



It Is Time to Support Our Caregivers; Explaining Barriers to the Perception of Organizational Support from the Perspective of Nurses, a Content Analysis Study

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Abstract

Background: Nurses are a key component of the healthcare system, and to provide effective care and achieve optimal productivity, they require attention and support from healthcare organizations. This study was conducted qualitatively to elucidate the barriers to perceived organizational support from the perspective of nurses.

Methods: In this qualitative study, a conventional content analysis approach was used to identify the barriers to perceived organizational support from the viewpoint of nurses. Data were collected between September and November 2024 through in-depth, semi-structured individual interviews with 14 participants selected through purposive sampling. The five-step method proposed by Graneheim and Lundman (2004) was used for data analysis. MAXQDA version 10 software was utilized for data management.

Results: The participants in this study included 14 nurses with an average experience of 10.66 ± 0.54 years. After analyzing the data, four main categories emerged: unfavorable organizational climate, unfavorable organizational position, unfavorable working conditions, and the negligence of authorities towards the individual capabilities and professional qualifications of nurses.

Conclusion: The findings of this study can serve as a roadmap for nursing managers to enhance positive supportive perceptions among nurses by identifying deterrent factors and implementing fair solutions, ultimately leading to improved working conditions for nurses and, consequently, an enhancement in the quality of nursing care.

Keywords: Perceived organizational support, Nurse, Content analysis

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Introduction

Human resources are the most fundamental part of health services and one of the most important assets and production factors in an organization (1). Maintaining human resources can serve as a significant factor in supporting the organization against challenges (2). The nursing profession has a stressful nature, and stress affects the quality of life and health of nurses, as well as the quantity and quality of patient care (3). Studies on occupational stress have shown that over the past 30 years, the nursing profession has been considered a primary source of stress due to a shortage of nurses and high workloads. Among 130 professions, nursing has been ranked 27th in terms of stress acceptance (4). Nurses, as the largest segment of professional forces, are at the forefront of service delivery in the healthcare system, having the most interaction with clients and holding numerous and extensive roles and responsibilities. Due to this multiplicity and complexity of roles, nursing is a professional activity that requires

a high sense of responsibility, precision, and alertness. Therefore, any deficiency or inadequacy in this group directly impacts the quality and quantity of healthcare services and ultimately the health of individuals (5).

One of the most important factors influencing the job performance of employees in today's organizations is perceived organizational support. The perception of being supported by the organization leads employees to realize that they are valued and respected by the organization and are considered effective members of it. Perceived organizational support is one type of social exchange between employees and the organization. The concept of perceived organizational support was first formally introduced in organizational literature by Eisenberger et al (6). Supportive work environments are the most important factor in creating job satisfaction among nurses. Managerial support for nursing staff plays a crucial role in their productivity and quality of care. According to research, the most significant outcome of organizational



support is the increase in employees' organizational commitment. Organizational commitment is an important factor in productivity and achieving organizational goals, and it also leads to increased job satisfaction, reduced stress, and burnout among nurses (7).

Organizational support is one of the important factors in reducing the effects of job stress and increasing the resilience of nurses (8). Organizational support is one of the reasons nurses continue to work despite the suboptimal nature of other factors and the challenging work conditions. Having organizational support plays a role in nurses' job satisfaction and enhances the quality of nursing care (9).

Therefore, since organizational support is a significant issue in the nursing profession and considering that nurses are responsible for patient care throughout their service and face many challenges and stresses along the way, addressing the topic of organizational support for nurses is of great importance. Considering that qualitative research leads to the description of concepts through the experiences of participants in the form of their words and feelings, and that it is guided by the context or situation of their experience with the concept in question, conducting such research is essential and valuable for discovering important concepts in the field of nursing. For this reason, the results of nursing literature reviews indicate that the concept of organizational support still requires further investigation to uncover its dimensions. On the other hand, given that most studies conducted on organizational support in Iran have taken a quantitative approach, and there is evidence suggesting that both individual and organizational factors influence the way patients are cared for and the quality of nursing care, as well as the fact that the organizational culture prevailing in the nursing system of Iran is different from that of other countries where the concept of organizational support has been studied, this research focuses on a qualitative method of content analysis to explore the meaning of organizational support from the perspective of nurses.

Methods

This study is a qualitative content analysis. The participants in the research were 14 individuals selected from various departments of Imam Khomeini Hospital, Kowsar Hospital, and Taleghani Hospital in the city of Urmia. Sampling was conducted purposefully and with maximum diversity, considering age, gender, education level, and work experience. The inclusion criteria included nurses who had at least 6 months of work experience and a minimum of a bachelor's degree, who were aware of the phenomenon under study and willing to share their experiences. To collect data, semi-structured in-depth interviews were conducted from July to October 2024. The interviews were guided by several open-ended questions such as "What does organizational support mean to

you?", "How do you perceive organizational support as a nurse?", and "What factors contribute to your feeling of being unsupported by the organization?" Additionally, probing questions were used to gather deeper insights into the participants' experiences. Examples of these questions included: "Can you elaborate on that?" and "What do you mean by that?" At the end of each interview, participants were asked if they wanted to add anything else.

The interviews lasted between 35 to 45 minutes, with an average of 40 minutes. Data collection continued until data saturation was reached. The interviews were recorded and managed using the MAQDA 10 software. Data analysis was conducted using the approach of Graham and Landman (2004) (10). Graham and Landman proposed five stages for analyzing qualitative data content: 1) conducting the entire interview immediately after each session, 2) reading the entire text several times to gain a general understanding of its content, 3) identifying semantic units and basic codes, 4) categorizing the initial codes into broader classifications, and 5) determining the main theme.

The reliability of the data was ensured through the criteria proposed by Lincoln and Guba, namely credibility, transferability, dependability, and confirmability. Credibility was achieved by allocating sufficient time for data collection and analysis, establishing appropriate communication with participants, continuously comparing data with one another, asking participants to confirm the alignment of findings with their experiences, and seeking validation from experienced qualitative researchers regarding the accuracy of the information. Transferability was facilitated through maximum variation sampling and clear descriptions of the study participants and the environment. Dependability or stability of the data was ensured by using a standardized interview guide and having all interviews transcribed by a single individual. Confirmability was achieved by setting aside assumptions, documenting all stages of data analysis, and having participants review the findings. The study's objectives were fully explained to the participants, and they were assured that their participation would be voluntary and that their information would be kept confidential. Participants were also free to withdraw from the study at any time, and consent was obtained.

Results

The participants in this study included 14 nurses with an average experience of 10.66 ± 0.54 years. After analyzing the data, 370 codes, 74 meaningful units, 12 subcategories, and finally, 4 main categories emerged (Table 1).

Unfavorable organizational climate

Among the factors affecting nurses' experiences of lack of organizational support were indicators such as feelings of inequality, physician-centeredness, and relationship-

Table 1. Categories and subcategories extracted from the interviews

Main category	Sub-category
Unfavorable organizational climate	Inequality feelings
	Relationship-oriented organizational climate
	Physician-dominated organizational climate
Unfavorable organizational position	Lack of professional independence
	Exclusion of nurses from organizational decision-making
Unfavorable working conditions	Shortage of nursing staff
	Mandatory overtime
Exclusion of nurses from decision-making	Lack of awareness among managers regarding the competencies of nurses
	Poor communication with nurses
	Humiliation of nurses in the workplace
	Exclusion of nurses from decision-making

oriented atmosphere.

Feelings of inequality

Nurses expressed dissatisfaction with the injustice in scheduling work shifts, the way tasks were divided, and the related rewards. One nurse stated: *“The division of tasks and rewards by managers is more based on personal taste and opinion rather than on the effort and amount of services provided by the nurses, and there are no specific principles or rules”* (Nurse No. 10).

Relationship-oriented organizational climate

Participants in the study described the relationship-oriented climate as a barrier to their experience of organizational support when it came to selecting managers, assigning organizational positions, and the lack of appreciation or minimal recognition. One nurse stated, *“In our hospital, there are individuals who have been head nurses or department heads for over ten years due to their connections and friendships with senior managers, and there is practically no opportunity for advancement or obtaining positions for others who do not have such connections”* (Nurse No. 3).

Physician-dominated organizational climate

One of the subcategories of an undesirable organizational climate is the physician-dominated climate. According to most participants in the study, the organization only values physicians and is solely focused on addressing their problems and fulfilling their demands, often overlooking their shortcomings or failures to perform their duties correctly. One nurse mentioned, *“It has happened multiple times that our department physician, despite the patient’s poor condition, has delayed visiting the patient for more than a day, and this delay has caused many problems for us nurses, yet the system still overlooks this negligence.”*

Unfavorable organizational position

Among other organizational factors affecting the

experience of inadequate organizational support by nurses, the lack of professional independence and the exclusion of nurses from organizational decision-making are significant issues.

Lack of professional independence

Most participants in the study complained about the lack of professional independence and the inability to make independent decisions regarding patient care. One nurse stated, *“In all the care we provide for patients, we rely on the doctor’s orders, and on the other hand, it seems that the hospital and the Ministry of Health do not want nurses to have any power in decision-making”* (Nurse No. 12).

Exclusion of nurses from organizational decision-making

According to the participants in the study, nurses play no role in most organizational decision-making processes and are merely executors of these decisions. One nurse remarked, *“Where have we seen that in decision-making for the hospital or, for example, in selecting the hospital director, nurses are asked for their opinions? Whatever the doctors and other officials say becomes the decision, and we are just the implementers of these decisions with no right to express our opinions”* (Nurse No. 12).

Unfavorable working conditions

Most of the nurses participating in the study expressed dissatisfaction with their working conditions and the resulting workload, which led to a lack of perceived organizational support. This issue included a shortage of nursing staff and mandatory overtime.

Shortage of nursing staff

According to the participants in the study, a persistent problem faced by the nursing system is the shortage of workforce. One nurse stated, *“Each nurse is supposed to care for four patients as a standard. However, there have been many times when we have had to care for ten or more patients. The system doesn’t pay any attention to this issue,*

and it seems like it doesn't care at all" (Nurse No. 5).

Mandatory overtime

The participants in the study cited the insistence of officials on mandatory overtime and the threat of disciplinary action for non-compliance as factors that negatively affected their sense of organizational support. One nurse said, *"Due to productivity laws, our shifts have been reduced, but we still face a shortage of nursing staff and have to work overtime. If we refuse, we face disciplinary action, and this is one of our main concerns."*

Indifference of officials to the individual abilities and professional competence of nurses

During the interviews, nurses attempted to express the issue of officials' indifference to the individual abilities and professional competence of nurses in various ways. The subcategories of this category included the lack of awareness among managers regarding the competencies of nurses, poor communication with nurses, the humiliation of nurses in the workplace, the exclusion of nurses from decision-making processes, and the lack of encouragement for nurses.

Lack of awareness among managers regarding the competencies of nurses

Most of the participating nurses in the study expressed dissatisfaction with the lack of awareness among managers about the individual competencies of nurses. They believed that nursing managers neglected to pay attention to their abilities and professional qualifications. One nurse stated: *"... it does not matter to the officials how much education and ability individuals have. The head nurses and supervisors are chosen from among those who are merely yes-men and can exploit and harass nurses"* (Nurse No. 5).

Poor communication with nurses

Participants in the study expressed dissatisfaction with the lack of appropriate communication and the condescending attitude of nursing managers and supervisors. One nurse stated: *"The head nurse and supervisors, who were once simple ward nurses themselves, when they want something done, they express it in a commanding and authoritarian manner, thinking that the ward nurses are beneath them, and they talk to us in a way that discourages us from the organization"* (Nurse No. 11).

Humiliation of nurses in the workplace

Participants in this study believed that nurses are sometimes humiliated by managers, which has negative effects on their mental and emotional well-being and leads to feelings of lack of support from the organization. One nurse stated: *"One night I was on the night shift and I forgot to record the patient's blood sugar, but based on*

the blood sugar test at 6 AM, I administered insulin to him. The supervisor arrived at that moment and publicly humiliated me in front of my colleagues and patients for a simple oversight" (Nurse No. 7).

Exclusion of nurses from decision-making

Participants in the research believed that they are not involved in decision-making processes, even when those decisions directly affect them. Examples of this include not being allowed to express shortcomings, not listening to nurses' requests, and changing nursing departments without their knowledge. One nurse said, *"I remember when I first entered the hospital as a project staff member, I started my work in the surgical department, but one morning when I entered the department, the head of the department said that a letter had come from the nursing office stating that your department has been changed and you must go to the emergency department. When I went to the matron about this issue, she dismissively said, 'This is a decision we have made, and you have no right to protest; you must comply'"* (Nurse No. 6).

Lack of encouragement for nurses

The participating nurses in this research believed that the lack of appreciation from managers for nurses is a significant factor in not feeling supported. The managers' focus on nurses' weaknesses and exaggerating them leads nurses to feel unsupported and discouraged. One nurse said, *"We nurses are never understood by the managers."*

Discussion

This study aimed to elucidate the barriers to organizational support from the perspective of nurses. The results indicated that participants identified factors such as an unfavorable organizational climate, an undesirable organizational position, poor working conditions, and the negligence of authorities towards the individual capabilities and professional qualifications of nurses as the main barriers to perceiving adequate organizational support.

One of the main findings of this research was the unfavorable organizational climate, characterized by feelings of inequality, a physician-centered environment, and a relationship-oriented atmosphere, which were identified as significant obstacles to nurses' perception of effective organizational support. The study by Tayebi showed that nurses complained about the lack of fairness in the organization's treatment of them and the relationship-oriented atmosphere, which aligns with the results of the present study (11). The dominance of a relationship-oriented environment in the selection of hospital managers is perceived as a barrier to nurses' experiences of inadequate support, ultimately leading to a lack of effective organizational support felt by nurses. However, if professional and ethical criteria

are considered in the selection of managers, and more competent, qualified, and experienced individuals are chosen, organizations will be more successful in achieving their goals.

One of the other findings of this study, from the participants' perspective, was the unfavorable organizational position of nurses, which was perceived as a barrier to understanding effective organizational support. In a study conducted by Robaee et al, it was concluded that the lack of power base and decision-making authority among nurses was seen as a barrier to their effective understanding of organizational support, which aligns with the results of the present study (12). It can be explained that when nurses have a prominent presence in the power hierarchy and decision-making within healthcare systems, and when they have the independence and authority to make decisions regarding patient care, their confidence and status increase, leading to an enhanced perception of organizational support.

Another finding of this study was the unfavorable working conditions for nurses, which were perceived as a barrier to understanding organizational support. Inadequate working conditions included insufficient staff and mandatory overtime. A study conducted by Viona et al. concluded that high workload and long working hours lead to burnout among nurses, resulting in mental stress and a decreased perception of organizational support from nurses, which aligns with the results of the present study (13). Therefore, health managers and policymakers are obligated to take actions such as ensuring an adequate workforce to reduce the workload on nurses and enhance physical and psychological support for them.

Another important finding of this research was the negligence of officials towards the individual capabilities and professional qualifications of nurses. The lack of awareness among managers regarding the competencies of nurses leads to their discouragement and, consequently, a decrease in the feeling of being supported by the organization. In a study conducted by Stone, it was concluded that selecting nurses for managerial positions and promotions based on their abilities and talents can play a significant role in encouraging nurses towards the system and increasing organizational commitment, which aligns with the results of the present study (14). Considering the above points, the findings of this study and other studies suggest that managers and policymakers in the healthcare system can create a sense of professional and humanitarian values by meeting the psychological needs of employees and facilitating their future growth and development. They can benefit from the positive outcomes of these actions to achieve both individual and organizational goals.

The findings of the present study showed that nurses had perceptions such as being humiliated in the workplace and not being involved in decision-making. These findings

are consistent with the results of the study by Faulkner and Laschinger (15). Many nurses feel that they do not receive the respect they deserve in hospital environments. Nasrabadi, in his qualitative research, found that occupational burnout is prevalent among Iranian nurses. He added that nurses need to be cared for before they can care for others. They should be valued, and they should receive appropriate and fair feedback for their work (16). Additionally, encouraging nurses for their positive and impactful work can significantly enhance their caregiving spirit and strengthen their feeling of being valued by the organization.

Conclusion

The results of this research are directed towards nursing officials and managers, highlighting that despite numerous challenges, nurses continue to provide quality services. However, this should not lead to neglecting the welfare of nurses, as ignoring this issue can have physical and psychological repercussions on the system and contribute to burnout among nurses, which subsequently affects health, especially given that the system has always faced a shortage of nurses. Therefore, it is essential to consider supportive and incentive strategies to improve the welfare of nurses and keep them engaged in the workplace.

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Conceptualization: Reza Abdollahi, Yusef Haghighi-Moghadam.

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Competing Interests

There are no conflicts of interest among the authors of this article.

Ethical Approval

This study was approved by Urmia University of Medical Sciences (Ethical code: IR.UMSU.REC.1403.228).

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