


RESEARCH ARTICLE

You betrayed me: The role of support in the psychological contract breach and turnover intention link

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Abstract

To explain why nurses intend to stay or leave their organizations after perceiving a psychological contract breach (PCB), we investigated whether perceived organizational support (POS) among nurses moderates the relationship between PCB and turnover intention (TI). We used a survey methodology targeting currently employed nurses. After controlling for nursing unit, POS accentuated the positive relationship between PCB and TI. The study contributes to literature by demonstrating (1) the impact of PCB on TI and (2) that POS explains why the strength of the positive relationship between PCB and TI varies among individuals. Results highlight the importance of fulfilling obligations and promises made by supervisors and managers to nurses. The findings suggest that when nurses with high POS perceive PCBs, the consequences may be more detrimental.

Keywords: psychological contract breach; turnover intention; perceived organizational support; healthcare management; work-related attitudes

Introduction

Past research has shown that psychological contract breach (PCB) has a profound impact on turnover intention (TI; Cantisano, Dominguez, & Depolo, 2008; Hartmann & Rutherford, 2015; Robinson & Rousseau, 1994; Zhao, Wayne, Glibkowski, & Bravo, 2007) and should be a critical consideration for organizations. TI is associated with actual turnover (Alexander, Lichtenstein, Oh, & Ullman, 1998), which can result in the potential loss of substantial investments made in employee development (Freifeld, 2024) as well as costing time and resources to fill a vacant position when turnover occurs (Kacmar, Andrews, Van Rooy, Steilberg, & Cerrone, 2006; Truxillo, Bauer, & Erdogan, 2015). Even if an employee with high TI does not leave, several negative behaviors, such as withdrawal, decreased organizational citizenship behaviors, and increased counterproductive work behaviors can follow (Batra & Kaur, 2021; Hom, Mitchell, Lee, & Griffeth, 2012; Mai, Ellis, Christian, & Porter, 2016), all of which can be costly for organizations.

Notably, nursing is one profession in which professionals are increasingly contemplating leaving the workplace (Llop-Gironés et al., 2021; Nagel et al., 2022; Zhu, Wang, Xu, Ma, & Luo, 2023), with more than 66% of nurses expressing a desire to leave their organization within three years (Ulrich, Cassidy, Barden, Varn-Davis, & Delgado, 2022). This trend is particularly troublesome as turnover among nurses leads to serious challenges at all levels of health care, including harmful outcomes in patient satisfaction, pain, pressure sores, and physical restraint use (Hayes et al., 2012). Thus, recognizing the underlying factors influencing nurse's TI is undeniably valuable for the healthcare system,

organizational researchers, and society at large; it provides needed information on how to effectively mitigate high turnover rates.

While PCB has been identified as a key contributor to TI, the strength of this relationship varies between individuals (Cantisano *et al.*, 2008; Lu *et al.*, 2023; Zhao *et al.*, 2007). Past research suggests that potential moderators include organizational culture and individual characteristics, both of which can shape how employees interpret and respond to breaches. For instance, frequent organizational changes can negatively impact psychological contract fulfillment, leading to higher levels of exit or voice behaviors (Akhtar, Bal, & Long, 2016). Additionally, certain individual traits, such as high social status and strong sense of connectedness (Heffernan & Rochford, 2017), high self-esteem, agreeableness, conscientiousness (Shih & Chuang, 2012), and resilience (Chin & Hung, 2013) may help buffer the adverse effects of PCBs. In addition to organizational culture and individual differences, how employees perceive support from their organization may significantly affect their reactions to contract breaches. Nevertheless, to date, no empirical research has examined the role of perceived organizational support (POS) as a moderator of the PCB and TI relationship. POS refers to an employee's global beliefs about the extent to which the organization values their contributions and cares about their well-being (Eisenberger, Huntington, Hutchison, & Sowa, 1986) and can be fostered through equitable treatment, supportive supervision, and favorable working conditions. Understanding how POS might buffer or exacerbate the negative consequences of PCB is critical to reducing the cost associated with TI. Drawing on Social Exchange Theory (SET), perceived support from the organization may not only shape an employee's overall job attitudes but also influence how employees respond to specific events, such as a breach of the psychological contract (Eisenberger *et al.*, 1986). Therefore, it is theoretically plausible that high POS could either weaken or strengthen the PCB and TI relationship. On one hand, POS may serve as a buffer, as employees who feel supported may be more resilient to the effects of a breach. On the other hand, POS may amplify the negative impact of PCB, as higher expectations from the organization make breaches feel more significant. We focus our investigation on the latter possibility. Examining POS as a moderator of the PCB and TI relationship may provide meaningful insights into why nurses intend to stay with or leave organizations following a PCB.

Background

A psychological contract is defined as the unspoken, implicit, and reciprocal expectations, beliefs, and obligations between employees and their organization, extending beyond formal employment contracts (Rousseau, 1995). A PCB occurs when an employee perceives that the organization has failed to fulfill its promises (Morrison & Robinson, 1997). This phenomenon can be understood through the lens of Expectancy Violation Theory (EVT; Cohen, 2010), which posits that individuals respond to behaviors based on how unexpected they are and whether they are perceived as positive or negative. In this case, PCBs represent negatively evaluated breaches of nurses' expectations of their organization. Pyhäjärvi and Söderberg (2024) identified several key expectations within nursing as part of the psychological contract. These included support from colleagues, the working community, and management; the ability to perform nursing work according to professional standards; and adequate compensation, particularly in recognition of additional professional education. However, nurses often reported experiencing breaches of these expectations due to excessive workloads, stress, inadequate staffing, burnout, lack of development opportunities, limited autonomy, and insufficient support.

In alignment with EVT, the consequences of PCBs are well-documented (Bal, De Lange, Jansen, & van der Velde, 2008; Robbins, Ford, & Tetrick, 2012), marking PCB as an important aspect to consider in the workplace. In fact, research suggests that when organizations breach a psychological contract, they significantly influence retention rates among nurses (Rodwell & Gulyas, 2013). Unmet expectations frequently lead to frustration and emotional exhaustion, contributing to nurses' decisions to leave the profession (Pyhäjärvi & Söderberg, 2024). When job alternatives are readily available, nurses are even more likely to leave workplaces where they feel their psychological contracts have

been breached (Ring & Hult, 2024). Moreover, PCBs have substantial consequences for nurses' health and mental well-being, particularly during periods of severe staffing shortages. This underscores the importance of recognizing and addressing psychological contracts in nursing to better support retention and future healthcare workforce planning. However, little is known about the boundary conditions that surround the relationship between PCB and work outcomes (Chang, 2018; Jain, Le Sante, Viswesvaran & Belwal, 2022).

Psychological contract breach and turnover intention

A healthy employee–employer relationship is essential to retain nurses, and the concept of psychological contract is used as the theoretical framework to understand this relationship (Cassar & Briner, 2011; Coyle-Shapiro, Pereira Costa, Doden, & Chang, 2019; Robinson, 1996; Rousseau, 1995; Rousseau & Tijoriwala, 1998). Although maintaining the psychological contract is beneficial, research indicates that PCBs are quite common among employees, with 65% of employees reporting such breaches (Lester, Turnley, Bloodgood, & Bolino, 2001). Organizations must strive to prevent PCBs to avoid negative consequences such as decreased organizational citizenship behaviors, reduced job performance, lower job satisfaction, and increased TI (Bal et al., 2008; Jayaweera, Bal, Chudzikowski, & De Jong, 2021; Santos, Pinho, Ferreira, & Vieira, 2024).

SET (Homans, 1958) and affective events theory (AET; Weiss & Cropanzano, 1996) have historically been used to explain the PCB and TI relationship (Coyle-Shapiro et al., 2019). SET suggests that interactions are based on the exchange of resources, positing that individuals engage in relationships and behaviors that maximize rewards while minimizing costs (Blau, 1964), such that when an organization fails to fulfill its obligations, employees may reciprocate with negative responses directed towards the organization. In other words, when an organization treats its employees unfavorably (e.g., PCB), the employees may feel less obligated to reciprocate with favorable treatment (Rhoades & Eisenberger, 2002). Similarly, AET suggests that certain events at work trigger positive or negative affective reactions which then prompt affect-driven behaviors that occur proximally to the work event without much thought or deliberation (Puspitasari, Fauzi, & Ho, 2021; Weiss & Cropanzano, 1996). For example, when employees experience a negative event at work, such as PCB, it can trigger negative emotional reactions. These emotions may lead to an increased intention to leave the organization, as employees consider exiting as a way to alleviate their distress (Kraak, Lunardo, Herrbach, & Durrieu, 2017; Zhao et al., 2007). Thus, consistent with prior research and theoretical frameworks, we propose the following hypothesis:

Hypothesis 1: PCB will be positively related to nurses' TI.

Perceived organizational support and turnover intention

Operationalized as employees' global beliefs regarding 'the extent to which the organization values their contributions and cares about their well-being' (Rhoades & Eisenberger, 2002, p. 698), POS reflects a sense of security in the organization's willingness to provide assistance when needed. A substantial body of research has linked POS to increased organizational commitment, job involvement, performance, and retention, as well as reduced strains and withdrawal behavior (Rhoades & Eisenberger, 2002). Building on this, Riggall and colleagues (2009) conducted a meta-analysis that confirmed and extended these findings, demonstrating that POS also predicts greater job satisfaction, task performance, and contextual performance, and is associated with lower TI. Additionally, evidence suggests that POS can buffer the effects of work-related stressors—regardless of their intensity—and foster both job satisfaction and positive job-related mood (Rhoades & Eisenberger, 2002). As contextualized through the lens of EVT, these findings may be understood as the result of organizations meeting or exceeding employee expectations through supportive, employee-directed actions. When employees perceive that their expectations have been fulfilled and feel valued by

their organization, they are less inclined to leave—particularly after investing effort, socioemotional commitment, and performance motivation. Thus, we hypothesize:

Hypothesis 2: POS will be negatively related to TI.

Psychological contract breach, turnover intention, and perceived organizational support

Past research has found that factors like organizational climate, leadership style, individual characteristics, and social status moderate the PCB and TI relationship (Chin & Hung, 2013; Heffernan & Rochford, 2017; Kanu *et al.*, 2022; Li, Soomro, Khan, Han, & Xue, 2022). However, the role of POS as a moderator in this relationship has yet to be explored, despite its well-documented links to both PCB and TI. While POS has been examined as a predictor for TI, it has not been conceptualized as both an outcome of PCB and an antecedent to TI, which we aim to examine in the present work. According to the norm of reciprocity, POS is expected to create a stronger felt obligation towards the organization (Aselage & Eisenberger, 2003), thereby strengthening employee commitment and reducing TI. Yet, previous findings suggest that employees with varying levels of POS may respond differently to PCBs (Zagenczyk, Gibney, Kiewitz, & Restubog, 2009), leaving uncertainty about how PCBs influence the employer–employee relationship.

POS may serve as a protective function in the face of PCB. When employees perceive strong organizational support, they may be more inclined to give the organization the ‘benefit of the doubt,’ interpreting breaches as minor or circumstantial. High POS fosters trust (Aselage & Eisenberger, 2003), psychological safety, and emotional investment, all of which reduce employees’ vigilance toward potential breaches (Cohen & Wills, 1985). As such, employees with high POS may respond less strongly to small discrepancies between what was promised and what was delivered.

Conversely, POS may amplify the consequences of a breach. Employees who feel deeply supported by their organization may also develop a stronger sense of loyalty and relational investment, which can intensify their reactions to perceived breaches. Drawing on EVT, individuals are more sensitive to unexpected negative events when they are highly invested in a relationship (Cohen, 2010). In this way, high POS may elevate expectations of organizational integrity and reciprocity, making any perceived breaches feel more like a personal betrayal, ultimately increasing TI.

A similar mechanism can be observed in customer relationship research. Customers who perceive an organization as having a low corporate reputation tend to hold lower expectations (Helm & Tolsdorf, 2013) and, as a result, may not react strongly to service failures. In contrast, customers with high expectations—formed on the basis of an organization’s corporate reputation – may be more likely to respond negatively when expectations are breached. The same principle may apply to employees. Employee perceptions of corporate reputation are shaped by emotional appeal, the workplace environment, and the consistent communication of organizational values (Dutton, Dukerich & Harquail, 1994; Fornbrun, Gardberg, & Sever, 2000; Smidts, Pruyn, & van Riel, 2001). These perceptions develop gradually through sustained effort (Deniz, 2020) and contribute to employees’ implicit psychological contracts with the organization. Over time, employees internalize these cues into their expectations, which adjust in response to ongoing organizational experiences. Leadership transitions, organizational practices, and daily interactions can all reinforce or erode the sense of support employees receive (Bozkurt & Yuri, 2015; Dutton *et al.*, 1994; Smidts *et al.*, 2001; Wiatr, 2022). Thus, when POS is firmly established, a breach may not only violate expectations, it may also disrupt the broader relational contract between employee and organization.

In summary, when employees perceive high organizational support, they are more likely to expect the organization to fulfill its promises (Settoon, Bennett, & Liden, 1996). When these expectations are violated, the betrayal effect may be magnified, as employees experience a misalignment between the organization’s perceived reputation and its actions (Cohen, 2010). This sense of betrayal can lead to feelings of deceit and uncertainty (Jain *et al.*, 2022), which, in turn, may increase TI. While employees with high POS may initially be less vigilant to potential breaches, the emotional impact of

an observed breach can be significantly more damaging. Therefore, POS may moderate the PCB and TI relationship, such that the relationship is stronger for those with higher levels of POS.

Hypothesis 3: The PCB and TI relationship will be moderated by POS, such that high levels of POS will make the relationship stronger.

Methods

To examine the relationship of PCB with TI (and potential moderating effects of POS) among nurses while maintaining participant confidentiality, this study utilized a cross-sectional survey design, incorporating validated measures of POS, PCB, and TI. The survey also gathered demographic information, including participants' age, gender, race, and job tenure. Participation was voluntary, informed consent was obtained, and respondents had the opportunity to withdraw at any time without penalty. Upon successful completion of the survey, participants were compensated \$10 for their time and effort. All participant interactions, including survey distribution and data collection, were conducted online through the Qualtrics platform, with recruitment and compensation facilitated through Amazon Mechanical Turk (MTurk). This approach enabled us to efficiently reach a diverse sample of employed nurses across various nursing units.

Participants

The sample for this study consisted of 107 nurses, of which 30 identified as men and 76 as women, with one participant choosing not to disclose gender. The participating nurses were all currently employed and were required to work a minimum of 20 hours per week at the time of the survey. Most participants identified as White (86.9%), reported working on a full-time basis (88.8%), and had been working in their current positions for more than 5 years (45.5%). Additionally, more than half of the participants (56.1%) reported working in general nursing units, while the remaining 43.4% were employed in specialized nursing units.

Eligibility criteria

A total of 114 responses were initially gathered through MTurk. However, participants who failed to meet specific quality control measures were excluded from the final sample. To ensure data quality, five attention checks were embedded throughout the survey, designed to detect inattentive responses. Participants who failed one or more of these checks were automatically disqualified. Additionally, participants were required to meet specific eligibility criteria: (1) a Human Intelligence Task (HIT) approval rate of greater than 95%, (2) a minimum of 5,000 approved HITs, (3) current employment within the healthcare industry, and (4) located in the United States. Data collection occurred in a single batch over the course of one week, and on average, participants took approximately 14 minutes to complete the survey.

Measurements

Perceived organizational support

POS was measured using Eisenberger and colleagues' (1986) 8-items scale. Respondents rated each item on a 7-point scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). The Cronbach's alpha was .91 in this sample. Sample items include, 'The organization really cares about my well-being' and 'The organization cares about my general satisfaction at work.'

Psychological contract breach

PCB was measured using Robinson and Morrison's (2000) 5-items scale¹. Respondents rated each item on a 5-point scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). The Cronbach's

¹ PCB has been measured in three ways: (1) Composite measures, which ask employees how much their organization fulfills its promises on various aspects of the psychological contract, such as pay, training, and job security; (2) Global measures,

alpha was .86 in this sample. Sample items include, 'I have not received everything promised to me in exchange for my contributions' and 'My employer has broken many of its promises to me even though I've upheld my side of the deal.'

Turnover intention

TI was measured using Mobley and colleagues' (1978) 3-items scale. Respondents rated each item on a 5-point scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). The Cronbach's alpha was .96 in this sample. Sample items include, 'I think a lot about leaving the organization' and 'As soon as possible, I would leave the organization.'

Nursing unit

We also controlled for the participants' nursing unit assignments in the analysis. Participants were asked to select the category that best described their nursing unit, which we classified as general units (RGN) or specialized units (such as psychiatric, pediatric, mental handicap, nurse tutor, public health nurse, midwife, and others). This control was implemented to account for potential confounding effects, as nurses working in specialized units may face unique challenges, such as higher patient acuity or more emotionally demanding work environments, which could influence their TIs (Randa & Phale, 2023).

Data analysis

To test the proposed hypotheses, we utilized a combination of statistical techniques. First, we conducted descriptive statistics and correlation analyses to examine the relationships between POS, PCB, and TI. Next, we performed linear regression analyses to assess the individual contributions of POS and PCB in predicting TI. To test for the proposed moderation effect (Hypothesis 3), regression analysis was employed to determine whether POS moderated the relationship between PCB and TI. The data also met the assumption of non-zero variances (PCB, VIF = 1.68; POS, VIF = 1.70; PCBxPOS, VIF = 1.02; Unit, VIF = 1.02).

Discriminant validity

To assess discriminant validity, we calculated the HTMT ratios post hoc for the pairwise relationships between the constructs in the model. The HTMT values for PCB and POS, PCB and TI, and POS and TI were .30, .47, and .67, respectively, all of which are well below the threshold of .85, supporting satisfactory discriminant validity among the constructs.

Results

Table 1 summarizes the zero-order correlations among the variables along with their reliabilities. Cronbach's alpha was high for all variables and correlations between TI, POS, and PCB were significant as expected. To examine the moderating role of POS on the relationship between PCB and TI, we conducted a moderated regression analysis using Model 1 in the PROCESS macro for SPSS (Hayes, 2018). We discuss each hypothesis in turn.

Main effects

The main effects showed that PCB was a significant positive predictor of TI ($b = .54$, $SE = .14$, $t = 3.87$, $P < .01$, supporting Hypothesis 1. POS was a significant negative predictor of TI ($b = -.52$, $SE = .13$, $t = -3.97$, $P < .01$, supporting Hypothesis 2.

which ask employees how much their organization fulfills its promises overall; and (3) Weighted measures, which are similar to composite measures but also ask employees to indicate the importance of each item (Zhao et al., 2007). Ballou (2013) and Zhao and colleagues (2007) found that global measures have larger effect sizes in relation to work outcomes. Therefore, the current study will utilize global measures to better discern the role POS plays in the PCB and TI relationship.

Table 1. Correlation and descriptive statistics

	M	SD	1	2	3
TI	2.48	1.42	(.96)		
PCB	2.37	.94	.58**	(.86)	
POS	3.50	1.00	-.62**	-.64**	(.91)
Units	1.43	.50	.28**	.00	-.11

Note. $N = 107$.

** $P < .01$.

Table 2. Moderator analysis

	B	SE	T	95% CI (LL, UL)
Constant	1.63	.32	5.15	1.00, 2.26
Unit	.65	.20	3.22	0.25, 1.05
PCB	.54	.14	3.87	0.26, .82
POS	-.52	.13	-3.97	-.78, -.026
PCB \times POS	.19	.10	2.00	0.00, 0.39
R^2	.51			
ΔR^2	.02			

Note. $N = 107$. TI = Turnover Intention; PCB = Psychological Contract Breach; POS = Perceived Organizational Support.

Moderation effect

The interaction term between PCB and POS was also significant ($b = .19$, $SE = .10$, $t = 2.00$, $P < .05$, supporting Hypothesis 3. The interaction explained an additional 2% of the variance in TI, over and above the additive effects of the control variable (nursing unit), PCB, and POS alone. These results are summarized in Table 2.

To further elucidate the nature of this interaction, a conditional effect analysis was conducted to explore how the relationship between PCB and TI changes at different levels of POS. As illustrated in Fig. 1, the conditional effects showed that as POS increased, the positive relationship between PCB and TI became stronger. The simple slopes for nurses low, moderate, and high in POS were significant (low POS, $b = -.89$, 95% CI [0.06, 0.68], $t = .36$, $P < .05$, moderate POS, $b = -.14$, 95% CI [0.24, 0.79], $t = 3.70$, $P < .01$, and high POS, $b = 1.24$, 95% CI [.40, 1.16], $t = 4.02$, $P < .01$). Taken together, these findings offer strong support for Hypothesis 3².

Summary of findings

Overall, the results support all three hypotheses. PCB was significantly correlated with TI, both statistically and practically. Additionally, POS was negatively associated with TI. The negative correlation between POS and PCB suggests that individuals who perceive high organizational support are less likely to perceive PCBs. However, POS also moderated the PCB and TI relationship, strengthening this link for those with high POS. This indicates that while individuals with high POS do not often perceive PCBs, when they do, its impact on TI is more pronounced. These findings highlight the complex interplay between POS, PCB, and TI.

²One issue that can be raised regarding our inferred support for the interaction is that individuals high on POS have less variance in their PCB and TI scores. To test this, we divided our sample (median split on POS) and tested the significance of variance difference in PCB and TI in the two groups (high and low POS). The F-values were .97 and .64 for PCB and TI, which were not significant. This suggests that the variance in PCB and TI was same for high and low POS groups.

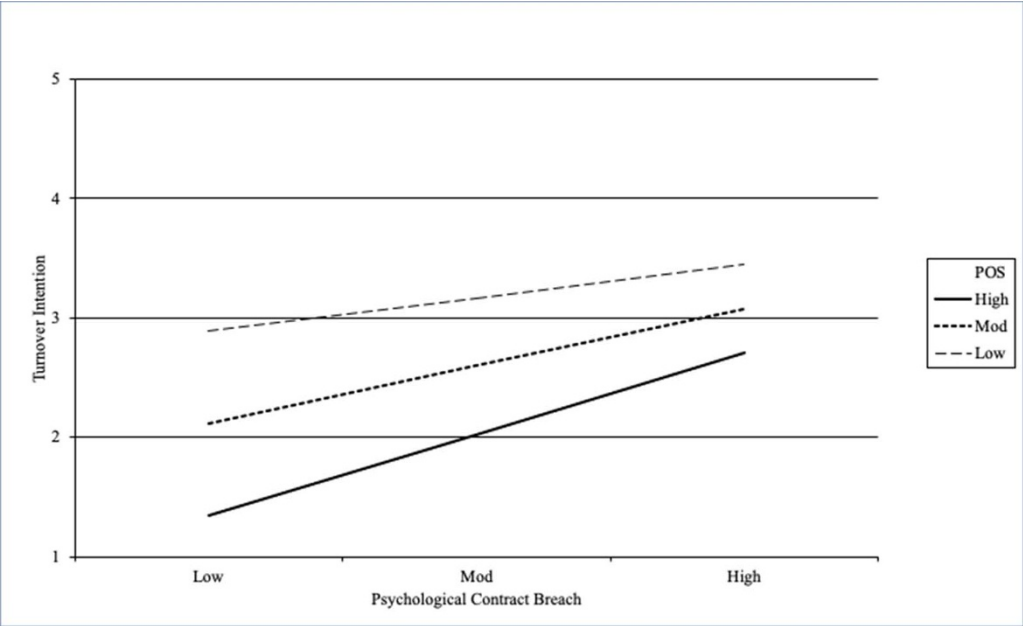


Figure 1. Graph of the moderating role of POS on psychological contract breach-turnover intention relationship.

Discussion

The present study highlights 1) the impact of PCB on TI, 2) the negative relationship between POS and TI, and 3) the moderating role of POS in shaping the PCB and TI relationship.

Consistent with prior research (Chin & Hung, 2013; Heffernan & Rochford, 2017), our findings confirmed Hypothesis 1, showing that PCB increases TI among nurses. This reinforces the well-established notion that PCBs undermine employees’ sense of job security and organizational commitment. The observed relationship aligns with foundational assumptions from AET, SET, and EVT, which all suggest that negative experiences in the workplace can lead to emotional and attitudinal withdrawal. When employees experience PCB, they may feel emotional reactions that contribute to higher TI.

As predicted in Hypothesis 2, our results support the widely accepted negative relationship between POS and TI (Siddiqi, Rahman, Esquivias, & Hutapea, 2024; Wayne, Shore, & Liden, 2017). Employees who perceive their organization as supportive are less likely to consider leaving, as POS fosters a sense of reciprocity and commitment. This is consistent with SET, which posits that POS fosters a sense of reciprocity and obligation, thereby reducing the likelihood of turnover. At the same time, our findings underscore the importance of considering POS not only as a main effect but also as a potential boundary condition that shapes how employees respond to PCBs.

Hypothesis 3 was also supported: POS moderated the relationship between PCB and TI. Although there is a negative correlation between POS and TI, the presence of high POS did not always buffer the effects of PCB. Instead, our findings suggest that when employees with high POS experience PCB, the resulting feelings of betrayal and uncertainty may be especially damaging (Gupta, Agarwal, & Khatri, 2016; Suazo & Stone-Romero, 2011). This supports a more nuanced perspective informed by EVT: when employees perceive high levels of organizational support, they form elevating expectations for fair treatment and reciprocity (Rhoades & Eisenberger, 2002). As EVT (Burgoon, 1993) explains, stronger expectations lead to stronger violations when those expectations are broken. Thus, a PCB can feel more severe in high POS contexts, as the contrast between what ‘should be’ and what ‘is’ is starker.

In this way, our findings contribute to existing literature by highlighting the double-edge nature of POS. While POS is typically viewed as a protective factor, our results suggest it may also exacerbate negative reactions to PCB, particularly when employees feel let down by an organization they once trusted. This helps refine SET and EVT by demonstrating that high POS may strengthen the psychological contract, but also heighten the emotional consequences of its breach. Unlike prior studies that frame POS solely as a buffer, our study shows that POS can backfire when expectations are shattered, leading to stronger TI. These findings offer a more comprehensive understanding of how PCB, POS, and TI interact – and why employee reactions to breaches may vary depending on their perceived support.

Practical implications

The findings of this study provide valuable insights for organizations, and the following sections present actionable recommendations to prevent perceived PCBs (proactive/preventive strategies) as well as recommendations for effectively managing (reactive/curative strategies) employees when breaches occur. Organizations' priority should be to proactively address the root causes of PCB to prevent negative outcomes like TI, particularly in high-stress environments. Engaging in honest and regular dialogue early in an employee's tenure provides both employers and employees with the opportunity to articulate and align their expectations, which may help to effectively navigate situations that lead to PCBs (Tekleab & Taylor, 2003). While some employers worry that full transparency might deter potential hires, the long-term costs of turnover and lost expertise (Hana & Lucie, 2011; Li & Jones, 2013) are often far greater (Buerhaus, 2021). Beyond effective employer-employee communication, organizations can further prevent PCBs by nurturing an open culture and promoting an environment of forgiveness (Costa & Neves, 2017), by providing clear explanations regarding the breach (Henderson, Welsh, & O'Leary-Kelly, 2020), and/or by encouraging employees to voice their concerns and allowing room for errors.

Organizations should also establish well-being policies and offer resources for emotional support. For instance, they can provide Employee Assistance Programs (EAPs) to offer employees counseling, emotional support, or mental health services to better cope with stress at work. Past research has indicated that access to confidential support, such as EAPs, can help employees process negative emotions and reduce stress (Attridge, 2009). Organizations should also offer targeted training programs in emotional intelligence, conflict resolution, mindfulness, and stress management (Brunetto, Teo, Shacklock, & Farr-Wharton, 2012; Hülshager, Alberts, Feinholdt, & Lang, 2013), which can – when implemented effectively – equip employees with tools to navigate workplace stress and better manage situations that lead up to PCBs.

Lastly, in the event of a PCB, organizations need to recognize that POS can act as a double-edged sword. A key practical implication of this moderator analysis is that high POS may unintentionally amplify the negative impact of PCBs on TI. Organizations should not only focus on providing high POS but rather ensure that support is consistently aligned with employees' specific needs (DiFonzo, Alongi, & Wiele, 2020; Henderson et al., 2020). This may be achieved through clear communication, realistic promises, and proactive trust repair strategies. For example, when a PCB occurs, organizations should quickly acknowledge the breach, provide transparent explanations, and offer concrete steps to rebuild trust. Additionally, equipping supervisors with training in trust repair and conflict resolution may help them manage employees' expectations and emotional responses effectively.

These practical recommendations should be considered by organizations, especially as the U.S. Bureau of Labor Statistics (2023) projects a 6% growth in Registered Nurses by 2032 alongside significant workforce transitions within the profession. This changing landscape – shaped by the ongoing nursing crisis and its repercussions – contributes to readily available job alternatives (Colosi, 2023), making job change a viable option for dissatisfied employees following PCB incidents. While our present sample is restricted to TI in the nursing field, our findings also generalize to fields with similar changes in employment rates.

Limitations and future directions

Conclusions from this study should be considered in light of limitations that may affect generalizability. The cross-sectional design permitted correlational but not causal inference, limiting the ability to test mediation. While such designs cannot establish causality, they can still provide insights into whether relationships differ in strength across groups (Aguinis, Edwards & Bradley, 2017). Additionally, factors such as organizational commitment, leadership styles, individual differences, and demographics were not controlled in this study. Future research should explore how these factors may moderate or mediate this relationship. For instance, POS is strongly associated with organizational commitment (Arshadi, 2011; Eisenberger *et al.*, 1986; Kurtessis *et al.*, 2017), and while leadership styles are often examined as antecedents of PCB (Chen & Wu, 2016), their moderating role in the PCB-TI relationship remains underexplored. Individual traits such as resilience may also influence this relationship, as those high in resilience may be better equipped to cope with frustration stemming from PCB (Chin & Hung, 2013). Longitudinal studies could clarify how these factors influence the PCB-TI relationship over time.

Our sample primarily consisted of White, full-time nurses in the United States, but diversifying by race and ethnicity, geography, and job levels would provide more comprehensive insights. Disparities in senior-grade representation and earnings among minority ethnic nurses have been documented (Drennan & Ross, 2019). Gulzar *et al.* (2024) found that workplace culture in collectivist countries affects the PCB-TI relationship for Pakistani nurses, highlighting the need for team-focused policies and private reprimanding. As psychological contracts are more relational in collectivist cultures (Cooke, 2018), organizations must account for cultural differences to manage PCB and prevent TI. Cultural context also extends beyond national culture, as Arshad (2016) demonstrated in healthcare workers. The nursing workforce's size and nature are shaped by sociocultural factors like resource access, healthcare demands, and social inequalities (Drennan & Ross, 2019; World Health Organization, 2021). Regional and sectoral healthcare resource differences can intensify the demand for nurses, especially in resource-limited areas (Buchan & Catton, 2020). Therefore, understanding POS's impact on PCB and TI across cultural contexts is essential.

The relationship between POS, PCB, and TI may vary across employee groups due to contextual factors. While our findings showed a consistent interaction between PCB and POS, elevated TI was observed among nurses in specialized units, likely due to unique emotional and professional demands (Randa & Phale, 2023). This suggests that POS- and PCB-TI dynamics are not uniform across organizations. Differences between public and private healthcare systems, such as resource constraints and divergent goals, influence perceptions of support and psychological contract expectations. For instance, nurses in Portugal's public healthcare sector reported lower POS, transformational leadership, and organizational commitment than those in the private sector (Freire & Azevedo, 2023). Additionally, private-sector employees generally have higher psychological contract expectations, though PCB is more pronounced in the public sector (Kilinc & Paksoy, 2018). As a result, public-sector nurses experiencing PCB may be more vulnerable to TI due to lower psychological contract expectations, lower POS, weaker leadership, lower commitment compared to their private-sector counterparts.

Professional demands and labor market conditions can also influence POS and the PCB-TI relationship. The nursing profession's inherent challenges, including global shortages, high workloads, burnout, trauma exposure, and understaffing (Leiter & Maslach, 2016; Lopez, Anderson, West & Cleary, 2022), may heighten TI. Nurses in a competitive labor market may prioritize roles offering better work-life balance, flexible schedules, career advancement, and compensation, which influences turnover (Hassmiller & Cozine, 2006). Future research should examine how POS can mitigate the impact of PCB on TI. Nurses may leave if the job market is competitive and organizational support is lacking. The rise of non-traditional career paths, travel nursing and remote work, provides alternatives for those without adequate organizational support (Yang & Mason, 2022). Organizations that foster supportive cultures, open communication, and prioritize well-being may improve retention and reduce TI (Aiken *et al.*, 2011).

Future research should also distinguish between transactional and relational psychological contracts when examining the impact of PCB on TI, as these contract types influence the PCB and TI relationship differently. For example, POS is linked to relational contracts, which reduce TI among Filipino employees (Garcia, Amarnani, Bordia, & Restubog, 2021), pharmaceutical employees (Putri & Rachmawati, 2021), South African food manufacturing employees (Mathebula & Mitonga-Monga, 2022) and employees in Mumbai (Varma & Chavan, 2020). In contrast, Buyukyilmaz and Çakmak (2014) found that relational PCB decreased POS and increased TI, while transactional PCB had no effects on either in the educational sector. This suggests breaches, which involve social and emotional dynamics, may be more harmful to TI than breaches in transactional contracts. Additionally, Garcia and colleagues (2021) found that for older workers with transactional contracts, excessive POS actually increased TI. These findings align with our results and highlight the need to explore how different contract types shape the PCB–TI relationship.

Moreover, while our study used validated scales for POS, PCB, and TI, adapting these measures to reflect context-specific factors, especially in healthcare, could improve ecological validity. Additionally, combining qualitative and quantitative methodologies, such as interviews or focus groups, could explore employee perceptions of organizational support and reactions to breaches. Multigroup analysis techniques might also compare how POS affects the PCB and TI relationship across demographic groups, such as race, ethnicity, gender, or age.

Furthermore, we explored potential non-linear effects of POS on the PCB and TI relationship, such that a certain level of PCB or POS may be needed before TI is triggered. A post-hoc regression analysis predicting TI with (1) PCB, POS, and POS-squared, and (2) PCB, PCB-squared, and POS, controlling for nursing unit, showed that the addition of squared terms was significant. Both PCB and POS had significant non-linear effects in isolation, with significant incremental delta R^2 values of .03 and .02, respectively. However, once the interaction between PCB and POS was included in the model, no non-linearity was found, suggesting the need for further exploration.

Another limitation of this study is the potential for common method bias (CMB), as data was collected from a single source. Harman's single-factor test showed the first component explained 51.71% of the variance, slightly above the 50% threshold. However, the first three components accounted for 83.98% of the total variance, suggesting multiple factors contributed to the data. While CMB is unlikely to be a major concern, it cannot be fully ruled out. To minimize bias, we ensured anonymity and confidentiality and carefully designed the survey, but future research should consider using data from multiple sources, spreading out survey questions, or adopting longitudinal designs to reduce CMB (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003).

Lastly, despite the widespread use of MTurk in research (Walter, Seibert, Goering, & O'Boyle, 2019), concerns about data validity persist (Mortensen, Alcalá, French, & Hu, 2018). However, studies indicate that MTurk samples often surpass undergraduate samples in quality (Hauser & Schwarz, 2016) and resemble non-MTurk samples across various work constructs (Keith, Stevenor & McAbee, 2023). To enhance data robustness, researchers have provided several recommendations (Aguinis et al., 2021; Mellis & Bickel, 2020). Accordingly, our study implemented rigorous screening procedures, obtained informed consent, provided a comprehensive description of the Human Intelligence Task posting process, qualifications, and sample characteristics, and ensured timely compensation. Nonetheless, sampling bias may limit generalizability, particularly regarding occupation and demographics. Future research should validate these findings with non-web-based samples and additional safeguards, such as a pilot study, qualitative attention checks (Aguinis et al., 2021), and full-screen tasks to minimize multi-tab browsing (Mellis & Bickel, 2020).

Conclusion

In summary, this study highlights the role of POS in strengthening the PCB and TI relationship among nurses. Considering the substantial costs associated with turnover for hospitals, society,

and patient safety, our study, which expands upon existing literature by incorporating POS, holds promise for advancing both scientific understanding and evidence-based management practice. In the dynamic landscape of contemporary workplaces, where PCBs are a prevalent concern, organizations stand to benefit from recognizing the moderating role of POS on the PCB and TI relationship.

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