

Fear of COVID-19, perceived organisational support, and turnover intentions among nurses: Mediating roles of work-family conflict and subjective well-being

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Abstract

We aimed in this study to examine how work-to-family conflict and subjective well-being mediate the relationship between fear of COVID-19 and perceived organisational support with turnover intentions among nurses in Ghana. We used a self-report anonymous cross-sectional survey design. During the second and third waves of the COVID-19 pandemic in Ghana (between January and September 2021), a total of 330 registered nurses working in both rural and urban settings recruited through purposive and convenience sampling strategies responded to a web-based structured questionnaire survey. We analysed the data using structural equation modelling. The results showed that perceived organisational support had a significant direct relationship with turnover intention whilst fear of COVID-19 was not directly related to turnover intention. Fear of COVID-19 and perceived organisational support had significant indirect relationships with turnover intention via work-to-family conflict and subjective well-being. The findings underscore the importance of managing pandemic-related fears and fostering organizational support in retaining nurses during health crises.

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Introduction

Nurse turnover is a significant organisational concern in the health professions, as it has significant implications for individuals and health systems. Not only is turnover costly to healthcare organisations, but it also has a significant impact on the quality and continuity of care and the well-being of nurses who remain on the job (Falatah, 2021; Gebregziabher et al., 2020; Labrague et al., 2020). The consequences of nurse turnover are even more severe in developing countries like Ghana, which have relatively high patient-to-nurse ratios. Turnover intention, defined as “a conscious and deliberate willfulness to leave the organisation” (Tett & Meyer, 1993, p. 262), is seen as the most proximal precursor to turnover (Cohen et al., 2016). Therefore, understanding the antecedents of turnover intentions among nurses is crucial to developing appropriate strategies to facilitate nurse retention.

Interest in turnover intentions among health workers gained more traction following the outbreak of the novel coronavirus, named *Coronavirus Disease 2019* (COVID-19), which was declared a pandemic by the World Health Organisation on March 11, 2020. In the heat of the COVID-19 pandemic, frontline workers, including nurses, were needed to work around the clock, often in unfavourable working environments, to sustain health systems and save lives (Falatah, 2021; Nashwan et al., 2021). The stress associated with meeting increasing healthcare demands could adversely affect workers’ satisfaction with and interest in the job and orchestrate thoughts of finding alternative forms of employment (Gebregziabher et al., 2020). Accordingly, studies have reported high turnover intentions among healthcare workers during the COVID-19 pandemic (e.g., Hou et al., 2021; Nashwan et al., 2021). For instance, among nurses in Qatar, Nashwan et al. (2021) reported that turnover intentions were higher during the pandemic than before.

Studies among healthcare workers have identified various individual and organisational factors as antecedents of turnover intentions. In the context of the COVID-19 pandemic, fear associated with the disease has been noted as an important antecedent of intentions to quit among healthcare workers. Shaheen et al. (2024) described fear of COVID-19 as a “new workplace hazard that is associated with experiencing social stigma and can make people think and act irrationally” (p. 2). Among health workers, the fear of COVID-19 emanates from their proximity to patients, which increases their risk of infection. As a stressor, fear causes psychological pressure, undermines work performance, decreases job satisfaction, and increases intentions to quit (Labrague & de los Santos, 2021; Shaheen et al., 2024). Previous studies within and outside healthcare settings have associated increased fear of COVID-19 with various organisational outcomes, including turnover intentions (De los Santos & Labrague, 2021; Khattak et al., 2021; Labrague & de los Santos, 2021).

Unlike workplace stressors like fear of COVID-19, organisational resources such as social support may lessen employees' turnover intentions, though this linkage has attracted less attention in the context of COVID-19 among nurses. Supportive organisational practices demonstrate employers' concern for employees, encouraging employees to work effectively and exhibit positive attitudes (Perry et al., 2018; Rhoades & Eisenberger, 2002). For most frontline workers, the organisation would be expected to play a crucial support role following restrictions on physical human interactions as a global measure to contain the spread of COVID-19. Indeed, organisational support has been shown to positively impact employee mental health by encouraging stress reduction and boosting self-esteem (Gab Allah, 2021; Kim et al., 2020).

To this end, previous studies have contributed to understanding how workplace stressors (e.g., fear associated with COVID-19) and resources (e.g., organisational support) shape various organisational outcomes, including turnover intentions. However, less attention has been devoted to explaining the mechanisms underpinning these relationships. Moreover, most studies on the impact of stressors and resources in the context of COVID-19 have emerged from developed countries. In Ghana, only a few studies have examined employee job outcomes in relation to COVID-19 (e.g., Opoku et al., 2022; Poku et al., 2022), and to our knowledge, no study has examined how fear of COVID-19 and organisational support influence turnover intentions in this context.

Drawing on the conservation of resources theory and organisational support theory, we consider two intermediate variables – work-family conflict and subjective well-being – to explain why the fear of COVID-19 and perceived organisational support are related to nurses' turnover intentions. Work-family conflict occurs when time demands, strain, and behavioural expectations associated with the work and family domains result in the incompatibility of roles (Shockley & Singla, 2011). Subjective well-being reflects individuals' cognitive and affective assessment of their lives (Diener, 2012). The study contributes to the literature by examining how fear of COVID-19 and perceived organisational support influence nurse turnover intentions. We postulate that, as a stressor, fear of COVID-19 drains resources, which constrains nurses' ability to meet responsibilities in different life roles and undermines their well-being. Conversely, as a key resource, perceived organisational support contributes to nurses' need satisfaction and facilitates meeting demands in work and family roles. These experiences, in turn, have implications for nurses' interests in the job and intentions to quit. In the next section, we present the theoretical underpinnings and the empirical basis for the hypothesised relationships tested in the study (see Figure 1).

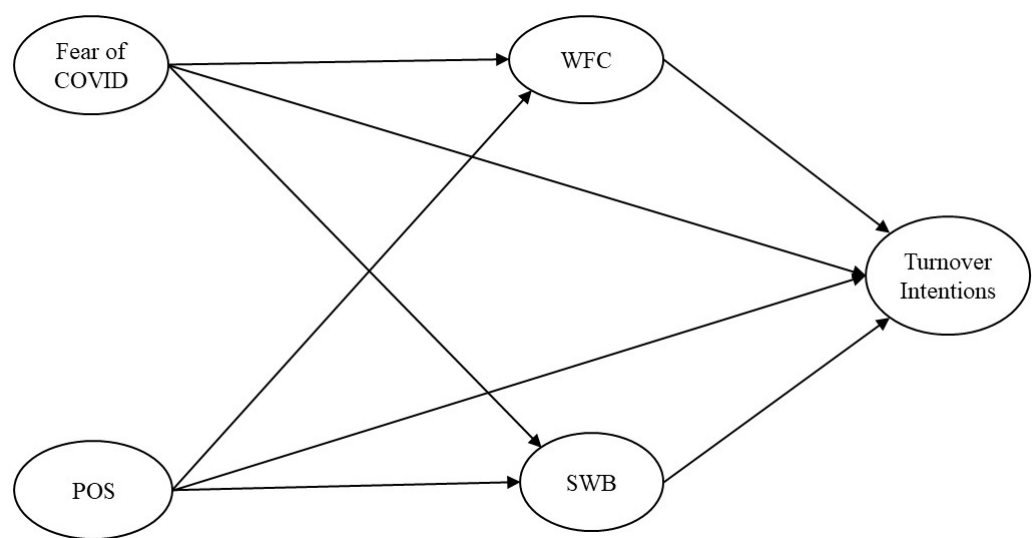


Figure 1. Hypothesised model

Note. POS = perceived organisational support, WFC = work-to-family conflict, SWB = subjective well-being

Theory and hypotheses

Fear of COVID, subjective well-being, and turnover intentions

Turnover intention represents a conscious and intentional desire to quit an organisation (Tett & Meyer, 1993). It is regarded as the final stage in a series of withdrawal cognitions and a direct precursor to voluntary turnover (Cohen et al., 2016). Thus, turnover intention indicates the subjective likelihood that an employee might leave his or her organisation within a specific time interval (Tett & Meyer, 1993). Studies in the occupational stress literature have examined various stressors as antecedents of turnover intentions. We draw on the conservation of resources (COR) theory to examine the link between fear of COVID-19, as a workplace stressor, and turnover intentions.

The COR theory explains how people react in stressful situations. The basic tenet of the COR theory is that individuals are motivated to develop, maintain, and conserve resources, which include objects (e.g., a house), energies (e.g., time), personal characteristics (e.g., self-esteem), or conditions (e.g., being employed) that are valued in their own rights or provide a means to an end (Hobfoll et al., 2018). According to Hobfoll (1989), psychological stress ensues from “(a) the threat of a net loss of resources, (b) the net loss of resources, or (c) a lack of resource gain following the investment of resources” (p. 516). The loss of resources in threatening situations has been observed in studies on traumatic events and disasters (e.g., Toker et al., 2015; Zeidner et al., 2011).

A notable feature of pandemics such as COVID-19 is the fear they induce in people (Ahorsu et al., 2022). Although fear is an adaptive response and may motivate preventive behaviours, excessive fear can be maladaptive, resulting in negative consequences for individuals. From the perspective of COR theory, fear of COVID-19 may result in a gradual depletion of energy resources. Fear of getting infected or infecting others not only affects how people feel about themselves but also how they relate to others, which can exert a significant burden on nurses' mental health (Bavel et al., 2020; Maslakçı et al., 2021). The COR theory further suggests that when individuals encounter resource loss, the motivation to protect resources instigates processes that help prevent further resource loss through withdrawal behaviours (Hobfoll et al., 2018). Accordingly, excessive fear induced by COVID-19 may increase the propensity for withdrawal behaviours as a coping response (Grandey & Cropanzano, 1999). Since turnover intention is often a precursor to voluntary turnover, excessive fear of COVID-19 can elicit increased nurse turnover cognitions. In line with these assumptions, previous studies have reported a positive relationship between fear of COVID-19 and turnover intentions across different groups of workers (e.g., De los Santos & Labrague, 2021; Labrague & de los Santos, 2021). We, therefore, hypothesize that:

Hypothesis 1: Fear of COVID-19 is positively related to nurses' turnover intentions.

Perceived organisational support and turnover intentions

Perceived organisational support is defined as employees' "global beliefs concerning the extent to which the organisation values their contributions and cares about their well-being". (Eisenberger et al., 1986, p. 501). Perceived organisational support is underpinned by the notion that employees anthropomorphize the organisation by assigning it humanlike traits. Consequently, employees' sense of attachment to the organisation is shaped by how the organisation and its agents treat them (Rhoades & Eisenberger, 2002). The positive effects of perceived organisational support have been reported across various organisational outcomes (Kurtessis et al., 2017). Drawing on organisational support theory (Eisenberger et al., 2001, 2020), we examine the influence of perceived organisational support on nurses' turnover intentions.

Organisational support theory takes a social exchange perspective to explain how interactions between employees and their organisation are shaped by nonmaterial exchanges in which employees seek to minimize costs and maximize benefits. Informed by the reciprocity norm, organisational support theory posits that employees feel indebted to reciprocate with positive attitudes and behaviours when they perceive that the organisation and its agents care about their contributions and well-being (Eisenberger et al., 2020; Rhoades & Eisenberger, 2002). Hinged on effort-outcome expectancy, perceived organisational support engenders employees' expectation of

greater organizational rewards for meeting organisational goals (Eisenberger et al., 1986). To the extent that the organisation is seen to be meeting an employee's needs, the employee would assimilate organizational membership into self-identity, thereby establishing a stronger emotional attachment with the organisation (Eisenberger et al., 2001). Consistent with the preceding arguments, previous studies have demonstrated that perceived organisational support is negatively associated with turnover intentions and voluntary turnover (e.g., Kurtessis et al., 2017).

Hypothesis 2: Perceived organisational support will be negatively related to turnover intentions.

Subjective well-being as a mediator

Based on COR theory and organisational support theory, we examine subjective well-being as a mediator of the links between fear of COVID-19 and perceived organisational support on the one hand and turnover intentions on the other. As argued earlier, the fear of COVID-19 represents a significant source of stress, as it is associated with the loss of personal resources. The loss spiral assumption of COR theory suggests that the initial loss of resources posed by fear of COVID-19 would beget more resource loss, as individuals become more vulnerable to future resource challenges (Hobfoll, 2001). With fewer resources left for coping with future demands, dealing with stressful events such as the fear of COVID-19 may result in strain and reduced quality of life. Thus, based on the COR theory, it can be argued that fear of COVID-19 could negatively affect nurses' perception of their happiness and satisfaction with life because dealing with the threat posed by the pandemic may overtax their emotional resources. Several studies have linked fear of COVID-19 to various measures of well-being (e.g., Alimoradi et al., 2022; De Clercq et al., 2021; Lathabhavan & Vispute, 2021).

In contrast, perceived organisational support expands employees' resource reservoirs by enabling them to acquire additional resources. The gain paradox principle of COR theory suggests that resource gain becomes more salient in the context of resource loss (Hobfoll et al., 2018). The availability of support resources also enables employees to withstand resource loss (Hobfoll et al., 2018). Moreover, by fulfilling the socio-emotional needs of the employee in terms of belongingness, esteem, and emotional support, perceived organisational support can enhance positive mood, which is beneficial for well-being (Eisenberger et al., 2020). Previous studies have shown a positive relationship between workplace support and various indicators of employee well-being. For instance, Toker et al. (2015) found that supervisor support and co-worker support were negatively related to insomnia.

Our argument about the mediating role of subjective well-being in the relationship between fear of COVID-19, perceived organisational support, and turnover intentions

specifies subjective well-being as an antecedent of turnover intentions. Indeed, there is evidence linking employee well-being to various work-related outcomes, including turnover intentions (van Rhenen et al., 2013; Wright & Bonett, 2007; Wright & Cropanzano, 2000). Employee well-being in terms of happiness also provides a linking mechanism between human resource practices and turnover intentions (Van De Voorde et al., 2012). Following the happy-productive worker thesis, happy workers are expected to be more productive and have lower withdrawal tendencies (Taris & Schreurs, 2009).

To this end, we expect that excessive fear of COVID-19 would be indirectly related to turnover intentions by undermining nurses' subjective well-being. Conversely, we expect perceived organisational support to be indirectly related to turnover intentions by enhancing nurses' subjective well-being. There, we hypothesize that:

Hypothesis 3: Subjective well-being will mediate the relationships of fear of COVID-19 and perceived organisational support with turnover intentions.

Work-family conflict as a mediator

Work-family conflict occurs when time demands, strain, and behaviour expectations associated with the work and family roles are incompatible, such as participation in one role makes it difficult to meet demands in the other role (Matthews et al., 2010). Although work-conflict is recognised as bidirectional (i.e., work-to-family conflict and family-to-work conflict), the two directions have distinct antecedents and outcomes (Matthews et al., 2010; Shockley & Singla, 2011). In this study, we focused on work-to-family conflict due to the nature of the work of nurses as frontline workers, which required their regular presence at work during the COVID-19 pandemic. Thus, we expected work-to-family conflict to be higher than family-to-work conflict among nurses during the pandemic. Moreover, compared to family-to-work conflict, work-to-family conflict is more strongly related to work outcomes (Shockley & Singla, 2011). As a form of work stressor, we anticipate that fear of COVID-19 would undermine nurses' ability to fulfil family-related responsibilities. More recently, a few studies have reported a positive relationship between COVID-19 phobia and work-family conflict (e.g., Karakose et al., 2021).

Conversely, support from the organisation might enable employees to manage work and family responsibilities better, thereby reducing work-family conflict. Drawing on the COR theory, the perception that the organisation is supportive might enable employees to utilize available resources for balancing work and family responsibilities. Thus, organisational support may serve as a resource derived from the work domain that reduces stress, thereby improving quality of life in the family domain (Annor, 2016; Annor & Burchell, 2018). There is ample empirical evidence linking perceived organisational support to lower levels of work-family conflict (e.g., Annor, 2016; French & Shockley, 2020; Kurtessis et al., 2017).

The potential role of work-family conflict in linking work-related stressors and resources to job outcomes has gained recognition in the literature on the work-family interface. When work situations threaten employees' ability to construct a stable role-related identity, they are likely to evaluate the source of the threat negatively (Grandey et al., 2005). The resource depletion associated with work-to-family conflict undermines employees' ability to construct a stable family-related identity (Annor & Burchell, 2018). Stress resulting from work-family conflict could increase employees' tendency to withdraw from the job to preserve vital resources. Thus, as work-to-family conflict increases due to stressful work conditions such as fear of COVID-19, nurses are likely to respond negatively by exhibiting higher withdrawal tendencies (Yildiz et al., 2021). Conversely, as conflict between work and family roles reduces due to perceived support from the organisation, nurses are more likely to reciprocate by demonstrating lower withdrawal tendencies. Thus, fear of COVID-19 and perceived organisational support are expected to be indirectly linked to turnover intentions through their influences on work-to-family conflict. We, therefore, hypothesize that:

Hypothesis 4: Work-to-family conflict will mediate the relationships of fear of COVID-19 and perceived organisational support with turnover intentions.

Methods

Design and participants

This study adopted an online cross-sectional design using the Google survey tool (Google Forms). The participants were nurses working as frontline healthcare professionals during the second and third waves of the COVID-19 pandemic in Ghana (between January and September 2021). Participants were recruited through purposive and convenience sampling strategies. Potential participants had to meet the eligibility criteria prespecified to guide the sampling process: should be working during the pandemic (not on leave), be a practising nurse for at least six months prior to the study, and answer questions assessing the key outcome variables in the study. In all, 330 nurses with complete data on all the variables in the survey were included in the final analytic sample of the study. The participants ranged in age from 20 to 57 years, with a mean age of 32 ($SD = 5$). The majority of the participants were males (56.1%), married (59.1%), and worked in urban locations (51.5%). The majority of participants held either a bachelor's degree (36.4%) or a diploma (34.2%). Those with a certificate made up 20.3%, while only 9.1% had a master's degree.

Procedure

We used Google Forms to design a web-based structured questionnaire survey and generated a shortened hyperlink to the survey after obtaining ethical approval for the

study. We invited potentially eligible participants through personalised emails; the emails contained a shortened hyperlink to the survey. We re-contacted initial non-respondents through a series of ten email reminders (from weekly to monthly). These email reminders also contained the shortened hyperlink to the survey. We asked administrators of participating health facilities, Deputy Directors of Nursing Services (DDNS), and other senior nursing officers in supervisory roles to share the shortened hyperlink to the survey on their various social media platforms and online groupings (e.g., Facebook, WhatsApp, Telegram, and Viber) of their staff to facilitate optimal response. To avoid multiple responses to the survey, only nurses who had not responded to the survey via email were encouraged to respond through the hyperlink shared on their social media platforms. We launched the online survey on January 5, 2021, and closed it on October 5, 2021. The study received ethical approval from the Department Research Ethics Committee (DREC) in the Department of Psychology, University of Ghana, Legon, Accra (Ref: DREC/002/21-22).

Measures

Fear of COVID-19 was measured with the 7-item Fear of COVID-19 scale (Ahorsu et al., 2022); items that asked participants about the extent of worry they had about COVID-19. For example, “I am most afraid of coronavirus-19”; “My heart races or palpitates when I think about getting coronavirus-19”. Participants responded on a five-point Likert-type scale ranging from strongly disagree (1) to strongly agree (5). The Cronbach’s alpha for this scale in this study is 0.88.

Work-to-family conflict was measured with three items related to experiences of work interference with family life. The items were taken from the work-family conflict short-form scale developed by Carlson et al. (2010). The scale has been validated previously in Ghana (Annor & Amponsah-Tawiah, 2017). Items on the scale were rated on a five-point Likert-type scale ranging from strongly disagree (1) to strongly agree (5). For example, “I have to miss family activities due to the amount of time I must spend on work responsibilities”. The Cronbach’s alpha for the scale in this study is 0.60.

Perceived organisational support was measured with six items developed by Eisenberger et al. (2001). Each item was rated on a five-point scale ranging from strongly disagree (1) to strongly agree (5). “The hospital/clinic where I work really cares about my well-being”. The Cronbach’s alpha for the scale in this study is 0.83.

Subjective well-being was measured with the WHO-5 well-being index. Items on the scale are positively worded and reflect the frequency with which participants experienced specific positive emotions over the past three months (Bech et al., 2003). A sample item is “I have felt cheerful and in good spirits”. The items were rated on a six-point scale ranging from never (0) to all of the time (5), with higher scores indicating better psychological well-being. The Cronbach’s alpha for this scale in this study is 0.87

Turnover intention was measured with a two-item scale asking participants to indicate how likely they are to quit their job or profession in the near future (O'Driscoll & Beehr, 1994). Professional turnover intention was assessed with the item "Given the current situation, I am thinking about leaving nursing as a profession". Organisational turnover intention was assessed by the item "Given the current situation, I am thinking about leaving this hospital/healthcare facility/clinic". Participants rated each item on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) points. The correlation between scores on the items is 0.78. We considered this scale appropriate for this study as it is convenient, short, and easy to use, and it has been used in several studies among nurses during the COVID-19 pandemic (e.g., De los Santos & Labrague, 2021; Labrague & de los Santos, 2021).

Control variables: demographic factors, including sex, age, marital status, and urbanity, were included in the study as control variables. Sex was coded as 0 for female and 1 for male; marital status was coded as 0 for single and 1 for married; urbanity was coded as 0 for rural and 1 for urban, and level of education was coded as 0 for certificate, 1 for diploma, 2 for bachelor's degree, and 3 for postgraduate degree. Age was measured in years.

Analytical strategy

The data were analysed using structural equation modelling with AMOS 21.0. We first conducted confirmatory factor analysis (CFA) to examine the factorial validity and uniqueness of the variables in the study. Following procedures suggested by Matsunaga (2008), we created item parcels for constructs with more than four items. Item parcelling involves the aggregation of multiple items within a scale to form composite scores, which are then used as indicators of the underlying factor in CFA. This approach is commonly employed in structural equation modelling (SEM) to represent latent constructs with fewer, more reliable indicators to increase the items-to-construct ratio and minimize errors in model specification (Little et al., 2002; Matsunaga, 2008). Accordingly, fear of COVID-19 and perceived organizational support were each represented with three parcels, whereas subjective well-being was represented with two parcels. Work-to-family conflict and turnover intention were represented with three items and two items, respectively. We estimated and tested a five-factor measurement model with fear of COVID, work-to-family conflict, perceived organisational support, subjective well-being, and turnover intention as latent variables. Next, we conducted correlation analyses to examine bivariate associations among the variables in the study. Finally, we specified and tested the hypothesized structural model (Figure 1). Bootstrapping was used to estimate the confidence intervals (CI) for the indirect effects. For both the measurement and structural models, model fit was assessed based on the chi-square test and alternative

indices including the comparative fit index (CFI), Tucker-Lewis index (TLI), root mean square error of approximation (RMSEA), and the standardized root mean square residual (SRMR). We applied established criteria for determining good model fit for each alternative fit indices: values equal to or greater than .95 for CFI and TLI, and values below .08 for RMSEA and SRMR (see Byrne, 2010; Hu & Bentler, 1999).

Results

Descriptive statistics and bivariate correlations

The five-factor measurement model demonstrated a good fit to the data ($\chi^2 (55) = 92.27, p < .001$); CFI = .98; TLI = .97; RMSEA = .044 (90% CI: .028, .061); SRMR = .038). Both item-level and parcel-level indicators loaded significantly on their respective constructs. All the indicators had standardised factor loadings of .60 or above, except for one item on work-to-family conflict, which had a standardised factor loading of .41. These results support the factorial validity and the uniqueness of the constructs in the study.

Table 1 shows descriptive statistics and bivariate correlations among variables in the study. Work-to-family conflict, fear of COVID-19, subjective well-being, and turnover intentions were significantly correlated. None of the demographic variables was significantly correlated with the outcome or mediator variables. Hence, the demographic variables were excluded from the test of the structural model.

Table 1. Means, standard deviations, and bivariate correlations of study variables.

Variable	Mean	SD	1	2	3	4	5	6	7	8	9
1. Sex	.56	.50	–								
2. Education	1.34	.90	–.14	–							
3. Marital status	.59	.64	.03	.23	–						
4. Urbanity	.52	.50	–.16	.31	–.01	–					
5. Age	32.44	4.94	.05	.42	.47	.10	–				
6. POS	2.63	.88	.01	–.18	–.21	–.03	–.04	–			
7. Fear of COVID	2.95	.92	–.01	–.03	.04	–.02	–.07	–.16	–		
8. WFC	3.57	.84	–.03	–.05	.02	–.05	.00	–.19	.35	–	
9. SWB	2.76	1.15	.08	.05	–.03	–.03	.06	.26	–.31	–.30	–
10. TOI	3.26	1.22	.02	.10	.02	.03	–.05	–.37	.20	.32	–.34

Notes: POS = perceived organisational support, WFC = work-to-family conflict, SWB = subjective well-being, TOI = turnover intentions; absolute correlation coefficients $\geq .14$ are significant at the .05 level of significance (2-tailed).

Hypothesis testing

The hypothesized structural model also demonstrated a good fit to the data ($\chi^2 (56) = 97.52, p < .001$; CFI = .98; TLI = .97; RMSEA = .047 (90% CI: .031, .063); SRMR = .044). The standardized path coefficients for the direct effects are presented in Figure 2. The direct path from fear of COVID-19 to turnover intentions was not significant ($\beta = -.03, p > .05$). Thus, Hypothesis 1, which stated that fear of COVID-19 would be positively related to turnover intentions, was not supported. As expected, the direct path from perceived organisational support to turnover intentions was negative and significant ($\beta = -.30, p < .01$). Thus, in support of Hypothesis 2, perceived organisational support had a significant negative relationship with turnover intentions. Although not hypothesised, the paths from fear of COVID-19 to work-to-family conflict ($\beta = .42, p < .01$) and subjective well-being ($\beta = -.30, p < .01$) were both significant. Likewise, the paths from perceived organisational support to work-to-family conflict ($\beta = -.15, p < .05$) and subjective well-being ($\beta = .23, p < .01$) were both significant. Additionally, work-to-family conflict ($\beta = .30, p < .01$) and subjective well-being ($\beta = -.25, p < .01$) had significant relationships with turnover intentions. This pattern of results also suggests potential indirect relationships between fear of COVID-19, perceived organisational support, and turnover intentions.

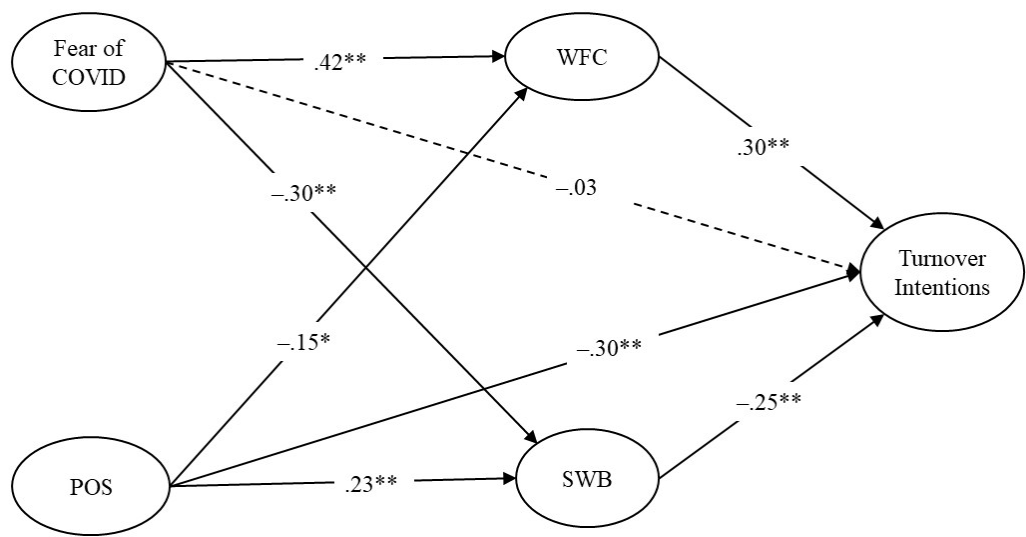


Figure 2. Standardised estimates showing relationships between fear of COVID-19, perceived organisational support, and turnover intentions.

Notes: Straight lines represent significant relationships; broken lines represent non-significant relationships; * $p < .05$; ** $p < .01$; POS = perceived organizational support; SWB = subjective well-being; WFC = work-to-family conflict

We examined the indirect effects of fear of COVID-19 and perceived organisational support on turnover intentions through bootstrapping in AMOS. Using the bias-corrected percentile method, we also created 5000 bootstrap samples to estimate the 95% confidence intervals for the indirect effects. The results showed that the indirect effects of fear of COVID-19 on turnover intentions ($b = .26$, $p < .001$; 95% CI = .13, .45) via subjective well-being and work-to-family conflict were significant. Likewise, the indirect effect of perceived organisational support on turnover intentions ($b = -.14$, $p < .01$; 95% CI = $-.28$, $-.05$) via subjective well-being and work-to-family conflict was significant. Since AMOS does not produce specific indirect effects for parallel mediators by default, we estimated the specific indirect effects through the user-defined estimands option in the software. The results for the specific indirect effects (Table 2) showed that, in line with Hypothesis 3, subjective well-being significantly mediated the relationships of fear of COVID-19 ($b = .10$, $p < .01$; 95% CI = .03, .21) and perceived organisational support ($b = -.08$, $p < .05$; 95% CI = $-.17$, $-.03$) with turnover intentions. Also, in line with Hypothesis 4, work-to-family conflict significantly mediated the relationships of fear of COVID-19 ($b = .16$, $p < .01$; 95% CI = .05, .35) and perceived organisational support ($b = -.06$, $p < .05$; 95% CI = $-.18$, $-.01$) with turnover intentions.

Table 2. Estimates for indirect effects of fear of COVID and perceived organisational support on turnover intentions via subjective well-being and work-to-family conflict

Indirect effect	Estimate (b)	95% CI	
		Lower	Upper
Fear of COVID – SWB – TOI	.10**	.03	.21
POS – SWB – TOI	-.08**	-.17	-.03
Fear of COVID – WFC – TOI	.16**	.05	.35
POS – WFC – TOI	-.06*	-.18	-.01

Note. Estimates for indirect effects are unstandardised. * $p < .05$; ** $p < .01$; CI = confidence interval

Discussion

Underpinned by COR theory and organisational support theory, we tested a model of how fear of COVID-19 and perceived organisational support influence turnover intentions in a sample of Ghanaian nurses. To our knowledge, this is the first study to examine how fear of COVID-19 and organisational support influenced nurses' turnover intentions in Ghana during the pandemic. Our findings suggest that perceived organisational support was directly related to turnover intentions. Although fear of COVID-19 had a significant bivariate correlation with turnover intentions, its direct relationship with turnover intentions in the final SEM was not significant. This finding contradicts those of previous studies that found fear of COVID-19 to be associated with higher turnover intention

(e.g., De los Santos & Labrague, 2021; Labrague & de los Santos, 2021). Perhaps, the direct influence of fear of COVID-19 on turnover intentions diminishes in the presence of other factors such as organisational support. The non-significant direct relationship between fear of COVID-19 and turnover intentions may also be explained by Ghana's challenging employment climate. In contexts with high unemployment, such as Ghana, employees are more likely to endure unfavourable conditions, including those arising from the pandemic, as limited job opportunities make quitting less viable (Annor & Burchell, 2018).

The finding that perceived organisational support had a direct negative relationship with turnover intentions beyond fear of COVID-19 seems to reflect the assumption that resource gain becomes more important when individuals are faced with resource loss circumstances (Hobfoll et al., 2018). The negative relationship between perceived organisational support and turnover intentions also echoes the assumptions of organisational support theory, which suggests that employees tend to reciprocate with positive attitudes and behaviours when they perceive that the organisation is concerned about their well-being (Rhoades & Eisenberger, 2002). Although the influence of support on job outcomes has received considerable attention in past research, few studies have examined this linkage among frontline workers in the context of the COVID-19 pandemic, especially in Ghana.

Although past research has shown that fear induced by the COVID-19 pandemic has an influence on turnover intentions among frontline workers, such as nurses, this is one of the few studies to examine why. Our findings suggest that work-to-family conflict and subjective well-being serve as underlying mechanisms through which fear of COVID-19 exerts its influence on turnover intentions. In other words, intense fear of COVID-19 increases turnover cognitions by threatening individuals' well-being and undermining their functioning in the family domain. Nurses who experience higher levels of work-to-family conflict and lower subjective well-being due to fear of COVID-19 might realise the need to withdraw from the job to preserve resources. These findings align with the proposition that the motivation to protect resources triggers withdrawal behaviours when individuals are exposed to stressful situations (Hobfoll et al., 2018). To our knowledge, this is the first study to test the mediating roles of work-to-family conflict and subjective well-being in the relationship between fear of COVID-19 and turnover intentions among nurses.

In line with COR theory and organisational support theory, we also found that perceived organisational support was negatively related to turnover intentions and that work-to-family conflict and subjective well-being mediated these relationships. Perceived organisational support was associated with lower turnover intentions by lowering work interference with family and enhancing individuals' evaluation of their lives. Support from the organisation communicates the organisation's concern for their socioemotional

needs and serves as a resource that enables employees to meet their obligations in other life domains. Such beneficial influences of organisational support, in turn, create a sense of belongingness and indebtedness to the organisation, which manifests in lower intentions to quit. Although a few studies have highlighted the importance of organisational support in fostering positive job attitudes and behaviours in the context of the COVID-19 pandemic (e.g., Kurtessis et al., 2017), little is known about how organisational support exerts its influence on job outcomes.

The findings of this study should be considered within the context of certain limitations. First, a cross-sectional design was adopted in the study, which precludes drawing causal inferences from its findings. Longitudinal data based on time-lagged designs would make it possible to establish the temporal order of the relationships among variables in the study. Secondly, the study's sample was selected using a non-probability sampling approach. This limits the extent to which findings from the study can be generalized. Moreover, although turnover intention is an important precursor to turnover, intentions to quit the job do not always result in actual turnover. Studies examining the relationship between fear of COVID-19, organisational support, and turnover would contribute significantly to understanding the linkages among these variables.

Notwithstanding its limitations, the study suggests that fear associated with COVID-19 significantly impacted nurses' intentions to quit their jobs. While an employee's turnover intention may not always manifest in actual turnover, it has attendant consequences such as tardiness, poor relationship with clients, and counterproductive work behaviours. Although the severity of COVID-19 has lessened considerably, the study's findings draw attention to the importance of managing fear associated with pandemics, especially among frontline workers such as nurses. The study also highlights the positive impact of perceived organisational support, especially in the face of the COVID-19 pandemic. Perceived organisational support was associated with lower intentions to quit the job, less work-to-family conflict, and high subjective well-being. It underscores the need for organisational leadership to demonstrate concern for employees during difficult situations, as this could help break the link between individuals' emotional responses to the situation and the organisational outcomes associated with their experiences. Training supervisors and health facility managers to be attentive and sympathetic towards nurses' needs could be helpful in this regard. For example, managers could support nurses by fostering open communication, facilitating flexible work schedules, and providing access to mental health resources. Recognizing nurses' efforts and ensuring adequate rest may also help reduce stress, thereby promoting retention.

Disclosure statement

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