



## INTERRELATION DYNAMICS OF BURNOUT, TURNOVER INTENTIONS, AND PROFESSIONAL QUALITY OF LIFE: A COMPREHENSIVE ANALYSIS AMONG FEMALE NURSING PROFESSIONALS

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### Abstract

Nursing is a challenging job that often pushes people to their limits, especially female nurses who manage both work and personal life responsibilities. This study looks at how burnout, the desire to quit, and the overall quality of work life are connected. By understanding these relationships, we can find ways to make nurses' jobs more satisfying and reduce the number of nurses leaving their roles. The present research aimed to examine the relationship between burnout turnover intention and professional quality of life among female nurses. Sample consisted of 400 female nurses and the data was collected from different hospitals (government, private) in Wah Cantt, Hassanabdal, Rawalpindi, Islamabad Haripur and Taxila. Among them 227 participants were from government hospitals while 173 were from private hospital. The age of female nurses ranged from 21 to 49 years. In this research three scales are used burnout, turnover intention and professional quality of life. Descriptive statistics such as Pearson correlation, multiple regression analysis and t-test were used to draw results For instance the Burnout Scale (BOS) scale was used to assess Burnout had reliability (.69), Turnover Intention (TIS) had reliability (.51) and Professional Quality of Life (PROQOL) was used to assess Professional Quality of Life had reliability (.67). The findings of the current study demonstrated no significant relationship between Burnout and Turnover intention while significant positive relationship was evident between Burnout and ProQoL. On the other hand, there is positive association between Turnover intention and Professional Quality of Life. The results showed some interesting findings. Surprisingly, there was no strong link between burnout and the desire to leave the job, suggesting that burnout alone may not always lead nurses to consider

quitting. However, burnout was positively linked to professional quality of life, meaning that even when nurses feel burnt out, they might still find some aspects of their job fulfilling. There was also a positive relationship between turnover intention and professional quality of life, showing that nurses thinking about leaving can still have a good perception of their work. These findings highlight the complex challenges female nurses face. Improving workplace conditions, providing better support, and addressing burnout can help make their jobs more satisfying and reduce turnover. Future research can explore other factors, like coping strategies and workplace policies, to help create healthier work environments for nurses.

**Keywords:** Burnout, Turnover Intention, Professional Quality of Life, Female Nurses, Healthcare, Workplace Well-being.

## INTRODUCTION

Nursing profession is not an easy career choice nurses typically face a host of pressures and challenges throughout their professional lives that the average worker never has to confront. The stresses of a job in which you're constantly dealing with serious life and death issues, working in hectic and emotionally charged environments, and juggling the physical and mental demands of grueling work schedules make nursing a job that's not for the faint of heart. Nurses report that they consistently grapple with existential career issues like burnout and having non-existent work-life balance. With everything they have to deal with on a regular basis, is it any wonder that nurses sometimes find themselves struggling to maintain a healthy distinction between their time on and off the clock.

Imbalance can have a lasting impact on your happiness and well-being on top of increasing the chances of suffering burnout and job fatigue, it can impact your ability to perform work tasks effectively, negatively affect both personal and professional relationships, and lead to a host of mental and physical issues including depression, anxiety, insomnia, and serious illness (Stamm, 2010).

Nurses work in stressful and demanding settings (Hegney et al., 2006, Eley et al., 2010) and often have less than optimal work conditions (such as long or inconsistent hours) which together can increase vulnerability to poor psychological functioning (Stamm, 2010).

In the world changing environment, the nurses who physically and emotionally took care of the traumatized patients may also have their emotionally stress which only they know.

The patients under observation of doctors may have different psychological and physical disease that can only be treated by hard working nurses, these nurses may also survive through their own stress and emotions which they cannot show at face. Somehow some nurses are compassionate and strong and some are not in the condition to hide their stressful emotions (Mealer et al., 2007).

Researchers also found that it is in the nature of a person who is capable of compassionate nursing which is an important feature of therapeutic nursing approach. For the survival of the patients, nurses must have the ability to maintain their therapist relationships with the patients who are going through unfortunate circumstances. (Davies, 2009; Roberts, Fenton, & Barnard, 2015; Young, Derr, Ciochillo, & Bressler, 2011). Burnout refers to emotional exhaustion, depersonalization, and reduction of personal accomplishments and is differentiated from CF as the former is related to general work-related stress whereas the latter is more specifically related to the practice of compassion (Stamm, 2010).

While it is clear that the nursing workforce exhibit high levels of burnout and related negative psychological outcomes, some nurses demonstrate more positive psychological functioning. The positive psychology paradigm (Seligman, 2002) aims to understand the factors that can explain why some individuals, despite being exposed to the same workplace stressors are able to maintain positive psychological functioning.

Such efforts are important because if such factors are identified they can then be targeted in order to prevent deleterious outcomes in the workplace, such as Interventions that emerge from a positive

psychology framework focus on building positive functionality as opposed to reducing pathology or negative symptoms. One construct that captures positive psychological functioning is Compassion Satisfaction (CS). In contrast to CF, CS refers to the positive aspects of professional quality of life. Specifically, CS is defined as the positive feelings one has about one's professional work - the satisfaction a person receives through their work as a helper and when helping others (Stamm, 2010).

An example of an item is 'I get satisfaction from being able to help people'. Studies have found higher CS to be associated with lower levels of burnout and STS among child protection workers (Conrad and Kellar-Guenther, 2006; Zerach, 2013) and lower burnout and depressed mood among nurses (Hegney et al., 2014). CS has also been found to act as a buffer against job strain (Tremblay and Messervey, 2011). Indeed, some authors have argued (e.g. Larsen and Stamm, 2008; Tremblay and Messervey, 2011), that individuals with high levels of CS may have more internal resources to buffer them against the effects of exposure to client trauma and occupational stress.

Nurses who score highly on CS are more likely to be functioning well at work, have lower levels of burnout and STS (Stamm, 2010). Surprisingly less research attention has been directed toward CS as opposed to studies that have documented negative psychological outcomes among nurses (Ray et al., 2013). Investigating the factors specifically related to positive psychological outcomes and the positive aspects of professional quality of life in nurses is necessary in order to determine which factors may be worthy of targeting in interventions.

Numerous studies have now reported high rates of stress-related conditions such as anxiety and depression, and STS among the nursing workforce as well as significant relationships among these variables. However, few studies have included a measure of resilience and examined the relationship between resilience and psychological outcomes. Furthermore, it is imperative that efforts are made to test the relative importance of resilience in explaining psychological functioning when examined alongside other key individual difference variables.

Indeed, a recent prospective study followed a cohort of 1,417 nurses in Sweden from point of graduation across the first 5 years of employment and found that one in every five nurses surveyed intended to leave the profession. Also, the authors found that the main predictor of intention to leave was level of burnout (Rudnianski et al., 2013). Internationally, studies have consistently reported high rates of burnout and other stress-related conditions among the nursing workforce (Ray et al., 2013; Hegney et al., 2014; Craigie et al., 2015).

Conditions for which nurses may be particularly vulnerable to include stress-related conditions such as burnout, anxiety and depression, and secondary traumatic stress (Figley, 1995; Stamm, 2010; Mealer et al., 2012), STS is one component of Compassion Fatigue (CF), a measure of the negative aspects of professional quality of life and refers to problems an individual may experience as a result of work-related trauma. This work-related trauma typically occurs in the form of secondary exposure as a result of working with patients who have had or are currently experiencing trauma. Such exposure can result in sleep difficulties, intrusive images, and avoidance of reminders of the traumatic experiences (Figley, 1995).

## **Burnout**

Burnout is defined as "a psychological condition that include a large response to chronic relational pressure on the job" (Leiter & Maslach, 2004), it consists of three parts, emotional exhaustion, cynicism, and personal efficacy, somehow emotional fatigue is measured as the midpoint of burnout resulting in sarcasm of everyone work and small efficacy (Leiter, Harvie & Frizzell, 1998; Leiter & Maslach, 2004). There are a lot of features which are used to participate on burnout nursing, mostly pressure of work day and night, penetrating pressure, shift work and absence of time relax (Adrisenssens et al, 2015, Humphries, 2014)

Shirom and colleagues proposed that burnout happens when persons drain their resources due to big time experiences to emotionally challenging situations in both work and life settings, saying that burnout is not entirely a job-related condition. Shirom A, 2003; Melamed S, Kushnir T. Shirom A,

1992). Due to Burnout nursing, there is lack of job vacancies and their performance, low level of production, high absence and job turnover, and can apply a negative impact on fellows (Carod-Artal and Vazquez-Cabrera, 2013). Maslach and Jackson (1984) refers burnout in more details as a condition of emotional exhaustion,, depersonalization disorder and decreased in personal success, which frequently seems in persons who work with other people.

Stress can be defined as effective relation between a person and the related tasks and situations are done such as taxing, degrading one's abilities and skills and compromise every person's well-being. Occupational stress is common in nursing. The nurses are continuously face the stressful events happens daily in their working routine. Nursing is for people who have potentials, strength and power to take care of the humanity. It also has an effect on the individuals in the nursing field and somehow it is related as compassion fatigue or secondary traumatic stress.

Burnout results when one person cannot attain the goals of life causes frustration, a totally different sense of lack of control, increases being stubborn, and decreased the moral values to lead a successful life (Valent, 2002). Stressful circumstances and burnout in nursing are not only new theories but nurses have ability to find the inconveniences and coping techniques with the stress out patients (de Carvalho, Muller, & Bachion, 2005; Hall, 2004). Nursing also shows the several different clinical hospital areas to report the conditions of the patients related to 'meeting patients' needs, self-expectations to meet their needs evaluate the workload, and inexperience colleagues (Hall, 2004). These nurses are managed by using problem solving methods, also getting useful suggestions from their fellow workers, and talking to workers.

### **Emotional Exhaustion**

According to Maslach und Jackson (1984), emotional exhaustion is a main part of the burnout syndrome. It is the feelings of being mentally and emotionally stress out by contact with other people. All the employees may feel that they cannot give time to themselves because of taking care of patient's day and nights and due to lack of emotional resources (Maslach & Jackson, 1981; Maslach & Jackson, 1984).

### **Depersonalization/Cynicism**

Depersonalization, also called dehumanization, is the growth of distrustful feelings and heartless attitudes by burnout employees towards their patients. (Maslach & Jackson, 1981; Maslach & Jackson, 1984). It is a challenge for the nurses to distance themselves from their patients by removal of the potentials which make them unique individuals (Maslach et al, 2001).

### **Diminished personal accomplishment**

Diminished personal accomplishment is an effect in employees to analyses themselves negatively, particularly with relate to their work with clients. These persons will sense that they have no ability to become compassionate and do not have successful life due to their work (Maslach & Jackson, 1981; Maslach & Jackson, 1984).

### **Turnover Intention**

The change in the behavior of hospital nurses is because of their job stress (Meadows & Lamsen, 2008; Yom, Ko, Kwon, Kwon, & Lee, 2009). In the past the whole world was facing the most pandemic situation of COVID-19 which affects the whole humanity. That pandemic leads us to give up of our loved ones. That disease killed the whole humanity internally, emotionally and left us only unconscious minds. The organization of health care center made a commission just because of pandemic COVID-19 makes us suffer a lot economically and in industry but the health care workers strongly and bravely come forward to help the whole humanity.

As the time was passing the corona virus was spreading and becoming strong and our health care workers or nurses were working hard 24/7 to protect the lives of suffering. It also increased the workload on the nurses and caretakers. As the number of COVID-19 patients has increased the

workload of workers nurses who were working every minute of their day to beat this disease. The demands for the equipment machine and resources was increasing but there was lack of knowledge for health care workers about the use of proper protective equipment which made it defenseless and risky to COVID-19. Every loophole comes with consequences which mean the whole world lost a large number of nurses in this process. In other parts of the world some nations are still fighting against this deadly disaster happen to us all.

As we know that nurses stay too close to the patients for the cure so there is a big chance for them to catch the disease. The not only present at the time of their fellow nurses death but they also receive some symptoms too and for nurses it is a deadliest experience to watch them die. They have everyday risk of dying, physical stress or strain and powerless feelings make them to rethink about their career. Some under developed countries still have high rate of risk of receiving the virus because of shortage of protective resources which leads nurses to quit their jobs.

Turnover intentions means that there comes a point when someone wants to change their professions and jobs because of dissatisfaction from their choices. The phrase compassion fatigue (CF) was first used by Joinson (1992) in reference to the experiences of nurses with burnout. Figley (2001) elaborated on the term with his description of the Compassion Stress/Fatigue Model. In most situations, being compassionate about something means to deal with every up and down that may come in the way or to endure the pain of others (Figley, 2002) some suggestions or to say some examples are getting worried about the sufferings of patients, which may lead to CF.

Nursing turnover is a universal problem. Studies have found a large variety of features (e.g., job satisfaction, LMX, supervisor support, etc.) which effects employees turnover and change of their minds for their passionate jobs (e.g., Aselage and Eisenberger, 2003; Harrison et al., 2006). Turnover Intention: Turnover attention refers that when employee get mentally prepared to quit the profession before leaving the organization (Mobley, 1982)

### **Variables Related to Nurse Turnover Intention**

Nei (2011) summarized previous research into six broad categories with 54 variables that affect nurse turnover, personal characteristics, role states, job characteristics, group/leader relations, organizational/environmental perceptions, and attitudinal reactions.

#### **Personal Characteristics and Role States**

Beecroft (2008) conducted a multivariate analysis of turnover intention in 889 new pediatric nurses who completed a residency program. The study examined the relationship of individual characteristics, work environment variables and organizational factors with intent to leave. Other studies have examined the possible effects of age, education, extraversion, and marital status on nurse retention. As for role states, various research describes nurses experiences or perception of job strain, role tension, and work-family conflict (Nei 2011).

#### **Job Characteristics**

Job characteristics that may influence turnover or retention rates include full tune or part time status, perceptions of job control in autonomy, job, level, 5 5 salary, work schedule procedural justice and measures of job stress levels (Nei, 2011).

#### **1. Group/leader Relations**

Studies of the influence of individual and collective relationships affecting nurse turnover include bullying, co-worker's intent to leave, leadership and team cohesiveness (Nei, 2011). A survey of 433 nurses in the United Kingdom National Health Services assessed a conceptual model that links leader member exchange, perceived organizational support, affective commitment and intent to leave (Robson & Robson, 2016). Affective commitment describes a worker's emotional attachment to an organization (Allen & Meyer, 1990). Both leader-member exchange and perceived organizational commitment showed a direct positive relationship with affective commitment and an



adverse effect on intent to leave (Robson & Robson, 2016). Affective commitment has a statistically significant negative correlation with intent to leave; furthermore, it mediated the relationship between leader-member exchange and perceived organizational commitment and intent to leave (Robson & Robson, 2016). This study points to the role of the manager in motivating staff and the requirement for organizational support to further enhance nurse's affective commitment to the job (Robson & Robson, 2016).

### **Organizational Perceptions**

Nei's (2011) classification of studies with factors related to organizational understanding or perception included organizational climate and size, patient aggression levels, nurses' perception of other job alternatives, the Person Organization fit, perceived organizational support, staffing shortages, and socialization tactics. Hauck, Quinn Griffin, and Joyce (2011) used a descriptive correlational study design to study nurses' perceptions of structural empowerment and anticipated turnover for 257 critical care registered nurses in five different units in a tertiary university hospital in the northeastern United States. The researchers used background data, the Conditions of Work Effectiveness questionnaire-II (CWEQ-II) and the Anticipated Turnover Scale (ATS). The CWEQ-II measures the structural empowerment elements of access to opportunity, information, support, and resources, as well as informal and formal power (Laschinger & Finegan, 2005). The ATS measures perceptions regarding leaving a current job voluntarily (Hinshaw et al., 1985). Hauck et al. (2011) found that the nurses in their sample felt moderately empowered, with higher structural empowerment scores indicating lower anticipated turnover scores. Smith, Capitolo, Griffin, and Fitzpatrick (2012) conducted a descriptive, cross-sectional design pilot study to examine the relationship between structural empowerment and anticipated turnover in 50 behavioral health nurses in live inpatient psychiatric and psychiatric emergency service units in a public hospital system in Massachusetts. Results confirmed other studies on empowerment and anticipated turnover, with the study sample showing a significant negative correlation between structural empowerment using the CWEQ-II scale and the anticipated turnover measured by the ATS (Smith et al., 2012).

### **Attitudinal Reactions**

Blegen (1993) created a turnover model based on multiple stages that include attitudinal, decisional and behavioral processes. The attitudinal aspect included job satisfaction (Blegen, 1993). Other researchers have measured 77 extrinsic and intrinsic motivation, job involvement, and organizational commitment as factors classified under this category of attitudinal reaction (Nel 2014).

### **Professional Quality of Life**

During the last two decades, researchers have examined various concepts related to professional quality of life. These include: compassion fatigue, the term Figley (2002b) suggested be used to describe secondary stress reactions, sometimes labeled as secondary traumatic stress or Vicarious trauma, burnout, reactions of fatigue, discouragement, and hopelessness often associated with difficult organizational or workplace factors (Stamm, 2005b); and compassion satisfaction, positive feelings associated with doing helping work effectively (Stamm).

The term Professional Quality of Life (ProQOL) refers to both positive and negative emotions that an individual comes across in his/her job as a helper (Kim et al., 2015). The Professional Quality of Life Scale, known as the ProQOL, is the most commonly used measure of the positive and negative effects of working with people who have experienced extremely stressful events.

Professional quality of life is the quality one feels and relation to their work as a helper. Both the positive and negative aspects of doing one's job influence one's professional quality of life. People who work in helping professions may respond to individual, community, national, and even international crises. Helpers can be found in the health care professionals, social service workers,

teachers, attorneys, police officers, firefighters, clergy, airline and other transportation staff, disaster site cleanup crews, and others wise offer assistance at the time of the event or later. Professional quality of life incorporates two aspects, the positive and the negative breaks into two parts. The first part concerns things such like exhaustion, frustration, anger and depression. Secondary Traumatic Stress is a negative feeling driven by fear and work related trauma. Some trauma at work can be direct (primary) trauma. In other cases, work-related trauma he a combination of both primary and secondary trauma.

### **Impact theory of Professional Quality of Life**

Emotional stress in the working place for the nurses has been known as a serious fear for them. Mentally, emotionally and physically (Chang et al., 2007). Particularly compassion fatigue and burnout can have thoughtful consequences for health care organizations because of growing problems in nursing profession in whole world. (Chang, et al., 2007), The emotional and physical influence of compassion fatigue and burnout needs fresh examination to recover acknowledgement and give aid to the progress of actual interferences in the health care organization. In these sections, the result of the both impact of compassion fatigue and burnout will be inspected which is based on the combination of the theories and the impacts on nurses. Compassion fatigue has a condition which changes from emotional burdens on nurses' health (Armagan et al., 2006).

Burnout has serious impact on nursing profession which is the main objective of health system. In the administrative level, every nurse burnout can be directly connected to the abilities of caring and the maintenance of staff and it is directly connected also to the patient needs (Daniels, 2004; Hunsaker et al., 2015). If the load of work leads to the nursing burnout which have the negative effect to examine the health organization qualities to upgrade effective managing care for public safety. In New Zealand job connected stress is the main reason to leading contributing feature for increased in absence and medical mistakes (Daniel, 2004). These stresses have an influence on the team performance to deliver their efficient care to the patient.

### **Conservation of Resources Theory (COR)**

The theory of conservation of resources initially introduced some explanations regarding stress and therefore it is among the theories explaining stress. According to this theory, people want to acquire resources and maintain these resources. Stress is a reaction shown to the loss of a possible resource in the environment, especially the loss that may happen in the resources of the person. These resources include objects, conditions, personal characteristics and energies (Grandey and Cropanzano, 1999). Under which conditions stress emerges is one of the topics that the theory explains. According to the theory, people have a basic motivation to acquire, maintain protect what they value. These things can be expressed as resources. The theory of the conservation of resources mentions the existence of four main resource categories.

### **Rationale of the study**

The purpose of this study is to quantitatively investigate the relationship between burnout, turnover intention and Professional Quality of Life among female nurses. This research examined the strength of relationships between turnover intention, burnout and Professional Quality of Life across Private and Government hospitals. This research is significant because no work on these three variables has been done in Pakistan. To investigate the burnout will be a positive predictor turnover intention and Professional Quality of life among female nurses. There is a need to explore the extent of turnover intention among nurses in Pakistan to prevent it. This research study is a replication of Korean study I the context of Pakistan. As to my knowledge. The study has not been conducted in the cultural context of Pakistan. There is a need to explore these variables among female nurses, to get the empirical data regarding the levels of burnout and turnover intention. This will improve or enhance the work life of female nurses by aiding the interventional studies that would be further conducted in future.

## METHOD

### Objectives of the study

The objective for the present study is as following:

- To find out the relationship between burnout, turn over intention and professional quality of life among female nurses.
- To find out the relationship of socioeconomic status with turn over intention and professional quality of life among female nurses.

### Hypotheses

To meet the objective of present research following hypotheses were formulated

- There will be positive relationship between burnout, turnover intention, and professional quality of life among female nurses.
- Burnout out will be a positive predictor of turnover intention and professional quality of life among female nurses.
- To find out the impact of socioeconomic status with turnover intention and professional quality of life among female nurses.
- There will be a significant difference of hospital type with tum over intention and professional quality of life among female nurses.

### Operational Definition

**Burnout.** Burnout is defined as chronic emotional exhaustion at organization caused by interpersonal stressors in professional relationships (Maslach, 2001).

**Turnover Intention.** Consciously take a decision to leave the organization (Tett & Meyer).

**Professional Quality of Life.** The term professional quality of life (ProQOL) refers to both positive and negative emotions that an individual comes across in his/her job as a helper (Kam et al. 2015)

### Sample

A sample of  $N=400$  female nurses was collected from different hospitals of Wah Cantt Taxila, Rawalpindi, Islamabad, Haripur and Hassanabdal. Using a purposive sampling technique the sample of the study was consisted of ( $N=400$ ) female nurses.

### Instruments

**The Copenhagen Burnout.** The Copenhagen burnout include 19-item in which evaluate three aspects of burnout; personal, work-related and student related. The Copenhagen Burnout uses a 5-point Likert scale rating from 1 (always) to 5 (never/almost never. Recreate the labels of the wait to the original format labels of 100 (always), 75, 50, 25, and 0 (never/almost never) score suggested a more burnout (Kristensen, Borritz, Viladsen, & Christensen, 2005).

**Turnover Intention.** TIS-6 was developed by Osgood, 1964. The TIS-6 is the measurement of participants responses by using semantic differential technique in which bipolarb5-step response scales are defined by two opposites (e.g., never- always, to no extent- to a very large extent, highly unlikely - highly likely). A recent study established the reliability of the six-item TIS-6=180) (Roodt & Bothma, 2013).

**Professional Quality of Life.** The original scale ProQOL developed by (Figley, 1996) and renewed by (Hudnall-Stamm, 1997). In this research 30 items of self-assessment. The responses were made on a 6 point Likert scale for each item rating from 0=sever to 5=very often.



## Criteria

The study included female nurses aged 21 to 49 years, currently employed in government or private hospitals in Wah Cantt, Hassanabdal, and Taxila, with at least six months of work experience and fluency in Urdu or English to ensure comprehension of the survey tools. Male nurses, nurses with less than six months of professional experience, those on extended leave or not actively working during data collection, and those unwilling to consent or working outside the specified locations were excluded from the study.

## Results

The present study aimed to investigate the relationship between Burnout, Turnover Intentions and Professional Quality of life among the nurses. For this purpose, first of all alpha reliability of Burnout, Turnover intention and Professional Quality of Life were computed. Descriptive statistics including means, standard deviation and alpha coefficient were calculated for these scales. Test of normality including skewness and kurtosis were measured to determine the normality of variable scores. Further correlation coefficient was calculated to explain the relationship among variables; t-test was conducted for difference of hospital setting (Private, government) of nurses. Linear regression analysis was conducted to test the prediction of Burnout with the outcome variables Turnover Intention and Professional Quality of Life.

## Sample Description

This section defines the frequency distribution of the demographic features of the sample participate the present research ( $N=400$ ).

**Table 1** Respondent's demographic data ( $N=400$ )

Variable	<i>F</i>	%
<b>Gender</b>		
Female	400	100
<b>Age</b>		
21-30	199	49.7
31-40	184	46.0
41-49	17	0.42
<b>Socio economic status</b>		
Lower	122	30.5
Middle	186	46.5
Higher	92	23
<b>Income</b>		
Less than 15000	102	25.5
Less than 30000	115	28.7
Less than 60000	80	20
Less than 70000	103	25.7
<b>Hospital type</b>		
Government	227	56.7
Private	173	43.2
<b>Working hours</b>		
Morning shift	235	58.7
Night shift	165	41.2

Note: *f*= Frequency, %= Percentage

## Reliability Estimate and Descriptive Analysis

Descriptive statistics are used to describe the basic features of the data in s study.

**Table 2** Descriptive Statistics and Cronbach's Alpha for the Scales of Burnout, Turnover Intention and Professional Quality of Life Scale ( $N=400$ )

variable	K	M	SD	$\alpha$	Range		Skewness	Kurtosis
					Actual	potential		
Burnout	19	57.76	8.46	.69	34-82	34-82	.252	.503
Turnover intention	6	18.77	4.93	.51	8-33	8-33	.439	.124
Professional quality of life	30	13.58	13.58	.67	43-111	43-111	-.589	.576

Note:  $k$ = No. of items, M= Mean, SD= Standard deviation

Table 2 shows the mean, standard deviation, Cronbach alpha, range, skewness and kurtosis for the scales. Mean and standard deviation were computed to determine the general average scores of participants on particular scales used in this study.

Alpha values for all the measures fall in acceptable ranges, for Burnout .69, for Turnover intention .51 and for professional quality of life .67. The values for skewness and kurtosis lie between -1 to +1 which suggests that data is normally distributed.

### Correction between Burnout, Turnover Intention and Professional Quality of Life among Female Nurses

Pearson correlation was computed to evaluate the relationship between Burnout, Turnover Intention and Profession Quality of Life.

**Table 3** Person product correlation among Burnout, Turnover Intention and Profession Quality of Life ( $N=400$ ).

Result revealed through analysis are described in the table below

Variables	1	2	3	4	5	6
1. BOS	-	.723**	.821**	.722**	.120	.180*
2. Personal BOS	-	-		-	.208**	.101
3. Work related BOS	-	-	-	.404**	.079	.118
4. Client related BOS	-	-	-	-	-.010	.189**
5. TIS	-	-	-	-	-	.181*
6. ProQOL	-	-	-			-

Note: \* $p < 0.05$ , \*\* $p < 0.01$  BOS=burnout, TIS Turnover nation, ProQOL = professional quality of life.

### Independent Sample t-test Government and private hospital differences in Burnout, Turnover Intention and Professional Quality of Life

To assess the hospital difference in turnout, Turnover intention independent sample t-test was conducted. Analysis produced results that are described in the following table;

**Table 4** Mean, Standard Deviation and t-value to see the effect of Burnout, turnover intention and profession quality of life ( $N=400$ )

Variables	Government (n=227)		Private (n=173)		T	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
Burnout	57.95	8.48	57.43	8.46	.413	.680	-1.94	2.97	0.06
Turnover intention	18.35	4.45	19.50	5.63	-1.59	.112	-2.57	.272	0.22
Professional quality of life	81.58	13.89	84.52	12.88	-1.47	.141	-6.85	.983	0.21

Note: M=mean, SD=standard deviation, LL=lower limit, UL=upper limit

### One way analysis of variance to find out the mean differences between socioeconomic status and Turnover intention and Professional quality of Life

The one-way analysis of variance (ANOVA) was used to determine whether there are any significant differences between the means of the categories of socioeconomic status higher, middle, lower. In order to test the hypothesis one way of analysis of variance was used where socioeconomic status with three categories (higher, middle and lower). The result obtained from one-way analysis of variance is given in table 5.

**Table 5** One-way Analysis of variance of three factors of participant's socioeconomic status ( $N=400$ ).

Factors	Lower		Middle		Higher		f	P
	M	SD	M	SD	M	SD		
ProQOL	77.58	19.83	82.95	12.97	85	29.69	.912	.403
TIS	21.16	6.10	18.60	4.85	20.00	2.82	1.58	.208

Table 6 revealed that there is no significant difference between the means of three categories of three socio economic status with outcome variable professional quality of life and turnover intention. The professional quality of life with lower socio economic status ( $M=77.58$ ,  $SD=19.83$ ) middle ( $M=82.95$ ,  $SD=12.97$ ) and higher socio economic status ( $M=85$ ,  $SD=29.69$ ) has shown that there is non-significant differences between the three socioeconomic status.

### Predictability of variable

Regression analysis of variables reveals the effect of independent variables i.e. Burnout and on the dependent variable Turnover Intention and Professional Quality Life. Results of analysis are showed in the following tables.

**Table 6** Regression analysis predicting the effects of Turnover Intention on Burnout ( $N=400$ ).

		Outcome: TIS						
Moel 1	variables	B	SE	$\beta$	95%CI		$R^2$	$\Delta R^2$
					UL	LL		
	(Constant)	14.73	2.40	.12	19.48	9.99	.01	.01
	BOS	.07	.04		.15	-.01		

Note: B=coefficient, SE= standard error,  $\beta$ =beta

Table 6 shows the result that multiple regression analysis showing the effect of turnover intention on burnout. The  $R^2$  value of .01 revealed that the predictor explained 1% variance in outcome variable with  $f=2.87$ .

**Table 7** Regression analysis predicting the effects of ProQOL and Burnout ( $N=400$ ).

		Outcome: ProQOL		$\beta$	95%CI		$R^2$	$\Delta R^2$	$F$
		$B$	$SE$						
Moel 1	variables								
	(Constant)	65.94	6.55		UL 78.86	LL 53.03	.03	.03	6.64**
				.18**					
	BOS	28	.112		.51	.068			

Note:  $B$ =coefficient,  $SE$ = standard error,  $\beta$ =beta

Table 7 shows the result that multiple regression analysis showing the effect of ProQOL on burnout. The  $R^2$  value of .03 revealed that the predictor explained 3% variance in outcome variable with  $f=6.64^{**}$ ,  $p<0.01$ .

## Discussion

The research was conducted to evaluate the relationship between Burnout, Turnover intentions and Professional quality of life among nurses. Sample size for this study was 200 female nurses from different hospitals. Variables selected for the studies were Burnout, Turnover intentions and professional quality of life. Data was collected from different hospitals.

There is significant positive relationship between Burnout and its subscale personal burnout at the level of  $p<0.01$ . There is significant positive relationship between Burnout and its subscale work related burnout at the level of  $p<0.01$ . Results revealed that there is significant positive relationship between Burnout and its subscale client related burnout at the level of  $p<0.01$ , it also showed that there is non-significant relationship between Burnout and TIS. There is significant positive relationship between Burnout professional quality of life at the level of  $p<0.05$ . The first hypothesis was rejected in the findings.

The second hypothesis explains that Burnout and turnover intention is a predictor of Professional Quality of life. Table 3, showed the same result where it is evaluated. Similarly study performed at Australian Nursing School show same result with higher the satisfaction value with minimal working hours according to designations and professional experience (Charles H, 2010).

The third hypothesis showed that there is no significant difference between three socio economic structures. Analysis of Variance showed that there is non-significant difference between socio-economic states and have positive relation with Professional Quality of Life. This study is also consistent with study performed at Korean Nurses hospital, where data was collected both in government and private hospital revealed the same results (Kim, 2010).

The forth hypothesis showed that there will be a significant difference of a hospital type with turnover intention and professional quality of life among female nurses. This study in also consisted with study performed at School of psychology, Australia which revealed that workplace stress has substantial effect on mental health of nurses and bring turnover effect (Petrik k, Nov 2006).

## Limitations and Suggestions

- As the matter of fact, Pandemic situation has affected data collection adversely. The study is conducted on relatively small sample. This is why, the data cannot be generalized to larger population. It is suggested that the study should be replicated on larger sample for more generalizability.

- This study has not investigated the gender differences among nurses and findings were limited in female nurses only, it is suggested to do further study including male nurses sample to predict gender differences.
- Data was gathered through both physical and online survey method, we could question data collection method. Therefore it is recommended to use a single method to collect data to get more reliable results at the end.

### **Implication**

- To reduce nurse's turnover intention, it is necessary to reduce depressive symptoms and enhance the quality of professional life.
- Hospital managers need to maintain adequate nurse -to-patient ratio and provide nurses with supportive work environment.
- Health policymakers need to identify factors affecting hospital nurses turnover intention and provide strategies to address them.
- These conditions may reduce the excessive workload placed on nurses, thereby preventing depression and burnout and improving nurses quality of work life.

### **Conclusion**

The objective of the study was to explore the relationship between burnout, turnover intention and professional quality of life among female nurses. Results indicated that there is significant positive relationship between Burnout and its subscale. There is significant positive relationship between Burnout and its subscale client related burnout. There is non-significant relationship between Burnout and TIS and significant positive relationship between Burnout and professional quality of life.

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