



Original Article



Occupational Stress and Turnover Intentions: Implication for Nursing Management

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ARTICLE INFO

Keywords:

Occupational Stress, Turnover Intention, Nursing Management, Workload, Nurse Retention, Occupational stress and Turnover Intention Questionnaire

How to Cite:

Tariq, K., Siddique, H., Jabeen, R., & Tasneem, S. (2024). Occupational Stress and Turnover Intentions: Implication for Nursing Management: Occupational Stress and Turnover in Nursing. NURSEARCHER (Journal of Nursing & Midwifery Sciences), 4(03). <https://doi.org/10.54393/nrs.v4i03.108>

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Received Date: 11th August, 2024Acceptance Date: 22nd September, 2024Published Date: 30th September, 2024

ABSTRACT

Most of the time, individuals have to endure many kinds of occupational stressors at their workplaces that challenge their serene and skilled personalities, disturbing their aptitude. Therefore, a person may quit their employment, which is their turnover intention. **Objective:** To assess the occupational stress and turnover intention: implications for nursing management. **Methods:** A descriptive cross-sectional research study design was used. The study used a purposive sampling technique. The study population was staff nurses, and the sample size was 133. **Results:** The study reported that the occupational stress to the staff nurses in the field, those who mostly agreed were 70% and strongly agreed were 20%, and 10% were uncertain about stress in their working setup. Most staff nurses agreed that nurses leave their jobs and turn over to the next hospital, which was 80%, and strongly agreed 10%, and those nurses who compromise on the field were 10%. **Conclusions:** The study concluded that most nurses have high occupational stress and turnover intention. Therefore, it's the responsibility of the management to provide a favourable or soothing environment by lowering workload and providing several staff nurses by the related departments, which helps the staff nurses to lower their occupation stress and thus limit turnover intentions in the hospital setup.

INTRODUCTION

In the healthcare setting, nurses are the imperative part that delivers far-reaching attention to their patients with ethical concerns [1]. In the existing era, nurses need to advance their ethical understandings to perform their duties more professionally, improve their coping abilities, and offer secure, excellent, and permissible care to patients [2]. With the dainty of ethical codes, nurses reliably practice in response to the inquiry "How can I assist you?". In this way, nurses are always ready to serve their patients who need care and assistance, as it's the key role in the nursing profession [3]. It is common for nurses to experience stress. It lessens nurses' productivity and causes health issues in them. The nursing industry is well known for being stressful and for hurting a person's physical and psychological health [4]. Relationships between people and their surroundings that are viewed as taxing or

exceeding their resources and endangering their well-being are essentially what stress is all about [5]. Stress reactions are the physiological (fast heartbeat, elevated blood pressure, etc.) and psychological (anger, terror) responses that happen when faced with a stressor; stressors are things and occurrences [6]. The World Health Organization has emphasized that stress is a global epidemic because it has recently been discovered that 90% of doctor visits are related to stress [7]. The unique requirements of hospital employees' occupations may be in part to blame for the results indication of their stress levels [8]. This entails role ambiguity, in which the employee frequently feels unsure of the exact nature and responsibilities of his or her employment [9]. The hospital may have experienced job-related stress due to work pressure, insufficient resource support, competing task



demands, and poor communication, among other factors. Stress-related to occupation is a vigour problem among nurses. Its frequency diverges between 9.2% and 68.0% [10]. It lessens the worth and proficiency of nurses' concerts. In this way, occupational stress raises the rate of burnout and turnover among nurses as it stimulates them emotionally and physically. Thus, nursing appears to be a challenging and chaotic profession. Work-related stress arises when your job does not cover your physical and psychological needs and demands [11]. Therefore, you have to face many confrontational situations in your working environment as well as in your organization. For the duration of the previous era, occupational stress underling was a great alarm. According to the American Institute of Stress, it is a core feature in up to 80% of work-related injuries and 40% of turnovers in the working area. Nursing is recognized as the most demanding profession. Working stress among nurses disturbs both personal skills and organizational running and also affects the care delivered by healthcare providers [12]. Literature activist says that stress leads to many physical and psychological diseases in the form of hypertension, anxiety, and depression that exacerbate burnout and turnover intentions and lessen job satisfaction, which directly and indirectly compromises patient care in the healthcare setting. Abundant job stress and occupational stress lead to increased turnover, especially for nurses in public hospitals [13]. Although nurses work in stressful environments, stressors in such environments have yet to be assessed. This noticeably indicates that extreme job stress/occupational stress in the hospital environment forced the able or skilled staff to move towards turnover for a healthy and favourable working environment [14]. As occupational/job stress indicates excessive turnovers and burnout in any organization, likewise, public hospitals face burnout and turnover conditions from the nurses, which leads to extreme occupational stress for the nurses who remain there [15]. Thus, the objectives of this study are to assess the occupational stress and turnover among nurses in public hospital settings to lower the turnout conditions for nurses and provide a healthy, favourable, encouraging, pleasant, and positive working environment for the nurses, which directly influence the quality of care delivered by the nurses to the patients as well as their attendants. Therefore, it's the responsibility of the leaders to emphasize a clear expression of values, objectives, and mission of the organization and try to raise confidence in employees by respecting and caring for them, supporting their views and suggestions, and providing a courageous and positive environment to lower the occupational stress and be optimistic about the future [16].

METHODS

A descriptive cross-sectional research study was conducted among staff nurses of the Jinnah Hospital

Lahore, Pakistan. The study targeted the population of staff nurses of a public hospital (Jinnah Hospital Lahore); those fully participated in the collection of data, and proper consent was taken from them. The purposive sampling technique was used to gather the sample from the total population. The sample size of 113 participants was calculated using Raosoft software by taking a population size of 500, an 8% margin of error, and a 95% confidence interval. The nurses who had experience of 10 years or less in the hospital were included in the study. Nurses from medical wards, surgical wards, orthopaedic wards, and ICUs were included in the study. The study tool "Occupational stress and Turnover Intention Questionnaire" was used to measure stress levels on a scale, of strongly agree to strongly disagree. This questionnaire was taken from the previous literature. 4 questions were related to occupational stress, and 5 questions were asked for the turnover intentions. The data were analyzed by SPSS version 25.0. The patient's demographics were presented by frequencies and percentages. The descriptive analysis was conducted for the Occupational stress and turnover intention questionnaire.

RESULTS

Table 1 shows that participants in the study with age group 21-25 years were 25 (18.8%), with age group 26-30 years were 41 (30.8%), with age group 31-35 years were 44 (33.1%), and those with age group 36-40 years were 23 (17.3%). The male participant's frequency was 25 (18.8%), and female participants in the study with gender group frequency were 108 (81.2%). Among the participants, those who were single had a frequency of 20 (15%), while married participants had a frequency of 113 (85%). Among the study participants, those with a diploma in general nursing were 39 (29.3%), with Post-RN were 86 (64.7%), and with BSN Generic were 8 (6%). In terms of working experience, with 1-2 years of experience were 4 (3%), those with 3-4 years were 32 (24.1%), those with 5-6 years were 44 (33.1%), those with 7-8 years were 33 (24.8%), and those with 9-10 years of experience were 20 (15.0%). In the study ICU ward participants were 8 (6%) and surgical ward participants were 69 (51.9%) and with medical ward participants were 56 (42.1%).

Table 1: Demographic Variables of study participants

Variables	N (%)
Age	
21-25Years	25 (18.8%)
26-30Years	41 (30.8%)
31-35Years	44 (33.1%)
36-40Years	23 (17.3%)
Gender	
Male	25 (18.8%)
Female	108 (81.2%)

Marital Status	
Single	20 (15.0%)
Married	113 (85.0%)
Qualification	
Diploma in General Nursing	39 (29.3%)
Post RN	86 (64.7%)
BSN (Generic)	8 (6.0%)
Experience	
1-2 Years	4 (3.0%)
3-4 Years	32 (24.1%)
5-6 Years	44 (33.1%)
7-8 Years	33 (24.8%)
9-10 Years	20 (15.0%)
Department	
ICU	8 (6.0%)
Surgical Ward	69 (51.9%)
Medical Ward	56 (42.1%)

Table 2 presented that from the total number of respondents who answered the question "Handling a large number of patients alone at a hospital", those strongly agreed with it were 29 (21.8%), those agreed with the statement 54 (40.6%), those uncertain about the given statement were 17 (12.8%), those disagree were 19 (14.3%), and those who strongly disagree with the given statement were 14 (10.5%). Respondents about the question "Inadequate staffing levels", strongly agree with it were 34 (25.6%), those who agreed 55 (41.4%), those uncertain about question 14 (10.5%), those who disagreed 22 (16.5%), and those who strongly disagreed with the given statement were 8 (6.0%). Respondents answering the question "Frequent night duty", strongly agreed with it were 89 (66.9%), agreed were 24 (18.0%), those who uncertain about question were 7 (5.3%), disagree were 6 (4.5%), and those strongly disagreed with the given statement were 7 (5.3%). Respondents answering the question "Lack of opportunity for growth/promotion", strongly agreed with it were 25 (18.8%), those agreed 69 (51.9%), those uncertain about the question 29 (21.8%), those disagreed 4 (3.0%), and those who strongly disagree with the given statement were 6 (4.5%).

Table 2: Response of the Participants for the Occupational Stress Analysis in their Working Setup

Variables	N (%)
Handling a Large Number of Patients Alone at Hospital	
Strongly Agree	29 (21.8%)
Agree	54 (40.6%)
Uncertain	17 (12.8%)
Disagree	19 (14.3%)
Strongly Disagree	14 (10.5%)
Inadequate Staffing Levels	
Strongly Agree	34 (25.6%)
Agree	55 (41.4%)
Uncertain	14 (10.5%)

Disagree	22 (16.5%)
Strongly Disagree	8 (6.0%)
Frequent Night Duty	
Strongly Agree	89 (66.9%)
Agree	24 (18.0%)
Uncertain	7 (5.3%)
Disagree	6 (4.5%)
Strongly Disagree	7 (5.3%)
Lack of Opportunity for Growth/Promotion	
Strongly Agree	25 (18.8%)
Agree	69 (51.9%)
Uncertain	29 (21.8%)
Disagree	4 (3.0%)
Strongly Disagree	6 (4.5%)

Table 3 presented that from the total number of respondents answering the question "when I feel that the working condition of friends who work in other hospitals was better", those strongly agreed with it were 42 (31.6%), those agreed 48 (36.1%), those uncertain about the question were 27 (20.3%), those who disagree were 8 (6.0%), and those who strongly disagree with the given statement were 8 (6.0%). The question "when do I feel my salary was low in comparison to my workload." The participants who strongly agreed with it were 51 (38.3%), those who agreed were 57 (42.9%), those uncertain about the question were 14 (10.5%), those disagreed were 6 (4.5%), and those who strongly disagree with the given statement were 5 (3.8%). The question "when better job opportunities come" and the participants who strongly agreed with it were 71 (53.4%), those who agreed were 44 (33.1%), those uncertain about the question were 6 (4.5%), those who disagreed were 3 (2.3%), and those who strongly disagree with the given statement were 9 (6.8%). The question "when I am transferred to a department where I don't want to work." The participants who strongly agreed with it were 6 (4.5%), those who agreed were 40 (30.1%), those uncertain about the question were 75 (56.4%), those disagreed were 6 (4.5%), and those who strongly disagree with the given statement were 6 (4.5%). The question "when I cannot perform my tasks due to an excessive workload." And the participants who strongly agreed with it were 23 (17.3%), those who agreed were 65 (48.9%), those uncertain about the question were 29 (21.8%), those who disagreed were 10 (7.5%), and those who strongly disagree with the given statement were 6 (4.5%).

Table 3: Response of the Participants for the Turnover Intentions in Accordance to the Hospital Setup

Variables	N (%)
When I feel that the Working Condition of Friends who Work in other Hospitals are Better	
Strongly Agree	42 (31.6%)
Agree	48 (36.1%)
Uncertain	27 (20.3%)

Disagree	8 (6.0%)
Strongly Disagree	8 (6.0%)
When I feel my Salary is Low in Comparison to my Workload	
Strongly Agree	51 (38.3%)
Agree	57 (42.9%)
Uncertain	14 (10.5%)
Disagree	6 (4.5%)
Strongly Disagree	5 (3.8%)
When Better Job Opportunities Come	
Strongly Agree	71 (53.4%)
Agree	44 (33.1%)
Uncertain	6 (4.5%)
Disagree	3 (2.3%)
Strongly Disagree	9 (6.8%)
When I am Transferred to Department where I don't Want to Work.	
Strongly Agree	6 (4.5%)
Agree	40 (30.1%)
Uncertain	75 (56.4%)
Disagree	6 (4.5%)
Strongly Disagree	6 (4.5%)
When I cannot Perform my Tasks due to an Excessive Workload	
Strongly Agree	23 (17.3%)
Agree	65 (48.9%)
Uncertain	29 (21.8%)
Disagree	10 (7.5%)
Strongly Disagree	6 (4.5%)

DISCUSSION

The current study assesses the occupational stress and turnover intention: implication for nursing management. Study results showed that the majority of the participants in the age group 31-35 years were 44 (33.1%) whereas the female participant's frequency was 108 (81.2%). Married participants in the study with Martial Status were 113 (85%) or Post RN participants in the study with education group frequency were 86 (64.7%) and 5-6 years experienced participants in the study were 44 (33.1%). The participants working in ICU were 8 (6%) and participants who participated in the study from the surgical ward were 69 (51.9%) and those participants who participated in the study from the medical ward were 56 (42.1%). Occupational stress influences the nurse's working capabilities and leads her/ him towards turnover intention which increases the burnout rate in the hospital setting. Healthcare is an inherently stressful profession with long working hours, difficult working conditions, and dealing with difficult patients and numerous occupational health and safety hazards [17-19]. Adzakpah et al., presented the concept the Occupational stress among nurses in Hospital settings in Ghana in the Journal of Research Gate [18]. Comparatively, the current study showed 54 (40.6%) staff nurses agreed that handling a large number of patients alone, was one of the great factors causing the occupational stress among nurses in the hospital setting which commonly leads the

nurses to leave their jobs. Collectively excessive workload causes occupational stress among nurses. The study involved 126 participants related to palliative care nurses and the large number of nurses had three or not many years of experience. Therefore, almost 60% of nurses appeared as they were ready to leave their workplace due to the work stress. Thus the turnover intention remarkably correlates to the stressful environment [19]. Conferring the current study 65 (48.9%) participants agreed that they were not performing their actual tasks appropriately due to an excessive workload which causes work stress and only 10 (7.5%) disagreed with the given statement. Therefore, stressful workplaces lead to multiple negative consequences which significantly high the rate of turnover intentions. Surbakti et al., presented a study about the Analysis of Remuneration, Job Satisfaction, Commitment, and Work Environment on Turnover Intention with Job Stress as Intervening Factors on Nurses, the study showed higher turnover intentions influenced by factors such as pay, job satisfaction, organizational commitment, and job stress [20]. Thus related to the current study participants 42 (31.6%) agreed that their friend's working conditions are better in other hospitals than their hospitals and only 8 (6.0%) disagreed with the declaration, which showed dissatisfaction of the nurses with the hospital management. Occupational stress or work stress is the chief aspect that leads an organization especially the hospitals towards turnover intentions or higher burnout rates. Increased workload, inappropriate staffing, depreciation, or underpaid were such factors that caused dissatisfaction among nurses with their hospitals which created occupational stress and turnover intentions. Therefore, the hospital management should create interventions and support systems to enhance nurses' wellbeing by having a better understanding of nurses' essentials, rewarding, and appreciation to increase the nurses' morals. Thus it helps to advance job satisfaction levels among nurses which lessens turnover intentions among nurses in the hospital setting.

CONCLUSIONS

Staff nurse's satisfaction was the significant key feature for the remarkable outcomes to not turnover next with the occupational stress. Therefore, hospital management should provide a whole, accurate rule and exceptional opportunities for the staff nurses to provide some relief during their shift to limit the occupational stress and turnover intentions and decrease the level of occupational stress and turnover intentions.

Authors Contribution

Conceptualization: KT

Methodology: HS

Formal analysis: RJ

Writing, review and editing: HS, RJ, ST

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

All the authors declare no conflict of interest.

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article.

REFERENCES

- [1] Suhonen R, Stolt M, Habermann M, Hjaltadottir I, Vryonides S, Tonnessen S et al. Ethical elements in priority setting in nursing care: A scoping review. *International Journal of Nursing Studies*. 2018 Dec; 88: 25-42. doi: 10.1016/j.ijnurstu.2018.08.006.
- [2] Labrague LJ. Organisational and professional turnover intention among nurse managers: A cross-sectional study. *Journal of Nursing Management*. 2020 Sep; 28(6): 1275-85. doi: 10.1111/jonm.13079.
- [3] Sabra HE and Hossny EK. Nursing Staff Knowledge Regarding Legal and Ethical Responsibilities and its applications. *J. Nurs. Health Science*. 2020 Jun; 9(3): 52-8.
- [4] Sabra HE and Hossny EK. Nursing Staff Knowledge Regarding Legal and Ethical Responsibilities and its applications. *J. Nurs. Health Science*. 2020 Jun; 9(3): 52-8.
- [5] Yang T, Jin X, Shi H, Liu Y, Guo Y, Gao Y et al. Occupational stress, distributive justice and turnover intention among public hospital nurses in China: a cross-sectional study. *Applied Nursing Research*. 2021 Oct; 61: 151481. doi: 10.1016/j.apnr.2021.151481.
- [6] Labrague LJ, Nwafor CE, Tsaras K. Influence of toxic and transformational leadership practices on nurses' job satisfaction, job stress, absenteeism and turnover intention: A cross-sectional study. *Journal of nursing management*. 2020 Jul; 28(5): 1104-13. doi: 10.1111/jonm.13053.
- [7] Lee EK, Kim JS. Nursing stress factors affecting turnover intention among hospital nurses. *International journal of nursing practice*. 2020 Dec; 26(6): e12819. doi: 10.1111/ijn.12819.
- [8] Chatzigianni D, Tsounis A, Markopoulos N, Sarafis P. Occupational stress experienced by nurses working in a Greek Regional Hospital: A cross-sectional study. *Iranian Journal of Nursing and Midwifery Research*. 2018 Nov; 23(6): z50-7. doi: 10.4103/ijnmr.IJNMR_120_17.
- [9] An M, Heo S, Hwang YY, Kim J, Lee Y. Factors affecting turnover intention among new graduate nurses: focusing on job stress and sleep disturbance. *In Healthcare* 2022 Jun; 10(6): 1122. doi: 10.3390/healthcare10061122.
- [10] Kakemam E, Raeissi P, Raoofi S, Soltani A, Sokhanvar M, Visentin DC et al. Occupational stress and associated risk factors among nurses: a cross-sectional study. *Contemporary Nurse*. 2019 May; 55(2-3): 237-49. doi: 10.1080/10376178.2019.1647791.
- [11] Bakker AB and de Vries JD. Job Demands-Resources theory and self-regulation: New explanations and remedies for job burnout. *Anxiety, stress, & coping*. 2021 Jan; 34(1): 1-21. doi: 10.1080/10615806.2020.1797695.
- [12] Portero de la Cruz S, Cebrino J, Herruzo J, Vaquero-Abellán M. A multicenter study into burnout, perceived stress, job satisfaction, coping strategies, and general health among emergency department nursing staff. *Journal of Clinical Medicine*. 2020 Apr; 9(4): 1007. doi: 10.3390/jcm9041007.
- [13] Seyyedmoharrami I, Dehaghi BF, Abbaspour S, Zandi A, Tatari M, Teimori G et al. The relationship between organizational climate, organizational commitment and job burnout: Case study among employees of the University of Medical Sciences. *The Open Public Health Journal*. 2019 Mar; 12(1). doi: 10.2174/1874944501912010094.
- [14] Shah SH, Haider A, Jindong J, Mumtaz A, Rafiq N. The impact of job stress and state anger on turnover intention among nurses during COVID-19: the mediating role of emotional exhaustion. *Frontiers in psychology*. 2022 Feb; 12: 810378. doi: 10.3389/fpsyg.2021.810378.
- [15] Lan YL, Huang WT, Kao CL, Wang HJ. The relationship between organizational climate, job stress, workplace burnout, and retention of pharmacists. *Journal of Occupational Health*. 2020 Jan; 62(1): e12079. doi: 10.1002/1348-9585.12079.
- [16] Salama W, Abdou AH, Mohamed SA, Shehata HS. Impact of work stress and job burnout on turnover intentions among hotel employees. *International Journal of Environmental Research and Public Health*. 2022 Aug; 19(15): 9724. doi: 10.3390/ijerph19159724.
- [17] Rolin SN, Flis A, Davis JJ. Work coping, stress appraisal, and psychological resilience: Reaction to the COVID-19 pandemic among health care providers. *Psychology & Neuroscience*. 2022 Jun; 15(2): 131. doi: 10.1037/pne0000257.
- [18] Adzakupah G, Laar AS, Fiadjoe HS. Occupational stress among nurses in a hospital setting in Ghana. *Clinical Case Reports and Reviews*. 2016 Feb; 2(2): 333-8. doi: 10.15761/CCRR.1000207.
- [19] Alilyyani B, Kerr MS, Wong C, Wazqar DY. The influence of authentic leadership on nurses' turnover intentions and satisfaction with quality of care in Saudi Arabia: A structural equation modelling study.

Journal of Nursing Management.2022 Nov; 30(8): 42-62-73. doi: 10.1111/jonm.13895.

- [20] Surbakti MN, Nasution H, Wibowo RP. Analysis of the effect of compensation, job satisfaction, commitment and work environment on turnover intention with job stress as intervening variables on nurses of Mitra Sejati Hospital Medan. International Journal of Research and Review.2021 Feb; 8(2): 2454-2237.