ORIGINAL RESEARCH

Burnout and turnover intention as correlates of quality of nursing work life

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Received: March 25, 2025 **Accepted:** April 9, 2025 **Online Published:** April 20, 2025
DOI: 10.5430/jnep.v15n6p9 **URL:** https://doi.org/10.5430/jnep.v15n6p9

ABSTRACT

This study examines the levels of burnout, turnover intention, and Quality of Nursing Work Life (QNWL) among registered nurses in Pampanga, as well as their interrelationships. A descriptive-correlational research design was employed, with 128 nurses recruited through convenience sampling. Frequency distribution described burnout, turnover intention, and QNWL, while Pearson's correlation assessed their relationships. Findings revealed moderate burnout (low emotional exhaustion and depersonalization, high personal achievement). Nurses were unlikely to leave the profession but likely to leave their institution within six months. A significant relationship was found between QNWL and burnout, with higher responsibilities linked to increased burnout. Moreover, QNWL negatively correlated with turnover intention, highlighting its role in nurse retention strategies.

Key Words: Burnout, Turnover intention, Quality of nursing work life

1. INTRODUCTION

Nursing is a fundamental pillar of healthcare systems globally, crucial for patient safety and the delivery of high-quality care. However, the Philippines has been grappling with a significant challenge in maintaining an adequate nursing workforce, primarily due to the ongoing migration of Filipino nurses abroad. This exodus has strained the country's healthcare system, limiting its capacity to provide optimal care for its growing population.

In 2014, the Philippine Overseas Employment Administration (POEA) reported that nearly 19,815 nurses left the country.[1] Between 2008 and 2012, around 70,000 Filipino nurses sought employment overseas.[2] By 2017, an estimated 145,800 Filipino nurses were working in the United States,[3] with significant numbers also employed in Gulf countries like Saudi Arabia.[2]

Push factors contributing to this migration include low wages, inadequate benefits, limited professional growth opportunities, high nurse-to-patient ratios, and weak enforcement of nursing laws.[4–6] Consequently, the Philippines faces a shortage of registered nurses to meet its domestic healthcare needs.[6]

As of 2019, the Department of Health (DOH) reported approximately 465,966 nurses serving a population exceeding 107 million. The COVID-19 pandemic further exacerbated this shortage, increasing nurse turnover.[7] The DOH estimates that an additional 127,000 nurses are needed to maintain adequate healthcare services.[8] The World Health Organization (WHO) projects a shortfall of 249,843 nurses by 2030 in the Philippines alone, contributing to a global nursing deficit of 4.6 million.

Despite the shortage, the number of nursing graduates pass-

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ing the licensure exam remains insufficient. In response, the Commission on Higher Education (CHED) proposed recruiting nursing graduates who failed the exam to work as support staff. However, this was rejected by the Philippine Regulation Commission (PRC) due to legal restrictions under Republic Act 9173, which limits nursing practice to registered nurses.

Many countries, including the Philippines, have failed to adequately invest in their nursing workforce, turning the nursing shortage into a global healthcare crisis.[9] Factors such as increased workloads, extended shifts, and stress have led to widespread burnout among nurses, directly influencing their decision to leave the profession. Addressing these challenges is essential for improving patient outcomes and ensuring a sustainable nursing workforce.

Healthcare organizations must prioritize long-term investments to stabilize the nursing workforce. Studies show that fostering a balanced work-life environment reduces nurse turnover rates[10] and lowers the intention to leave.[11] Ensuring work-life balance is crucial for retention, making it essential to examine the relationship between Quality of Nursing Work Life (QNWL), burnout, and turnover intention. This study, focusing on nurses in a major Philippine province, aims to provide valuable insights for policymakers and nursing administrators on strategies for workforce retention.

2. Review of related literature

2.1 Burnout

Nursing is a physically and emotionally demanding profession, often involving high-pressure situations and life-and-death decisions. These stressors can lead to burnout, a state of emotional, mental, and physical exhaustion.[12, 13] Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.[14] It manifests through emotional exhaustion, depersonalization, and reduced personal accomplishment.[15] Contributing factors such as excessive workloads, long hours, and lack of support intensify burnout, leading to high turnover, decreased patient safety, and lower care quality.[16, 17]

2.2 Intention to leave

The nursing shortage worsened during the COVID-19 pandemic, as nurses faced extreme stress and higher risks of infection, leading many to consider leaving their jobs. Intention to leave is a strong predictor of actual turnover,[18] and turnover intention has been identified as a crucial cognitive process preceding resignation.[19, 20] High workloads and stressful work environments have made nurses more likely to quit their jobs.[21, 22] Factors influencing turnover intention include inadequate staffing, lack of career development opportunities, and poor working conditions.[23, 24] High nurse turnover leads to a loss of skilled professionals, negatively impacting patient care and increasing healthcare costs.[25]

2.3 Quality of nursing work life

Quality of Nursing Work Life (QNWL) is a measure of how well nurses can balance personal needs with workplace demands while fulfilling organizational goals.[26] It consists of four dimensions: work-life balance, work design, work context, and work world.[27] A supportive work environment enhances job satisfaction and reduces turnover rates, whereas work-life imbalance contributes to absenteeism, decreased productivity, and increased stress.[28]

Research has shown that high levels of burnout correlate with a greater intention to leave.[29] Addressing burnout and improving work-life balance is crucial for sustaining the nursing workforce and ensuring quality patient care. Policymakers must implement strategies to support nurses, promote staff retention, and invest in a resilient healthcare system.

In conclusion, the nursing shortage in the Philippines is a growing crisis driven by migration, burnout, and challenging work conditions. Addressing these issues through policy reforms, improved working conditions, and workforce investment is essential to sustaining the country's healthcare system.

2.4 Research questions

This research study seeks to answer the following research questions:

1) To what extent do staff nurses describe their level of burnout?

2) To what extent do staff nurses describe their intention to leave the nursing profession, institution and in the next 6 months?

3) To what extent do staff nurses describe their level of QNWL?

4) Is there a relationship between the staff nurses' burnout and QNWL?

5) Is there a relationship between the staff nurses' turnover intention and QNWL?

2.5 Hypotheses

1) There is a relationship between the staff nurses' burnout and QNWL.

2) There is a relationship between the staff nurses' turnover intention and QNWL.

3. METHODS

3.1 Research design

The study uses a cross-sectional descriptive-correlational research design to determine the level of burnout, turnover intention, and level of QNWL and their inter-relationship.

3.2 Sample and setting

The study targeted staff nurses employed in hospitals across Pampanga, using a convenience sampling approach. Participants were required to have a minimum of six months of hospital experience. Invitations to participate were sent via email and Facebook Messenger. The minimum sample size, calculated using G*Power v3.1.9.4, was determined to be 134 nurses. However, after screening completed questionnaires, a total of 128 respondents met the inclusion criteria.

3.3 Instruments

The questionnaire was structured into four sections. The first section provided essential study details, informed consent, and completion guidelines, along with basic demographic information. The second section assessed participants' perceptions of their Quality of Nursing Work Life (QNWL). The third part evaluated their burnout levels, and the final section explored their intention to leave their profession or current workplace.

3.4 Burnout

The Maslach Burnout Inventory (MBI), developed by Maslach and Jackson,[30] was utilized to measure burnout levels. This tool has been widely validated, with reliability confirmed by studies such as among 1,500 Vietnamese healthcare professionals.[31,32] The MBI consists of 22 items rated on a seven-point scale (0 = Never to 6 = Every day), categorized into three dimensions:
1) Emotional Exhaustion (7 items): Measures chronic fatigue, difficulty sleeping, and physical issues. Scores: $\leq$ 17 (Low), 18–29 (Moderate), $\geq$ 30 (High). 2) Depersonalization (7 items): Evaluates emotional detachment, cynicism, guilt, social withdrawal, and avoidance. Scores: $\leq$ 5 (Low), 6–11 (Moderate), $\geq$ 12 (High). 3) Personal Achievement (8 items): Assesses feelings of inefficacy, demotivation, and self-doubt. Scores: $\leq$ 33 (High), 34–39 (Moderate), $\geq$ 40 (Low).

For overall burnout assessment, Personal Achievement scores were reversed, making a high total score reflective of burnout. The total burnout score ranges were: $\leq$ 44 (Low), 45–88 (Moderate), and 89–132 (High).

Intention to Leave Three (3) statements were used for turnover intention:
1) Do you have any intentions of leaving the nursing profession in the near future?
2) Do you have any intentions of leaving your institution/hospital?
3) Do you intend to leave your hospital in the next six (6) months?

Additionally, to measure turnover intention, the respondents were asked to respond using a five-point Likert scale, ranging from 5 (most likely) to 1 (least likely) in which high scores indicated a greater intention to leave ; each question was used to compute for Pearson R.

3.5 Quality of nursing work life

The Quality of Nursing Work Life Survey (English Version) developed by Beth Brooks (2001) was employed to assess QNWL. Brooks reported a high internal consistency (Cronbach's α = 0.89), corroborated by Sirin et al. (2015) in a study of 518 inpatient hospital nurses in Turkey. Permission to use the tool was obtained from Brooks.

The survey consists of 42 items rated on a six-point Likert scale (1 = Strongly Disagree to 6 = Strongly Agree), with negatively worded items reverse-scored. The QNWL is categorized into four dimensions:
1) Work Life/Home Life (7 items)
2) Work Design (10 items)
3) Work Context (20 items)
4) Work World (5 items)

Total scores range from 42 to 252, with higher scores indicating better QNWL. Categorization: Low (42–112), Moderate (113–182), High (183–252).

3.6 Data collection

Data was gathered through an anonymous online survey created using Google Forms. The questionnaire was distributed via Facebook Messenger and email invitations from May 26 to June 25, 2023. A total of 135 respondents consented and completed the survey without errors. However, seven responses from rural health facilities were excluded, resulting in a final sample of 128 participants. Data was downloaded in aggregate format using a spreadsheet application and securely stored on a password-protected computer. All online copies will be retained for three years before deletion, ensuring no data duplication.

3.7 Data analysis

Data collected are presented using frequency distribution (%) of respondents by level of burnout, turnover intention, and the level of QNWL. Pearson product-moment correlation coefficient (PPMCC) was utilized to determine the relationship between QNWL and the level of burnout, and between QNWL to turnover intention.

3.8 Ethical considerations

Important ethical considerations have been followed, including the anonymity of the respondents and confidentiality of their responses. Furthermore, the researcher ensured that informed consent was given, and participation was voluntary. The study was reviewed and approved by the HAU-IRB. Clinical trial number: not applicable.

3.9 Results

Table 1 shows that most of the respondents are female (69.5%), married (63.3%), and 12.5% of them finished their master's degree. The majority of the respondents are assigned to ICU (34.4%), Emergency room (16.4%), and Medical Surgical unit (18%). Most of them have at least 1-5 years of clinical experience (53.1%) and are currently working in tertiary hospital (82%).

Nurses' frequency scores on the Burnout Syndrome are shown in Table 2. It can be interpreted that most of the nurses have a low level of emotional exhaustion (61.8%), a low level of depersonalization (44.3%), and a high level of personal achievement (48.1%). Overall, more than two-thirds of staff nurses had moderate to high level of burnout.

The nurse's turnover intention frequency data is shown in Table 3. It presents that 56 (42.8%) respondents are unlikely to leave the nursing profession, while 42 (31.1%) have the intention to leave the nursing profession. On the other hand, most of the nurses (59.6%) intend to leave their institution, and 19 (15.5%) are unlikely to leave their institution. Lastly, 54 nurses (41.2%) intend to leave in the next 6 months and 41(31.3%) are unlikely to leave.

The nurse's QNWL frequency scores are shown in Table 4. The work and home life scale showed that 56 (42.7%) nurses are on a moderate level, and 28 (21.4%) nurses are on a high level. For the work design subscale, 111 staff nurses (84.7%) are on a moderate level while seven (5.3%) are on a high level. In the work context scale, 61 (46.6%) nurses reported a moderate level and 61 (46.6%) nurses as high level. In the work world subscale, 60 nurses (45.8%) are on a moderate level, and 30 (22.9%) are on a high level. Lastly, in the overall QNWL, 66 respondents (50.4%) at a moderate level of QNWL, and 31 (23.7%) had a high level of QNWL.

Table 1. Participant's personal profile (N = 128)

Characteristics	Frequency	Percent (%)
Gender		
Male	39	30.5
Female	89	69.5
Civil status		
Single	47	36.7
Married	81	63.3
Educational Attainment		
BSN	111	86.7
Masteral	16	12.5
Doctoral	1	.8
Unit assigned		
ICU	44	34.4
ER	21	16.4
OR	9	7.0
MS	18	14.1
PICU	5	3.9
NICU	7	5.5
OB	6	4.7
GW	14	9.6
PW	2	1.6
Ortho	2	1.6
Years in Service		
Less than a year	14	10.9
1-5	68	53.1
6-10	46	35.9
Level of Hospital		
Primary	5	3.9
Secondary	18	14.1
Tertiary	105	82.0

Table 2. Burnout (N = 128)

Burnout	Emotional Exhaustion		Depersonalization		Personal Achievement		Total Burnout Score	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Low Level	81	61.8	58	44.3	27	20.6	38	29.7
Moderate Level	35	26.7	41	31.3	38	29.0	86	67.2
High Level	12	9.2	29	22.1	63	48.1	4	3.1

The correlation between the Quality of Nursing Work Life and Burnout is shown in Table 5. A positive correlation was observed between Work/Home Life to Emotional Exhaustion (r = .237, $p < .01$), and Work Context to Emotional Exhaustion (r = .193, $p < .05$), and the overall QNWL to Emotional Exhaustion (r = .181, $p < .05$). In addition, a negative correlation was observed between total QNWL to Personal Achievement (r = .297, $p < .01$). Lastly, total QNWL has a positive correlation to total burnout score (r = .472, $p < .01$).

ISSN 1925-4040 E-ISSN 1925-4059

Table 3. Turnover intention (N = 128)

Turnover Intention	Nursing Profession		Institution		In the next 6 months	
Most Unlikely	15	11.5%	6	4.6%	20	15.3%
Unlikely	41	31.3%	13	9.9%	21	16.0%
Neutral	30	22.9%	31	23.7%	33	25.2%
Likely	25	19.1%	42	32.1%	33	25.2%
Most Likely	17	13.0%	36	27.5%	21	16.0%

Table 4. Quality of nursing work life (N = 128)

QNWL Subscales	Work life/Home life		Work Design		Work Context		Work World		Total QNWL	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Low Level	44	33.6	10	7.6	6	4.6	38	29.0	31	23.7
Moderate Level	56	42.7	111	84.7	61	46.6	60	45.8	66	50.4
High Level	28	21.4	7	5.3	61	46.6	30	22.9	31	23.7

Table 5. Correlation between the quality of nursing work life and burnout

	Emotional Exhaustion	Depersonalization	Personal Achievement	Total Burnout Score
Total QNWL	.181	.087	-.297	.471
Work/Home Life	.237	.078	-.269	.007
Work Design	.020	-.046	-.406	.444
Work Context	.193	.106	-.261	.360
Work World	.160	.125	-.270	.400

The research findings reveal a significant relationship between staff nurses' QNWL and their level of burnout, particularly regarding emotional exhaustion and personal achievement. Nurses with more responsibilities at home and work tend to experience greater emotional exhaustion, highlighting how their perceptions of work life are affected by high levels of exhaustion. A lack of personal accomplishment correlates with reduced productivity and burnout. While poor QNWL is associated with burnout in a stressful work environment, no significant relationship was found between QNWL and depersonalization, which aligns with similar studies, such as one in China.[33] The correlation between the Quality of Nursing Work Life and Turnover Intention is reported in Table 6. A negative correlation was observed between QNWL to intention to leave the Nursing profession ($r = -.309$, $p < .01$); QNWL to intention to leave the hospital ($r = -.306$, $p < .01$); QNWL to intention to leave in the next 6 months ($r = -.323$, $p < .01$).

The findings suggest an inverse relationship between staff nurses' QNWL and their intention to leave their profession or institution within six months. Nurses who perceive a higher quality of work life are less likely to leave, while those with lower QNWL are more likely to plan to exit their profession or hospital.

Table 6. Correlation between quality of nursing work life and turnover intention

	Intention to leave the Nursing profession	Intention to leave the hospital	Intention to leave in the next 6 months
Total QNWL	-.309	-.306	-.323
Work/Home Life	-.283	-.217	-.224
Work Design	-.363	-.350	-.379
Work Context	-.289	-.289	-.302
Work World	-.258	-.345	-.375

4. Discussions

4.1 Burnout

The study reveals that registered nurses in Pampanga experience moderate burnout, with low levels of emotional exhaustion and depersonalization, and high levels of personal achievement. Emotional exhaustion and depersonalization are core elements of burnout, while diminished personal accomplishment can be both a precursor and result of burnout.[34] Stress and lack of support may contribute to lower personal achievement. The low emotional exhaustion and depersonalization observed may be due to strong emotional support from family and coworkers, helping to alleviate fatigue.[35] A positive work environment, including supportive leadership and teamwork, can protect against

burnout.[36] Additionally, older, more experienced nurses tend to have better coping skills, reducing burnout risk.[37] The COVID-19 pandemic exacerbated burnout, with high nurse-to-patient ratios and excessive workloads contributing to greater stress, especially among younger and single nurses.[38,39]

4.2 Turnover intention

Most respondents indicated that they are unlikely to leave the nursing profession, likely due to their extensive experience. Research suggests that as nurses gain more work experience, their likelihood of leaving decreases.[4,40] Additionally, turnover intention tends to decline with age.[41] However, a significant number of respondents expressed the intention to leave their institution within the next six months. Studies show that newly graduated or less experienced nurses are more likely to resign, often seeking opportunities abroad.[42] Salary issues and limited career advancement opportunities are key factors contributing to turnover.[29]

4.3 Quality of nursing work life

The study revealed that the QNWL of registered nurses in Pampanga is moderate, aligning with findings from India, Saudi Arabia, Oman, and Turkey.[43,44] Factors such as heavy workloads, low staffing, and time constraints contribute to reduced QNWL, as supported by prior studies.[45] Nurses also reported shortages in essential supplies, affecting their efficiency and healthcare quality.[45] While respondents expressed dissatisfaction with recognition, salary, and job security, those with 5-10 years of experience showed better coping abilities, suggesting that experience, skill development, and family support improve QNWL.[46]

4.4 Correlation of QNWL to burnout

The study revealed a significant positive correlation between total QNWL and emotional exhaustion (r = .181) and total burnout (r = .471), while a negative correlation was found between QNWL and personal achievement (r = .297). No significant relationship was observed with depersonalization. The p-value for the correlation between QNWL and burnout was below the significance threshold ($p < .05$), supporting the hypothesis that QNWL affects burnout levels. Heavy work and home responsibilities contribute to emotional exhaustion and burnout, which negatively impact nurses' well-being, productivity, and patient care quality. Effective burnout management and prioritizing QNWL are crucial in mitigating these effects.

4.5 Correlation of QNWL to turnover intention

This study explored the link between nurses' Quality of Nursing Work Life (QNWL) and turnover intention, finding a negative correlation. The p-value for the relationship between QNWL subscales and turnover intention was below the significance threshold ($p < 0.05$), supporting the hypothesis. Higher QNWL is associated with lower turnover intention, consistent with previous studies.[22,47] Additionally, less experienced nurses are more likely to leave due to factors like low salaries and heavy workloads, while older nurses tend to stay due to family responsibilities.

5. Conclusion

Quality of Nursing Work Life (QNWL) impacts nurse burnout and turnover intention. The study suggests that improving QNWL should be a key strategy for retaining nurses. Moderate burnout and QNWL levels highlight concerns like rotating schedules, understaffing, and low salaries. Strengthening QNWL is essential to address these issues and stabilize the nursing workforce.

5.1 Implication to nursing administration

Nurses are vital to healthcare, yet retention remains challenging. This study highlights the need to prioritize QNWL to improve work-life balance, reduce burnout, and lower turnover intention. Policymakers and healthcare leaders must invest in recruitment, retention, fair compensation, and career growth to stabilize the workforce and enhance care quality.

5.2 Recommendations and directions for future research

This study has limitations, including the inability to differentiate between nurses from private and government hospitals, a lengthy questionnaire, and an insufficient sample size. Its cross-sectional design prevents causal conclusions. Future research should explore burnout factors, QNWL comparisons, turnover predictors, and nurses' perspectives on retention.

Acknowledgements

The author wishes to express sincere gratitude to Ms. Rosalinda Cruz for her expert guidance, insightful feedback, and steadfast support throughout the course of this research. Appreciation is also extended to the faculty of the School of Nursing and Allied Medical Sciences (SNAMS) Graduate School at Holy Angel University for their academic mentorship and administrative assistance. Most importantly, heartfelt thanks go to my family, especially my husband, Ferdinand Gerome Reyes, for his unwavering encouragement, patience, sacrifices, and emotional support, all of which have been a source of strength throughout this academic journey.

Authors contributions

Not Applicable.

Funding
Not Applicable.

Conflicts of Interest Disclosure
The author declares that there is no conflict of interest.

Informed consent
Obtained.

Ethics approval
The Publication Ethics Committee of the Sciedu Press. The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

Provenance and peer review
Not commissioned; externally double-blind peer reviewed.

Data availability statement
The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement
No additional data are available.

Open access

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References
[1] POEA. POEA - Philippine Overseas Employment Administration. Dmw.gov.ph. 2014. Available from: https://dmw.gov.ph/archives/annualreports/annualreports.html

[2] McLaughlin T. The Fragility of the Global Nurse Supply Chain. The Atlantic. 2020. Available from: https://www.theatlantic.com/international/archive/2020/04/immigrant-nurse-health-care-coronavirus-pandemic/610873/

[3] Batalova J. Immigrant Health-Care Workers in the United States. Migrationpolicy.org. 2020. Available from: https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states-2018

[4] Labrague LJ, Gloe D, McEnroe DM, et al. Factors influencing turnover intention among registered nurses in Samar Philippines. Applied Nursing Research. 2018; 39: 200–206. PMid:29422159 https://doi.org/10.1016/j.apnr.2017.11.027

[5] Castro-Palaganas E, Spitzer DL, Kabamalan MMM, et al. An examination of the causes, consequences, and policy responses to the migration of highly trained health personnel from the Philippines: the high cost of living/leaving—a mixed method study. Human Resources for Health. 2017; 15(1). PMid:28359313 https://doi.org/10.1186/s12960-017-0198-z

[6] Cinco M. FOCUS: As pandemic eases, more Filipino nurses set to seek work abroad. Kyodo News+. 2022. Available from: https://english.kyodonews.net/news/2022/11/5b6fee89a1f6-focus-as-pandemic-eases-more-filipino-nurses-set-to-seek-work-abroad.html

[7] Buchan J, Shaffer F. Sustain and Retain in 2022 and Beyond. 2022. https://www.icn.ch/system/files/2022-01/Sustain%20and%20Retain%20in%202022%20and%20Beyond-%20The%20global%20nursing%20workforce%20and%20the%20COVID-19%20pandemic.pdf

[8] Lavoie-Tremblay M, Gélinas C, Aubé T, et al. Influence of caring for COVID-19 patients on nurse's turnover, work satisfaction and quality of care. Journal of Nursing Management. 2021; 30(1): 33–43. PMid:34448520 https://doi.org/10.1111/jonm.13462

[9] Buchan J, Catton H. Recover to rebuild investing in the nursing workforce for health system effectiveness International Council of Nurses The global voice of nursing. 2023. Available from: https://www.icn.ch/system/files/2023-03/ICN_Recover-to-Rebuild_report_EN.pdf

[10] Yamaguchi Y, Inoue T, Harada H, et al. Job control, work-family balance and nurses' intention to leave their profession and organization: A comparative cross-sectional survey. International Journal of Nursing Studies. 2016; 64: 52–62. PMid:27689509 https://doi.org/10.1016/j.ijnurstu.2016.09.003

[11] Matsuo M, Suzuki E, Takayama Y, et al. Influence Striving for Work–Life Balance and Sense of Coherence on Intention to Leave Among Nurses: A 6-Month Prospective Survey. INQUIRY: The Journal of Health Care Organization, Provision, and Financing. 2021; 58: 004695802110051. PMid:33769128 https://doi.org/10.1177/00469580211005192

[12] Pisanti R, Lombardo C, Lucidi F, et al. Psychometric properties of the Maslach Burnout Inventory for Human Services among Italian nurses: a test of alternative models. Journal of Advanced Nursing. 2012; 69(3): 697–707. PMid:22897490 https://doi.org/10.1111/j.1365-2648.2012.06114.x

[13] Sabbah I, Sabbah H, Sabbah S, et al. Burnout among Lebanese nurses: Psychometric properties of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). Health. 2012; 04(09): 644–652. https://doi.org/10.4236/health.2012.49101

[14] World Health Organization. Burn-out an "Occupational Phenomenon": International Classification of Diseases. World Health Organization. 2019. Available from: https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases

[15] Freudenberger HJ. The staff burn-out syndrome in alternative institutions. Psychotherapy: Theory, Research & Practice. 1975; 12(1): 73–82. https://doi.org/10.1037/h0086411

[16] Salyers MP, Bonfils KA, Luther L, et al. The relationship between professional burnout and quality and safety in healthcare: a meta-analysis. Journal of General Internal Medicine. 2017; 32(4): 475–482. PMid:27785668 https://doi.org/10.1007/s11606-016-3886-9

[17] Aydin Sayilan A, Kulakaç N, Uzun S. Burnout levels and sleep quality of COVID-19 heroes. Perspectives in Psychiatric Care. 2020. PMid:33145787 https://doi.org/10.1111/ppc.12678

[18] Alshutwi S. The Influence of Supervisor Support on Nurses' Turnover Intention. Health Systems and Policy Research. 2017; 04(02). https://doi.org/10.21767/2254-9137.100075

[19] Lu Y, Hu XM, Huang XL, et al. The relationship between job satisfaction, work stress, work–family conflict, and turnover intention among physicians in Guangdong, China: a cross-sectional study. BMJ Open. 2017; 7(5): e014894. PMid:28501813 https://doi.org/10.1136/bmjopen-2016-014894

[20] Fukui S, Rollins AL, Salyers MP. Characteristics and Job Stressors Associated With Turnover and Turnover Intention Among Community Mental Health Providers. Psychiatric Services. 2019. PMid:31658895 https://doi.org/10.1176/appi.ps.201900246

[21] Labrague LJ, de los Santos J. Fear of Covid-19, psychological distress, work satisfaction and turnover intention among frontline nurses. Journal of Nursing Management. 2020; 29(3). PMid:32985046 https://doi.org/10.1111/jonm.13168

[22] Lee E. Why newly graduated nurses in South Korea leave their first job in a short time? A survival analysis. Human Resources for Health. 2019; 17(1). PMid:31358009 https://doi.org/10.1186/s12960-019-0397-x

[23] Burmeister EA, Kalisch BJ, Xie B, et al. Determinants of nurse absenteeism and intent to leave: An international study. Journal of Nursing Management. 2018; 27(1): 143–153. PMid:30209880 https://doi.org/10.1111/jonm.12659

[24] Sasso L, Bagnasco A, Catania G, et al. Push and pull factors of nurses' intention to leave. Journal of Nursing Management. 2019; 27(5): 946–954. PMid:30614593 https://doi.org/10.1111/jonm.12745

[25] Duffield C, Roche M, Dimitrelis S, et al. Leadership skills for nursing unit managers to decrease intention to leave. Nursing: Research and Reviews. 2015; 57. https://doi.org/10.2147/nrr.s46155

[26] Brooks BA, Anderson MA. Nursing Work Life in Acute Care. Journal of Nursing Care Quality. 2004; 19(3): 269–275. PMid:15326997 https://doi.org/10.1097/00001786-200407000-00014

[27] O'Brien-Pallas L, Baumann A. Quality of nursing worklife issues–a unifying framework. Canadian Journal of Nursing Administration. 1992; 5(2): 12–16.

[28] Chan XW, Kalliath T, Brough P, et al. Work–family enrichment and satisfaction: the mediating role of self-efficacy and work–life balance. The International Journal of Human Resource Management. 2015; 27(15): 1755–1776. https://doi.org/10.1080/09585192.2015.1075574

[29] Labrague LJ, de los Santos J. Fear of Covid-19, psychological distress, work satisfaction and turnover intention among frontline nurses. 2020. https://doi.org/10.21203/rs.3.rs-35366/v1

[30] Maslach C, Jackson SE. The measurement of experienced burnout. Journal of Organizational Behavior. 1981; 2(2): 99–113. https://doi.org/10.1002/job.4030020205

[31] Sabbah I, Sabbah H, Sabbah S, et al. Burnout among Lebanese nurses: Psychometric properties of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). Health. 2012; 04(09): 644–652. https://doi.org/10.4236/health.2012.49101

[32] AlJhani S, AlHarbi H, AlJameli S, et al. Burnout and coping among healthcare providers working in Saudi Arabia during the COVID-19 pandemic. Middle East Current Psychiatry. 2021; 28(1). PMCid:PMC8189724 https://doi.org/10.1186/s43045-021-00108-6

[33] Li X, Jiang T, Sun J, et al. The relationship between occupational stress, job burnout and quality of life among surgical nurses in Xinjiang, China. BMC Nursing. 2021; 20(1). PMid:34579710 https://doi.org/10.1186/s12912-021-00703-2

[34] Edú-Valsania S, Laguía A, Moriano JA. Burnout: A Review of Theory and Measurement. International Journal of Environmental Research and Public Health. 2022; 19(3): 1780. PMid:35162802 https://doi.org/10.3390/ijerph19031780

[35] Bellanti F, Lo Buglio A, Capuano E, et al. Factors Related to Nurses' Burnout during the First Wave of Coronavirus Disease-19 in a University Hospital in Italy. International Journal of Environmental Research and Public Health. 2021; 18(10): 5051. PMid:34064610 https://doi.org/10.3390/ijerph18105051

[36] Hamaideh SH. Burnout, Social Support, and Job Satisfaction among Jordanian Mental Health Nurses. Issues in Mental Health Nursing. 2011; 32(4): 234–242. PMid:21355758 https://doi.org/10.3109/01612840.2010.546494

[37] Khatatbeh H, Al-Dwaikat T, Alfatafta H, et al. Burnout, quality of life and perceived patient adverse events among paediatric nurses during the COVID-19 pandemic. Journal of Clinical Nursing. 2022. PMid:36123307 https://doi.org/10.1111/jocn.16540

[38] Torre M, Santos Popper MC, Bergesio A. Prevalencia de burnout entre las enfermeras de cuidados intensivos en Argentina. Enfermería Intensiva. 2019; 30(3): 108–115. PMid:30060919 https://doi.org/10.1016/j.enfi.2018.04.005

[39] Görgens-Ekermans G, Brand T. Emotional intelligence as a moderator in the stress-burnout relationship: a questionnaire study on nurses. Journal of Clinical Nursing. 2012; 21(15-16): 2275–2285. PMid:22788561 https://doi.org/10.1111/j.1365-2702.2012.04171.x

[40] de Oliveira DR, Griep RH, Portela LF, et al. Intention to leave profession, psychosocial environment and self-rated health among registered nurses from large hospitals in Brazil: a cross-sectional study. BMC Health Services Research. 2017; 17(1). PMid:28068999 https://doi.org/10.1186/s12913-016-1949-6

[41] Beecroft PC, Dorey F, Wenten M. Turnover intention in new graduate nurses: a multivariate analysis. Journal of Advanced Nursing. 2008; 62(1): 41–52. PMid:18352963 https://doi.org/10.1111/j.1365-2648.2007.04570.x

[42] Gilles I, Burnand B, Peytremann-Bridevaux I. Factors associated with healthcare professionals' intent to stay in hospital: a comparison across five occupational categories. International Journal for Quality in Health Care. 2014; 26(2): 158–166. PMid:24519122 https://doi.org/10.1093/intqhc/mzu006

[43] Abbas Al Mutair Al MI, Almusalami E, Aljarameez F, et al. Quality of Nursing Work Life among Nurses in Saudi Arabia: A Descriptive Cross-Sectional Study. 2022; 12(4): 1014–1022. PMid:36548170 https://doi.org/10.3390/nursrep12040097

[44] Almalki MJ, FitzGerald G, Clark M. Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study. Human Resources for Health. 2012; 10(1). PMid:22971150 https://doi.org/10.1186/1478-4491-10-30

[45] Pillay R. Work satisfaction of professional nurses in South Africa: a comparative analysis of the public and private sectors. Human Resources for Health. 2009; 7(1). PMid:19232120 https://doi.org/10.1186/1478-4491-7-15

[46] Al Juhani AM, Kishk NA. Job satisfaction among primary health care physicians and nurses in Al-madinah Al-munawwara. The Journal of the Egyptian Public Health Association. 2006; 81(3-4): 165–180.

[47] Perry L, Xu X, Duffield C, et al. Health, workforce characteristics, quality of life and intention to leave: The "Fit for the Future" survey of Australian nurses and midwives. Journal of Advanced Nursing. 2017; 73(11): 2745–2756. PMid:28543428 https://doi.org/10.1111/jan.13347