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Relationship between Perceived Organizational Support and Nurses' Intention to Leave The Profession in Tertiary Care Hospitals of Lahore

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ABSTRACT

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Background: The nursing profession faces a persistent global workforce shortage, driven in part by nurses' intention to leave the profession entirely rather than simply changing employers. Perceived organizational support (POS), employees' belief that their organization values their contribution and cares about their wellbeing, is among the most consistently studied predictors of this intention, yet evidence directly examining this relationship among nurses in Lahore's public tertiary care hospitals has remained limited. **Objectives:** To assess the level of perceived organizational support among nurses working in tertiary care hospitals of Lahore, and to determine its relationship with nurses' intention to leave the profession. **Methodology:** A quantitative, analytical cross-sectional study was conducted among 375 registered nurses across four major public-sector tertiary care hospitals of Lahore, selected through proportionate stratified random sampling. Data were collected using a structured questionnaire comprising the 8-item Survey of Perceived Organizational Support (SPOS) and the 12-item Anticipated Turnover Scale (ATS). Data were analyzed using SPSS version 26; Pearson's correlation examined the relationship between POS and intention to leave, and independent-samples t-tests and ANOVA compared scores across demographic subgroups. **Results:** Most nurses reported moderate perceived organizational support (71.5%), with 24.5% reporting low and only 4.0% reporting high support; correspondingly, 36.0% of nurses reported high intention to leave the profession and 63.5% moderate. A statistically significant, moderate negative correlation was found between POS and intention to leave ($r = -0.431$, $p < 0.001$). POS and intention to leave also differed significantly by years of experience, professional qualification, hospital, and department (all $p < 0.001$), while gender and marital status showed no significant association. **Conclusion:** Perceived organizational support was significantly and inversely related to nurses' intention to leave the profession in Lahore's public tertiary care hospitals, with early-career nurses and specific institutions and departments appearing particularly vulnerable. Strengthening organizational support may serve as a meaningful, modifiable strategy for improving nurse retention in this setting.

Introduction

Nurses form the backbone of every healthcare system, delivering the majority of direct patient care in hospitals worldwide. Despite this central role, the nursing profession continues to face a severe and persistent workforce shortage that is threatening the stability of health systems, patient safety, and progress toward universal health coverage (1,2). This shortage was not a distant policy concern but a lived, day-to-day reality on hospital wards, where understaffing translated directly into heavier patient loads, longer shifts, and reduced time for the kind of attentive, relationship-based care that drew many nurses to the profession in the first place. A major contributor to this shortage was not simply the limited number of individuals entering the profession, but the substantial proportion of practicing nurses who developed a wish to leave nursing altogether, a phenomenon described as "intention to leave the profession" (3). Unlike intention to leave a specific job or hospital, which may simply redistribute nurses within the workforce, intention to leave the profession represented an exit from the nursing workforce entirely, with far more damaging and lasting consequences for healthcare systems already struggling to meet patient care demands (4).

One of the most consistently studied predictors of this intention is perceived organizational support (POS), employees' belief that their organization values their contribution and cares about their wellbeing. POS reflects an employee's global perception of how the organization, through its policies, supervisors, and daily treatment of staff, regards their efforts and welfare. Nurses who perceive strong organizational support report reduced burnout, greater resilience, and lower turnover intention (5,6), whereas low POS is linked with emotional exhaustion and weaker attachment to the profession (7). This relationship appears to operate through several interconnected pathways i.e. when nurses believe their organization genuinely values them, they tend to reciprocate with greater engagement and commitment, while also experiencing lower psychological strain. International evidence has consistently confirmed that perceived autonomy negatively predicted anticipated turnover among critical care nurses (8), and nearly half of nurses surveyed in Kermanshah, Iran, reported an intention to leave the profession, with organizational and support-related factors among the strongest correlates identified (9).

A systematic review identified organizational culture, leadership style, and workplace support as some of the most consistently reported predictors worldwide, underscoring that this is not a phenomenon isolated to any single healthcare system but a recurring pattern across widely differing contexts (10). Leadership, as a proximal expression of organizational support, has received particular attention in this literature, both toxic and passive-avoidant leadership styles have been shown to increase anticipated turnover, whereas supportive leadership reduces it (11,12). Beyond its workforce implications, high nurse turnover also imposed substantial economic and non-economic costs on healthcare organizations, including disrupted continuity of care, diminished institutional knowledge, and increased recruitment and training expenditure, costs that compound over time as experienced nurses are replaced by less experienced staff who themselves require considerable investment before reaching full competency (13).

In Pakistan specifically, nurses reported heavy workloads, limited administrative support, and unfavorable organizational cultures that augmented this intention (14). These structural pressures did not affect all nurses equally, as the gender discrimination and a perceived lack of administrative support were similarly found to fuel hostility and dissatisfaction among female nursing staff (15,16). Conversely, perceived organizational support had been shown to improve job performance and buffer workplace stress among Pakistani healthcare staff (17,18), suggesting that POS could serve as a comparatively low-cost, high-leverage retention strategy for resource-constrained public healthcare systems. However, research directly examining the POS-ITL relationship among nurses in the large public-sector tertiary care hospitals of Lahore, remained limited, necessitating the present study.

Objectives

- To assess the level of perceived organizational support among nurses working in tertiary care hospitals of Lahore.
- To determine the relationship between perceived organizational support and nurses' intention to leave the profession among nurses working in tertiary care hospitals of Lahore.

Hypothesis

- **Null Hypothesis (H_0):** There is no statistically significant relationship between perceived organizational support and nurses' intention to leave the profession among nurses working in tertiary care hospitals of Lahore.
- **Alternative Hypothesis (H_1):** There is a statistically significant relationship between perceived organizational support and nurses' intention to leave the profession among nurses working in tertiary care hospitals of Lahore.

Methodology

A quantitative, analytical cross-sectional study was conducted in four major public-sector tertiary care teaching hospitals of Lahore, Punjab, Pakistan, namely Mayo Hospital, Services Hospital, Sir Ganga Ram Hospital, and Government Teaching Hospital Shahdara. The study population comprised Registered Nurses (RNs) working in the medical, surgical, and other clinical departments of the selected hospitals. The sample size was calculated using Slovin's formula ($n = N / (1 + Ne^2)$), based on the total nursing strength across the four hospitals and a 5% margin of error, yielding a required sample of 375 nurses. Participants were selected through proportionate stratified random sampling, with each hospital treated as a stratum and nurses drawn in proportion to its nursing strength, followed by simple random sampling within each stratum. Nurses with at least one year of clinical experience who provided informed consent were included; student nurses, those on extended leave, and nurses in non-clinical roles were excluded.

Following institutional approval, eligible nurses were approached during duty hours and completed a structured, self-administered questionnaire comprising a demographic data sheet, the 8-item Survey of Perceived Organizational Support (SPOS), and the 12-item Anticipated Turnover Scale (ATS), both used in their original, unmodified form. The SPOS was scored on a 7-point Likert scale, and the ATS on a 7-point Likert scale with reverse-scoring of negatively worded items. Using the percentage-of-maximum-score method, total scores were further categorized into three levels i.e. for the SPOS, scores $\leq 50\%$ indicated low, 51–75% moderate, and $>75\%$ high perceived organizational support; for the ATS, scores of $\leq 50\%$ indicated low, 51–75% moderate, and $>75\%$ high intention to leave the profession. Both instruments have demonstrated strong reliability internationally (Cronbach's alpha 0.74–0.90 for the SPOS (5,7) and 0.84 for the ATS (8,9)) and have been applied reliably among Pakistani nursing and healthcare staff (15,17). Data were analyzed using SPSS version 26. Descriptive statistics summarized demographic and scale data, the Shapiro–Wilk test assessed normality, and Pearson's or Spearman's correlation, as appropriate, examined the relationship between POS and intention to leave the profession; independent samples t-test and ANOVA compared scores across demographic subgroups, with significance set at $p < 0.05$.

Results

A total of 375 nurses completed the questionnaire, a 100% response rate. The mean age of participants was 31.7 years ($SD = 8.5$); the majority were female (93.1%), married (82.9%), and held a General Nursing Diploma (42.1%). Mean clinical experience was 7.6 years ($SD = 7.1$), with the largest proportion of nurses having 1–5 years of experience (34.9%). Participants were drawn from Mayo Hospital (30.9%), Services Hospital (26.9%), Sir Ganga Ram Hospital (25.1%), and Government Teaching Hospital Shahdara (17.1%), with the largest proportion working in Emergency departments (36.0%) (Table 1).

Table 1. Demographic Characteristics of Participants

Variable	Category	n	%
Age (years)	Mean $\pm$ SD = 31.7 $\pm$ 8.5		
Gender	Female	349	93.1
	Male	26	6.9
Marital Status	Married	311	82.9
	Unmarried/Single	41	10.9
	Divorced/Separated	15	4.0
	Widowed	8	2.1
Educational Qualification	General Nursing Diploma	158	42.1
	Generic BSN	116	30.9
	Post-RN BSN	71	18.9
	MSN	19	5.1
	Other	11	2.9
Clinical Experience (years)	Mean $\pm$ SD = 7.6 $\pm$ 7.1		
	Less than 1 Year	49	13.1
	1–5 Years	131	34.9
	6–10 Years	120	32.0
	More than 10 Years	75	20.0
Hospital	Mayo Hospital	116	30.9
	Services Hospital	101	26.9
	Sir Ganga Ram Hospital	94	25.1
	Govt. Teaching Hospital Shahdara	64	17.1
Department	Emergency	135	36.0

Medical	75	20.0
Gynecology/Obstetrics	71	18.9
ICU/CCU	38	10.1
Surgical	26	6.9
Pediatrics	19	5.1
OPD	11	2.9

The mean perceived organizational support (SPOS) score was 28.06 (SD = 5.10), and the mean anticipated turnover (ATS) score was 60.70 (SD = 7.27) (Table 2). Both scores followed an approximately normal distribution (Shapiro-Wilk $p = 0.177$ for SPOS, $p = 0.068$ for ATS), supporting the use of Pearson's correlation for the primary hypothesis test.

Table 2. Descriptive Statistics for POS and ATS Scales

Scale	Mean (SD)	Range	Possible Range
Perceived Organizational Support (SPOS)	28.06 (5.10)	13–41	0–48
Anticipated Turnover / Intention to Leave (ATS)	60.70 (7.27)	40–78	12–84

Overall, most nurses reported moderate perceived organizational support (71.5%), while 24.5% reported low and only 4.0% reported high POS. Regarding intention to leave the profession, most nurses reported moderate intention to leave (63.5%), 36.0% reported high intention to leave, and almost none (0.5%) reported low intention to leave (Table 3).

Table 3. Overall Levels of POS and ITL

Category	Score Range	n	%
Perceived Organizational Support Level			
Low POS	0–24 ($\leq 50\%$)	92	24.5
Moderate POS	25–36 (51–75%)	268	71.5
High POS	37–48 ($> 75\%$)	15	4.0
Intention to Leave the Profession Level			
Low ITL	12–42 ($\leq 50\%$)	2	0.5
Moderate ITL	43–63 (51–75%)	238	63.5
High ITL	64–84 ($> 75\%$)	135	36.0

Pearson's correlation revealed a statistically significant, moderate negative relationship between perceived organizational support and intention to leave the profession ($r = -0.431$, $p < 0.001$), indicating that as perceived organizational support increased, intention to leave the profession decreased. This finding led to rejection of the null hypothesis. The cross-tabulation of POS and intention-to-leave categories illustrated this relationship further: among nurses with low POS, 59.8% fell into the high intention-to-leave category, compared to 29.5% of nurses with moderate POS and only 6.7% of nurses with high POS (Table 4).

Table 4. Cross-Tabulation of POS and ITL Categories

POS Category	Low ITL n (%)	Moderate ITL n (%)	High ITL n (%)
Low POS (n=92)	0 (0.0%)	37 (40.2%)	55 (59.8%)
Moderate POS (n=268)	1 (0.4%)	188 (70.1%)	79 (29.5%)
High POS (n=15)	1 (6.7%)	13 (86.7%)	1 (6.7%)

Independent samples t-tests and one-way ANOVA were used to compare SPOS and ATS scores across demographic subgroups. As shown in Table 5, professional qualification, years of clinical experience, hospital, and department were each significantly associated with both SPOS and ATS scores (all $p < 0.001$). Nurses with less than one year of experience reported the lowest POS and highest intention to leave, while those with more than ten years of experience reported the highest POS and lowest intention to leave. Similarly, MSN-qualified nurses reported the highest POS and lowest intention to leave, and nurses at Sir Ganga Ram Hospital reported the highest POS and lowest intention to leave compared to other hospitals. Gender and marital status showed no statistically significant association with either SPOS or ATS scores (all $p > 0.05$).

Table 5. Comparison of SPOS and ATS Scores Across Demographic Subgroups

Variable	Category	SPOS Mean	SPOS p	ATS Mean	ATS p
Professional Qualification					
	General Nursing Diploma	26.81		62.72	
	Post-RN BSN	27.96		61.15	
	Generic BSN	29.63		58.24	
	MSN	30.79	<0.001	55.79	<0.001
	Other	25.45		63.36	
Clinical Experience					
	Less than 1 Year	25.76		65.88	
	1–5 Years	26.92		62.45	
	6–10 Years	28.32	<0.001	59.26	<0.001
	More than 10 Years	31.13		56.59	
Hospital					
	Mayo Hospital	28.31		59.55	
	Services Hospital	27.29		61.91	
	Sir Ganga Ram Hospital	29.91	<0.001	57.68	<0.001
	Govt. Teaching Hospital Shahdara	26.11		65.33	
Department					
	Emergency	25.84		62.64	
	Medical	30.08		57.61	
	Surgical	28.77		61.27	
	ICU/CCU	26.92	<0.001	64.00	<0.001
	Pediatrics	30.00		58.68	
	Gynecology/Obstetrics	29.48		59.20	
	OPD	31.36		58.55	
Gender and Marital Status (Not Significant)					
	Gender (Male vs Female)	—	0.083	—	0.831
	Marital Status (4 groups)	—	0.088	—	0.564

Age and years of clinical experience were also significantly correlated with both scales: age was positively correlated with SPOS ($r = 0.301$, $p < 0.001$) and negatively correlated with ATS ($r = -0.346$, $p < 0.001$), and years of experience showed a similar pattern (SPOS: $r = 0.321$, $p < 0.001$; ATS: $r = -0.358$, $p < 0.001$), indicating that older and more experienced nurses tended to report higher perceived organizational support and lower intention to leave the profession.

Discussion

This study found a statistically significant, moderate negative correlation between perceived organizational support and nurses' intention to leave the profession ($r = -0.431$, $p < 0.001$), confirming that nurses who perceived greater organizational support reported a correspondingly lower intention to leave nursing altogether. This finding led to rejection of the null hypothesis and provides direct, locally generated evidence that POS is not merely an abstract organizational construct but a measurable, actionable factor linked to one of the most consequential workforce outcomes a healthcare system can face. The strength and direction of this relationship is consistent with the broader international literature establishing POS as a robust predictor of nurse turnover intention and burnout (5,6,7), and with evidence that related constructs, such as perceived autonomy, similarly predict anticipated turnover among critical care nurses (8).

The overall level of perceived organizational support among nurses in this sample was concerning: the majority (71.5%) reported only moderate POS, while nearly a quarter (24.5%) reported low POS, and just 4.0% reported high POS. Correspondingly, intention to leave the profession was elevated, with 36.0% of nurses classified as having high intention to leave and 63.5% moderate, while almost none (0.5%) reported low intention to leave. These findings align closely with those reported among nurses in Kermanshah, Iran, where nearly half of surveyed nurses reported an intention to leave the profession, with organizational and support-related factors among the strongest correlates identified (9), and with evidence from Pakistan describing heavy workloads, limited administrative support, and unfavorable organizational cultures as persistent drivers of this intention (14). The cross-tabulation of POS and intention-to-leave categories in this study illustrated this relationship descriptively as well as statistically, nearly 60% of nurses with low POS fell into the high intention-to-leave category, compared to less than 7% of nurses with high POS, a clear gradient consistent with the correlational finding.

Several demographic characteristics were significantly associated with both POS and intention to leave. Years of clinical experience showed a particularly clear pattern: nurses with less than one year of experience reported the lowest POS (mean 25.76) and highest intention to leave (mean 65.88), while nurses with more than ten years of experience reported the highest POS (mean 31.13) and lowest intention to leave (mean 56.59), a pattern mirrored in the significant positive correlation between age and POS and negative correlation between age and intention to leave. This suggests that early-career nurses, who may still be forming their professional identity and have not yet developed strong institutional relationships or investments, represent a particularly vulnerable group for attrition from the profession, a pattern with direct implications for retention strategies that are often, understandably, focused on senior staff. Professional qualification also differed significantly, with MSN-qualified nurses reporting the highest POS and lowest intention to leave, and nurses with a General Nursing Diploma or other qualifications reporting comparatively lower POS and higher intention to leave, possibly reflecting differences in career mobility, professional recognition, or organizational investment in more highly qualified staff.

Hospital and department of work were also significantly associated with both outcomes, indicating that organizational support is not uniformly experienced even across public-sector tertiary care institutions operating under broadly similar policy frameworks. Nurses at Sir Ganga Ram Hospital reported the highest POS and lowest intention to leave, while those at Government Teaching Hospital Shahdara, reported the lowest POS and highest intention to leave, and among departments, nurses in Emergency reported comparatively low POS and elevated intention to leave, plausibly reflecting the acute workload and unpredictability characteristic of emergency care settings. This institutional and departmental variability is consistent with evidence that organizational culture and leadership style, which can differ meaningfully even within the same broader health system, are among the most consistently reported predictors of nurses' intention-to-stay internationally (10,11,12). In contrast, gender and marital status showed no statistically significant association with either POS or intention to leave in this sample; the gender comparison in particular should be interpreted cautiously given the small number of male nurses ($n = 26$) relative to female nurses ($n = 349$), which limited statistical power to detect a true difference if one exists.

Taken together, these findings reinforce that perceived organizational support functions as a modifiable, institution-level lever with a genuine statistical relationship to nurses' intention to leave the profession, consistent with evidence from Pakistani healthcare settings showing that POS can improve job performance and buffer workplace stress (17,18). Given that this relationship held across nurses with different qualifications, experience levels, and hospitals, interventions to strengthen organizational support, rather than being narrowly targeted at a single subgroup, may offer a broadly applicable retention strategy, though the particular vulnerability of early-career nurses and of specific hospitals and departments identified here suggests where such efforts might be most urgently prioritized.

Conclusion

The present study findings support POS as a meaningful, modifiable target for nurse retention strategies in Pakistan's public tertiary care hospitals, and suggest that interventions strengthening how nurses experience institutional value and care, particularly during their early career years and within historically under-resourced departments and facilities, may help address the profession-level attrition that continues to strain the nursing workforce.

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