

EMPIRICAL RESEARCH QUANTITATIVE OPEN ACCESS

The Impact of Thriving at Work and Occupational Supports: Early Career Nurse Intentions to Leave an Organisation and Profession

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ABSTRACT

Aim: To examine the direct and indirect predictors of thriving at work and its impact on intention to leave the organisation or profession among early career nurses.

Design: A repeated cross-sectional design.

Methods: A sub-study of early career nurses as part of an Australian longitudinal follow up study, commenced in 2018, was conducted. The sub-study asked early career nurses between their second and sixth year after graduating to complete a structured online questionnaire assessing thriving at work and several predictor variables. Data were analysed using Pearson's correlation, multiple linear regression, and path analysis.

Results: Among the 67 participants (response rate of 42.9%), thriving at work was positively correlated with occupational hardiness, social support from colleagues, and wellbeing, while negatively correlated with compassion fatigue. Thriving at work and perceived organisational support were the significant predictors of intention to leave the organisation, while perceived organisational support was the only significant predictor of intention to leave the profession.

Conclusion: The importance of strong collegial relationships, compassion fatigue, and improving wellbeing to enhance thriving at work are highlighted. Fostering an environment where employees can thrive is crucial to reduce the intentions to leave an organisation. Relationships with the managers and quality of care provision also play a crucial role in reducing turnover and leave intentions. Perceived organisational support enhances employee wellbeing, thereby reducing turnover intentions. Future strategies should focus on comprehensive support systems to retain nurses in their organisation and the profession.

Implications for the Profession: Enhancing thriving at work and perceived organisational support can reduce early career nurses' intention to leave their organisation. However, job stressors and interpersonal conflicts also influence professional leave decisions.

Reporting Method: This study has adhered to the STROBE guidelines.

Patient or Public Contribution: No Patient or Public Contribution.

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Summary

- What does this paper contribute to the wider global clinical community:
 - Wellbeing, social support, and compassion fatigue among nurses are crucial elements to ensure thriving at work.
 - Thriving at work reduces intention to leave an organisation and emphasises the importance of fostering a supportive and engaging work environment.
 - Quality of care and managerial support enhances the perception of organisational backing, impacting intention to leave an organisation.

1 | Introduction

Globally, there will be a need for 13 million more nurses by 2030 (Buchan et al. 2022). Nursing constitutes the largest occupational group within the health sector, representing approximately 59% of all healthcare professionals (McCarthy 2020). Nonetheless, the recruitment and retention of an adequate number of nurses remains a widespread challenge (McCarthy 2020). Newly qualified or early career nurses (ECNs) are particularly difficult to retain (Wakefield et al. 2021). The anticipated nursing shortage was exacerbated by heightened stress and the adverse mental health impacts of the COVID-19 pandemic, with 31% of new nurses leaving their jobs in the US within 1 year of the pandemic (Clemmons-Brown 2023). Consequently, there is a pressing need to enhance strategies for attracting and retaining nurses, particularly ECNs, in the post-COVID-19 era.

The shortage of nurses is further compounded by the challenges in recruiting and retaining faculty for nursing programs, which restricts the number of new nurses who can be trained (East et al. 2024). Contributing factors include an ageing faculty leading to high retirement rates, more lucrative alternative positions, government policy and a limited pool of nurses with the requisite educational qualifications to teach (Wakefield et al. 2021). Concurrently, the ageing population is increasing healthcare demands, further straining the ageing healthcare workforce (Wakefield et al. 2021). In the US, over a million nurses currently employed are aged 50 years or older, indicating a significant portion will retire within the next 10–15 years (Maré et al. 2019). Similarly, in Australia, nearly half of all nurses ($n = 186,000$) are either currently aged 50 or will reach this age within the next 5 years, a period during which retention rates typically decline (NMBA 2023).

Retention of nurses poses a significant issue. In 2017, 31.5% of nurses who left their jobs cited burnout as the primary reason (Shah et al. 2021). Beyond the detrimental effects on individual nurses, burnout is linked to lower quality patient care, and reduced organisational commitment and productivity (Jun et al. 2021). While resilience has been a focal point of interventions aimed at fostering a robust nursing workforce (Jackson et al. 2007), greater emphasis needs to be placed on organisational culture. Literature reviews have identified adverse job characteristics such as high workloads, long shifts, low staff-to-patient ratios, and limited control as major contributors to burnout (Dall'Orta et al. 2020). Therefore, leadership within

organisations, can empower their workforce through the creation of work environments that address adverse job characteristics, such as enabling employees to exercise personal agency in achieving work goals (Laschinger et al. 2010).

Primary factors influencing employee retention and turnover include macro-level work conditions (such as work demands, schedules, and workplace control), meso-level work environment elements (including leadership, culture, recognition, rewards, decision-making processes, and social support), and micro-level or individual factors (such as demographic variables and motivation). Moloney et al. (2018) further elucidate that job demands leading to burnout significantly contribute to nurses' deciding to leave the organisation or profession. Burnout is a syndrome of exhaustion and cynicism (Schaufeli and Taris 2005) and key contributors to burnout in nurses include workload, work-life interference and emotional demands caused by incivility (Moloney et al. 2018). To mitigate this, job resources that enhance workplace engagement help to reduce nurse intention to leave the organisation and profession. These resources include support from colleagues, supervisors, and the organisation, as well as autonomy and opportunities for professional development. Additionally, personal resources such as self-efficacy, a desire to deliver patient-centred care, and alignment between individual and organisational values may result in improved retention (Moloney et al. 2018).

These resources are also associated with thriving, where thriving is characterised by the dual experience of vitality (feeling energised and alive at work) and continuous learning and growth through new knowledge and skills; particularly vital for ECNs within the workforce (Spreitzer et al. 2005). As such, thriving at work is crucial for achieving sustainable organisational performance (Silén et al. 2019), with attention to thriving at work being a vital strategy to enhance employee health, performance, and retention (Walumbwa et al. 2018). Within this context, there is a need to enhance the wellbeing of the healthcare workforce beyond merely avoiding burnout or addressing individual wellbeing, but by recognising the major influence of systemic factors within an organisation (Perlo et al. 2017). This enables healthcare workers to thrive and find joy within their work and within the organisation where the work occurs. Further, focus is needed on both organisational and personal factors so that healthcare workers feel energised and thrive, thereby reducing their intention to leave the organisation or profession (Silén et al. 2019).

The Thriving at Work model has a network of related factors and outcomes and are categorised into individual traits and resources, while the outcomes encompassed health, attitudes, and performance (Kleine et al. 2019). For the purposes of this study, we utilised the Thriving at Work conceptual model and refined it to include specific predictor variables that included Manager Relationships, Quality of Care, Social Support from Colleagues, Compassion Fatigue, Wellbeing, Perceived Organisational Support and Occupational Hardiness (Kleine et al. 2023). Manager Relationships and Quality of Care were included as key predictors due to their significant impact on Perceived Organisational Support. Enhanced managerial relationships positively influence Perceived Organisational Support, fostering a sense of commitment within an organisation. Conversely, an increase in the

quality of care, potentially linked to increased job demands and stress, was associated with a decrease in Perceived Organisational Support. Social Support from Colleagues was also considered, as it plays a crucial role in mitigating stress and enhancing Perceived Organisational Support (Ching et al. 2022; Kleine et al. 2019). Compassion Fatigue and Wellbeing were also included to capture the emotional wellbeing of employees, which are critical for understanding their overall health and performance. Occupational Hardiness was measured to assess employees' resilience and ability to cope with job-related stress. The revised model, guided by current literature, ensured that the most vital factors were measured, providing a comprehensive understanding of the dynamics influencing thriving at work (Figure 1) (Kleine et al. 2023, 2019).

1.1 | Aim

The current study aims to examine the direct and indirect predictors of thriving at work and its impact on intention to leave the organisation or profession among ECNs, where ECN period is defined as the first 5 years of practice (Djukic et al. 2013; Mills et al. 2016).

1.2 | Hypotheses

Hypothesis 1. *Social support from relationships with colleagues, compassion fatigue, wellbeing, perceived organisational support, occupational hardiness, quality of care, and the quality of a leader's relationship with nurses has a direct relationship with thriving among ECNs.*

Hypothesis 2. *Thriving has a direct relationship with intention to leave the organisation among ECNs.*

Hypothesis 3. *Thriving has a direct relationship with intention to leave the profession among ECNs.*

2 | Methods

A repeated cross-sectional research design was used to address the aims of the study by inviting ECNs to participate in a larger

longitudinal follow up study examining Bachelor of Nursing student career choices, trajectory, and their longevity within the profession over a 10-year post-graduation period. The overarching study commenced in 2018 and will conclude in 2028 (Terry et al. 2020). The Australian study collects periodic data among nursing students who have graduated from a regional and peri-urban university who are working as Registered Nurses. Data that is collected includes but is not limited to several factors encompassing career choice, place of work, further education, and nursing career aspirations. This paper is solely a sub-study focusing on ECNs between their second and sixth year after graduating. As such, the 2024 questionnaire version also examined thriving at work, perceived organisational support, social support from colleagues, compassion fatigue, occupational hardiness, quality of care, overall wellbeing, and intention to leave the organisation or profession, as couched within the broader longitudinal study. Reporting methods adhered to the STROBE guidelines.

2.1 | Sample

All participants ($n = 165$) who had previously agreed to participate in a follow-up study between their second and sixth years (2.0–5.3 years) after graduating were included. Among participants, nine were lost to follow-up due to a change in contact details, while 86 fully or partially completed a questionnaire (response rate 55.1%). The required sample size ($n = 82$) was calculated to have power to detect a 5% absolute difference within and between groups, alpha (two tailed) = 0.05, with a margin of error = $\pm 7.5\%$. Incomplete questionnaires were excluded.

2.2 | Data Collection

Data were collected in May 2024 using a structured online questionnaire, which includes various demographics variables, including birth year, employment status, income, nursing roles and completion of postgraduate education. Participants were contacted through their personal email addresses provided when first commencing the study as students and who wished to participate once graduating. The invitation sent included a web-link that contained reminder information regarding the study, informed consent, and instructions on how to complete

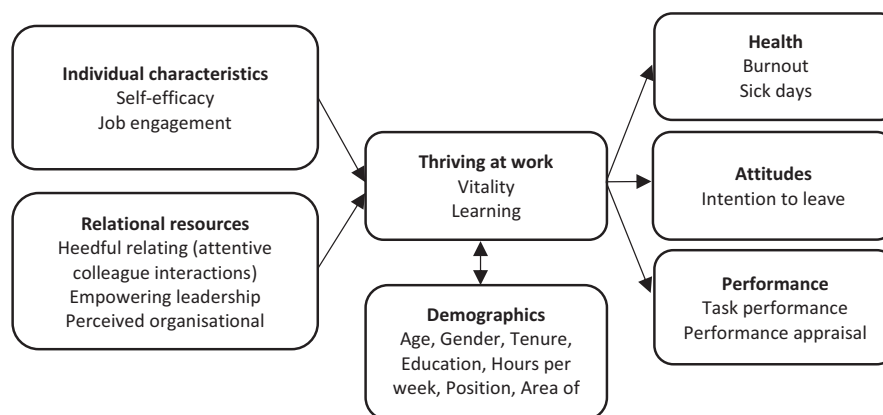


FIGURE 1 | Adapted conceptual model of identified factors and outcomes of thriving at work.

the questionnaire. Automated follow-up emails were sent weeks one, two and four after the initial invitation to enable adequate sample size being achieved. The questionnaire took 15–25 min to complete (Terry and Peck 2020; Terry et al. 2020). In addition to the standardised questions, several additional scale items were also included and encompassed the following:

2.3 | Thriving at Work Scale

This 10-item scale measures the psychological state of thriving, encompassing feeling alive and energised (vitality) and a drive to continually improve what they are doing (learning). It contains a 7-point scale (1=strongly disagree, 7=strongly agree) and when the 10 items are summed it provides a total thrive score, which ranges between 10 and 70. The higher the score the greater capacity to thrive. The reliability of the scale is $\alpha=0.88$ – 0.94 (Porath et al. 2012). In this case, total thriving at work scores were examined rather than the two sub-scales of vitality and learning.

2.4 | Perceived Organisational Support

This is a three-item scale (shortened version) measuring employee perceptions regarding their organisation's support (Smit et al. 2015). It contains a 7-point scale (1=strongly disagree, 7=strongly agree) and when the three items are summed it provides a total perception of organisational support score, which ranges between 3 and 23. The higher the score the stronger the perceptions of organisational support among participants. The reliability of the scale is $\alpha=0.93$ (Eisenberger et al. 1986; Wayne et al. 1997).

2.5 | Social Support From Near Colleagues

This four-item scale consists of self-reported perceptions of the support nurses receive from their co-workers. It contains a 6-point Likert-type scale (1 = not at all, 6 = very much; 1 = never, 6 = very often) and when the four items are summed it provides a total perceived support from colleagues score, which ranges between 4 and 24. The higher the score indicates a greater perceived support from colleagues. The scale has an internal reliability of $\alpha=0.74$ (Van Der Heijden 2003).

2.6 | Compassion Fatigue

To measure compassion fatigue, a revised version of the ProQOL survey was used (Heritage et al. 2018; Stamm 2010). This scale includes 11 items measured on a 5-point scale (1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = very often). For the compassion fatigue subscale, when each of the five burnout items are summed, it provides a total burnout score between 5 and 25. Similarly, when the six secondary traumatic stress items are summed, it provides a total score of between 6 and 30. The total compassion fatigue score was the sum of the two subscales with a total score of 11–55. The reliability of the compassion fatigue subscale of burnout is $\alpha=0.80$, while the reliability of the secondary traumatic stress is $\alpha=0.84$ (Heritage et al. 2018).

2.7 | Occupational Hardiness Questionnaire

This 15-item scale explore participants' responses to the dimensions of challenge, commitment, and control, where hardiness acts as a buffer against negative or stressful events due to differing perceptions and coping strategies associated with an event (Moreno-Jiménez et al. 2014). It contains a 4-point scale (1 = completely disagree; 4 = completely agree), and when the 15 items are summed, it provides a total occupational hardiness score, which ranges between 15 and 60, where a score of 45 or higher indicates that the person is hardy, whereas a score lower than 45 is less hardy. The scale has an internal reliability of $\alpha=0.86$ (Moreno-Jiménez et al. 2014).

2.8 | Quality of Care

This five-item (shortened) is a self-reported measure of patient care. It contains a 5-point Likert-type scale (1 = never, 2 = once, 3 = a couple of times, 4 = multiple times and 5 = often), and when the five items are summed, it provides a total quality of care score, which ranges between 5 and 25. The scale has a reliability of $\alpha=0.71$ (de Oliveira Jr. et al. 2013; Kakemam et al. 2021).

2.9 | Leader Member Exchange 7 Questionnaire

This 7-item questionnaire measures the quality of a leader or manager's working relationship with a follower or nurse. Participants self-report their level of mutual respect, trust, and obligation with their managers. It contains a 5-point Likert-type scale relevant to each question (1 = rarely, 5 = very often; 1 = strongly disagree, 5 = strongly agree) and when the seven items are summed it provides a total quality relationship score, which ranges between 7 and 35, where scores of 30–35 are very high, 25–29 are high, 20–24 are moderate, 15–19 is low, and 7–14 is very low. The scale has a reliability is $\alpha=0.80$ – 0.90 (Graen and Uhl-Bien 1995).

2.10 | Intention to Leave

This 6-item survey evaluates nurses' behavioural intention to leave their current job or nursing profession on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) and when the first three items are summed it provides a total intention to leave a job score. Similarly, when the second three items are summed, it provides a total intention to leave the profession score, both score range between 3 and 15. The reliability is $\alpha=0.86$ for behavioural intention to leave their job and $\alpha=0.78$ for behavioural intention to the leave profession (Dotson et al. 2014).

2.11 | Overall Wellbeing (PERMA)

The PERMA questionnaire examines the five pillars of wellbeing encompassing positive emotions, engagement, relationships, meaning, and accomplishment and is useful in the conceptualisation of wellbeing among ECNs, where a higher score indicates a higher level of wellbeing. Each subscale has three items leading to 15 items in total each with a 10-point

Likert scale (0 = never, 10 = always). The mean of each pillar is scored individually, and then the overall wellbeing score is the mean of these individuals scores (range 0–10). The scale has with a reliability of $\alpha = 0.86$ (Seligman 2011, 2018; Žibrat 2022).

2.12 | Data Analysis

Data were cleaned, checked, and analysed using Statistical Package for the Social Sciences (SPSS, Version 25.0). Pearson's correlation (r) was undertaken, where Pearson rho (r) values ranged from weak correlation ($r \leq 0.4$), moderate correlation ($0.4 \leq r < 0.8$), and strong correlation ($r \geq 0.8$). Further, multiple linear regression with backward elimination was also performed, starting with all variables and the least significant variables being removed individually until no further improvement was observed (Cai et al. 2009; Lindsey and Sheather 2010). Analysis was undertaken to check for violation of the assumptions of normality or homoscedasticity, linearity was present where the scatterplot of standardised residuals met the assumptions, while multicollinearity met correlation coefficients greater than 0.8 and variance inflation factors less than 10 (Pallant 2020). In addition, path analysis, an extension of multiple regression, was conducted. The minimal number cases have been widely debated, suggesting 5–10 cases per variable rule-of-thumb to 100–200 cases as a minimum, however, Wolf et al. (2013) have demonstrated that sample sizes can range from 30 to 460 cases. In this case, the 10 cases per variable meets all requirements without underestimating sample size requirements. Overall significance was determined at a two-tailed $p \leq 0.05$.

2.13 | Ethical Considerations

Ethical clearance for the 10-year research study was secured from the Federation University Human Research Ethics Committee 19 April 2018 (Approval #18-017). The study complied with the Declaration of Helsinki (1964).

3 | Results

Among those invited to participate in the follow-up study, $n = 67$ (42.9%) ECNs fully completed, while 19 (12.3%) partially completed the questionnaire. The largest proportion of ECNs were between their fifth and sixth year of nursing post-graduation (34.3%). In addition, a large proportion were aged between 40 and 49 years (35.8%) and worked part-time (68.7%) (Table 1).

When examining participants regarding the association that exists between questionnaire items, a weak to moderate positive correlation was noted between thriving at work and occupational hardiness ($r = 0.383$, $p = 0.005$), social support from colleagues ($r = 0.438$, $p = 0.002$), and wellbeing ($r = 0.652$, $p = 0.0001$). Conversely, weak to moderate negative correlations were observed between thriving at work and compassion fatigue ($r = -0.537$, $p = 0.0001$), and intention to leave the organisation ($r = -0.343$, $p = 0.015$). Of note, there was no significant

TABLE 1 | Participant demographics.

Demographic items	Frequency	Percentage (%)
Years since graduating		
2–3 years	23	31.4
3–4 years	19	28.4
4–6 years	21	34.3
Missing	4	6.0
Gender		
Male	12	17.9
Female	55	79.1
Missing	2	3.0
Age (years)		
20–29 years	13	19.4
30–39 years	18	26.8
40–49	24	35.8
50 years and over	8	12.0
Missing	4	6.0
Employment status		
Full time (≥ 38 h/week)	11	16.4
Part-time (≤ 38 h/week)	46	68.7
Casual (flexible hours)	4	6.0
Missing	6	9.0

correlation between thriving at work and intention to leave the profession.

In terms of the association between wellbeing and all remaining questionnaire items, all correlated, except for intention to leave the profession. Specifically, a weak to moderate positive correlation occurred between wellbeing and occupational hardiness ($r = 0.330$, $p = 0.025$), social support from colleagues ($r = 0.464$, $p = 0.0001$) perceived organisation support ($r = 0.398$, $p = 0.006$), and manager support ($r = 0.320$, $p = 0.030$). Similar to thriving at work, weak to moderate negative correlations were noted between wellbeing and compassion fatigue ($r = -0.289$, $p = 0.0049$), and intention to leave the organisation ($r = -0.407$, $p = 0.005$). In addition to the correlation between intention to leave the organisation, thriving at work and wellbeing, perceived organisational support was also demonstrated to have moderate negative correlation ($r = -0.413$, $p = 0.003$) along with manager support ($r = -0.345$, $r = 0.015$), while a weak to moderate positive correlation occurred between intention to leave and compassion fatigue ($r = 0.350$, $p = 0.011$). Lastly, there was moderate correlation between manager support and compassion fatigue ($r = -0.403$, $r = 0.004$), while being positive with perceived organisational support ($r = 0.734$, $r = 0.001$) (Table 2).

TABLE 2 | Correlation associated with key drivers of thriving at work and intention to leave the organisation.

	<i>r</i>	Occupational hardiness	Thrive	Social support from colleagues	Compassion fatigue	Intention to leave the organisation	Intention to leave the profession	Perceived organisational support	Manger relationship
Thrive	<i>r</i>	0.383**							
	Sig.	0.005							
	<i>n</i>	53							
Social support from colleagues	<i>r</i>	0.350*	0.438**						
	Sig.	0.014	0.002						
	<i>n</i>	49	48	50					
Compassion fatigue	<i>r</i>	-0.212	-0.537**	-0.243					
	Sig.	0.136	0.000	0.089					
	<i>n</i>	51	50	50					
Intention to leave the organisation	<i>r</i>	-0.088	-0.343*	-0.224	0.350*				
	Sig.	0.538	0.015	0.118	0.011				
	<i>n</i>	51	50	50	52	52			
Intention to leave the profession	<i>r</i>	0.241	0.170	0.014	-0.372**	-0.137			
	Sig.	0.096	0.248	0.926	0.008	0.343			
	<i>n</i>	49	48	48	50	50	50		
Perceived organisational support	<i>r</i>	0.090	0.268	0.336*	-0.505**	-0.413**	0.379**		
	Sig.	0.539	0.065	0.017	0.000	0.003	0.008		
	<i>n</i>	49	48	50	50	50	48	50	
Manger relationship	<i>r</i>	0.110	0.252	0.281	-0.403**	-0.345*	0.284	0.734**	
	Sig.	0.456	0.087	0.051	0.004	0.015	0.053	0.001	
	<i>n</i>	48	47	49	49	49	47	49	
Wellbeing	<i>r</i>	0.330*	0.652**	0.464**	-0.289*	-0.407**	0.187	0.398**	0.320*
	Sig.	0.025	0.000	0.001	0.049	0.005	0.218	0.006	0.030
	<i>n</i>	46	45	47	47	47	45	47	43

*Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).

TABLE 3 | Multiple regression of key factors impacting early career nurses.

	Variable	Adjusted R ²	β	t	p
Perceived organisational support	Manager relationships	0.582	0.562	6.978	0.001**
	Quality of care		-0.468	-2.627	0.012*
Thriving at work	Social support from colleagues	0.537	0.438	3.193	0.003*
	compassion fatigue		0.490	4.143	0.001**
	Wellbeing		-0.365	-3.381	0.002*
Intention to leave the organisation	Perceived organisational support	0.194	-0.343	-2.473	0.017*
	Thriving at work		-0.346	-2.542	0.015*
Intention to leave the profession	Perceived organisational support	0.143	0.379	2.486	0.001**

* $p \leq 0.05$.

** $p \leq 0.001$.

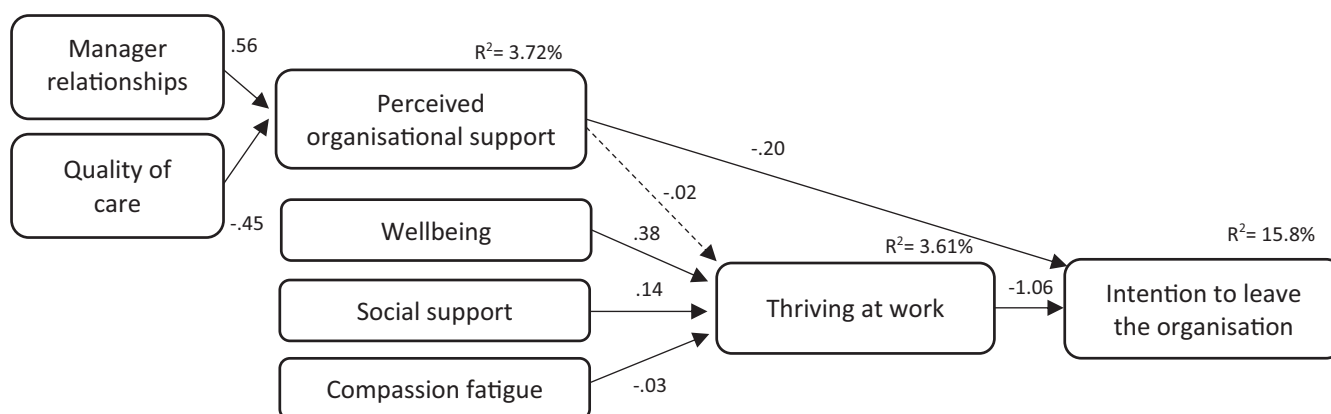


FIGURE 2 | The path model of intention of leave the organisation.

TABLE 4 | Factors that impact the intention to leave the organisation.

Factor	R ²	Predictor	Standardised		
			Beta	SE	p
Perceived organisational support	0.038	Manger relationship	0.562	0.078	0.001**
		Quality of care	-0.451	0.173	0.009*
Thriving at work	0.037	Perceived organisational support	-0.021	0.014	0.132
		Overall wellbeing	0.382	0.047	0.001**
		Compassion fatigue	-0.034	0.009	0.001**
		Social support from colleagues	0.140	0.071	0.049*
Intention to leave the organisation	0.157	Perceived organisational support	-0.203	0.073	0.006*
		Thrive	-1.062	0.512	0.038*

* $p \leq 0.05$.

** $p \leq 0.001$.

3.1 | Multiple Regression of Key Factors Impacting Early Career Nurses

Multiple regression analyses highlighted several significant predictors of perceived organisational support, thriving, and intention to leave the organisation among ECNs. Initially, manager relationships and quality of care explained 58.2% of the variance associated with perceived organisational support $F(2, 46) = 34.422, p = 0.001$. In addition, after controlling for social

relationships with colleagues, the combined effect of compassion fatigue and overall wellbeing explained 53.7% of the variance in thriving among ECNs $F(3, 41) = 18.028, p = 0.001$. Lastly, when controlling for perceived organisational support, the combined effect of thriving at work explained 19.4% of the variance in intention to leave the organisation among ECNs $F(2, 45) = 6.652, p = 0.003$. It must be noted that the only significant predictor of intention to leave the profession was perceived organisational support, which explained 14.3% of the variance $F(1, 48) = 2.486,$

$p=0.001$. The individual significance of each variable is presented in Table 3.

3.2 | Predictors of Intention to Leave the Organisation

An investigation of the direct and indirect predictors of intention to leave the organisation path analysis was achieved. In the model a one standard deviation increase in overall wellbeing was associated with a 0.38 standard deviation increase in thriving scores, compassion fatigue (-0.03), directly predicted thriving, and social support from colleagues (0.14) ($R^2=3.61%$). Of note, one standard deviation increase in manager relationships was associated with a 0.56 standard deviation increase in perceived organisational support, while one standard deviation in quality of care was associated with -0.46 decrease for the same factor ($R^2=3.72%$). Further, perceived organisational support was associated with a -0.20 standard deviation decrease in intention to leave the organisation, while thriving at work was associated with -1.06 standard deviation decrease which directly predicted intention to leave the organisation ($R^2=15.7%$). (Figure 2; Table 4). The association of perceived organisational support with thriving at work was not significant.

3.3 | Predictors of Intention to Leave the Profession

An investigation of the direct and indirect predictors of intention to leave the profession path analysis was undertaken. In the model a one standard deviation increase in perceived organisational support was associated with a 0.12 increase in intention to leave the profession ($R^2=6.64%$), while thriving was not a significant predictor. Further, one standard deviation increase in overall wellbeing was associated with a 0.38 standard deviation increase in thriving scores, compassion fatigue (-0.04), directly predicted thriving ($R^2=3.59%$), and social support from colleagues was not significant. Of note, one standard deviation increase in manager relationships was associated with a 0.56 standard deviation increase in perceived organisational support, while one standard deviation in quality of care was associated with -0.46 decrease for the same factor ($R^2=3.82%$) (Figure 3; Table 5).

4 | Discussion

Overall, the results of the analysis partially supported the Hypothesis 1 that relationships with colleagues, compassion fatigue, wellbeing, and perceived organisational support impact on ECNs thriving at work. It was noted that perceived

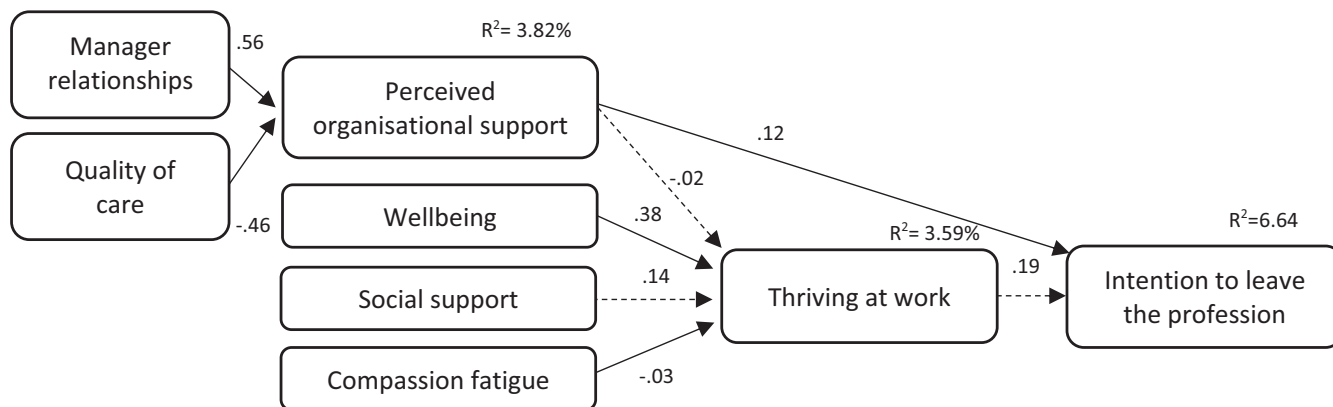


FIGURE 3 | The path model of intention to leave the profession.

TABLE 5 | Factors that impact the intention to leave the profession.

Factor	R^2	Predictor	Standardised		
			Beta	SE	p
Perceived organisational support	0.038	Manger relationship	0.562	0.078	0.001**
		Quality of care	-0.457	0.172	0.008*
Thriving at work	0.036	Perceived organisational support	-0.020	0.014	0.149
		Overall wellbeing	0.383	0.047	0.001**
		Compassion fatigue	-0.034	0.009	0.001**
		Social support from colleagues	0.138	0.071	0.052
Intention to leave the organisation	0.066	Perceived organisational support	0.118	0.043	0.006*
		Thrive	0.191	0.301	0.526

* $p \leq 0.05$.

** $p \leq 0.001$.

organisational support was not significant in either path model for thriving, while social support from colleagues was also not a significant predictor of thriving at work in the intention to leave the profession model. Within this context, positive relationships with colleagues significantly enhance nurses' engagement which are crucial for thriving at work. Supportive peer interactions have been demonstrated to mitigate stress and improve overall job performance (Hanafin et al. 2022). Conversely, compassion fatigue, arising from continuous emotional demands of patient care, negatively impacts the emotional health and productivity among nurses, increased burnout (Zhang et al. 2023).

The results show that it is important to focus on fostering strong collegial relationships, addressing compassion fatigue, and improving wellbeing. Nurse wellbeing encompasses emotional, social, and psychological aspects, which are vital for performance and retention. Higher levels of wellbeing lead to positive outcomes such as enthusiasm, efficiency, and thriving at work, while indirectly reducing intentions to leave an organisation (Almeida et al. 2024). Additionally, perceived organisational support plays a crucial role in enhancing nurses' occupational wellbeing and professional quality of life. When nurses feel supported by their organisation, they experience lower levels of burnout and higher levels of psychological capital and work engagement (Moloney et al. 2018; Zheng et al. 2024). Thus, addressing these factors remains essential for creating an environment where nurses can thrive and deliver high-quality patient care.

Further, the analysis supported the Hypothesis 2 that thriving at work directly reduces intention to leave the organisation. It was further shown that perceived organisational support also reduces intention to leave the organisation, highlighting that as both thriving at work and perceived organisational support increased, the intention to leave the organisation decreases. Thriving at work, as characterised as having a sense of vitality and learning, has a significant impact on employee intention to leave an organisation. When employees thrive, they experience higher levels of engagement, which reduces their desire to seek employment elsewhere (Liu et al. 2021). Conversely, a lack of thriving can lead to increased stress and unhappiness, prompting employees to consider leaving their current positions (Jasiński and Derbis 2022).

Therefore, fostering an environment where employees can thrive is crucial for retaining talent and reducing intentions to leave an organisation. Moreover, the relationship between thriving at work and intention to leave is mediated by various factors such as organisational support, leadership style, and workplace stressors. Although not clearly articulated here, it is indicated that transformational leadership and supportive organisational practices can enhance employee sense of thriving, thereby decreasing their intention to leave an organisation (Jiatong et al. 2022). However, high workload and interpersonal conflicts within the workplace can diminish thriving, leading to increased intention to leave an organisation (Jasiński and Derbis 2022). Thus, it is vital that organisations address these mediating factors to ensure employees thrive and remain committed to their roles.

Lastly, the analysis demonstrated that Hypothesis 3 regarding thriving at work having a direct relationship with intention to

leave the profession was not supported, suggesting that thriving at work did not impact on the decision of ECNs to leave the profession. While thriving can enhance engagement with work, it does not always have an impact on a reduced intention to leave the profession. For example, among nurses, factors such as high workload, low salary, and lack of resources are more significant predictors of an intention to leave the profession than thriving at work (Engström et al. 2022).

Thriving at work may increase the desire for career advancement or new challenges, which may then lead to nurses leaving the profession to pursue other interests (Jasiński and Derbis 2022). Moreover, the relationship between thriving at work and the intention to leave the profession is often mediated by other factors such as organisational constraints, interpersonal conflicts, and personal aspirations. Negative work environments and interpersonal conflicts can lead to a higher intention to leave the profession, regardless of the level of thriving experienced by employees (Jasiński and Derbis 2022). Therefore, while thriving at work contributes to overall engagement with work, it may not directly mitigate the intention to leave the profession when other significant stressors are present (Engström et al. 2022).

Nevertheless, it was shown that perceived organisational support did have an impact on intention to leave the profession, highlighting that as perceived organisational support increased, so too did the intention to leave the profession. Perceived organisational support is generally understood to enhance employee wellbeing and engagement with work, thereby reducing turnover intentions. However, some studies suggest a paradoxical relationship where increased perceived organisational support can also lead to a higher intention to leave the profession (Li et al. 2020; Zheng et al. 2024). This phenomenon can occur when employees perceive high levels of support but still face significant job stressors or unmet career expectations. For instance, in high-stress professions such as nursing, even with substantial organisational support, the persistent challenges such as workload, emotional exhaustion, and lack of career advancement opportunities can drive employees to consider leaving the profession (Zheng et al. 2024). Additionally, employees who receive high perceived organisational support might feel more confident in their skills and marketability, prompting them to seek better opportunities elsewhere (Eisenberger et al. 2020).

Moreover, the relationship between perceived organisational support and the intention to leave can be influenced by the quality of the support provided. If the support is perceived to be insincere or inadequately addressing the core issues faced by employees, it may lead to increased frustration and a higher intention to leave. For example, superficial support measures that do not address fundamental problems such as work-life balance or professional development can exacerbate employees' dissatisfaction (Pattali et al. 2024). Therefore, while perceived organisational support is crucial for employee retention, its effectiveness is dependent on the nature and depth of the support provided (Chami-Malaeb 2022).

As such, what was noted is that across both models, the relationship between managerial support and perceived organisational support further demonstrates that supportive leadership fosters a sense commitment within an organisation and to the

profession. These findings highlight the importance of managerial support in enhancing employees' perception of organisational backing which then has an impact on intention to leave the organisation and profession (Aldabbas et al. 2023). Conversely, within the study, an increase in the quality of care was associated with a decrease in perceived organisational support and may indicate that higher quality of care, possibly linked to increased job demands and stress, negatively impacts a ECN's perception of support from the organisation (Jiatong et al. 2022). These key factors significantly impact employees' intention to leave the organisation and profession, where strong managerial relationships, is associated with lower intentions to leave the organisation itself and the overall profession, while the stress from high-quality care demands may have the opposite impact. Thus, enhancing managerial relationships could be a strategic approach to mitigate turnover and improve organisational and even professional stability (Aldabbas et al. 2023).

4.1 | Limitations

The results should be interpreted with caution given the limited number of ECNs participating. However, given the findings of the preliminary research examining thriving at working among ECNs is insightful, additional research is required at the international level and among larger cohorts of ECNs to fully appreciate and understand the key predictors of thriving and its impact on the intention to leave an organisation and the profession.

5 | Conclusion

Support from colleagues and the organisation, compassion fatigue, and wellbeing has some influence on ECNs thriving in the workplace, with organisational support having a greater impact than relationships with colleagues. When ECNs can thrive at work, this reduces their intention to leave the organisation but does not necessarily affect their intentions to leave the profession. Other contributing factors such as additional job stressors, demands, and interpersonal conflict can play a part. The quality and genuineness of the organisational support, and the demand related to providing excellent healthcare, can be additional influencing factors in the intention to leave the profession. It is vital then to consider the multifaceted nature of assisting ECNs to thrive at work, and thus consider staying within both the organisation and the profession for the long-term. Relationships with both colleagues and management are pertinent to thriving and retention, but there are many other facets to the decision-making process. By looking at thriving and retention influences from multiple standpoints, contributing factors can be outlined for future improvement for the nursing workforce. Overall, enhancing collegial support is crucial. Fostering strong, supportive relationships among colleagues significantly boosts ECNs' thriving at work and reduces their intention to leave the organisation. Addressing compassion fatigue is essential. Implementing programs to mitigate compassion fatigue and improve overall wellbeing is crucial for retaining ECNs within an organisation. Furthermore, ensuring that organisational support is genuine and of high quality not only enhances engagement with work but also reduces turnover intentions and supports long-term retention in the profession.

Author Contributions

D.T., B.P., S.J., W.M. and L.E. made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. D.T., B.P., S.J., W.M., L.E., L.R., J.E., T.T. and H.M. involved in drafting the manuscript or revising it critically for important intellectual content; given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content; agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Ethics Statement

Ethical clearance for the 10-year research study was secured from the Federation University Human Research Ethics Committee 19th April 2018 (Approval #18-017). The study complied with the Declaration of Helsinki (1964).

Consent

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data available on request from the authors.

Peer Review

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