

RELATIONSHIP BETWEEN FIRST LINE NURSE MANAGERS' SUPPORT AND STAFF NURSES' PERFORMANCE OUTCOMES

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Abstract: One of the hospitals strategies to achieve their goals is to provide support for their nurses, through the visible relationship between them and their First Line Nurse Managers (FLNMs). Aim: to examine the relationship between FLNMs support and staff nurses' performance outcomes. Methods: A descriptive, correlational research design was conducted at Kafr El-Dawar General Hospital, at EL-Beheira Governorate- Egypt. Subjects: it is composed of two groups: FLNMs (n=44) and staff nurses (n=250). Tools: Inventory of Managerial Supportive Behaviors (IMSB), Utrecht Work Engagement Scale (UWES-9), Turnover intention scale, and Group Cohesion Scale-Revised (GCS-R). Results: There were highly significant relationships between Managerial Supportive Behaviors (MSB) and performance outcomes, (work engagement, turnover intention, and work group cohesion), where (p-value ≤ 0.01). Moreover, there were statistically significant differences between the FLNMs and staff nurses for total MSB and all its dimensions; total work engagement and total work group cohesion, where (P ≤ 0.05). Also, there was no statistically significant difference between the FLNMs and staff nurses for total turnover intention. Conclusion: MSB was related to performance outcomes (work engagement, turnover intention, and work group cohesion). Recommendations: developing strategy for FLNMs and staff nurses to enhance work engagement, work group cohesion and reduce turnover intention, thus improve performance outcomes.

Keywords: managerial supportive behaviors, performance outcomes, work engagement, turnover intention, work group cohesion.

1. INTRODUCTION

Today's health care system are faced with multiple challenges in economic status and shortage in health care providers, which make hospitals striving to find better ways to keep their highly qualified nurses' in order to maintain a competitive advantage and improve the quality of services.⁽¹⁾ One of the hospital's strategies to achieve this goal is to provide support for their staff nurses, to be more productive and cooperative in their work environment, but staff nurses behavior is often dependent upon organizational factors such as culture or First Line Nurse Managers (FLNMs) support.^(2, 3)

The managerial support is defined as: "the ability to value staff nurses contribution, show assistance, care about their well-being, and demonstrate empathy, balance and reliability while meeting and facilitating staff nurse's needs".⁽⁴⁾ Support in the workplace has been found to mitigate the effects of stress and enhance staff nurses performance.⁽⁵⁾ **Managers' supportive behaviors** are defined as: "actions displayed by them to convey a sense of caring that assist in goal directed behavior, or that promote staff nurses well-being".⁽⁶⁾

This supportive behaviors consisted of six dimensions, namely: (1) **genuine concerns**; are the behavior that shows that FLNMs care about nurses on a personal level; (2) **recognition**; is action that recognize nurse's contributions; (3) **open communication**; behaviors that encourage nurses to engage in open and honest dialogue with their FLNMs; (4) **professional development/advocacy**; behaviors that encourage nurses to be professional and be updated; (5) **decisional discretion and creative expression**; is the behavior that help nurses to take decision and solve problems; and finally (6) **task guidance and assistance**; is the action that shows practical assistance to staff.^(6, 7)

Nurses, who feel supported by their FLNMs have better performance outcomes; such as: nurses' retention, work engagement, and improving work group cohesion.⁽⁸⁾ **Nursing performance outcomes** is: "the contribution of nurses to achieve specific tasks measured against identified standards of accuracy".^(9, 10) These performance outcomes can be measured in the form of: (1) work engagement; (2) turnover intention; and (3) work group cohesion. Nurse managers have a significant opportunity to improve relationships with staff nurses, which leads to increase their retention, work engagement and work group cohesion.⁽¹¹⁾

Work engagement is: "the dedicated, absorbing, vigorous nursing practice that emerges from settings of autonomy and trust and results in safer and cost effective patient outcomes". It encompasses three subscales, namely: (a) vigor, refers to high levels of energy and mental resilience while working, the willingness to invest effort in one's work, and persistence in the face of difficulties; (b) dedication, refers to a sense of significance, enthusiasm, inspiration, pride, and challenge; and finally, (c) absorption, that is characterized by being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from work.^(12, 13)

Turnover intention is defined as: "a mental decision prevailing between an individual's approach with reference to a job to continue or leave the job".⁽¹⁴⁾ Also, it is considered as: "the probability that nurses will choose to leave a hospital identified by specific time periods".⁽¹⁵⁾ Moreover, turnover intentions signify that staff nurses perceived likelihood of leaving a hospital and can be treated as a predictor of actual turnover.⁽¹⁶⁾ Turnover can be either voluntary, when an individual quits their job at their own request or it can be involuntary when the hospital starting the turnover.⁽¹⁷⁾

Finally, **work group cohesion** is: "the degree to which members are attracted to each other and are motivated to stay in the group".⁽¹⁸⁾ Moreover, work group cohesion is a vital factor in staff nurses performance. It also refers to: "the strength of bonds between group members as, unity of a group, feeling of attraction between themselves and cooperate and coordinate their efforts to achieve goals".⁽¹⁹⁾

First line nurse managers and staff nurses' relationship is one of the most visible relations on work environment.⁽²⁰⁾ There is no doubt that their roles are pivotal to a hospital's success. In particular, FLNMs support is considered vital for promoting nurses' retention and job satisfaction, increase nurses' commitment to hospital vision and mission, increase their inter-social and emotional relation, help nurses to avoid job-related stress, enhance nurses' well-being and increase critical thinking, which in turn, leads to high quality of patient care, increase decision making abilities of nurses and patient safety.^(21, 22)

First line nurse managers play an important role in improving their nurse's job performance; they are responsible for many supervisory activities, such as: monitoring and training staff nurses, problem solving, designing procedures and policies, developing the skills and competencies needed to improve the quality of nurses' daily activities.⁽²³⁾ They also, act as a mediator between top management and staff nurses, removing any obstacles to their work, offering feedback on their performance and provide nurses with professional support.⁽²⁴⁾

There are many international studies investigated the relationship between FLNMs support and performance outcomes. In USA, Burns⁽²⁾ examined the relationship between perceived organizational support and perceived supervisor support and work engagement, and found a positive relationship between supervisor support and work engagement. Another study in Malaysia, kalidass and Bahron⁽²⁵⁾ investigated the relationship between perceived supervisor support, perceived organizational support and turnover intention. It showed that there was a significant relationship between perceived

supervisor support and turnover intention. Moreover in Canada, Bailey ⁽²⁶⁾ investigated the effect of hospital unit nurse leaders perceived follower support on nursing performance outcomes. It revealed a significant relationship between supervisor support and performance outcomes.

In Egypt, few studies were conducted to investigate the relationship between FLNMs' supportive behaviors and staff nurses' performance outcomes. However, Abd El-Aziz et al. ⁽²⁷⁾ studied the "perceived nursing supervisor support and its relation to turnover intention among staff nurses". They revealed a highly significant correlation between nurses' perceptions of supervisor support and turnover intention. Mosallam ⁽²⁸⁾ investigated turnover intention among intensive care unit's nurses; and explored that 65% of nurses had turnover intention. Staff shortage at hospital means that staff nurses are facing increasing workload that can lead to staff intention to leave. Therefore, FLNMs must identify means of retaining, engaging and ways of supporting their staff in order to gain better performance outcomes.

AIM OF THE STUDY

The aim of this study was to examine the relationship between first line nurse managers' support and staff nurses' performance outcomes at Kafr El-Dawar General hospital.

RESEARCH QUESTION

What is the relationship between first line nurse managers' support and staff nurses' performance outcomes at Kafr El-Dawar General hospital?

2. MATERIALS AND METHODS

2.1 Research design: A descriptive, correlational research design was used.

2.2 Setting: This study was conducted at all Intensive Care Units (ICUs); and inpatient units (medical and surgical) at Kafr El-Dawar General Hospital (n=22). The hospital is the second largest hospital at El-Beheira Governorate, affiliated to the Ministry of Health and Population, with bed capacity (n=278). It is classified as: (1) *ICUs* (n=9), namely: general, coronary care unit, neonatal, dialysis, pediatrics, neuro-surgery, toxicology, eclampsia, and burn; (2) *medical units* (n=7), namely: coronary, medical, burn, urology, hematemesis, obstetrics, and pediatrics; (3) *surgical units* (n=6), namely: general surgery (A and B), orthopedics, nose, ear and throat, neuro-surgery and vascular.

2.3 Subjects: All first line nurse managers and their assistants (n=44) and all staff nurses (n=250), who are working at the previously mentioned settings and who are available at the time of data collection.

2.4 Tools of the study:

Four tools were used in this study:

Tool (I): Self-Administered Questionnaire Demographic Sheet and Managerial Support Questionnaires:

This tool consisted of two parts:

Part (1): Demographic Characteristics Data Sheet:

The demographic characteristics data sheet of the study subjects was developed by the researcher and included: working unit, age, gender, educational qualification, years of nursing experience, years of unit experience and marital status.

Part (2): Inventory of Managerial Supportive Behaviors (IMSB):

It was developed by Rooney, ⁽⁶⁾ and was adopted by the researcher to measure nurses' perception of their FLNM's supportive behaviors. It is composed of 27 items, divided into six dimensions, as follows: (1) *genuine concern* (5-item); (2) *recognition* (3-item); (3) *open communication* (4-item); (4) *professional development/advocacy* (3-item); (5) *decisional discretion and creative expression* (6-item); and lastly (6) *task guidance and assistance* (6-item). Responses were measured on 4-point Likert scale ranging from (1) rarely to (4) always. The highest score indicated high nurses' perception of their FLNM's supportive behaviors. Score ranged from 27 to 108; and were considered low (27-53), moderate (54-80) and high (81-108).

Tool (II): Utrecht Work Engagement Scale (UWES-9):

It was developed by Schaufeli et al. ⁽²⁹⁾ to measure nurses' work engagement. It is composed of 9 items divided into three subscales, as followed: vigor, dedication and absorption; 3 items for each subscale. Responses were measured on 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. The highest score indicated high nurse's work engagement. Score ranged from 9 to 45; and were considered low (9- 26), moderate (27- 35) and high (36- 45).

Tool (III): Turnover Intention Scale:

It was developed by McKay et al. ⁽³⁰⁾ to measure nurse's turnover intention. It is comprised of 2 items: item (1) I hardly ever think about leaving this organization; and item (2) It would take a lot to get me to leave this organization. Reverse score was applied to the negative worded sentences. Responses were measured on 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. The highest score indicated lower nurse's turnover intention. Score ranged from 2 to 10; where high (2- 3), moderate (4- 8) and low (9- 10).

Tool (IV): Group Cohesion Scale-Revised (GCS-R):

It was developed by Treadwell et al. ⁽³¹⁾ to measure nurse's work group cohesion. It is consisted of 25 items, such as: accepting variations in each other's culture, customs, habits, and traditions; positive relationships among the group members, and feeling of unity and togetherness among group members ...etc. Responses were measured on 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. The highest score indicates high nurse's work group cohesion. Score ranged from 25 to 125; where low (25- 74), moderate (75- 99) and high (100- 125).

2.5 Methods:

1. An official permission was obtained from the Dean of Faculty of Nursing – Damanhour University and the responsible authorities of the study settings, at Kafr El-Dawar General Hospital, after explanation of the study aim.
2. Study tools were translated into Arabic, and tested for its content validity and translation by five experts in the field of the study. Accordingly, the necessary modifications were done.
3. A pilot study was carried out on (10%) of total sample size; where for FLNMs and their assistants (n=4); and staff nurses (n= 25), rather than the study sample; in order to check and ensure the clarity and feasibility of the study's tools and to identify obstacles and problems that may be encountered during data collection. Then, no necessary modifications were done.
4. The four tools were tested for its reliability; using the Cronbach's alpha coefficient for internal consistency of items, where: Inventory of Managerial Supportive Behaviors (IMSB) ($\alpha=0.843$) and performance outcomes tools: Utrecht Work Engagement Scale (UWES-9), Turnover Intention Scale and Group Cohesion Scale-Revised (GCS-R) ($\alpha=0.827, 0.833, 0.832$), respectively, which indicated good reliability.
5. Data collection for this study was achieved by the researcher, from the study's subjects through hand-delivered questionnaires to FLNMs, their assistants and staff nurses at their work settings. . It took from 25-30 minutes for FLNMs and from 30-45 minutes for staff nurses to complete the questionnaire. Data collection was conducted in a period of three months, ranging from the first of September to the end of November 2020.

Ethical Considerations

- The research approval was obtained from the ethical committee at the Faculty of Nursing - Damanhour University.
- An informed written consent was obtained from the study subjects after explanation of the aim of the study.
- Privacy and right to refuse to participate or withdraw from the study were assured during the study.
- Confidentiality and anonymity regarding data collected were maintained.

Statistical analysis:

- Data collected from the study subjects was revised, coded, entered and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using: (1) descriptive statistics:

frequencies, percentage, mean and standard deviation; (2) analytical statistics: Chi-square (χ^2) to evaluate if two categorical variables are related in any way, t test and paired (t) test, and to test the significant differences of means ANOVA was used. Significant $p \leq 0.05$, and highly significant $p \leq 0.01$.

3. RESULTS

Table (1): Demographic characteristics of first line nurse managers' (FLNMs) and staff nurses, working at Kafr El-Dawar General Hospital.

Demographic characteristics	FLNMs (n=44)		Staff nurses (n=250)	
	No.	%	No.	%
Working unit				
Critical	18	40.9	125	50.0
Medical	14	31.8	60	24.0
Surgical	12	27.3	65	26.0
Age (years)				
20-	1	2.3	106	42.4
30-	18	40.9	102	40.8
≥ 40	25	56.8	42	16.8
Mean± SD	40.61±6.19		32.03±7.71	
Gender				
Female	44	100	250	100
Male	0	0.0	0	0.0
Educational qualification				
Diploma of Secondary Nursing School	0	0.0	65	26.0
Diploma of Technical Institute of Nursing	0	0.0	90	36.0
Bachelor of Nursing Sciences	44	100	95	38.0
Years of nursing experience				
<10	7	15.9	133	53.2
10-	20	45.5	72	28.8
≥ 20	17	38.6	45	18.0
Mean± SD	16.88±6.63		6.13±6.01	
Years of unit experience				
<10	11	25.0	123	49.2
10-	13	29.5	72	28.8
≥ 20	20	45.5	55	22.0
Mean± SD	8.00±4.59		6.13±6.01	
Marital status				
Married	43	97.7	197	78.8
Single	0	0.0	45	18.0
Divorced	1	2.3	7	2.8
Widow	0	0.0	1	0.4

Table (1) shows that, the majority of FLNMs and half of staff nurses' were working in critical care units (40.9%, 50%), respectively. Pertaining to age, the mean age of FLNMs, was (40.61±6.19); compared to (32.03±7.71) of staff nurses. All FLNMs and staff nurses were female. Concerning educational qualification, all FLNMs had Bachelor degree of Nursing

Sciences; compared to above one third (38%) of staff, who had the same degree. Regarding nursing and unit experiences, its mean ± SD of FLNMs were (16.88±6.63, 8.00±4.59), respectively; however, for staff nurses it was the same mean ± SD for both experiences (6.13 ± 6.01).

Table (2): Mean distribution of First Line Nurse Managers' (FLNMs), and staff nurses' perception of Managerial Supportive Behaviors (MSB), working at Kafr El-Dawar General Hospital.

MSB Dimensions	FLNMs (n=44)			Staff nurses (n=250)			T P
	Min	Max	Mean± SD	Min	Max	Mean± SD	
Genuine concern	12	20	17.22±2.15	5	46	15.01±4.22	4.956 .014*
Recognition	6	12	9.84±1.36	3	12	8.54±2.20	5.988 .011*
Open communication	10	16	13.77±1.47	4	12	11.50±2.84	2.996 .042*
Professional development/ advocacy	6	12	10.34±1.49	3	15	7.97±2.60	3.417 .036*
Decisional discretion and creative expression	16	24	20.47±1.94	6	24	16.18±4.13	5.002 .013*
Task guidance and assistance	12	24	20.38±2.83	6	64	17.71±5.11	4.847 .019*
Total managerial supportive behaviors	62	108	92.02±11.24	27	112	76.80±15.81	6.110 .010*

**Highly significant at P≤0.01. *Significant at P ≤0.05.

Table (2) shows that there were statistically significant differences between the FLNMs and staff nurses for total and all managerial supportive behaviors dimensions, where (P ≤ 0.05). The first two dimensions, for FLNMs were decisional discretion and creative expression; and task guidance and assistance (20.47±1.94, 20.38±2.83), respectively; compared to task guidance and assistance and decisional discretion and creative expression; for staff nurses (17.71±5.11, 16.18±4.13), consecutively.

Table (3): Mean distribution of First Line Nurse Managers' (FLNMs), and staff nurses' perceptions of work engagement at Kafr El -Dawar General Hospital.

Work engagement subscales	FLNMs (n=44)			Staff nurses (n=250)			F P
	Min	Max	Mean ±SD	Min	Max	Mean ±SD	
Vigor	7	15	12.90±1.65	3	12	11.46±2.52	.501 .444
Dedication	8	15	11.99±1.30	3	13	10.18±2.78	5.796 .017*
Absorption	10	15	12.78±1.45	3	12	11.78±2.25	5.518 .019*
Total work engagement	25	45	37.67±4.4	9	37	33.42±7.55	5.015 .026*

**Highly significant at P≤0.01. *Significant at P ≤0.05.

Table (3) indicates that there were significant differences between FLNMs and staff nurses related to total work engagement, dedication and absorption subscales, where (P=.026, .017, .019), consecutively. Moreover, the highest subscale was vigor for FLNMs; compared to absorption for staff nurses (12.90±1.65, 11.78±2.25), respectively. However, the lowest subscale was dedication for both (11.99±1.30, 10.18±2.78), consecutively.

Table (4): Mean distribution of First Line Nurse Managers' (FLNMs) and staff nurses according to turnover intention at Kafr El -Dawar General Hospital.

Turnover intention items	Min	Max	FLMNs (n=44)	Staff nurses (n=250)	F P
			Mean± SD	Mean± SD	
I hardly ever think about leaving this organization.	1	5	3.61±1.12	3.57±1.18	1.014 .315
It would take a lot to get me to leave this organization	1	5	3.97±0.92	3.75±1.15	.301 .584
Total turnover intention	2	10	7.58±2.04	7.32±2.33	.678 .411

**Highly significant at P≤0.01. *Significant at P ≤0.05.

Table (4) shows that no significant differences were found between FLNMs and staff nurses related to total turnover intention and its items. According to total turnover intention, the highest mean± SD was (7.58±2.04) for the FLNMs; compared to (7.32±2.33) for staff nurses.

Table (5): Mean distribution of First Line Nurse Managers' (FLNMs) and staff nurses according to work group cohesion at Kafr El-Dawar General Hospital.

Work group cohesion items	FLNMs (n=44)	Staff nurses (n=250)	T	P
	Mean ±SD	Mean ±SD		
Accepting of variations in each other's culture.	3.90±1.00	3.80±1.00	3.033	.083
positive relationships	3.93±1.04	3.88±0.90	4.197	.041*
feeling of unity and togetherness	3.70±1.13	3.82±0.94	.656	.419
Free to share information.	3.75±1.14	4.01±2.69	.061	.805
Problem solving disrupted if one absent.	2.29±0.92	2.57±1.21	2.348	.127
comfortable in expressing disagreements	3.90±0.85	3.77±0.95	2.303	.130
Problem solving is group effort.	3.61±0.96	3.66±1.10	2.411	.122
Members influence one another.	3.79±1.04	3.83±2.73	3.539	.061
Dislike group's meetings.	2.86±1.15	2.66±1.10	.213	.645
Aware of group's unspoken rules.	3.56±0.97	3.32±0.91	7.514	.007**
Discussions unrelated to concerns	2.38±1.01	2.61±1.01	.468	.495
Contribute to decision making.	3.50±0.92	3.32±0.98	4.439	.036*
Receptive to feedback and criticism.	3.68±0.90	3.57±0.88	5.260	.023*
Despite tensions, members stick together.	3.56±1.04	3.70±0.81	1.066	.303
Individual and group goals are inconsistent.	2.38±1.08	2.62±1.08	3.498	.063
Unhealthy competitive attitude among group.	2.40±1.18	2.35±1.06	1.066	.303
Free to share their opinions.	3.88±0.92	3.81±0.80	4.411	.037*
Minimal attempts made include quieter members	3.75±0.91	3.56±0.97	2.940	.088
Respect the agreement of confidentiality.	3.77±0.93	3.91±2.68	3.156	.077
concerned when one is absent	3.81±0.81	3.49±1.01	8.047	.005**
Not like to postpone meetings.	3.31±1.00	3.39±0.92	1.977	.161
Engagement in "back-stabbing".	2.09±1.05	2.16±1.08	.696	.405
free to share their feelings	3.54±0.99	3.62±0.87	.769	.381
Preference to shift a group with same goals.	2.88±1.10	2.88±1.20	.057	.811
I feel vulnerable in this group.	1.75±0.71	1.85±0.88	1.613	.205
Total work group cohesion	81.97±24.75	82.16±29.76	3.936	.048*

**Highly significant at P≤0.01. *Significant at P ≤0.05.

Table (5) reveals that there were highly significant differences between FLNMs and staff nurses for the two items: "aware of group's unspoken rules and concerned when one is absent", where (P=.007, .005), respectively. Moreover, there were

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significant differences between the FLNMs and staff nurses for total work group cohesion, and four items: "positive relationships; contribute to decision making; receptive to feedback and criticism; and free to share their opinions", where (P=.048, .041, .037, .036, .023), respectively. The highest items was "positive relationships" for FLNMs; whereas, "free to share information" for staff nurses (3.93±1.04, 4.01±2.69), consecutively.

Table (6): Correlation matrix of First Line Nurse Managers' (FLNMs), Managerial Supportive Behaviors (MSB) and their performance outcomes, (Work engagement, turnover intention and work group cohesion), at Kafr El – Dawar General Hospital.

Variables		Total Managerial Supportive Behaviors							Total Work engagement	Total turnover intention	Total work group cohesion
		1	2	3	4	5	6	7			
MSB	1-Genuine concern	r									
		p	1								
	2-Recognition	r	.521								
		p	.007**	1							
	3-Professional development/ advocacy	r	.422	.593							
		p	.000**	.001**	1						
	4-Decisional discretion and creative expression	r	.559	.590	.641						
	p	.000**	.000**	.000**	1						
5-Open communication	r	.635	.732	.490	.597						
	p	.000**	.000**	.009**	.000**	1					
6-Task guidance and assistance	r	.417	.455	.419	.488	.491					
	p	.000**	.000**	.000**	.000**	.000**	1				
7-Total (MSB)	r	.760	.740	.788	.851	.714	.684				
	p	.000**	.000**	.000**	.000**	.000**	.001**	1			
Performance outcomes	Total work engagement	r	.068	.074	.244	.216	.144	.182			
		p	.347	.305	.001**	.003**	.033*	.122	1		
	Total turnover intention	r	.171	.009	.138	.150	.564	.484	.484		
	p	.012*	.892	.030*	.018*	.009**	.007**	.000**	1		
Total work group cohesion	r	.142	.275	.362	.301	.246	.255	.348	.348		
	p	.010**	.000**	.000**	.000**	.000**	.000**	.000**	.000**	1	

**Highly significant at P≤0.01. *Significant at P ≤0.05.

r: Pearson correlation coefficient

Interpretation of r: Strong (0.75-0.99) intermediate (0.25-0.74) weak (0.1-0.24)

Table (6) states that there were highly significant correlations between FLNMs total MSB, its dimensions and their performance outcomes (total work engagement, total turnover intention, total work group cohesion) where, (P≤0.01); except significant correlations were found between open communication, task guidance and assistance and total work engagement, and also, significant correlations between MSB dimensions: genuine concern, professional development and advocacy, decisional discretion and creative expressions, task guidance and assistance and total turnover intention where, (P≤0.05). On the other hand, no significant correlations were found between genuine concern, recognition and total work engagement; and also, no significant correlations between recognition and total turnover intention.

Table (7): correlation matrix of staff nurses perception of Managerial Supportive Behaviors (MSB) and their performance outcomes,(work engagement, turnover intention and work group cohesion) at Kafr El -Dawar General Hospital.

Variables		Total Managerial Supportive Behaviors(MSB)							Total Work engagement	Total turnover intention	Total work group cohesion
		1	2	3	4	5	6	7			
MSB	1-Genuine concern	r									
		p	1								
	2-Recognition	r	.537								
		p	.000**	1							
	3-Professional development/ advocacy	r	.522	.570							
		p	.000**	.000**	1						
	4-Decisional discretion and creative expression	r	.569	.432	.641						
	p	.000**	.000**	.000**	1						
5-Open communication	r	.435	.462	.451	.554						
	p	.000**	.000**	.000**	.000**	1					
6-Task guidance and assistance	r	.417	.740	.778	.841	.495					
	p	.000**	.000**	.000**	.000**	.000**	1				
7-Total (MSB)	r	.779	.727	.704	.778	.726	.698				
	p	.000**	.000**	.000**	.000**	.000**	.000**	1			
Performance outcomes	Total work engagement	r	.060	.065	.204	.186	.135	.132			
		p	.347	.305	.001**	.003**	.033*	.037*	1		
	Total turnover intention	r	.159	.009	.138	.150	.164	.171	.171		
	p	.012*	.892	.030*	.018*	.009**	.007**	.007**	1		
Total work group cohesion	r	.162	.227	.303	.310	.298	.284	.348	.348		
	p	.010**	.000**	.000**	.000**	.000**	.000**	.000**	.000**	1	

**Highly significant at P≤0.01. *Significant at P ≤0.05.

r: Pearson correlation coefficient

Interpretation of r: Strong (0.75-0.99) intermediate (0.25-0.74) weak (0.1-0.24)

Table (7) states that there were highly significant correlations between staff nurses perception of total MSB, its dimensions and their performance outcomes (total work engagement, total turnover intention, total work group cohesion), where ($P \leq 0.01$); except significant correlations were found between, open communication, task guidance and assistance and total work engagement; and also, significant correlations between MSB dimensions: genuine concern, professional development and advocacy, decisional discretion and creative expressions, task guidance and assistance and total turnover intention, and recognition and total work group cohesion, where ($P \leq 0.05$). On the other hand, no significant correlations were found between genuine concern, recognition and total work engagement, and between recognition and total turnover intention.

Table (8): Multivariate regression analysis to illustrate predictors of performance outcomes among staff nurses working at Kafr El- Dawar General Hospital.

Dimensions of managerial supportive behaviors	Unstandardized Coefficients	Standardized Coefficients	T	P
	B	β		
(Constant)	51.279		14.549	.000**
Age (years)	.083	.036	.690	.491
Years of nursing experience	.186	.085	1.484	.139
Years of unit experience	.087	.030	1.180	.239
Genuine concern	.999	.234	4.496	.000**
Recognition	1.211	.162	6.267	.000**
Open communication	3.093	.461	6.289	.000**
Professional development	.829	.087	3.918	.000**
Decisional discretion	2.496	.501	7.281	.000**
Task guidance and assistance	1.481	.418	8.217	.000**
ANOVA				
Model	R ²	df	F	P
Regression	.929	9	347.354	.000**

a: Dependent Variable: Nurses' performance outcomes.

b: predictors: (Constant) age (years), years of nursing experience, years of unit experience, genuine concern, recognition, open communication, professional development, decisional discretion, and task guidance and assistance,.

*P value (significant) ≤ 0.05

**P value (highly- significant) ≤ 0.01

df= degree of freedom

F= One Way ANOVA

T=Independent samples t- test

R²= Coefficient of multiple determination.

Table (8) presents the results of multiple linear regression analysis between managerial supportive behaviors as independent variable and performance outcomes (work engagement, turnover intention, and work group cohesion) as dependent variable. It found that approximately 92.9% of the explained variance of managerial supportive behaviors and is related to performance outcomes (work engagement, turnover intention, and work group cohesion) where the model is significant ($F=347.38$, $P = .000$).

4. DISCUSSION

Nursing shortage has faced hospitals in different countries around the world, with serious challenges in providing quality and safe services to their patients.⁽³²⁾ The major reasons behind nursing shortage are poor leadership, lack of managerial support for nurses, nurses' uncertainty over future, low job satisfaction, inadequate job opportunities, turnover intention, and job insecurity.^(33, 34)

Nowadays, staff nurses need strong, consistent and knowledgeable FLNMs, who are visible, inspire others and support professional nursing practice and performance outcomes, where nurses can provide high quality of nursing care.⁽³⁵⁾ The present study was constructed to investigate the relationship between FLNMs' support and their staff nurses' performance outcomes (work engagement, turnover intention and work group cohesion) in order to improve their supportive behaviors, to encourage nurses to do their work better to improve quality of care, to decrease intention to quit, to improve engagement and to encourage working in a cohesive group.

The findings of the current study revealed that there are statistically significant differences between FLNMs and staff nurses for total managerial supportive behaviors and all its dimensions. The first dimension for FLNMs was decisional discretion and creative expression, while, task guidance and assistance was the first for staff nurses. On the other hand, the last dimension, for the FLNMs, was recognition; compared to professional development for staff nurses.

This may be due to that there were adequate staffing levels with flexible scheduling hours for nurses. Moreover, sufficient and strong support from direct supervisors and strong recognition for excellence from them to their staff nurses, that was present because most of them attended training programs. Additionally, open and effective interpersonal communication was found between supervisors and subordinate. Furthermore, FLNMs usually praise their staff nurses for good work and give them positive feedback, which consequently, give staff nurses feeling of being supported and satisfied about their job.

This result is congruent with Trépanier et al. (2021),⁽³⁶⁾ who stated that support and recognition for staff efforts within the organization was important to reduce conflict among nurses, by listening, expressing good emotions and helping with work-related problems. In the same line, Mathieu et al. (2019)⁽³⁷⁾ reported that promoting supportive behaviors within work units is encouraged, and providing emotional and instrumental supportive behaviors from FLNMs' to staff nurses is beneficial for reducing exposure to negative behaviors. Moreover, Abdel El-Aziz et al. (2017)⁽²⁷⁾ found that staff nurses had high perception regarding talking with supervisor effectively to solve any problems. Furthermore, Vegsund (2014)⁽³⁸⁾ reported that FLNMs' enhance communication and provide staff nurses the chance to share information, skills, experience and help them to express their feelings to reduce differences.

Additionally, Mahmoud and El Sayed (2016)⁽³⁹⁾ concluded that leader support was applied in the form of: open communication, information provision, and decision making that had great impact on enhancement of commitment and improve performance of staff nurses.

Furthermore, McAlearney and Robbins (2014)⁽⁴⁰⁾ stated that continuous development and growth in nursing career was vital for keeping up rapid change in nursing profession. Supervisors necessitate to involving staff nurses in decision-making, which is related to providing respect, reassurance, sharing work schedule and take staff nurse's opinion in decision making and helping them to take good decision when working under stress.

Nursing performance outcomes is the contribution of nurses to achieve specific tasks measured against identified standards of accuracy, which is present in the form of: (1) work engagement; (2) turnover intention; and lastly (3) work group cohesion.^(9, 10) The findings of the present study found that the majority of FLNMs and above two thirds of staff nurses had high level of work engagement. The highest mean score of the FLNMs were related to vigor, compared to absorption that was the highest among staff nurses. However, dedication was the least mean score for both the FLNMs and staff nurses. This could be attributed to that FLNMs with experiences have greater energy, as they engage with their nurses and work, they are more likely to be enthusiastic and proud of management role that enables them provide and report greater concentration with their collaborations with staff nurses.

The result of the present study is congruent with Rivera et al. (2011),⁽⁴¹⁾ who studied how to close the professional nurses' engagement gap, found that professional nurses had high work engagement level. Also, in a study carried out by Jenaro et al. (2011)⁽⁴²⁾ found that the majority of staff nurses who had high level of work engagement; they express more satisfaction with their jobs. On the other hand, Ghazawy et al. (2019)⁽⁴³⁾ found that more than half of nurses are dedicated to their work. It is vital for staff nurses to have supportive environments and leaders frequent performance feedback in order to continuous improvement and more work engagement.

Additionally, Radwan et al. (2018)⁽⁴⁴⁾ found high work engagement of FLNMs, and revealed that the highest mean score was for dedication first, followed by absorption and then vigor. On the other hand Farghaly and Mabrouk (2018)⁽⁴⁵⁾ in a

study of "relationship between health care organizational strategic intelligence and nurses' professional accountability and their work engagement". They stated that nurses highly perceive work engagement, related to dedication, followed by absorption, then vigor. This could be due to staff nurses challenging and inspiring; feeling enthusiastic, and being proud of their work.

The findings of the present study showed that there were no significant differences between FLNMs and staff nurses for total turnover intention and all its items. Above two thirds of FLNMs had lower level of turnover intention; compared to nearly two thirds of staff nurses. This may be related to working in governmental health care sectors that make it difficult to find stability in working conditions which will not be found in other organizations. Moreover, change can be difficult, so staff nurses adapted to work in this organization.

This result is supported by El zohairy et al. (2019),⁽⁴⁶⁾ who reported that above half of professional nurses had moderate level of intention to leave; followed by nearly one third of them, who had low level of intention to leave. While, the minority had high level of intention to leave, this may be due to stability in their job position, feel comfortable in work environment. Moreover, Tourangeau et al. (2013)⁽⁴⁷⁾ stated that manager's ability and support of nursing staff were related to nurse's intention of remaining in the job and receiving support from superiors that is a concept included in social support and implies support for staff enabling them to do their jobs efficiently.

The current findings of the study revealed that there were significant differences between the FLNMs and staff nurses for work group cohesion, where nearly two thirds of the FLNMs and nearly three quarters of the staff nurses had moderate level of work group cohesion. This may be due to that the cohesiveness of a group promotes exchange of information and knowledge between nurses, reciprocal respect, cooperation and collaboration between peers. Group cohesiveness will improve nurses' job satisfaction, affect the ultimate goals of nursing and, most importantly, facilitate nursing culture.

On the same line, Mabrouk and Abd El Aal (2019)⁽⁴⁸⁾ found that there were highly significant differences between working as a team is related to improvement in staff nurses inter-relationship between each other and their performance. It was also consistent with the study performed by Barton et al. (2018),⁽⁴⁹⁾ who detected that frontline leadership, supportive followers and skilled communication emphasis required to translate teamwork competency into nursing practice.

The findings of the current study revealed that there were highly positive significant relationships between FLNMs total supportive behaviors and all its dimensions and performance outcomes reflected in work engagement, turnover intention, and work group cohesion as perceived by FLNMs and staff nurses. This may be related to staff nurses feeling valuable and FLNMs caring about their personnel life, contribute for their work, provide any needed information and make them visible for top management that make them more engaged in the work. Furthermore, FLNMs provides support to nurses and positive feedback, so they had lower turnover intention. Moreover, good relationships between FLNMs and staff nurses such as: respect for each other, concern when one absent, aware of group rules, constant attending group meetings, share information, and participate in problem solving, lead to better work group cohesion.

This result supported by Manning (2016),⁽⁵⁰⁾ who found that support was important for engaging staff nursing as a mean to positively influence performance, and provide support through communication, and also a positive impact on staff nurse work engagement and finally improve organizational outcomes. This was also congruent with Rubell (2013),⁽⁵¹⁾ who found a significant correlation between perceived organizational support including supervisor support and work engagement. Kalidass and Bahron (2015)⁽²⁵⁾ also concluded that receiving supervisor support and organizational support had great influence on decreasing staff turnover intention. Li and Kim (2019)⁽⁵²⁾ found that group-level supervisor support moderates the relationship between organization support and individual-level perceived work ability such that the positive relationship is much stronger when group-level supervisor support is high.

However, the findings of the current study are contradicted with those of Dabke and Patole (2014),⁽⁵³⁾ who stated that perception of support from leader had a slightly stronger relationship with work engagement. Finally, Bailey (2014),⁽²⁶⁾ reported that good performance in leadership skills by nurse managers has been associated with the decision of nurses to stay or leave the job. Human skills were the most valued particularly the manager's connection with nurses' concerns, clarity, participation in decisions and encouragement.

5. CONCLUSION

This study concluded that there are statistically significant differences between first line nurse managers' and staff nurses for total managerial supportive behaviors and all its dimensions; total work engagement and dedication, absorption subscales; and total work group cohesion. However, no statistically significant differences were found between first line nurse managers' and staff nurses for vigor subscale of work engagement and total turnover intention.

6. RECOMMENDATIONS

Based on the findings of the present study, it is recommended that:

I. Hospital administrators should:

1. Adopt strategies that enhance first line nurse managers' supportive behaviors, such as: interpersonal relationships, decisional discretion, open communication and sharing information.
2. Create a healthy, positive and competitive environment to strengthen nurses' work engagement, trust, group cohesion and commitment, which consequently will affect turnover intention.
3. Provide training program for both first line nurse managers' and staff nurses to learn about communication skills and different ways to enhance mutual respect.

II. First line nurse managers should:

- 1- Enhance and develop their leadership styles and skills, which are factors that foster giving support, encourage, assist nurses to be update, and lead them professionally through attending continuous training program.
- 2- Attend training workshops periodically for all first-line nurse managers based on their job description as refreshment course how to provide support for their staff nurses'.
- 3- Provide constructive feedback through: recognition for well done job, express confidence in nurses' ability to perform better, give feedback on a regular basis and make their expectations clear.

III. Staff nurses should:

- 1- Share in the development of organizational policies and guidelines on futility and ethical decision making.
- 2- Improve their performance regularly to control any factors that could affect negatively on their performance outcomes.
- 3- Participate on: problem-solving, critical thinking and situational judgment, as well as sharing information and try to make good use of the experiences in the proper position.

IV. Further studies:

- The impact of first line nurse managers' supportive behaviors on staff nurses' productivity and commitment.
- The relationship between nurses' work engagement and organizational productivity.

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