

The Interactive Effect of Managers' Listening Behaviors and Emotional Exhaustion on Turnover Intentions of Israeli Healthcare Staff: A Field Study During the COVID-19 Lockdowns

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Introduction: Healthcare professionals routinely work under conditions that make high emotional and physical demands. Identifying workplace resources that mitigate burnout and reduce turnover intentions is crucial for maintaining workforce stability during crises. Drawing on the Job Demands-Resources model, this study tested whether (a) healthcare workers who perceive their managers as high-quality listeners would report lower turnover intentions, and (b) this protective effect would be especially pronounced among employees experiencing high emotional exhaustion.

Methods: A total of 329 Israeli healthcare professionals, including physicians (n = 96), nurses (n = 103), and support staff (n = 130), completed validated measures of managers' listening quality, emotional exhaustion, social support, negative affect, and turnover intentions during the COVID-19 lockdowns.

Results: Managers' listening quality predicted lower turnover intentions, supporting Hypothesis 1. This effect was significant for employees with high, but not low, emotional exhaustion, supporting Hypothesis 2. Subgroup analyses indicated that associations between managerial listening and turnover intentions were consistent across physicians, nurses, and other staff, with no significant subgroup differences.

Conclusion: Managers' listening quality emerged as a critical relational resource in healthcare settings, particularly under high strain. High-quality listening may help buffer the negative effects of emotional exhaustion and reduce turnover intentions. Practical interventions that enhance managers' listening skills could therefore serve as a low-cost strategy to support staff well-being and retention during crises. Because this study used a cross-sectional design, causal relationships cannot be inferred, and future longitudinal and intervention studies are needed to confirm the protective role of managerial listening over time.

Plain Language Summary: Healthcare workers face intense emotional and physical demands, especially during crises like the COVID-19 pandemic. This can lead to emotional exhaustion and a strong desire to leave their jobs, threatening healthcare systems' stability. Our study looked at whether the quality of listening by healthcare managers could help reduce these turnover intentions. We surveyed 329 healthcare professionals in Israel, including doctors, nurses, and support staff, during the COVID-19 lockdowns. Participants reported how well they felt their managers listened to them, how emotionally exhausted they were, and whether they intended to leave their jobs. The results showed that when employees felt their managers listened carefully and empathetically, they were less likely to want to quit. This effect was strongest among those who were highly emotionally exhausted. In other words, good listening by managers helped especially those struggling the most. These findings highlight the important role that managers' listening plays in supporting healthcare staff's emotional well-being and retention. Listening is more than just a communication skill; it is a relational resource that makes employees feel valued and understood. Improving managers' listening skills could be a practical, low-cost way to help healthcare workers cope with stress and reduce staff turnover, which is critical during challenging times.

Keywords: managers' listening, healthcare employees, emotional exhaustion, turnover intentions, COVID-19

Healthcare employees often work under conditions that make high emotional and physical demands.^{1,2} These persistent demands not only tax healthcare workers' physical stamina but also deplete emotional resources, thus heightening the risk for burnout, emotional exhaustion, and ultimately, workforce attrition. In such high-pressure environments, turnover intentions represent a critical threat to workforce stability and patient care.^{3,4} As emotional and physical demands mount, the psychological toll on healthcare employees becomes increasingly apparent. This can manifest in exhaustion, disengagement, and increased intentions to leave the profession.⁵

Amid these challenges, certain relational dynamics within the workplace may offer crucial protection.⁶ Specifically, the quality of communication between employees and their managers plays a central role in buffering the emotional strain associated with high-demand environments.⁷ Such communication enables employees to express their concerns, process stress, and seek guidance.^{8,9} These interactions can reduce feelings of isolation, reinforce professional identity, and enhance coping by signaling that employees' experiences and contributions are seen and valued.¹⁰ When communication with managers is supportive and emotionally attuned, it can serve as a relational resource that promotes resilience, mitigates burnout,¹¹ and ultimately helps retain employees in the workforce.^{12,13}

The present study focused on a specific feature of positive communication, namely, the listening quality managers provide as a relational resource that can buffer one of the most damaging outcomes of occupational stress: turnover intentions. Communication encompasses various modes of interaction, but listening deserves specific attention as a distinct, foundational element.¹⁴ Unlike advice-giving, feedback, or information delivery, which are often emphasized in managerial communication, listening involves a receptive stance that centers on the speaker's perspective.¹⁵ Listening is uniquely capable of conveying psychological availability, respect, and empathy, making it particularly effective for addressing emotional needs¹⁶ and the facilitation of social connections.¹⁷⁻¹⁹ An analysis of listening can isolate and evaluate its specific relational benefits during occupational stress.

Specifically, research has shown that when managers listen well, employees benefit from a plethora of positive organizational outcomes such as increased job satisfaction,²⁰ boosted creativity,²¹ and greater organizational citizenship behavior.^{13,22} A recent meta-analysis of over 400,000 employees reported the robust buffering effects of listening as a relational resource to combat occupational stressors. In particular, managers' listening quality predicted higher levels of job satisfaction ($r=0.43$), work engagement ($r=0.37$), psychological safety ($r=0.45$), and trust in the manager ($r=0.51$), all of which are key relational and motivational outcomes. High quality listening was also associated with lower turnover intentions ($r=-0.35$) and less emotional exhaustion ($r=-0.27$). Managerial listening quality also significantly enhanced perceptions of leadership quality, $r=0.44$, which points to its role as a core component of effective and transformational leadership. These effects held even after accounting for other supportive behaviors, suggesting that listening has unique predictive value.²³

Listening is a multidimensional construct that involves the experience of feeling attended to, positive intention from the listener, and the listener's comprehension of shared content.²⁴ These perceptions are shaped by the behaviors that listeners enact during conversation. Attention is conveyed through nonverbal cues such as nodding, sustained eye contact, and body orientation.²⁵⁻²⁷ Comprehension involves understanding the speaker's perspective and is often demonstrated through paraphrasing, reflecting emotions, and asking open-ended questions.²⁸⁻³⁰ Positive intention reflects a nonjudgmental stance and emotional availability, signaled through validation and compassionate responses.^{24,31}

A related definition describes high-quality listening as the listener's devotion to co-exploring the speaker's experience with and for them.³² This definition frames listening as a shared, relational state that is shaped not only by observable behaviors but also by the listener's active commitment and the speaker's vulnerability. Listening is thus an interpersonal process of mutual engagement and understanding beyond mere actions such as nodding or paraphrasing. According to both definitions,^{24,32} when high-quality listening is present, speakers holistically perceive that they are being heard and understood.

Listening is often embedded within the broader concept of social support, since both involve observable behaviors that are perceived by recipients^{33,34} and are shaped by individual needs and emotions.^{35,36} Nevertheless, high-quality listening is a distinct relational process that warrants independent study^{37,38} as compared, for instance, to social support that includes listening but often involves advice-giving^{39,40} that can disrupt listening.^{15,41} Social support also includes tangible assistance, such as providing material help⁴² or a hug,⁴³ which is conceptually more distant from listening.

Isolating listening serves to clarify its unique effects. For example, perceived partner listening, but not other support forms, predicted cognitive resilience.³³ Listening involves specific behaviors and unfolds solely within conversations.²⁴ High-quality listening facilitates a sense of “togetherness”, especially during emotionally intense exchanges.²⁴ These co-constructed relational moments lay the foundation for clarity, reflection, and mutual recognition.

In two field studies in healthcare and education settings, listening was shown to strengthen relational trust and support coordination between team members.^{44,45} These relational processes are essential in hospitals and clinics, where shared understanding and collaborative problem-solving are prerequisites for high-quality care.⁴⁶ Similar dynamics are found in patient-provider relationships, where trust hinges on emotional engagement and the experience of being heard.⁴⁷ Dyadic-level factors such as mutual role expectations and interpersonal dynamics were shown to account for more than half the variance in perceived listening quality.⁴⁸ These findings support the growing view that listening is not only a behavioral skill but also a relational phenomenon that emerges from specific dyadic interactions.

Studies consistently highlight the importance of listening in healthcare settings. For example, listening by physicians was shown to foster the working alliance and improve adherence among patients with diabetes.⁴⁹ In nursing contexts, a constructive listening climate was associated with reduced exposure to disruptive behaviors and improved nurse wellbeing,⁵⁰ as well as higher quality of care in settings characterized by workplace violence.⁵¹ Healthcare providers’ active listening plays a critical role in palliative care by fostering empathetic, patient-centered communication and enhancing interdisciplinary teamwork.⁵² These findings strengthen the claim that high-quality listening functions as a relational resource that mitigates the detrimental effects of occupational stress.

In addition to relational dynamics, structured managerial hierarchies within hospitals play a critical role in shaping physicians’ daily experiences. Hospital physicians operate within a complex, multi-tiered management system, reporting clinically to department heads and medical directors, and operationally to hospital executives. Many also occupy hybrid roles such as clinical directors or physician-executives that blend clinical leadership with administrative oversight. This dual-reporting structure reflects the intersection of professional authority and organizational governance.^{53–58}

Similarly, nurses operate within a structured hierarchy, typically reporting to charge or head nurses, who in turn report to nurse managers, directors, and ultimately the Chief Nursing Officer.⁵⁹ Nurses also follow a clinical chain of command through nurse supervisors, who coordinate closely with physicians and nurse practitioners.⁶⁰ Research confirms that nurses are structurally positioned lower in clinical authority compared to physicians and consultants, which reinforces their place within the formal reporting and managerial hierarchy of healthcare teams.⁶¹ Head nurses and nurse managers play critical roles in shaping these dynamics, as their leadership behaviors strongly influence both team performance and patient care outcomes.^{62–64}

Given these complex role structures, we also examined whether the effects of managerial listening would differ across professional groups within healthcare settings. These findings, though nascent, suggest that managerial listening is a vital relational resource that may help retain healthcare employees. The current study examined whether healthcare workers who feel that their managers engage in higher-quality listening would report lower turnover intentions.

Hypothesis 1: Healthcare providers’ perceptions of their managers’ listening quality will be negatively associated with their turnover intentions.

The benefits of receiving high-quality listening on turnover intentions cannot be generalized across all affective states. Specifically, high-quality listening equips speakers with positive relational resources such as relational energy,⁶⁵ social connection,^{17–19} and trust,⁶⁶ as well as resources that facilitate positive coping and emotional resources.⁶⁷ Thus, it is likely that high-quality listening will be more consequential when employees have a deficit in relational resources and depleted emotional capacity. In such states of strain, being listened to may restore emotional balance^{68,69} and reduce turnover intentions. However, when these resources are already high (ie, when emotional exhaustion is low), the experience of high-quality listening is likely to be less impactful on employees’ turnover intentions.

This stress-buffering mechanism of high-quality listening aligns with the Job Demands-Resources (JD-R) model,^{70,71} which posits that job demands such as emotional exhaustion deplete employees’ emotional and psychological resources, and increase negative outcomes such as turnover intentions. However, high-quality managerial listening can offset these

demands by replenishing depleted resources, enhancing coping capacity, and restoring emotional equilibrium.⁷² From this perspective, high-quality listening functions as a situational resource that is at its most impactful when job demands are high and emotional resources are depleted. Employees experiencing emotional exhaustion may therefore be especially sensitive to the restorative effects of being listened to, since it provides much-needed validation, control, and connection, thereby reducing the motivation to withdraw from the organization.

Prior research shows that managerial listening behaviors are closely tied to healthcare employees' well-being and retention. When managers listen attentively, staff report greater job satisfaction, stronger trust in leadership, and reduced emotional exhaustion.^{13,73} In healthcare contexts, high-quality listening fosters psychological safety by signaling respect and openness, validates employees' experiences during demanding conditions, and builds relational trust that supports commitment to the organization.⁷⁴ These mechanisms are especially critical during crises such as the COVID-19 pandemic, which intensified communication barriers, heightened emotional demands, and strained professional support systems.^{72,75} In such extraordinary circumstances, relational resources like listening may serve not only as a means of emotional support but also as a protective factor that buffers against the erosion of resilience and helps sustain workforce stability.

Furthermore, empirical studies have shown that speakers high in dispositional social anxiety benefited more from high-quality listening than speakers with low social anxiety.⁷⁶ Further, speakers with an avoidant attachment style (fear of intimacy) reported feeling less psychological safety from being listened to well than speakers with a secure attachment style.^{77,78}

Importantly for the present work, Rave et al found that teacher stress level moderated the relationship between their school principal's listening behavior and teachers' turnover intentions, such that the principal's listening quality reduced turnover intentions when teachers' stress was high, but not when it was low. The present study aims to conceptually replicate and also to extend this work. Specifically, we focus on emotional exhaustion as a moderator. Unlike general stress that can fluctuate with daily pressures, emotional exhaustion reflects a chronic depletion of emotional resources and is considered the core component of burnout.^{79,80} This distinction is particularly important in healthcare, where sustained emotional demands make exhaustion a more stable and potent predictor of turnover intentions.⁸⁰ In addition, whereas Rave, Itzhakov, Weinstein, Reis²² studied a single professional group (teachers), the present study sampled physicians, nurses, and allied staff, allowing for subgroup analyses that test the generalizability of managerial listening effects across different roles. The current study also extends by controlling for negative affect, thereby helping to isolate the unique contribution of perceived managerial listening apart from more general emotional distress.

Hypothesis 2: Emotional exhaustion will moderate the relationship between managers' listening quality and turnover intentions, such that the negative association will be stronger for employees experiencing higher levels of emotional exhaustion.

Note that this study centered on employees' perceptions of their managers' listening quality rather than on the managers' self-assessments or third-party evaluations. This decision is grounded in listening research showing that it is the speaker's perception of being listened to, to a greater extent than the listener's own view or external observations, that best predicts the subsequent effects on their emotions, thoughts, and motivation.^{17,23}

Method

Participants and Procedure

Data were collected from 370 Israeli healthcare professionals from various hospitals during the fourth wave of the COVID-19 pandemic and nationwide lockdown in Israel, a time of high strain and burnout in a healthcare industry that had been battling the pandemic for two years^{75,81,82} After excluding participants who did not fully complete the questionnaire, the final sample consisted of $N = 329$ healthcare workers. Due to Institutional Review Board (IRB) restrictions, we could not collect identifiable institutional data, which precluded the use of multilevel models based on hospital or departmental affiliation.

The participants included physicians (29.7%), nurses (32.6%), and other staff members (eg, secretaries, research assistants, and medical technicians; 37.7%). The average age was $M = 48.01$ years ($SD = 10.52$), with an average tenure of $M = 14.04$ years ($SD = 10.98$). Most participants were female (71.7%), and 77.7% held tenured positions.

At the time of data collection, the Israeli healthcare system was under acute strain as a result of elevated patient loads, staff shortages, and increased infection risk (Davidovich et al, 2021). These conditions intensified both emotional and operational demands and thus constituted a meaningful context for assessing the protective role of perceived managers' listening quality.

In Israel, healthcare management is recognized as a formal medical specialty. Physicians may pursue structured training and certification in healthcare administration through a nationally regulated program, reflecting the professionalization of medical leadership roles.⁸³ This institutional framework formalizes the dual role of many physician-managers and further reinforces the hierarchical configuration of hospital governance.

The survey link was distributed via professional networks by the second author, and participants completed it online over a two-week period. All participants provided informed consent before participation. Ethical approval was obtained from the University of Haifa Ethics Committee (Approval #199/21). The study was conducted in accordance with the ethical standards of the institutional research committee and with the Helsinki declaration and its later amendments. Before participation, all participants were presented with an online informed consent form outlining the purpose of the study, the voluntary and anonymous nature of their participation, their right to withdraw at any point without consequence, and the measures taken to protect their data. Only participants who explicitly provided consent were granted access to the survey questions.

Power Analysis

To evaluate whether the sample size was sufficient to detect the hypothesized interaction, we conducted a sensitivity analysis using G*Power. With $N = 329$, $\alpha = 0.05$, and 80% power, the analysis indicated that the smallest detectable effect size for an interaction term was *Cohen's* $f = 0.18$, which corresponds to a change in explained variance of $\Delta R^2 = 3.24\%$. According to conventional benchmarks,⁸³ this represents a small effect size. Thus, our sample was adequately powered to detect even small interaction effects with reasonable confidence. All analyses were conducted in SPSS using the PROCESS macro v3.5 (Hayes, 2017). Model 1 with 5000 bootstrapped samples was used to test moderation, with continuous predictors mean-centered prior to analyses.

Measures

All measures were administered in Hebrew and ranged from 1 (*not at all*) to 9 (*very much*) on a likert-type scale.

Manager's Perceived Listening Quality

We assessed employees' perceived listening quality of their managers on six items from the Constructive Listening Behavior Scale.⁸⁴ An example item is: "When my managers listen to me, most of the time, they try hard to understand what I am saying" ($\alpha = 0.98$).

Emotional Exhaustion (Burnout)

Employees' burnout was assessed with seven items from a validated scale for burnout, specifically for the emotional dimension.⁷⁹ Example items are: "I feel emotionally drained from my work", and "I feel fatigued when I get up in the morning" ($\alpha = 0.95$).

Turnover Intentions

Employees' turnover intentions were assessed with three items from a validated scale.⁸⁵ An example item is "I will probably look for a different workplace next year" ($\alpha = 0.90$).

Negative Affect

Negative affect at work was assessed with 10 items from a validated scale.⁸⁶ The participants were asked to what extent

they felt negative emotions in response to 10 adjectives describing instances where their manager did not accept an offer they made or did not respond positively to a request. Example items are: “Guilt”, “Fear”, and “Hostility” ($\alpha = 0.88$).

Social Support

We assessed participants’ perceived social support at work as a control variable with three items from a validated scale.⁸⁷ Example items are: “I get emotional help and support I need from my manager”, When I have a problem at work, “I can reach out for support from my manager” ($\alpha = 0.94$).

Job Security

Job security served as a control variable. The pandemic brought about financial uncertainty, which could be associated with our moderator, burnout.^{88–90} Specifically, we asked the participants whether they had tenure. In the sample, 77.7% had tenure.

Gender

The gender of the participants was included as a control variable given its known associations with workplace relationships and organizational outcomes, including turnover intentions.⁹¹

Results

We present the results for the full sample (ie, across all employee roles), followed by a subgroup analysis for physicians, nurses, and other staff.

As shown in Table 1, employees’ perceptions of their managers’ listening quality was significantly correlated with key outcomes: $r_s(329)$: Emotional exhaustion, -0.19 , negative affect, -0.35 , and perceived social support $.79$, all $p_s < 0.001$. Employees’ perception of their manager’s listening quality also predicted lower turnover intentions, thus supporting H1.

Moderation Analysis

To examine Hypothesis 2, we used Model 1 in PROCESS⁹² with 5000 bootstrapped samples. The interaction term was mean-centered. The interaction effect was significant, $F(1, 325) = 7.02$, $\Delta R^2 = 0.01$, $b = -0.05$, $SE = 0.02$, $t(325) = -2.65$, $p = 0.008$. Simple slopes analysis showed that at low levels of emotional exhaustion, namely, -1 SD from the mean, perceived managers’ listening quality did not predict turnover intentions, $b = -0.07$, $SE = 0.07$, $t(325) = -0.96$, $p = 0.34$, $95\% CI [-0.21, 0.07]$. At average levels, listening was significantly associated with lower turnover intentions, $b = -0.19$, $SE = 0.05$, $t(325) = -4.05$, $p < 0.001$, $95\% CI [-0.28, -0.10]$. At high levels of emotional exhaustion, $+1$ SD from the mean, managers’ listening quality significantly predicted turnover intentions, $b = -0.33$, $SE = 0.06$, $t(325) = -5.17$, $p < 0.001$, $95\% CI [-0.45, -0.21]$. As shown in Table 2 and Figure 1, the negative relationship between managerial listening and turnover intentions was the most pronounced among emotionally exhausted employees.

Table 1 Descriptive Statistics and Correlations Among the Variables

	M	SD	1	2	3	4	5
1. Managers’ listening quality	6.66	2.13	(0.98)				
2. Turnover intentions	3.05	2.17	-0.31^{**}	(0.90)			
3. Emotional exhaustion	2.88	2.22	-0.19^{**}	0.57^{**}	(0.95)		
4. Social support	4.97	2.59	0.79^{**}	-0.31^{**}	-0.20^{**}	(0.94)	
5. Negative affect	3.13	1.69	-0.35^{**}	0.29^{**}	0.37^{**}	-0.33^{**}	(0.88)
6. Job security	N/A	N/A	0.09	0.14^{**}	0.09	0.09	0.05

Notes: $** p < 0.01$ Job security was coded as 0 - no tenure, 1- tenure; Reliabilities in parentheses. PANAS – Positive and Negative Affect Schedule (Watson et al, 1988).

Table 2 Multiple Regression: Predictors of Turnover Intentions

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% <i>CI</i>
Constant	2.97	0.10	30.79	<0.001	[2.78, 3.16]
Manager's listening quality	-0.19	0.05	-4.19	<0.001	[-0.28, -0.10]
Emotional exhaustion	0.50	0.04	11.97	<0.001	[0.42, 0.59]
Interaction: Listening quality X Emotional exhaustion	-0.05	0.02	-2.65	=0.008	[-0.09, -0.01]
	$R^2 = 0.38$		$F(3, 325) = 65.46$	$p < 0.001$	

Notes: Continuous variables that define the product were mean-centered. $N = 329$. The analysis was based on 5000 bootstrapped samples.

To further understand the interaction, we conducted a Johnson-Neyman floodlight analysis.^{93,94} This analysis showed that the interaction became significant when emotional exhaustion was higher than -1.59 standard deviations from the mean, representing approximately 67.5% of the sample.

Auxiliary Analysis

To examine the robustness of this moderation effect, an auxiliary analysis was conducted that included tenure, gender, negative affect, and perceived social support as the control variables. The overall model was significant, $F(7, 321) = 30.45$, $p < 0.001$, with an interaction term that remained significant, $b = -0.052$, $SE = 0.019$, $t(321) = -2.77$, $p = 0.006$, $\Delta R^2 = 0.01$. Simple slopes analysis revealed that at low levels of emotional exhaustion, -1 *SD* from the mean, the effect was not significant, $b = 0.03$, $SE = 0.09$, $t(321) = 0.37$, $p = 0.71$, 95% *CI* [-0.14, 0.21], as was the case for average levels, $b = -0.09$, $SE = 0.07$, $t(321) = -1.26$, $p = 0.21$, 95% *CI* [-0.24, 0.05]. However, at high levels of emotional exhaustion, $+1$ *SD* from the mean, perceived managers' listening quality significantly predicted lower turnover intentions, $b = -0.23$, $SE = 0.09$, $t(321) = -2.75$, $p = 0.006$, 95% *CI* [-0.40, -0.07]. These findings are presented in Table 3, which shows that the interaction between managers' listening quality and emotional exhaustion remained significant even after controlling for tenure, gender, social support, negative affect, and job security.

A Johnson-Neyman floodlight analysis^{93,94} identified the region of significance: the relationship between perceived managers' listening and turnover intentions became significant when emotional exhaustion exceeded 0.93 standard deviations above the mean, which corresponds to the 84th percentile and above. This threshold indicates that for the most emotionally exhausted 32.5% of the sample, higher perceived managers' listening quality on the part of managers was reliably linked to lower intentions to leave.

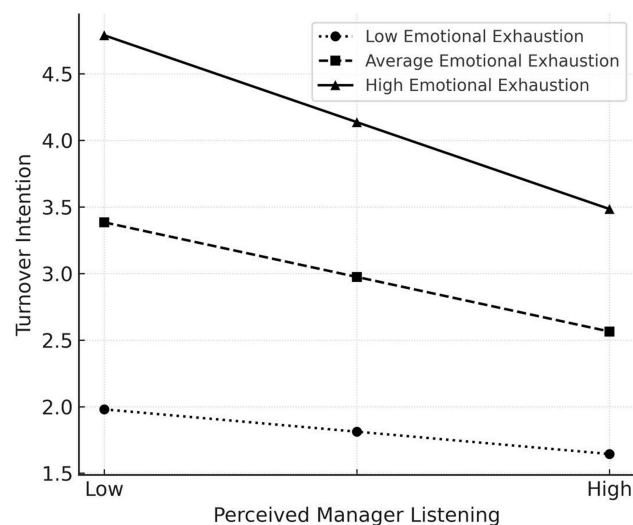


Figure 1 Simple slopes for perceived managers' listening quality predicting turnover intentions by different levels of emotional exhaustion.

Note: Low and high emotional exhaustion are plotted by ± 1 *SD* from the mean level.

Table 3 Multiple Regression Predicting Turnover Intentions With Covariates

Variable	b	SE	t	p	95% CI
Constant	3.12	0.63	4.97	<0.001	[1.88, 4.35]
Manager's listening quality	-0.10	0.07	-1.33	=0.18	[-0.24, 0.05]
Social support	-0.11	0.06	-1.73	=0.08	[-0.23, 0.01]
Negative affect	0.04	0.06	0.60	=0.55	[-0.09, 0.16]
Gender	-0.23	0.21	-1.08	=0.28	[-0.64, 0.19]
Emotional exhaustion	0.50	0.04	11.97	<0.001	[0.39, 0.57]
Listening X Emotional exhaustion	-0.05	0.02	-2.77	=0.006	[-0.09, -0.02]
Job security	0.64	0.23	2.81	=0.01	[0.19, 1.08]

Notes: Continuous variables that define the product were mean-centered. N = 329. The analysis was based on 5000 bootstrapped samples.

Abbreviation: CI, confidence intervals.

Thus, overall, the results supported both hypotheses. Healthcare professionals who perceived their managers as better listeners reported significantly lower turnover intentions (H1). Emotional exhaustion moderated this relationship (H2), such that the negative association between perceived managers' listening quality and turnover intentions was strongest among those experiencing high emotional exhaustion. This interaction remained significant even after accounting for gender, tenure, social support, and negative affect. These findings suggest that perceived managerial listening may serve as a protective resource for emotionally strained healthcare staff.

Subgroup Analyses

Given the unique and rare opportunity to collect data from physicians, nurses, and other healthcare staff during the COVID-19 pandemic, a period characterized by extreme occupational strain, we explored whether professional role was associated with differences in the main study variables. Recruiting physicians to participate in survey research during such high-pressure periods is notoriously difficult, and their inclusion allowed for a valuable examination of whether perceptions of managerial listening, emotional exhaustion, turnover intentions, and related variables varied by professional role. This analysis was intended to provide exploratory insights into potential profession-based disparities in workplace experiences amid a major healthcare crisis (see Table 4).

We first conducted ANOVAs to test whether healthcare professionals' reported levels of perceived managerial listening, social support, negative affect, turnover intentions, and emotional exhaustion differed by professional role (physicians, nurses, and other staff). No significant overall differences emerged for any variable (all p-values ≥.07).

We also conducted exploratory independent-samples t-tests to examine pairwise differences between professions. These analyses are reported in Table 4. Independent-samples t-tests revealed no significant differences between physicians and nurses on any of the variables (*ps* ≥.24). Similarly, no significant differences emerged between physicians and other healthcare staff on perceived managers' listening quality, social support, negative affect, or emotional exhaustion (*ps* ≥.13). However, the difference in turnover intentions between physicians and other staff was marginally significant, *t*(224) = -1.87, *p* = 0.06, with a small effect size, Cohen's *d* = 0.24. Finally, a significant difference in turnover intentions was found between nurses and

Table 4 Descriptive Statistics for Study Variables by Professional Group

	Physicians (n = 96)		Nurses (n = 103)		Other Staff (n = 130)	
	M	SD	M	SD	M	SD
Managers' listening quality	6.53	1.92	6.52	2.23	6.94	2.15
Turnover intentions	2.83	1.84	2.77	1.99	3.36	2.48
Emotional exhaustion	3.13	1.91	3.03	1.78	2.86	1.79
Social support	5.79	2.28	6.19	2.51	6.28	2.61
Negative affect	3.26	1.51	3.24	1.8	2.93	1.74

other staff, with nurses reporting lower turnover intentions, $t(231) = -2.03, p = 0.04, \text{Cohen's } d = -0.26$. No other significant differences were observed between nurses and other staff ($ps \geq .15$).

General Discussion

Healthcare workers face substantial job demands, which intensify during periods of acute crisis such as the COVID-19 outbreak. During such times, medical staff are required to sustain performance under physically grueling conditions, emotional strain, and heightened uncertainty. Given the critical societal role medical staff provide, it is essential to identify workplace factors that support their well-being and retention, especially when their continuous presence is paramount for effective care delivery.

One of the unique strengths of this study lies in its dataset, which included physicians, nurses, and other healthcare staff surveyed during a COVID-19 lockdown. Recruiting physicians for survey research is notoriously challenging, particularly during acute healthcare crises when their clinical responsibilities are heightened. The inclusion of physicians alongside other healthcare workers offers rare insights into how listening dynamics function across professional roles in high-pressure healthcare environments.

This rich, multi-professional dataset enhances the generalizability of the findings within the healthcare sector. While our exploratory analyses revealed no significant group differences for most variables, small differences emerged in turnover intentions. Specifically, nurses reported significantly lower turnover intentions than other staff, and the difference between physicians and other staff was marginally significant. These results suggest that turnover intentions may vary somewhat by professional role, although the overall pattern of findings regarding managerial listening remained consistent across groups.

This study examined the extent to which perceived managers' listening quality would act as a workplace resource that predicted a) lower turnover intentions among healthcare providers and b) whether this relationship is moderated by emotional exhaustion. Both hypotheses were supported. Specifically, healthcare employees' perceptions of their managers' listening predicted lower turnover intentions. Second, this relationship was only significant for employees with high or moderate, but not low levels of emotional exhaustion.

Importantly, the effect of perceived managers' listening quality remained statistically significant even after controlling for job security, perceived social support, gender, and negative affect. A Johnson-Neyman analysis further showed that listening became a significant predictor of reduced turnover intentions for employees with moderate-to-high emotional exhaustion. This reinforces the view that managers' listening quality provides unique protective value in emotionally taxing environments.

This work makes important theoretical contributions. Conducted during a COVID-19 lockdown, the findings suggest that perceived managerial listening may function as more than a communication skill or managerial nicety and instead may serve as a relational resource linked to lower turnover intentions, particularly among emotionally exhausted employees.

This work also contributes to identifying the boundary conditions of listening effects. While there is substantial evidence for the positive outcomes of listening at work. For reviews see,^{23,24,95} comparatively little research has addressed *when* listening is more or less effective. The finding that managers' listening does not reduce employees' turnover intentions when emotional exhaustion is low advances listening theory by suggesting that its benefits are not merely driven by a halo effect but may depend on employees' emotional needs and resource depletion.⁹⁶

The findings contribute to listening theory by demonstrating that listening may operate independently from general social support in predicting turnover intentions. In the auxiliary analysis, managers' listening quality remained significantly associated with turnover intentions for employees experiencing high emotional exhaustion, even after controlling for perceived social support. This suggests that listening may function as a distinct relational resource, providing unique benefits beyond general perceptions of support, particularly under conditions of strain.

By conducting this study during a COVID-19 lockdown, a period marked by extreme emotional demands, staff shortages, and sustained organizational strain, this study contributes to a better understanding of the role of relational resources under crisis conditions.^{97,98} While research has documented the general benefits of managerial listening, less is known about its relevance in prolonged high-stress healthcare environments. The finding that perceived managers'

listening buffered turnover intentions primarily among emotionally exhausted staff suggests that relational resources such as listening may be particularly beneficial when systemic demands deplete employees' emotional capacity.^{99,100} These results extend existing models by highlighting the potential importance of managerial listening in sustaining workforce stability during periods of chronic crisis.

Another notable strength of this study is the inclusion of a substantial number of physicians ($n = 96$), which is uncommon in survey-based research on healthcare teams.¹⁰¹ Physician engagement in organizational studies is often limited by time constraints and survey fatigue, making this level of participation a valuable feature of our dataset.¹⁰² Our subgroup analyses revealed no significant differences between physicians, nurses, and other staff, such as secretaries, research assistants, and medical technicians, in perceptions of managerial listening, emotional exhaustion, or turnover intentions. These null effects might be surprising, since given the structural and cultural distinctions between these professional roles, such as differences in status, autonomy, and exposure to emotional labor, one might expect divergent experiences, with nurses potentially perceiving less listening and reporting higher distress.^{103,104} However, our findings suggest that the quality of managerial listening and its impact on staff wellbeing and retention may operate similarly across clinical roles. Notably, as we detailed earlier, both physicians and nurses operate within complex hierarchical systems that blend clinical and managerial supervision. Nurses report to both nurse managers and physicians,^{60,61} while many physicians themselves hold dual clinical-managerial roles.^{54,55,57,58,105} This structural overlap may have contributed to the convergence we observed in listening perceptions and well-being outcomes. This could reflect the pervasiveness of shared systemic pressures, such as staffing shortages and administrative overload, that shape experiences of support irrespective of hierarchy.¹⁰⁶ It also raises important questions about whether effective listening functions as a universal resource in high-strain healthcare environments, thus warranting further investigation into contextual and unit-level moderators.

Finally, our results suggest that managerial listening buffers turnover intentions resonate with recent intervention research. For example, studies of Listening Circles have found reductions in social anxiety and greater openness in group dialogue,^{107,108} and listening training has been shown to lower state anxiety and increase perspective-taking in service employees.¹⁰⁹ Moreover, listening training can enhance employees' psychological safety and relational climate,⁶⁵ as well as humility.¹¹⁰ Listening training also fosters companionate love and resilience.¹¹¹ Finally, research on social-based leadership approaches highlights how listening-centered conflict management can transform tensions into opportunities for growth.^{112,113} Together, these findings suggest that organizations could amplify the protective effects observed in this study by embedding listening in leadership training, conflict resolution frameworks, and broader cultural practices.

Limitations and Future Research

The findings of the study should be interpreted in light of several limitations. First, the cross-sectional design prevents any conclusions about causality between managers' listening, emotional exhaustion, and turnover intentions. Although the associations observed are strong and theoretically meaningful, they remain correlational. It is therefore critical to emphasize that longitudinal or experimental research is needed to determine whether enhancing listening is the antecedent to reduced turnover intentions. Without this causal confirmation, practical applications should be approached with caution, and future studies should directly test these pathways.

Second, the data were collected from Israeli healthcare professionals during the COVID-19 lockdowns. This is a unique cultural and situational context. While this strengthens the ecological validity of our findings, it may also limit their generalizability to other healthcare systems or organizational cultures. Future research should examine whether similar patterns emerge across different countries, managerial structures, or crisis types.

Moreover, this study focused on moderation by emotional exhaustion; we did not test potential relevant mediating mechanisms such as trust, perceived organizational care, or emotional validation. These are plausible pathways through which listening may exert its protective effects and warrant attention in future research.

Our analyses controlled for social support, job security, and negative affect. Yet, future research should examine how these resources interact with managerial listening rather than treating them only as controls. Within the framework of the Job Demands-Resources model, listening may operate in tandem with other resources to shape outcomes. For example, under conditions of low job security, high-quality listening may help validate employees' concerns and restore a sense of

stability. Exploring such interactions would allow for a more refined understanding of the ways in which multiple resources converge to buffer emotional exhaustion and turnover intentions. Such future research could also inform organizational practice by testing whether interventions that combine listening-focused training with initiatives to strengthen peer support or perceptions of job stability yield stronger protective effects than any single strategy alone.

Conclusion

This study highlights the critical role of perceived managers' listening quality in healthcare environments. Listening is not merely a communication skill; it is a relational signal of care and value. In our findings, when medical staff perceived their managers as attentive and emotionally available listeners, they were less likely to consider leaving, especially under conditions of emotional exhaustion. Importantly, these effects remained robust after accounting for other workplace and demographic factors. In high-demand environments such as hospitals and clinics, where burnout and turnover pose serious risks to service delivery, cultivating a climate of high-quality listening is not just desirable; it is essential. By fostering emotional validation and mutual respect, managers' listening can act as a low-cost, high-impact lever for sustaining workforce resilience and ensuring continuity of care. Listening likely exerts its effects through mechanisms such as fostering trust, providing emotional validation, and signaling organizational care, which buffer exhaustion and reduce withdrawal intentions. Listening may also interact with other resources, such as social support, job security, and reduced negative affect, suggesting that combined interventions could be especially effective.

From a practical standpoint, the findings point to specific organizational strategies. Structured listening training programs, leadership development initiatives that emphasize relational skills, and policies that promote listening as a core managerial practice could strengthen resilience and improve retention. Embedding listening within leadership styles and organizational culture may therefore serve as a low-cost, high-impact lever to sustain workforce stability and ensure continuity of care under crisis conditions.

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