

Impact of Burnout on Turnover Intention Among Nurses

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ABSTRACT

The study aims to identifying the relationship between job Burnout and Turnover intention among Nurses. **Methods:** The participants, 118 Nurses, were selected from multiple hospitals in Tamil Nadu. The data was collected through an online survey from consisting of demographic details of the nurses, the Turnover Intention Scale, and Maslach Burnout Inventory. Collected data was analyzed using descriptive statistics, T-test, Pearson's correlation coefficient and multiple regression with Jamovi 2.2.5. **Results:** there is high positive correlation between occupational exhaustion, depersonalization, personal accomplishment, and turnover intention. Depersonalization of nurses has significance with marital status. Linear regression ($R^2= 0.43$) revealed that 1 unit change in burnout leads to 43% change in the turnover intention. Majority of the Nurses experienced high levels of burnout and turnover intention.

Keywords: *Turnover intention, Occupational Exhaustion, Depersonalization, Personal Accomplishment Assessment, Burnout, and Nurses*

There are currently 33,00,000 Nurses in the country, according to records of the Indian Nursing Council (India Nursing Council Record, 2022). Turnover intention is the desire of an employee to leave their current job due to multiple factors (Schyns et al., 2022). Though the Turnover rate among Indian nurses is high, there is only a hand full of research done on this topic. Nurses are exposed to constant emotional stress and physical exhaustion at their workplace (Clarke, 2022). In addition to this, work-related pressure during Covid-19 has led to increased burnout and turnover intention (Karimi et al., 2022). In this study, we will identify the relationship between burnout and turnover intention among Nurses in India.

REVIEW OF LITERATURE

Burnouts are stress related to work that leads to inefficient work and emotional exhaustion (Lubbadeh, 2020). Nurses' turnover intentions have always been an international concern. Several research studies have been conducted to measure and have a better understanding of why nurses intend to leave their jobs. A systematic review undertaken by Halter and colleagues (2017) has shown that the most strongly supported determinants are at the individual level which are stress and burnout, job dissatisfaction, and commitment. These determinants became more significant as the demand for nurses is increasing in these crucial

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times brought by the coronavirus. Studies show that stress, conflict with Physicians, improper shift duties, lack of support from management, witnessing death and inadequate preparation are some of the reasons that sows turnover intention among Nurses (Jamal, 2018). A study conducted among Nurses in Turkey by Temel et al. (2020) stated that unmarried Nurses experience higher levels of burnout in comparison to married Nurses. Covid 19 has significantly contributed to the increase in burnout among Nurses. Strong burnout symptoms demanding immediate psychiatry and mental health services have been identified (Janeway, 2020). A study conducted among Nurses in Iran working in critical care unit shows that stress and inadequate quality of working life leads to increased turnover intention (Chegini et al, 2019). The attrition rate of nurses is in the range of 28–35 per cent, whereas average overall attrition rate of health care sector in India is 10.1 per cent (Bulletin of World Health Organization, 2010). Bodhi Health Education (2020) found that single and divorced Nurses undergo higher levels of burnout in comparison to married Nurses. Studies suggests implementing several WLB practices (e.g., telecommuting, job sharing, flextime, paid parental leave, etc.) into higher educational institutions, since it may not only improve academics' perception of their person-job fit but it may also reduce their turnover intention (Kakar, 2022). A study conducted by Labrague et al. (2016) showed that job outcomes such as Stress, Burnout, turnover intention and job satisfaction are all affected by organizational politics perception. A study conducted by Quattrin in 2006 stated that the main reason for emotional exhaustion (occupational exhaustion) was lack of coordination or dis-organization in the work place.

METHODOLOGY

This cross-sectional study was conducted with 120 nurses working in private sector hospitals in Tamil Nadu. The data of the study were collected in July and August 2022 using convenience sampling technique. Nurses from the administrative positions and teaching field were exempted from the study. An online survey form was circulated to collect responses from the samples.

Data Collection Tool

The data were collected via a form developed by the researchers about the personal and professional characteristics of the nurses, the Turnover Intention Scale, and Maslach Burnout Inventory.

- 1. Turnover Intention Scale (TIS):** The Turnover intention scale (TIS-6) is a six-item scale developed by Roodt in the year 2004 from his 15-item turnover intention scale to quantitatively measure the intention of employees to stay or to leave their current organization. Turnover intention level of the Nurses was calculated by adding the total score and dividing it by three (Bayer et al., 2021).
- 2. Maslach Burnout Inventory (MBI):** The scale was developed by Maslach and Jackson (1981) and has twenty-two 5-point Likert-type items in three subscales, containing options from 'strongly disagree' to 'strongly agree'. The scale measures burnout in three subscales: Occupational exhaustion, depersonalization, and personal accomplishment assessment. The scale contained 22 items and three subscales. From these subscales, the score of emotional exhaustion is calculated by summing up nine items, the depersonalization subscale score is obtained by adding the five items while personal accomplishment is gained by adding the eight items.

Statistical analysis

The research analysis was conducted using Jamovi 2.2.5. The assumptions for Parametric statistical were satisfied, Pearson's Correlation Coefficient was used to find the relationship

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between BO and TOI, Linear Regression to identify the impact of BO on TOI, and independent sample T-test was used in paired groups. The scores of TIS and MBI's three components was added and the total scores of them was used to draw statistical conclusions.

RESULT

The sociodemographic details of the participants it was observed that 91% of the participants are female and only 9% are male. 52% of the participants were married and 48% were single. It was also noted that 63% of the Nurses had Diploma and 37% had Degree qualification. 68% of respondents were between the age group of 20-34 years, 15% were between 35-44 years, and 18% were above 45 years. 85% of the total samples was working in private hospitals, while 15% of them were from public hospitals.

Table 1: Levels of Occupational exhaustion

Occupational exhaustion	N	%
High	55	46%
Moderate	43	36%
Low	22	18%

From the above table we can identify that 46% of the respondents experience high level of occupational exhaustion, while 36% experience moderate level, and 18% of the respondents experience low level of occupational exhaustion

Table 2: Levels of Depersonalization

Depersonalization	N	%
High	71	59%
Moderate	31	26%
Low	18	15%

Table two shows that 59% of the samples experience high level of depersonalization, while 26% experience moderate level, and 15% have low level.

Table 3: Levels of Personal Accomplishment

Personal Accomplishment	N	%
High	15	13%
Moderate	74	62%
Low	31	26%

Table three shows the levels of Personal accomplishment scores. It reveals that 62% of Nurses have moderate level, 26% have low level, and 13% have high levels of personal accomplishment scores.

Table 4: Levels of Turnover Intention

Turnover Intention	N	%
High	45	38%
Moderate	71	59%
Low	4	3%

Table four shows the Turnover intention levels of the nurses. It is found that 38% of the respondents undergo high level of turnover intention, while 59% experience moderate level, and 3% low level of turnover intention.

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From the above four tables it is found that majority of respondents experience high to moderate level of Burnout and Turnover Intention.

Table 5: Correlation Matrix of components of Burnout and Turnover intention

		O	D	P	TI			
O	Pearson's r	—						
	p-value	—						
D	Pearson's r	0.691	***	—				
	p-value	< .001	—					
P	Pearson's r	0.085	0.137	—				
	p-value	0.36	0.138	—				
TI	Pearson's r	0.596	***	0.571	***	0.252	**	—
	p-value	< .001	< .001	0.006	—			—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

The table shows person's correlation coefficient values. There is very high positive correlation of occupational exhaustion and depersonalization with turnover intention ($p < .001$). personal accomplishment assessment and turnover intention shows high positive correlation ($p < 0.001$). it means that when the three components of burnout increases, the turnover intention also increases significantly.

Table 6: Linear Regression between Burnout and Turnover intention

Model Fit Measures

Model	R	R ²	Adjusted R ²	Overall Model Test			
				F	df1	df2	p
1	0.66	0.436	0.421	29.4	3	114	< .001

Model Coefficients - TI

Predictor	Estimate	SE	t	p
Intercept	8.65	1.5619	5.54	< .001
O	0.156	0.039	4	< .001
D	0.191	0.0673	2.84	0.005
P	0.113	0.0444	2.55	0.012

The table six shows the results of Linear regression. The results of the linear regression were statistically significant, $F = 30.6$, $p < .001$, which indicated that burnout significantly predicted turnover intention. the adjusted R2 indicates that with every 1 unit change in burnout, turnover intention increases by 43%.

Table 7: Independent Samples T-Test of marital status and components of burnout

Independent Samples T-Test

		Statistic	df	p
O	Student's t	-1.48	116	0.142
D	Student's t	-3.01	116	0.003
P	Student's t	1.49	116	0.14

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Group Descriptives

	Group	N	Mean	Median	SD	SE
O	1	60	26.4	26.5	11.42	1.474
	2	58	29.6	30.5	12.12	1.591
D	1	60	11.5	10.5	7.14	0.922
	2	58	15.2	16	6.12	0.803
P	1	60	32.2	32	6.75	0.872
	2	58	30.1	30	8.27	1.086

The above table displays the Independent sample T-test results conducted between marital status and the three components of burnout. From the above table it is understood that there is significance ($p= 0.003$) between depersonalization and marital status. Unmarried Nurses ($\bar{X}= 15.2$) experience high level of depersonalization in comparison with married nurses ($\bar{X}= 11.4$). on the other hand, occupational exhaustion ($p= 0.149$) and personal accomplishment assessment ($p= 0.235$) had no statistical significance with marital status.

DISCUSSION

There is a very high correlation between job burnout and turnover intention among nurses. The result aligns with previous studies conducted by other scholars Chegini (2019) and Yang (2018). When the employee experiences burnout at the workplace they are more likely to have thoughts of leaving their job. The Hospitals can also implement WLB practices as it will reduce the turnover intentions of employees (Kakar, 2022). Practical implication lies in the field of HRD, where the interventions may be designed to ensure work-life balance which may lead to higher employee engagement and thus lower intention to quit the job.

The research findings reveal that there is significance between depersonalization and marital status where unmarried nurses have higher burnout mean scores when compared to married nurses. The mean scores of burnouts through occupational exhaustion and personal accomplishment were higher for unmarried nurses in comparison to married nurses, though there was no significance. This result aligns with the previous study conducted by Temel et al. (2020) that states that unmarried Nurses experience higher levels of burnout in comparison to married Nurses. In alignment to the study, Bodhi Health Education in 2020 also identified that single and divorced nurses experience higher levels of burnout when compared to married Nurses.

The results also revealed that majority of the respondents experienced high to moderate level of burnout and turnover intention. A study conducted by Quattrin in 2006 stated that the main reason for emotional exhaustion (occupational exhaustion) was lack of coordination or dis-organization in the work place. Hospitals should focus on special organizational aspects to alleviate burnout of the employees. Organizations must take immediate steps to reduce the burnout levels of the employees to ensure employees' psychological well-being. Knowing the level of burnout and their determinants can help in formulating measures of improving the work environment. A healthy workforce ensures high quality of healthcare and patient satisfaction (Sharma, 2020).

CONCLUSION

The turnover intention of nurses is highly influenced by job burnout. Immediate steps from hospitals' management and especially from the human resource department had to be taken to bring this situation into Controle. Coordination in the work place has to be ensured to

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reduce the levels of emotional exhaustion in the work place. It is a loss for both the organization as well as the nurses to have high turnover intention and high burnout. Employee engagement activities, salary hike, breaks, proper communication system between nurses and management, counseling sessions, organization, and other measures are mandatory to reduce the burnout levels of the nurses. Health industry in India still has a long way to go but change always starts with a small step. HR analytics in health industry also plays a major role in improving the future of hospitals. HRs in the hospitals has to take utter care to the psychological state of their employees. Special attention from the management has to be shown towards unmarried nurses. Clear expectations from the nurses can be set. Lack of reward, clarity and support from the organization causes burnout leading to turnover intention.

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Conflict of Interest

The author(s) declared no conflict of interest.

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