at work (Lavelle, Rupp, & Brockner, 2007). When employees perceive that their organization allows them to have positive experiences at work, they may form affective commitment towards this specific target and reciprocate by less intent to quit said target. Prior research (e.g., Flinkman et al., 2010) showed ACO to negatively relate to nurses' turnover intentions.

Research has less documented the implications of ACO for employees themselves, in terms of their well-being. Some research did address this issue and showed ACO to be positively related to workers' well-being (e.g., Epitropaki & Martin, 2005). When feeling strongly identified with their organization's goals and values, employees might sense that their work environment aligns with their true self, and experience higher well-being (Meyer & Maltin, 2010). Prior research found nurses' affective commitment to their occupation to positively relate to their well-being (Sawada, 2013). Similarly, organizational commitment was found to have a positive effect on nurses' well-being (e.g., Vanaki & Vagharseyyedin, 2009).

*Hypothesis 4: ACO negatively relates to nurses' turnover intentions and positively to their well-being.*

Research indicated that ACO could be determined by a variety of work variables that are conceptually close to PCO, to ACS, and to social isolation from co-workers. For instance, career expectations (i.e., positive assessments of career opportunities within the organization; Chang, Chin, & Ye, 2014) were shown to positively influence ACO. When allowed to customize their careers, employees may reciprocate by being committed towards the organization, as the latter's goals and values serve their interests in the first place (Blau, 1964). Additionally, among the antecedents of ACO, ACS holds an important place (e.g., Panaccio & Vandenberghe, 2011). As organizational rules and objectives are passed on by supervisors, employees' identification and attachment to these rules and objectives may very well depend on their socio-emotional relationship with their supervisor. Similarly, when experiencing social isolation from colleagues, nurses may perceive the organizational setting as a hostile place, or at least a socially unfertile one, thus reducing their ACO. Indeed, research showed that resourceful relational job characteristics explained affective commitment to the hospital in nurses (Santos, Chambel, & Castanheira, 2016). These results suggest that the lack of social interaction would negatively associate with ACO.

*Hypothesis 5: PCO and ACS positively relate to ACO, while social isolation negatively relates to ACO.*

In line with this theoretical rationale, one could hypothesize ACO to explain the association between nurses' work environment (i.e., PCO, ACS, and social isolation from coworkers) and their turnover intentions and well-being. Indeed, work variables that are conceptually close to PCO (e.g., Chang et al., 2014), to ACS (e.g., Panaccio & Vandenberghe, 2011), and to social isolation from co-workers (e.g., Santos et al., 2016) were shown to be related to ACO which is itself associated with turnover intentions (e.g., Flinkman et al., 2010) and well-being (e.g., Epitropaki & Martin, 2005). In addition, previous studies also demonstrated ACO to partially mediate the relationships between these work variables and employee outcomes.

For instance, research showed ACO to mediate the relationship between human resource practices (e.g., offering career opportunities) and employees' behavior such as job performance or voice behavior (e.g., Harrison, Newman, & Roth, 2006). Other studies found ACO to mediate the association between perceived career support and well-being at work (Poon, 2013). Similarly, previous investigations showed organizational commitment to mediate the effect of commitment to the supervisor on intent to quit, in diversified samples of employees (Panaccio & Vandenberghe, 2011;

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Vandenberghe et al., 2004). ACO thus appears to form a crucial mechanism between the work environment and employee functioning. It would therefore be interesting to verify whether ACO similarly mediates the effects of PCO, ACS, and social isolation on turnover intentions and well-being in a sample of nurses.

*Hypothesis 6: ACO partially mediates the relationship between PCO, ACS, and social isolation on one hand, and turnover intentions and well-being on the other hand.*

### Methods

#### Procedure and participants

A survey questionnaire was completed by 244 nurses from various French healthcare centers (e.g., public hospitals, nursing homes). A cover letter explaining the study's purposes and stressing the value of participation came with the questionnaire. According to local regulations, no formal ethical scrutiny was required as no ethics committee existed in the institution at the time of the study. However, nurses were surveyed only upon approval of their organization, and each participant signed an informed consent form stressing the confidential, anonymous, and voluntary nature of the study. No incentive was offered. Completed questionnaires were returned to a graduate student in charge of data collection.

Respondents' ages ranged from 20 to 59 years ( $M = 28.20$ ,  $SD = 6.90$ ). Average tenure in the current health organization was 3.91 years ( $SD = 5.27$ ) and average tenure in the current job was 2.56 years ( $SD = 3.67$ ). Two hundred and twenty nurses were full-time workers (90.2%). One hundred and eighty-two participants were permanent nurses (74.6%) and 62 were temporary workers (25.4%). Sixteen nurses (6.6%) worked in organizations with 11 to 49 employees, 60 in organizations with 50 to 249 employees (24.6%), 29 in organizations with 250 to 499 employees (11.9%), and 139 in organizations with over 500 employees (57.0%).

#### Measures

**ACS** was measured with Vandenberghe and Bentein's (2009) 6-item scale ( $\alpha = .91$ ). Responses were provided on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree).

**Social isolation** was assessed with the 6-item colleagues subscale ( $\alpha = .92$ ) from the workplace isolation scale developed by Marshall et al. (2007). Responses were given on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

**PCO** were measured with 3 items ( $\alpha = .85$ ) developed by Kraimer et al. (2011). Responses were anchored on a 5-point Likert-type scale ranging from 1 (never) to 5 (very often).

**ACO** was assessed with the 6 items ( $\alpha = .86$ ) used by Bentein, Vandenberg, Vandenberghe, & Stinglhamber (2005). Responses were given on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

**Well-being** was measured through the 5-item high pleasurable-high arousal subscale from the Job-related Affective Well-being Scale (Van Katwyk, Fox, Spector, & Kelloway, 2000) ( $\alpha = .82$ ). Participants answered on a 5-point Likert-scale ranging from 1 (never) to 5 (always).

**Turnover intentions** were assessed with 3 items ( $\alpha = .89$ ) used by Bentein et al. (2005). Responses were given on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

#### Data analysis

We first conducted a confirmatory factor analysis. The maximum likelihood estimation method was employed and the analysis was conducted using a covariance matrix. We also addressed the issue of common method variance following Podsakoff, MacKenzie, Lee, & Podsakoff's (2003) recommendations. Our hypotheses were then tested using path analysis procedures. Finally, a bootstrapping approach was used to confirm the mediating role of ACO in the relationships of ACS, social isolation, and PCO to well-being and turnover intentions.

### Results

#### Preliminary analyses

First, a measurement model was estimated including all study dimensions as latent variables and their respective indicators. This model obtained good fit to the data,  $\chi^2(351) = 566.37$ ,  $p < .001$ , IFI = .95, TLI = .94, CFI = .95, and RMSEA = .05. We then examined whether the hypothesized model was influenced by response bias (see Podsakoff et al., 2003). First, the Harman's single factor test revealed a poor fit to the data,  $\chi^2(366) = 2233.02$ ,  $p < .001$ , IFI = .57, TLI = .52, CFI = .57, and RMSEA = .15. Second, we tested a model including an orthogonal latent method factor in addition to the theoretical factors. Items loaded on their theoretical constructs, as well as on a latent common method variance factor. The model fit was adequate:  $\chi^2(322) = 492.42$ ,  $p < .001$ , IFI = .96, TLI = .95, CFI = .96, and RMSEA = .05. However, the method factor accounted for only fifteen percent of the total variance among the items. This suggests that our theoretical model was viable and that method bias was

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limited. Table 1 displays the correlations and descriptive statistics for the study. All correlations were in the expected direction and provided preliminary support for our hypotheses.

Please insert Table 1 about here.

### Main analyses

As hypothesized, ACO was defined as a partial mediator in the relationships of ACS, social isolation, and PCO to well-being and turnover intentions. The hypothesized model yielded a good fit to the data:  $\chi^2(1) = 1.86, p = .17, IFI = 1.00, TLI = .95, CFI = 1.00,$  and  $RMSEA = .06$ . We next tested an alternative model. Specifically, we removed the paths from ACS, social isolation, and PCO to well-being and turnover intentions (i.e., a fully mediated model). This model had a worse fit than the theoretical model,  $\chi^2(7) = 67.80, p < .001, IFI = .79, TLI = .54, CFI = .78,$  and  $RMSEA = .19$ . Overall, findings suggest that the best fitting model was the theoretical model (see Figure 1). Please insert Figure 1 about here.

ACS was positively linked to ACO ( $\beta = .26, p < .001$ ) and well-being ( $\beta = .12, p < .05$ ), and was negatively associated with turnover intentions ( $\beta = -.12, p < .05$ ). PCO was positively linked to ACO ( $\beta = .30, p < .001$ ), well-being ( $\beta = .19, p < .01$ ), and negatively related to turnover intentions ( $\beta = -.40, p < .001$ ). Social isolation was negatively linked to ACO ( $\beta = -.27, p < .001$ ) and well-being ( $\beta = -.12, p < .05$ ), and positively related to turnover intentions ( $\beta = .13, p < .05$ ). Finally, ACO was positively linked to well-being ( $\beta = .28, p < .001$ ) and negatively to turnover intentions ( $\beta = -.15, p < .05$ ).

Finally, bootstrapping analyses revealed that the indirect effects of ACS on well-being ( $\beta = .07, CI = [.02, .16], p < .001$ ) and turnover intentions ( $\beta = -.04, CI = [-.10, -.00], p < .01$ ) through ACO were significant. The indirect effects of PCO on well-being ( $\beta = .08, CI = [.02, .19], p < .001$ ) and turnover intentions ( $\beta = -.05, CI = [-.11, -.00], p < .01$ ) through ACO were also significant. Moreover, the indirect effects of social isolation on well-being ( $\beta = -.08, CI = [-.16, -.02], p < .001$ ) and turnover intentions ( $\beta = .04, CI = [.00, .11], p < .01$ ) through ACO were significant.

### Conclusions

In a context where nurses' turnover and psychological health have become a major issue for healthcare organizations (Aiken et al., 2013), the current study aimed to investigate whether PCO, ACS, and social isolation could offer leverage to increase nurses' well-being and reduce their turnover intentions. Moreover, we aimed to explore a potential common mechanism underlying such effects (i.e., ACO). Our results indicated that when nurses perceive that they have career opportunities and when they feel affectively committed to their supervisor, they experience a higher sense of well-being and less intent to leave their organization, thus confirming both Hypotheses 1 and 2. We therefore corroborate prior findings that showed PCO (e.g., de Beer et al., 2016) and ACS (e.g., Vandenberghe et al., 2004) to negatively relate to turnover intentions, and allow to generalize them to the nursing profession. We additionally contribute to answer scholars' call (e.g., Kraimer et al., 2011) to develop the nomological networks associated with PCO and ACS, by showing them to positively relate to a non-traditionally studied consequence (i.e., well-being).

Conversely, our findings showed that the more nurses feel socially isolated from their colleagues, the less they experience well-being and the more they intend to turnover, which provided support for Hypothesis 3. These results confirm previous research that similarly found social isolation from colleagues to relate negatively to well-being and positively to turnover intentions (Marshall et al., 2007). Indeed, when feeling socially isolated from their peers, nurses' fundamental need for relatedness may be thwarted and thus lead to decreased well-being (Ryan et al., 2008), they may also want to quit their employer in search of an organization where they can fulfill their need to interact with others. Additionally, results revealed that when they feel strongly identified with their organization, nurses declare less intent to quit their employer and experience more well-being, thus providing support for Hypothesis 4 and corroborating previous findings demonstrated in the healthcare setting (e.g., Flinkman et al., 2010; Li, Early, Mahrer, & Gold, 2014). Indeed, when they feel strongly identified with their organization's goals and values, nurses may sense that their work environment aligns with their true self, and thus experience higher well-being, they may also want preserve this fulfilling environment and therefore have less intentions to quit their employer. Finally, our results demonstrated that when nurses sense that they have career opportunities and identify with their supervisor, they experience a stronger emotional bond with their organization. However, this emotional bond is impaired when nurses feel socially isolated from their coworkers, which confirms Hypothesis 5. These results are in line with prior research (e.g., Chang et al., 2014; Panaccio & Vandenberghe, 2011; Santos et al., 2016).

More generally, this study confirmed our hypothesized model wherein ACO partially mediates the relationship between PCO, ACS, and social isolation on one hand, and turnover intentions and well-being on the other hand (Hypothesis 6). These findings thus build upon previous research which

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investigated different variables in various occupational settings (e.g. Poon, 2013; Vandenberghe et al., 2004), by confirming ACO to be a valuable mechanism to explain the effect of nurses' work experience on their functioning. In other words, when they understand that they have career opportunities as well as a high-quality relationship with their supervisor, then nurses feel more committed to their organization, which in turn translates into higher well-being and lower turnover intentions. On the contrary, when feeling that they lack social interaction with their coworkers, nurses experience a lower sense of identification with their organization, which in turn converts into less well-being and more intent to quit.

In sum, the current study emphasized how nurses' well-being and turnover intentions vary according to various organizational (i.e., PCO), managerial (i.e., ACS), and interpersonal (i.e., social isolation from colleagues) factors. This research also showed ACO to be a valuable common mechanism to explain these effects. Altogether, these results show that the way nurses assess various aspects of their work experience pervades their emotional bond to their organization, which in turn explains their well-being and turnover intentions.

### **Theoretical implications**

These results have several theoretical implications. First, this study offered an investigation of PCO and social isolation from colleagues in the nursing context, which, to the best of our knowledge, was never done in prior research. More specifically, this paper showed both of these variables to be important factors to consider in order to promote beneficial outcomes (i.e., ACO, well-being) and to prevent undesirable ones (i.e., turnover intentions). Second, this study adds up to the literature on ACS in the nursing profession. Indeed, even though few studies investigated this variable's effect on work-related outcomes such as nurses' turnover intentions (e.g., Vandenberghe & Bentein, 2009), prior research did not pay as much attention to health-related outcomes. The present research therefore broadens our understanding of the positive effects of ACS on nurses' well-being and confirms its negative relationship with their turnover intentions. Third, nurses' commitment to the organization was more documented in the literature but especially as a way to prevent their turnover intentions (e.g., Flinkman et al., 2010). Our research also showed that ACO could as well be a relevant lever to promote nurse well-being. Fourth, and more specifically, in the present study we showed ACO to be a valuable mechanism to explain the effect of nurses' work experience on their well-being and turnover intentions. Therefore, this paper confirms ACO to be a key construct to explain the effects of organizational, managerial or social characteristics of the work environment on French nurses' functioning as well, thus allowing to generalize and broaden prior results found in different cultural backgrounds (e.g., El Akremi et al., 2014).

### **Limitations and future research**

Despite its contributions, this paper presents some limitations. First, we only used self-report measures, which may induce common-method bias (Podsakoff et al., 2003). Although we carried out confirmatory factor analyses to confirm that such bias was not a serious issue underlying our data, future research could, for instance, include objective physiological measures to assess nurses' well-being. Second, because we used a cross-sectional design, no changes in nurses' well-being or turnover intentions can be concluded. Longitudinal designs could be used to confirm the causality underlying our model and to offer a more parsimonious examination of the mediation. Third, our sample was relatively small. It would be fruitful to investigate a larger sample to allow for a more rigorous and generalizable analysis of the studied relationships. Moreover, our sample only consisted of French nurses. Yet, previous work emphasized that nurses' experiences of their jobs varied greatly across European countries (Aiken et al., 2013). Our findings could be replicated in different countries to be generalized to other cultures. Finally, we solely looked into one facet (i.e., affective) of both forms of commitment (i.e., to the supervisor and to the organization). Although affective commitment is known for being the most widely studied facet of commitment, commitment is a multi-dimensional construct. It would thus be interesting to explore how different facets of commitment (i.e., normative, continuance) (e.g., Panaccio & Vandenberghe, 2011) might relate to our study variables.

### **Implications for nursing management**

As healthcare organizations struggle to prevent nurses' turnover and protect their psychological health in a very constrained context, this study sheds light on some factors that could contribute to reduce nurses' intent to quit and promote their well-being, by the boosting of their emotional bond with their organization (i.e., ACO). Specifically, our research underscores the necessity for organizations to foster their career development policies so that nurses develop positive assessments about their career opportunities. Moreover, this study emphasizes the importance for nurses to have a high-quality relationship with their supervisor, and encourages health organizations to reinforce ACS in their employees. Some levers include promoting supervisor support or paying attention to justice

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issues (e.g., Vandenberghe et al., 2004). Healthcare organizations could therefore offer training programs to their supervisors to encourage them to create such conditions for their subordinates. Finally, healthcare organizations would gain in creating the conditions to allow high-quality relationships among nurses themselves. Indeed, because of the many demands that are inherent to their profession, nurses may feel socially isolated from their coworkers, and sense that they do not have time for social and informal interactions with their peers. Healthcare organizations would therefore benefit from creating space and time for such interactions.

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## NURSES' WELL-BEING AND TURNOVER INTENTIONS

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## NURSES' WELL-BEING AND TURNOVER INTENTIONS

Table 1

*Correlation Matrix and Descriptive Statistics for the Study Variables*

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. ACS	2.75	.76	(.91)						
2. Workplace isolation	1.63	.62	-.09	(.92)					
3. PCO	2.56	1.02	.31**	-.13*	(.85)				
4. ACO	2.90	.77	.37**	-.33**	.41**	(.86)			
5. Well-being	3.15	.72	.29**	-.25**	.36**	.44**	(.82)		
6. Turnover intentions	2.52	1.04	-.31**	.25**	-.52**	-.41**	-.39**	(.89)	

*Note.* Alpha values are on the diagonal in parentheses. ( $N = 244$ ). All variables were measured on a 5-point scale (1-5).

\* $p < .05$ ; \*\* $p < .001$

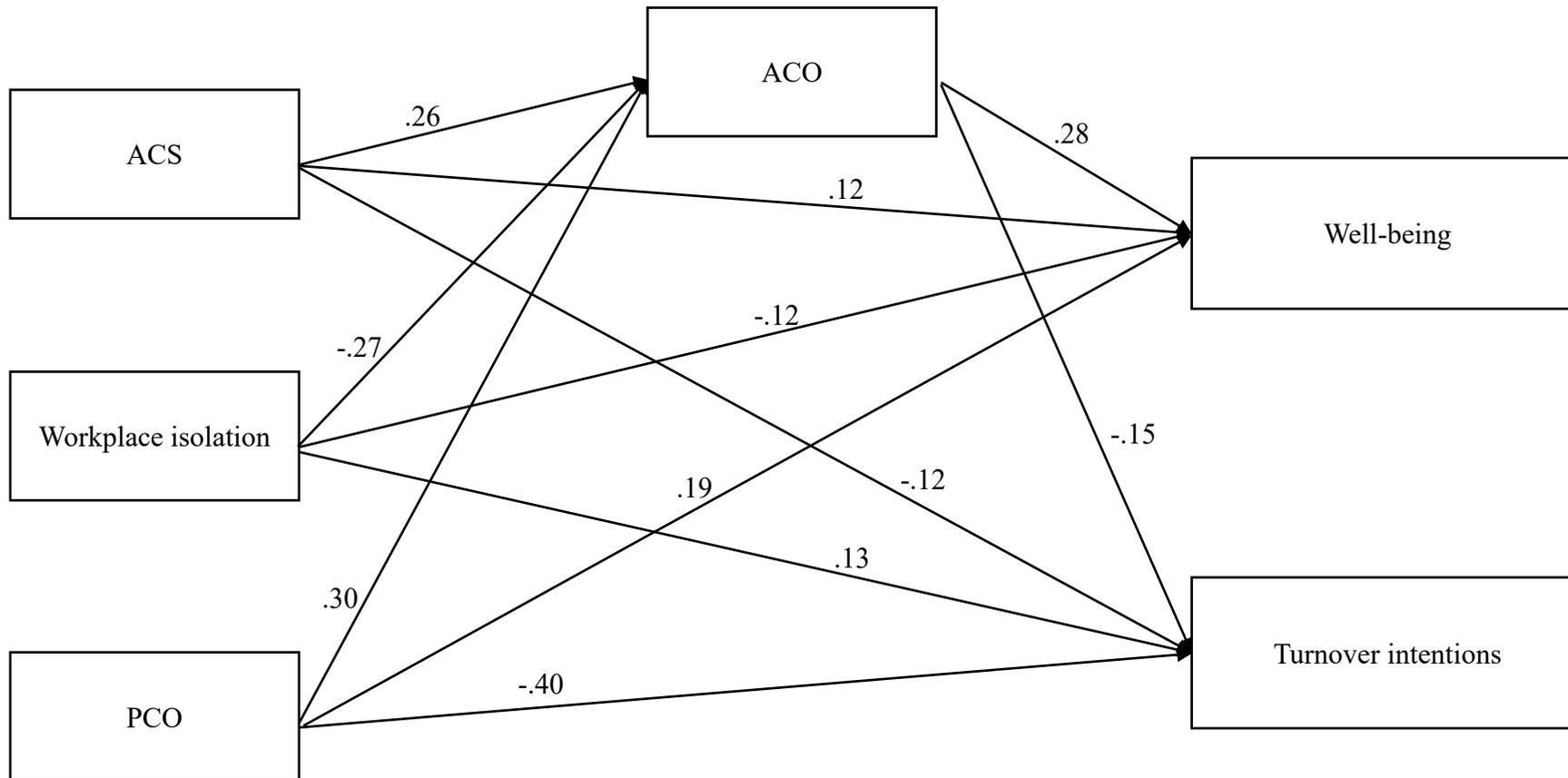


Figure 1. Results of the path analysis

*Note.* Standardized coefficients are reported. All paths are significant ( $p < .05$ )