

THE IMPACT OF BURNOUT ON TURNOVER INTENTION AMONG NURSES: THE MEDIATING ROLE OF JOB SATISFACTION

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ABSTRACT

Nursing is one of the most demanding profession, which plays a central role in all healthcare facilities. However, the nature of the work is very challenging that it often causes a state of emotional, physical, and mental exhaustion among these professionals which includes loss of motivation, emotional exhaustion, frustration, poor relationships with colleagues, longer working hours and lack of autonomy. Thus, a good environment is provided in the hospital with a safe and comfortable space for them to work without being stressed. Yet still, the nursing profession is facing another shortage era, which makes this problem even more pressing in addition to high demands of healthcare. Despite of existing stress, the retention of experienced staff nurses is paramount to ensure patient safety and quality of care. There is an absolute need for scientific investigations to look over nursing problems, particularly burnout and turnover intention. This research aims to analyze the correlation between burnout, job satisfaction, and turnover intentions among nurses in Madinat Zayed Hospital, where one of the pressing problems in management is the high bad attrition of nurses which negatively impacts the hospital finances and service quality. This study examines the causes and consequences of burnout among nurses, review the influence of empowering work conditions and how job satisfaction provide a mediating effect and will scrutinize the incivility of nurses' experiences of occupational burnout. A survey was conducted which was participated by 186 nurses in MZH out of 235 nurses, it focused on how they perceive burnout, job satisfaction, and turnover intention. statistical analyses were performed to test the hypotheses, namely is Linear Regression Analysis. The present study's findings indicate a positive relationship between burnout and turnover, as well as a negative relationship between burnout and job satisfaction, On the other hand, negative relationship between job satisfaction and turnover intention for those who took part in the survey. The findings also revealed a partial negative mediating effect of job satisfaction on the relationship between burnout and turnover intention. This research can be useful to develop and enhance policies that may significantly reduce turnover intentions and sustain high-quality healthcare services in the UAE. Studying the relationships between psychosocial risks and health emergencies would be relevant in protecting nurses and other healthcare professionals.

Keywords: Burnout, Job satisfaction, Turnover intention, Madinat Zayed Hospital, United Arab Emirates.

ARTICLE INFO

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Received: 21.02.2022

Accepted: 11.01.2023

Cite This Paper:

Alkhraish, M. Y., Eivazzadeh, N. Y., & Yeşiltas, M. (2023). The impact of burnout on turnover intention among nurses: the mediating role of job satisfaction. *Hacettepe Sağlık İdaresi Dergisi*, 26(1): 1-28

HEMŞİRELERDE TÜKENMİŞLİĞİN İŞTEN AYRILMA NİYETİ ÜZERİNE ETKİSİ: İŞ DOYUMU ARACILIK ROLÜ

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ÖZ

Hemşirelik, tüm sağlık kuruluşlarında merkezi bir rol oynayan en zorlu mesleklerden biridir. Bununla birlikte, hemşirelik mesleği doğası gereği çok zordur. Bu zorluk hemşireler arasında motivasyon kaybı, duygusal tükenme, hayal kırıklığı, meslektaşlarla zayıf ilişkiler, daha uzun çalışma saatleri, özerklik eksikliğini içeren duygusal, fiziksel ve zihinsel tükenme durumuna neden olur. Bundan dolayı hastanelerde hemşirelerin strese girmeden çalışabilecekleri güvenli ve rahat bir ortam sağlanması gerekir. Bugünlerde hemşirelik mesleğinde çalışanlardaki sayısal yetersizlik, bu konulardaki problemleri daha da artırmaktadır. Mevcut problemlere rağmen, hasta güvenliğini ve bakım kalitesini sağlamak için deneyimli hemşirelerin elde tutulması çok önemlidir. Hemşirelik mesleğindeki sorunlara, özellikle de tükenmişlik ve işten ayrılma niyetine yönelik bilimsel araştırmalara mutlak bir ihtiyaç vardır. Bu araştırma, yönetimdeki acil sorunlardan hastane finansmanını ve hizmet kalitesini olumsuz yönde etkileyen hemşirelerin yüksek işten ayrılma oranının olduğu Madinat Zayed Hastanesi'ndeki hemşireler arasında tükenmişlik, iş doyumunu ve işten ayrılma niyetleri arasındaki ilişkiyi incelemeyi amaçlamaktadır. Bu çalışmada hemşireler arasında tükenmişliğin nedenlerinin ve sonuçlarının neler olduğu, çalışma koşullarının iyileştirilmesinin etkisi ve iş doyumunun nasıl aracı bir etki sağladığı araştırılmıştır. MZH'deki 235 hemşireden 186'sının katıldığı bir anket uygulanmıştır. Bu anketteki sorularda hemşirelerin tükenmişlik, iş doyumunu ve işten ayrılma niyetini nasıl algıladıklarına odaklanılmıştır. Hipotezleri test etmek için Lineer Regresyon Analizi yapılmıştır. Bu çalışmanın bulgularına göre, tükenmişlik ile işten ayrılma arasında pozitif, tükenmişlik ile iş doyumunu arasında negatif bir ilişki olduğu, buna karşılık ankete katılanlar için iş doyumunu ile işten ayrılma niyeti arasında negatif bir ilişki olduğu görülmektedir. Bulgular ayrıca, tükenmişlik ve işten ayrılma niyeti arasındaki ilişkide iş doyumunun kısmi negatif aracılık etkisi olduğunu ortaya koymuştur. Bu araştırmanın bulguları, Birleşik Arap Emirlikleri'ndeki sağlık işletmelerindeki hemşirelerin işten ayrılma niyetlerini önemli ölçüde azaltabilecek ve yüksek kaliteli sağlık hizmetlerini sürdürebilecek politikalar geliştirmesi konusunda sağlık yönetimine faydalı olabilir. Psikososyal riskler ve sağlıkla ilgili acil durumlar arasındaki ilişkilerin incelenmesi, hemşirelerin ve diğer sağlık profesyonellerinin korunması açısından uygun olacaktır.

Anahtar Kelimeler: Tükenmişlik, İş doyumunu, İşten ayrılma niyeti, Madinat Zayed Hastanesi, Birleşik Arap Emirlikleri.

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Gönderim Tarihi: 21.02.2022

Kabul Tarihi: 11.01.2023

Atıfta Bulunmak İçin:

Alkhraish, M. Y., Eivazzadeh, N. Y., & Yesiltas, M. (2023). The impact of burnout on turnover intention among nurses: the mediating role of job satisfaction. Hacettepe Sağlık İdaresi Dergisi, 26(1): 1-28

I. INTRODUCTION

A hospital consists of several professional, technical and financial resources that drive it to be very competent in providing high-quality health care workers. Nursing is a highly specialized profession that safeguards a patient's health care journey. Nurses ensure that every patient receives the best possible care regardless of their economic status and nationality. However, nurses have long enjoyed the love of the general public and professional recognition within the medical community. Through years of campaigning, organizing, and, most significantly, academically improving the profession, nurses have become hard-won. Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well, and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled, and dying people.

One of the serious stumbling block for nurses that needs to be dealt with is turnover, and considered as challenges in hospital and nursing management, especially if it occurs more often in the important early stages of a nurse's work. It is significant to ensure that nurses receive an adequate support and notice to ensure that they will stay engaged and inspired to contribute to an organization over the long term. There's proof that high turnover statistics directly affect the global scarcity of nurses since nurses comprise majority of the healthcare workforce (Iglesias et al., 2010). Nursing is one of the main difficult occupations in the contemporary medical field. Most parts of the causes of burnout during the career of a nurse are tension, understaffing, extensive work hours, pressure from staff mandatory hours, and their potential responsibilities (Roche et al., 2015).

Nurses worldwide have high burnout levels which cause them an elevated intention to leave their job (Van Bogaert et al., 2014; Elbarazi et al., 2017). Burnout has been related to poor patient care quality scores recorded by nurses (Van Bogaert et al., 2013), increased absence, and turnover intention (Sasso et al., 2019). Therefore, to brush up the quality that every patient needs, identification of factors affecting the burnout and attrition intentions of nurses must be given attention since nurse turnover in the healthcare industry is becoming a global concern. Burnout felt by nurses may cause turnover issues, especially the pioneers and organizations. Burnout is a reaction to ongoing conflict or emotional stress (Shirom and Melamed, 2006). Previous studies have suggested that burnout has a huge effect on turnover intentions (Hong & Lee, 2016). The increasing turnover rate of nurses worldwide is undeniably high, ranging from 13-37% (Roche et al., 2015). Approximate findings from a previous study that Indonesia's nurse turnover rate is 13-35 % (Dewanto and Wardhani, 2018). Meanwhile, after having a year of experience, about 17.5 % of fresh nurses appear to leave their jobs (Kovner et al., 2014).

Accordingly, it is significant to look into elements that connected burnout and turnover intentions of nurses. This will supply answers to some problems we encounter at work and help nurses to level up the patient care, safety and patient satisfaction, which contributes to the growth of an organization. This paper gives us supplemental knowledge about the effects of burnout levels on turnover, in addition, the effect of job satisfaction on the relationship between burnout and turnover, which helps to comprehend what policies would be useful in order to have a valuable and systematized management in the healthcare division. It is essential to study the impacts of burnout on turnover intention because of high turnover rate of nurses in United Arab Emirates (UAE) (Alacacioglu et al., 2009). Furthermore, this research outcome can be helpful to healthcare policy-making organs and administration to develop and enhance existing policies that may significantly reduce turnover intentions and sustain excellent healthcare services in United Arab Emirates (UAE). Learning relationship is relevant between burnout, job satisfaction, and turnover intention in protecting and caring for the nurses, health professionals, and society in general.

II. CONTRIBUTING FACTORS OF BURNOUT IN NURSING

Burnout has been associated with inadequate care quality (Poghosyan et al., 2010; Salyers et al., 2015). Burnout is subordinated to meager client satisfaction and care quality in healthcare environments according to a recent meta-analysis (Firmin et al., 2016). A foreign clinical psychologist from the United

States originally introduced the word “job burnout” (Lang et al., 2010). Burnout was expound as an indication among health care providers in the health sectors who failed to successfully manage the constant work-related stress. A healthcare provider who is experiencing this exhibit characteristics such as being worn out emotionally, feeling of being disconnected, and loss of control from one’s self as well as diminished one’s own achievements (Maslach and Jackson, 1981). This implies that it affects not only the nurses but also the patients under their care. Burnout is found to be a major predictor of work satisfaction (Kalliath and Morris, 2002).

Physical and mental exhaustion due to overwork and stress are some of the reasons among nurses to have a higher intention of quitting their job in an organization they are involved in. This scenario happens not just locally but also globally (Elbarazi et al., 2017). Nurses who are experiencing burnout significantly affect their performances at work in terms of providing high-quality and excellent standard healthcare services (Van Bogaert et al., 2014) along with unplanned absences from their duties and obligations are becoming a habitual pattern and eventually having an intense desire in leaving their job for good (Sasso et al., 2019). Thus, to enhance the excellence of patient quality care, it is essential to identify the factors affecting burnout and attrition intentions.

2.1. Age

Assuming that younger personnel are bound to encounter burnout than the established workers, it may be useful for employing groups to take preventative actions against burnout, such as to aid workers in increasing coping skills (Stanton Rich et al., 1998). However, others have found elevated levels of burnout only in older employees (Lindblom et al., 2006; Verdonk et al., 2010). In general, prior studies establish mixed evidence of a relationship with age and whether the non-linear association between age and burnout was significantly different from the linear relationship. Although the results obtained are inconsistent, socio-demographic variables associated with burnout have been widely studied. Some research findings show that burnout decreased with age (KanaiPak et al., 2008; Alacacioglu et al., 2009), while others reported vary (Violante et al., 2009; Iglesias et al., 2010). A high percentage of burnout in young employees may be due to less work experience and high levels of unmanageable work-related stress (Verdonk et al., 2010).

2.2. Gender

Gender discrimination is an additional predictor of burnout. According to a gender-related study, women accounted for having elevated levels of burnout than men (Bekker et al., 2005) and they appear to have a greater difference in emotional malaise than depersonalization. Therefore, there are significant sexual role dissimilarities in the level of burnout (Puvabova & Muros, 2010). Since women are more expected to experience emotional malaise, men are more probable to experience depersonalization. In nursing staff, burnout is associated with reduced patient well-being and satisfaction, as well as reduced value of other care (Vahey et al., 2004; Puvabova and Muros, 2010).

2.3. Marital Status

Marital status is another significant influence in work fatigue among employees. Married workers have been claimed to have less burnout than unmarried workers. In a study, it was found that there was an association between marital status and psychological demands, especially for nurses with little personal achievement marks. A higher level of emotional exhaustion may be exhibited by unmarried nurses, no matter if they are single or divorced. Having offspring or not is also a subject of dispute. In spite of the fact that some authors maintain that this variable doesn’t contribute to burnout development. (Cañadas-De la Fuente et al., 2015), but according to others, the two are highly correlated. Nurses without children are said to be more burned out, according to some studies (Queiros et al., 2013; Lasebikan et al., 2012). The effect of having children on the association between marital status and depersonalization is moderated negatively by having children, and this effects is stronger for nurses who have children. The possibility of depersonalization at work was greater among nurses who are wed or

cohabitating and have children. Due to very low correlation between marital status and low individual success, this factor will not be pertinent in defining potential burnout risk picture. Even so, its importance could be enhanced in the case of nursing professionals who are single or divorced and who have higher levels of seniority since they experienced less fulfillment compared with other groups (Maslach and Jackson, 1985).

2.4. Education Background

Factors such as job status, previous experiences and educational level of the nurses have been shown to predict burnout (Perry et al., 2017). A recent study looked at “Educational Background” and noted that nurses with a high level of education were less likely to suffer from burnout (Kelly and Lefton, 2017). Education makes nurses to feel that they have more control over events in the working environment, an optimistic perspective, ability to handle change, and engagement in healthy self-care habits (Khajuria and Nayak, 2018). According to (Koivula et al., 2000) education was associated with burnout. The research reported that low-educated nurses had extra burnout than highly-educated nurses. This is due to a sense of inexperience and inadequacy regarding the poor education level of these caregivers.

2.5. Heavy Workload

The concept of work demands or heavy workload includes "physical, social or managerial aspects of the workplace that need continued physical or psychological exertion and are consequently related to specific physiological and psychological costs" (Demerouti et al., 2001). The collective reasons of worker dissatisfaction is little work fulfillment. The analysis revealed that greater work burden and lower job contentment could simply lead to burnout (Van Bogaert et al., 2013). Another research from American research, surgeons have the opposite result wherein greatest measure of work satisfaction is burnout (Shanafelt et al., 2009). Job satisfaction and burnout should be determined on a case-by-case basis, not in a fixed order (Yin et al., 2008). Burnout has a reasonably high prognostic influence on turnover intention (Estryn-Behar et al., 2007). Most studies substantiated an optimistic association between burnout and intention turnover (Shimizu T et al., 2005; Lee and Ashforth, 1996). Emotional tiredness, lack of progress, and other aspects related to burnout have a weighty positive correlation with the need to vacate their job. (Zhang et al., 2017).

2.6. Staff Shortage

Nurses are an important part of the medical system. Wang (2017) has shown that having right number of nurses and caregivers in hospitals and existence of other essential healthcare facilities improves patient safety, mortality and the completely patient outcomes. The nursing shortage is a serious problem, since it affects patient care (Perry et al., 2017). There is evidence that improving the ratio of caregivers to patients can prevent deaths from some hospitals and discharges (Li et al., 2019). There has been research showing that nurses' plans to leave are related to their psychological as well as bodily health status. The psychological well-being of nurses is worse than of the most workforces, and the likelihood that they will leave their job intensifies as their mental health weakens (Perry et al., 2017). As an emerging nation with an enormous population size, China's health labor force shortage has become one of the most significant roadblocks to main healthcare industry. According to the China health indicator book, there are just 0.46 pediatricians per 1000 children, far less than the target of 2.06 pediatricians per 1000 children. The observation that the amount of anesthesiologists per 10,000 citizens is less than 0.65, although, it is 2.5–3 (Wang, 2017) in some developed European countries. The situation is made worse by, primary healthcare staff are often faced with a high rate of turnover, which has become a public problem to be dealt with (Li et al., 2017). According to the findings of a research, the percentage of primary healthcare workers in China declined from 44% to 33% between 2010 and 2016 (Li et al., 2019).

2.7. Autonomy and Control

Researchers in the United States during the 1980s, have studied the effects of employment environment aspects on the results achieved in caregivers and patients (Van den Heede and Aiken, 2012). Studies in Brazil have found a link between employment environment and burnout (Panunto and Guirardello, 2013; Gasparino et al., 2011). However, these studies did not evaluate the employment environment profile related to the syndrome. Two commonly documented categories of nursing autonomy are clinical autonomy and professional autonomy. Clinical autonomy of nurses providing straight-to-patient care that can act further than normal perform and build decisions about individual patient care (Oshodi et al., 2019). On the other hand, professional autonomy can be useful to professionals or individual caregivers. It has been treated as being involved in individual patient care decisions. Generally, as developing care processes to get better the quality of care and customer wellbeing (Varjus et al., 2011).

2.8. Reward and Recognition

Nurses who experience high levels of extra rewards are at decreased risk for stress at work that can lead to burnout. They may have more motivation to coordinate work and personal life. This may lead to bringing positive feelings from the workplace to home, to their family, or vice versa, from home into the work environment (Maslach et al., 2001). Meaningful rewards can be of paramount importance in combating nurse/caregiver burnout and compassionate fatigue. In a research of 14 hospitals with recognized reward programs and 10 hospitals without established reward programs, consequential rewards were important for lowering burnout scores and improving work satisfaction; it was a predictor (Kelly and Lefton, 2017).

2.9. Ambiguity and Conflict of Roles

Ambiguity and conflict roles refers to situations characterized by a deficiency in well-defined role expectations (Rizzo et al., 1970). Ambiguity and conflict roles can be caused via an opaque distribution of everyday jobs, approximate roles, and a lack of organization between employees or unskilled personnel (Maslach et al., 2001). Ambiguity and conflicts roles resulting from these working situations can cause stress, dissatisfaction, and psychological distance in the workplace (Pillemer and Moore, 1989). Overall, stress related to work, poor job performance, inefficiencies of an organization, and a sense of work insufficiency can all be caused by conflict (Spooner-Lane and Patton, 2007).

2.10. Job Instability

Job instability is a condition in which workers lack the confidence that their work will stabilize daily, weekly, or yearly. Employees working in a stressful employment environment can find their work dangerous. However, work anxiety can be explained as a worker's general anxiety about the future of work (Witte, 1999; Kinnunen et al., 2000). A lot of authors believe work anxiety is a subjective knowledge or awareness. Some staff can feel safe even if their work is threatened or anxious. However, it points out that long-term employment insecurity can lead to resource exhaustion of employees and thus burnout (Witte, 1999). Nurses who reported higher levels of possible fear of their work safety reported more emotional symptoms, low job satisfaction, high resignation rates, and high burnout. Therefore, employees suffering from work anxiety may need optimistic psychosomatic resources to deal with difficult and demanding situations to avoid the development of burnout (Burke et al., 2015).

2.11. Job Stress

Job stress is defined as an exhausting and overwhelming job that can have a severe collision on a staff mental, emotional, and physical well-being especially if the workplace demands do not match abilities and resources. It can also be defined as a physiological reaction to linked responsibilities and commitments. Stress manifests itself in fatigue and exhaustion. At the same time work overload is one

of the major stressors, and 4 in 10 employees believe that workplace stress issues are not properly addressed (Khajuria and Nayak, 2018). Meanwhile, stressors can be related to conflicting roles, ambiguities at work, and inaccuracies between tasks and roles being performed (Hongxia et al., 2014). Job stress is a relative psychological feeling and understanding of an individual, which could change over the period based on different influencing or contributing factors like physical, financial, technological, social, and psychological (Stefanie et al., 2020).

III. CONTRIBUTING FACTORS OF JOB SATISFACTION IN NURSING

Work satisfaction is another important factor that can influence the reduction of turnover. It is distinct as “the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values” (Locke, 1969). Work satisfaction is becoming an important factor in business operations worldwide. It has been suggested that happy employees are more efficient and capable of achieving better results than unhappy employees. In most businesses, this yields more income, sales, and profits, while in a hospital, it can also be a significant force for sustaining development of higher quality services that promote patient wellbeing, wellness, and safety.

Job satisfaction is defined in a variety of habits. (Amponsah-Tawiah et al., 2016) It is also distinct as a staff feelings and belief regarding the job. In the health-care settings, Castaneda and Scanlon conducted a concept analysis suggesting that job contentment in nursing is based on three attributes: interpersonal relationships, patient care, and autonomy (Ylitörmänen et al., 2019). According to some studies, higher job satisfaction is linked to a lower probability of leaving (Wright and Bonett, 1992; Yanchus et al., 2017). While the movement of employees out of an organization is commonly called turnover. It was thought to be a two-dimensional notion, distinguishing between voluntary and involuntary departures, as well as between leaving and joining an organization (Tang et al., 2018).

3.1. High Job Demands and Nurse Staff Shortage

The deficiency of nursing workforce is a rising issue in healthcare system throughout the world (Marć et al., 2019). On the other hand, job dissatisfaction is a major cause of lack of care, especially in hospitals. Hence, the challenge for organizations leaders is to secure quality nursing staff during this nurse shortage. As well as accepting the effect of job satisfaction in nursing is very important for resolving the turnover rate of staff. Work satisfaction is crucial in relation to lower turnover, higher staff productivity, high job quality, and better client outcomes. These lead to improved business performance (Cicolini et al., 2014). The major reason of employee's dissatisfaction is work dissatisfaction and high job demands. The value of the healthcare service is affected by attrition evidenced by a numerous amount of researches on work dissatisfaction, exhaustion, and turnover. The analysis discovered that elevated employment pressure and poorer work satisfaction might easily guide to burnout (Visser et al., 2003). Job stress, burnout, and complex shifts are significant determinants of health care workers' well-being and affect their job satisfaction (Soliman, 2017).

3.2. Organizational Justice

Organizational justice refers to the perception of impartiality by people in organizations and their behavioral response to this perception (Köse, 2014). Encouraging systematic engagement of nurses is an effective approach to reduce the challenges of human resource management in nursing (Lee, 2016). The organization's engagement gives employees the feeling that they belong to employees and encourages a desire to continue working for the company (Chang, 2015). However, previous studies suggest that organizational equity is a powerful determinant of individual choices for maintaining or terminating a career in the health care system. Compared to other medical staff, nurses were the most perceived as likely to retire (Owolabi, 2012). Recognized impartiality may increase work satisfaction and caregiver preservation (Chin et al., 2019; Tourani et al., 2016).

3.3. Workplace Violence and Abuse

Workplace violence is physical violence, harassment, or other threatening destructive behavior or intimidation that occurs in the workplace. It ranges from intimidation and verbal abuse to physical assault and even murder. In recent years, workplace violence in medical care has increased. Despite the precautionary measures promoted by Law in Spain in 1995 to improve the situation of workers, the psychosocial risks associated with violence in the place of work are increasing (Del Carmen Perez-Fuentes et al., 2020). Also, researches have revealed that caring profession has the utmost devastating profession, caregivers are greatly exposed to work-related abuse, as well as pressure to physical integrity and verbal violence (Seo et al., 2019).

3.4. Workload/ Assignment

The workload of nurses has a remarkable impact on patient outcomes; however, allocations often do not consider all the factors that contribute to that workload. For example, nursing assignments based on patient condition or ward geographic location can result in unequal workload, frustration, and reduced satisfaction, regardless of the work intensity required to care for an individual patient. Patients may feel that caregivers are in a hurry or do not have time to accompany them, and caregivers may feel responsible for not spending adequate time with their patients. A nurse's assignment is an important process in the hospital as it affects the nurse's everyday workload and patients care (Liang and Turkcan, 2016). The severity of the nurses' workload affects the caregiver's ability to assess the patient's condition and promotes superior patient outcomes. If assignments are not fair, caregivers can be disappointed, frustrated, and unable to work for the benefit of the patient (Cook et al., 2004).

3.5. Trust and Appreciate from Managers

Managers are responsible for reducing burnout among nurses, who make up most of the workforce, to lower attrition rates and reduce the probability of poor hospital service quality in the future. Active detection of burnout among nurses and giving attention to necessary precautionary measures such as improving interpersonal relationships among health workers, changing work design, and improving personnel policies, as well as personnel's welfare are some of the behaviors that managers may take. Since, work dissatisfaction has a negative impact on the likelihood of leaving (Alhakami and Baker, 2018). This is further reinforced by solid links seen between in general job resources in comparison to workloads and job contentment and its impact on future nursing management. On the other hand, trust from active team leadership usually creates a high-performing team. Leadership plays a vital role in team context. The team leader defines the team's goals, develops and builds the team to attain overall mission (Zaccaro et al., 2001).

IV. CONTRIBUTING FACTORS OF TURNOVER INTENTION IN NURSING

Nursing turnover intention is the possibility that a nurse will quit the current hospital within a certain period of time due to various explanations. Nurse turnover represents the number of nurses who have left the hospital and require to be replaced. Some nurses leave (voluntarily) for personal reasons, while others are (involuntarily) terminated from their job for some other reasons. Nursing staff turnover is a major worldwide problem that greatly impacts on service and cost. Extensive research has been conducted on the history, which tackles the dynamics and consequences of caregiver turnover.

Overall, turnover is considered the number of workforces leaving a company or a firm. It was viewed in different contexts, determining whether the decision of departing was at one's own discretion or being coerced, or either associating and deciding to vacate oneself in an institution (Campion, 1991). Prior research (Porter and Steers, 1973) defined turnover intent as a successful action of the staff to resign when they experienced discontentment. Turnover intention is the desire of a worker to leave the job in an institution intentionally following a span of time, being a waged worker in a specific company, which will fall under Voluntary Intention, knowing that it happened after thinking about it meticulously and

cautiously (Mobley, 1977). This can be viewed as because of various emotional aspects (like burnout and job satisfaction) instead of actual turnover (Hellman, 1997). In other words, turnover intention can anticipate and envision the actual way of acting in an actual turnover.

Worldwide, nursing staff turnover ranges from 10-21% per year (El-jardali et al., 2009). High turnover rates have a negative impact on hospitals. For instance, turnover rates include training costs invested in nurses, management, financing, high costs of hiring nurses, and retraining of staff. Therefore, turnover affects the quality of care (Mosadeghrad, 2013). Factors that influence the intent to quit a job are work characteristics, leadership, management, organizational obligation, and job contentment (Intaraprasong et al., 2012; Faraji et al., 2015).

4.1. Individual Factors of Turnover Intention

Previous researchers have explained that biographical details such as age, gender, educational background marital status, job experience, job title, and previous expertise do not affect the likelihood of change intent (Kaya and Abdioğlu, 2010). However, demographic elements such as age, marital status, tenure, salary, positions, and labor sector determine employee intent to leave. Kaya and Abdioğlu (2010) found a significant correlation between gender and willingness to leave the company, while, Victoria and Olalekan (2016) said that gender did not significantly affect employees' intentions to leave the company. It was establish that there were important dissimilarities between gender, age group, and marital status with respect to fluctuating intent. For instance, women are more motivated to retire than men but married respondents are more professional than single. Unlike younger participants, the older respondents prefer to stay in the same facility (Choong et al., 2013).

4.2. Organizational Factors of Turnover Intention

Top management can recognize employee change intent through close colleagues. Take precautions to eliminate it in the place of work. Job pressure is widespread and is believed as one of the causes that influence work satisfaction. The general experience of employees in an organization has shown that stress has different effects on employees (Shirey, 2006). Employees under stress are said to be more probable to fluctuate than personnel who are not (Bratt et al., 2000). One of the particular factors affecting a nurse's choice to continue staying in a healthcare organization is job satisfaction (Caricati et al., 2014). It is influenced by job performance appraisal and having an understanding supervisors (Morazes et al., 2010). Positive supervisor feedback and chances for advancement are both strong predictors. (Martin and Schinke, 1998). In turn, it promotes organizational commitment (Landsman, 2001), which may decrease the likelihood of turnover. While salary is positively correlated with commitment and negatively correlated with fluctuating turnover intent. (Bernd and Beuren, 2021).

V. JOB SATISFACTION, BURNOUT AND NURSING TURNOVER INTENTION DURING COVID-19 PANDEMIC

The COVID-19 pandemic is a serious health emergency that has impacted countries worldwide and has had significant economic, business, and personal health consequences. As for the nurses, who arguably have the most critical roles and responsibilities during COVID-19, they are undeniably burned out. The pandemic has placed them at a critical psychosocial risk. Generally, psychosocial risks comprise serious problems as they impact nursing staff's health, productivity, efficiency, and turnover intention (Soto-Rubio, et al., 2020). Further, the pandemic has depleted hospitals' physical and financial resources around the world, forcing nurses to work longer and harder than usual. With that said, a lot of nurses are discouraged-many of them felt being overworked and disregarded. In United Kingdom (UK), to increase the National Health Service against the pandemic, nurses have been reassigned to departments which they had no sufficient experience, relocated to areas with new colleagues, and to unfamiliar routines, equipment, and patient interventions. However, some redeployed nurses have expressed how such routines degraded them personally and professionally as confident leaders became

concerned amateurs. Furthermore, with regards to the existing of manpower shortage of nurses, there are demonstration of exhaustion and in some degree demoralized employees (Willan et al., 2020).

On top of all these, nurses experience distinguished levels of anxiety during the current pandemic. More than the psychosocial problems the pandemic poses, it threatens the nurses physically with them contracting the virus. In the recent cross-sectional study of 261 front liners in the Philippines, it was reported that a large number of nurses experiencing high levels of fear of the COVID-19 pandemic and prolonged psychological torture. (Labrague and De los Santos, 2020). In another study, the impact of the current pandemic) on nurses with turnover intentions additional to the already strained nurse workforce in Qatar (Nashwan, et al., 2021). Thankfully, despite these grievances in this field, governments recognize the contribution of key workers (especially the nurses) during the height of the pandemic and have rewarded public sector staff with an immediate above-inflation pay lift.

5.1 Correlation of Burnout, Job Satisfaction, and Turnover Intention of Nurses

Nursing staff turnover has long been a cause of concern for any healthcare organization, particularly in the field of human resources management. Job stress, job security, advancement chances, pay levels and benefits, and quality of work-life are all factors that influence nursing turnover. These elements combine to form two primary influencing variables: job satisfaction and burnout.

Over the years, various studies have been conducted and different models have been proposed to explain the quitting behavior of nurses. However, every study indicates one common variable: turnover intention as the precursor of actual turnover behavior. More than 36 nursing studies claimed that job satisfaction is linked to nursing administration responsibility, fidelity, optimistic cognizance toward the hospital, and a higher likelihood of nurses staying; whereas dissatisfaction is linked to depression, stress, hostility, anxiety, burnout, lower quality of care, and increased intention to quit their job. To amplify the importance of job satisfaction, a quantitative, correlation study of 194 nurses directly associated high job satisfaction to lower turnover intention and increased patient satisfaction (Bernard, 2021). As the nursing turnover intention is all about a perception that can lead to job dissatisfaction, it requires a great deal of attention in order to promote organizational commitment and loyalty of the staff.

Accordingly, work-related stress and low job satisfaction will almost certainly leads to burnout. That being said, job satisfaction is one of the most important characteristics that could lead to burnout of workers (Visser et al., 2003). On the other hand, according to an American surgeon, turnover intentions are crucial, cynical, and focused on the influence of job satisfaction further claiming that satisfaction has a substantial impact on it (Shanafelt et al., 2009).

VI. METHOD

6.1. Research Design and Data Collection

This study employed a quantitative non-experimental correlation research design to examine the relationship between burnout and turnover intention. The burnout was independent whereas turnover intention was the dependent variable of the study, while job satisfaction was used as a mediate variable. The research was conducted using surveys to collect data in the nursing industry in UAE. Nurses from Madinat Zayed Hospital in the UAE voluntary participated in the current study to provide the necessary data. In December 2021, the questionnaires were dispersed to every nurse and collected immediately once completed. In this study, 186 questionnaire forms were collected and used in data analysis.

6.2. Confidentiality and Ethical Issues

The Al Dhafra hospitals' Ethical Committee - MZH - in the UAE granted ethical approval for this study (ADH-IREC-021-003). Research information such as overall research and result evaluation were discussed to each participants. Of course, voluntary participation and privacy was initiated. To ensure

this, the collected data were kept in private area and participant's identification remained anonymous. All of the information gathered for the study was kept strictly confidential.

6.3. Burnout

In this study, 22 items from the Maslach Burnout Inventory Scale (MBI) were used to measure burnout at work. (Maslach et al., 2001). In the burnout part, 5- Point Likert Scale was used and participants chosen a number between 1 (Strongly Disagree) to 5 (Strongly Agree), while High value represents high burnout and the low value represents low burnout.

6.4. Job Satisfaction

In the current study, the measure of job satisfaction at work was assessed using the Generic Job Satisfaction Scale (GJSS) (MacDonald and Maclntyre, 1997) and was measured with 10 items. In the job satisfaction part, 5- Point Likert Scale was used and participants chosen number between 1 (Strongly Disagree) to 5 (Strongly Agree). A result of high value represents high job satisfaction while a low value indicates low job satisfaction.

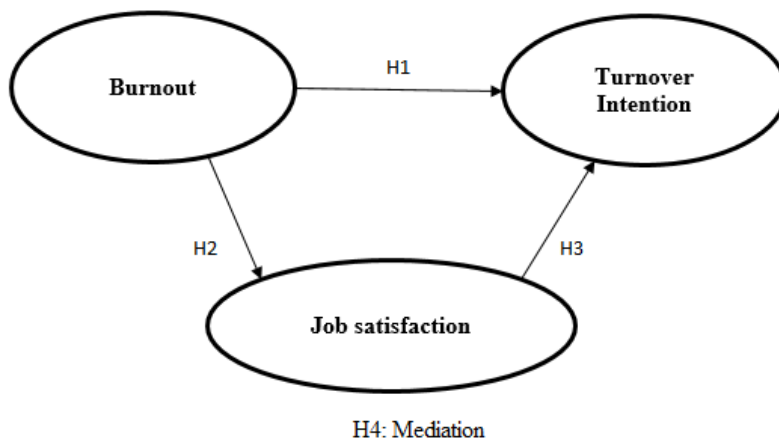
6.5. Turnover Intention

The study assessed the turnover intention at work using Turnover Intention Scale (TIS) (Bothma and Roodt, 2013) and was assessed with 15 items questionnaire, In turnover intention part, 5-Point Likert Scale was used, and participants chose a number between 1 (Strongly Disagree) to 5 (Strongly Agree). The high value represents the high turnover intention while low scores indicate a low turnover intention.

VII. CONCEPTUAL MODEL AND HYPOTHESES

The effects of burnout on turnover intention and the job satisfaction on relationship between burnout and turnover intention to fluctuate have been extensively studied, but previous results show differences by country, occupation, social and economic conditions. However, the number of research on the effect of burnout on turnover intention as well as the effect of job satisfaction on the relationship between burnout and turnover intention of MZH nursing staff is insufficient for a comprehensive assessment. Figure 1 depicts the conceptual framework of this research, which was developed based on the relationship between the various variables identified in the literature review. As a result, we created a conceptual framework for this research aimed at examining the relationship between burnout and turnover intention, In addition, we need to look at the mediate effect of job satisfaction on the relationships between burnout and turnover intention.

Figure 1. Conceptual Framework of Relationship between Burnout and Nursing Turnover Intention: The Mediating Effect of Job Satisfaction



Using the conceptual framework depicted in Figure 1, various hypotheses are generated according to the literature search performed at the beginning of this search.

7.1. The Relationship between Burnout and Turnover Intention

According to initial studies on this subject, the burnout concept, which has had an impact on modern cultures, has been linked to exhaustion in the workplace (Iacovides et al., 2003). In addition, Ran and others (2020), mentioned that improving the work conditions, employee welfare, advancing-learning prospects, and reward mechanism could be beneficial in solving the problem. He added that management should understand how burnout starts and must focus on staff physical and mental ups and downs to address the concerns, While, the literature provides several definitions of turnover intention, one of them describes it as a desire to leave the organization (Wang et al., 2020). As a result, studies in the literature to date confirm a positive relationship between burnout and turnover intention (Scanlan and Still, 2019).

H1: Burnout has significant positive effect on turnover intention among MZH nurses.

7.2. The Relationship between Burnout and Job Satisfaction

Researchers have frequently reported on the effects of job satisfaction and burnout. Previous research, believed that workload and burnout has direct negative effect and considered the most predictive aspect for job satisfaction. Burnout factors can be described as extensive working hours, work pressure, hospital culture, patient relationship and work environment, and these factors has negative influence between burnout and job satisfaction. In totality, this means the higher the level of burnout will lead to less satisfied employees (Piko, 2006; Weng et al., 2011; Ran et al., 2020; Madigan and Kim, 2021). As a result, previous studies in the literature found that there was a significant relationship between job satisfaction and burnout.

H2: Burnout is negatively related to job satisfaction among MZH nurses.

7.3. The Relationship between Job Satisfaction and Turnover Intention

Job satisfaction and quality of work have been identified as important work-related factors that affect employee retention. (AlMaaitah et al., 2018; Al Maqbali, 2015). Previously, it was found that the most important factor in explaining the nurse's intention to retire was high satisfaction with the work (Labrague et al., 2018). As a result, previous studies in the literature have shown that there is a negative correlation between job satisfaction and turnover intention.

H3: Job satisfaction is negatively related to turnover intention among MZH nurses.

7.4. The Mediating Effect of Job Satisfaction on the Relationship between Burnout and Turnover Intention

Many researches have been conducted that include job satisfaction and demonstrate their significant influences on burnout and turnover intention. Studies disclosed a connection concerning personal achievement, management and colleagues support to a higher degree of job satisfaction. Workplace environment and frustration with co-workers and seniors may be a contributing elements that have been inducing burnout patterns among employees (Nora et al., 2011).Moreover, frequent exposure to more work stress may lead to higher psychological and physical reactions, thus confirming a low degree of job satisfaction. Job stress and contentment mutually seemed important predictors of burnout, when stress is in height and satisfaction is little, burnout exhaustion is most likely to happen. As a result, previous studies in the literature found that there was a significant mediating effect of job satisfaction on the relationship between burnout and Turnover Intention.

H4: There is a mediating effect of job satisfaction in the relationship between burnout and turnover intention among MZH nurses.

VIII. ANALYSIS AND RESULTS

8.1. Descriptive Statistics

Table 1 shows the demographic factors of MZH nurses (N=186). Based on the data, the nurses at MZH are of a younger generation, 80.6% of them are married and the majority of participants have a bachelor's degree.

Table 1. Demographic Factors of MZH Nurses

Demographic Factors		Frequency	Percentage
Gender	Male	56	30.1
	Female	130	60.9
	Total	186	100.0
Age	20-29 years	22	11.8
	30-39 years	115	61.8
	40-49 years	36	19.4
	50 years and above	13	7.0
	Total	186	100.0
Marital Status	Single	32	17.2
	Married	150	80.6
	Divorce	4	2.2
	Total	186	100
Educational Level	High School Diploma	15	8.1
	Bachelor	157	84.4
	Master	14	7.5
	Doctorate	0	0
	Total	186	100.0
Years of Experience	1-5 years	9	4.8
	6-10 years	65	34.9
	11-15 years	73	39.3
	16 years and above	39	21.0
	Total	186	100.0

(N = 186)

8.2. Reliability and Validity

In the validation process of the scales, the questionnaire's validity was tested using Pearson product-moment correlations in SPSS. By correlating each item questionnaire score with the total score, the validity test product-moment Pearson correlations were performed. The reliability and validity of the variables are shown in Table 2 and 3, respectively.

Table 2. Reliability of the Variables

Variables	Cronbach's Alpha	Items
Turnover Intention	0.859	15
Burnout	0.846	22
Job Satisfaction	0.912	10

Table 3. Means, Standard Deviations, and Correlations of the Variables

	Mean	SD	1	2	3
1. Turnover Intention	3.05	0.535	1		
2. Burnout	3.11	0.432	0.750**	1	
3. Job Satisfaction	3.6	0.651	-0.522**	-0.505**	1
**sig. p<0.01, (N=186)					

8.3. Testing the Hypotheses

According to the results (Table 4), the linear regression analysis of burnout and turnover was found to be strongly positive statistically significant ($r = 0.75$, $p = 0.000$), indicating burnout contributes 75% to turnover intention of MZH nurses. Furthermore, the R square value is 0.563 showing that the effect of burnout on turnover intention is 56.3% explained. Hence, the hypothesis was supported which shows that an increase in burnout in nurses would lead to a higher turnover in MZH nurses (H1).

The results gathered regarding the regression are presented in Table 4 below. According to the results, the linear regression analysis of burnout and job satisfaction was found to be moderately negative statistically significant ($r = -0.505$, $p = 0.000$), indicating burnout contributes 50.5% to job satisfaction of MZH nurses. Furthermore, the R square value is 0.255 showing that the effect of burnout on job satisfaction is 25.5% explained. The hypothesis was supported which shows a decrease in job satisfaction in nurses would lead to a higher burnout in MZH nurses (H2).

The results gathered regarding the regression are presented in Table 4 below. According to the results, the linear regression analysis of job satisfaction and turnover was found to be moderately negative statistically significant ($r = -0.522$, $p = 0.000$), indicating job satisfaction contributes 52.2% to turnover intention of MZH nurses. Furthermore, the R square value is 0.273 showing that the effect of job satisfaction on turnover is 27.3% explained. Hence, the hypothesis was supported which shows that a decrease in job satisfaction in nurses would lead to a higher turnover in MZH nurses (H3).

Table 4. Summary of Linear Regression Analysis for Turnover Intention, Burnout and Job Satisfaction

Hypothesis	R	Beta	R Square	Adjusted R Square	Std. Error of the Estimate	Sig. F Change
H1	0.750 ^a	0.75	0.563	0.561	0.35468	0.000
H2	0.505 ^b	-0.505	0.255	0.251	0.55551	0.000
H3	0.522 ^c	-0.522	0.273	0.269	0.45760	0.000

a. Predictors: (Turnover Intention), BURNOUT

b. Predictor: (Job satisfaction), BURNOUT

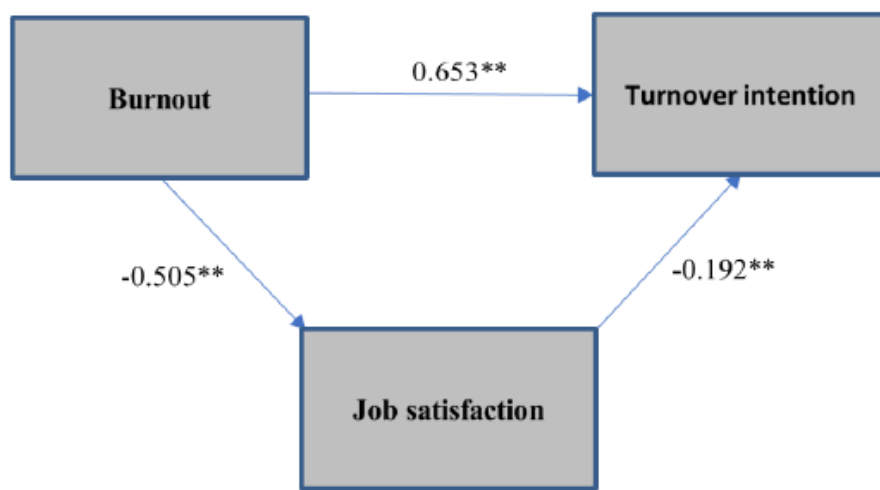
c. Predictors: (Turnover Intention), JOB SATISFACTION.

8.4. Mediating Effect

The causal steps method developed by Barron and Kenny (1986) is used to test the mediating effect of job satisfaction. Three regressions are used to test mediation: the independent variable predicting the dependent variable, the independent variable predicting the mediator, and the independent variable and mediator predicting the dependent variable. To support mediation, the following conditions must be met in the results: In the first regression equation, the independent variable is shown to have a significant influence on the dependent variable. In the second regression equation, the independent variable is shown to have a significant influence on the mediator. In the third equation, the mediator must have a significant influence on the dependent variable. As predictors, the independent variable and mediator are entered here. When the independent variable no longer influences the dependent variable after the mediator has been controlled and all of the above conditions are met, complete mediation is present.

When the independent variable's influence on the dependent variable is reduced after the mediator is controlled for, this is referred to as partial mediation. Table 5 shows the results of the causal steps method for testing the mediating effect of job satisfaction. Burnout (IV) and turnover intention (DV) are significantly related to each other in the first step, with a beta value of 0.750 (total effect). This satisfies the first condition of Barron and Kenny's (1986) method. The second step demonstrates that burnout (IV) and job satisfaction (mediating variable) are significantly related with ($p < 0.001$), thereby justifying the second condition for mediation effect. With the addition of job satisfaction in the third step, the beta value was reduced to 0.653 but remained significant (direct effect). This demonstrates that job satisfaction partially mediates the relationship between burnout and turnover intention. As a result, Hypothesis 4 is accepted.

Figure 2. The estimated Mediator Model Job Satisfaction (Burnout – Turnover Intention)



Panel B

Table 5. Results of Mediated Regression Approach

NO	Dependent Variables	Independent Variable(s)	Beta	t	p-value	R-Square	Adjusted R Square
1	Turnover Intention	Burnout	0.750	15.399	0.000	0.563	0.561
2	Job Satisfaction	Burnout	-0.505	-7.938	0.000	0.255	0.251
3	Turnover Intention	Burnout	0.653	11.921	0.000	0.591	0.586
		Job Satisfaction	-0.192	-3.508	0.001		

The numbers in the Figure represent Standardized Regression Coefficients. $**p < 0.001$.

The indirect effect of burnout on turnover intention is equal to the product burnout job satisfaction path and job satisfaction turnover intention i.e. $(-0.505) (-0.192) = 0.097$.

The findings also revealed a partial negative mediating effect of job satisfaction on the relationship between burnout and turnover intention, which means that turnover intention (dependent variable) decreases as burnout (independent variable) and job satisfaction (mediating variable) increase in MZH nurses. In another word, MZH in UAE should focus on increasing nurses' job satisfaction during burnout in order to reduce their turnover intention.

The Sobel test is used to determine the significance of the indirect effect (Barron and Kenny, 1986). An online Sobel test calculator (<http://quantpsy.org/sobel/sobel.htm>) is used for this purpose. The results showed that the indirect effect of burnout on turnover intention via job satisfaction is significant, with $p < 0.0001$ and a test statistics value of 3.183. This further strengthens the hypothesis that job satisfaction partially mediates the relationship between burnout and turnover intention (See Figure 3).

Figure 3. Sobel Test Results

Input:		Test statistic:	Std. Error:	p-value:
a	-0.750	Sobel test: 3.18302387	0.0377	0.00145746
b	-0.160	Arolian test: 3.16185292	0.03795243	0.00156769
s _a	0.095	Goodman test: 3.20462586	0.03744587	0.00135238
s _b	0.046	Reset all	Calculate	

Where a = raw (un-standardized) regression coefficient for the relationship between IV and mediator.
 b = the raw coefficient describing the relationship between the mediator and the DV (when the IV is also a predictor of the DV).

IX. CONCLUSIONS, RECOMMENDATIONS, AND LIMITATIONS

9.1. Conclusions

The findings revealed a partial negative mediating effect of job satisfaction on the relationship between burnout and turnover intention, which means that turnover intention decreases as burnout and job satisfaction increase in MZH nurses. The findings of this study confirm the results of similar investigations in earlier reports (Visser et al., 2003; Wu et al., 2021). In line with earlier studies, our results recognized the same outcome, that overall increase the level of burnout also results in a higher turnover intention rate and low job satisfaction percentage. Generally, many research findings say that contented individuals stay relatively longer in a company. Like any other institution, low satisfaction and high turnover are considered serious concerns, because this may negatively affect the development and progress of the organization. As a result, it's critical that their organization prioritizes their morale and well-being. In the sense that one influences the other, stress and job satisfaction are linked. When a nurse is unsatisfied, burnout sets in; and when a nurse is burned out owing to a variety of unfavorable working conditions, hospital management can only expect turnover intentions. In either case, it produces financial problems for management and, more importantly, it has an impact on the quality of healthcare, thus both should be addressed with appropriate solutions. Therefore, it is suggested that Madinat Zayed Hospital's healthcare policies be evaluated in order to maintain a responsive approach to the hospital's difficulties with high nursing turnover intentions.

9.2. Recommendations

Nurses play a critical role in providing high-quality healthcare and increasing our community's health and well-being. They are on the frontline, providing 24-hour care, and their devotion and expertise are essential for providing safe and compassionate care. Within the light of this review, nurses should be able to identify and recognize their stressors early in order to prevent them from burnout or post-traumatic stress. Moreover, nurses should focus on their own health and wellbeing, caring for themselves which would consequently decrease the level of burnout and promote quality care. Also, management should provide nurses with educational opportunities for further learning and development of their skills. According to the findings, management should provide certain recommendations to help nurses overcome burnout and the desire to leave and MZH in UAE should focus on increasing nurses' job satisfaction during burnout in order to reduce their turnover intention. These are recommendations listed below: 1. Reduced nurse-to-patient ratios may necessitate hiring more people, but the cost might be

countered by other issues including high nurse turnover, poor quality of care resulting in low patient satisfaction. 2. Health care management should be more cautious about staff satisfaction and their wellbeing in order to restrain nurses. Supervisors and nurse managers must conduct supervisory sessions and meetings to consider nurses' problems and assess their workload. 3. Hospital decision-makers must define and understand what makes their employees happy and relieves stress by providing opportunities to all nurses and not threatening job terminations at all times. 4. Before making any decisions, there should be extensive discussion, and employees should be allowed to express their views on issues that affect them. This will make it easier to resolve problems and increase customer satisfaction. Mandatory employee incentive programs, annual increments and job promotions, and improved healthcare insurance can help healthcare management attract new nurses while also encouraging new nurses to stay on the job and provide high-quality care to patients. Employees are, after all, the most important asset of any organization, so it is essential that companies consider them. Organizations can only do so much with their employees if they understand the attrition intent and the variables that contribute to it. Therefore, by doing research, evaluation, and policy revision this can be achieved.

6.3. Limitations

This study does have its limitations, although this research had positive benefits for nurses working at Madinat Zayed Hospital in the United Arab Emirates, there may be some limitations to consider. Initially, this study was intended to be conducted in all six hospitals managed by Al Dhafra Hospitals. However, we were only given the approval to conduct the research in Madinat Zayed Hospital. Additionally, due to the delay in getting approval of the research by the hospital administration, there was a limited amount of time spent on this study. Furthermore, Individuals of various nationalities are among the participants in this survey, which may lead to a lack of comprehension of the questions. Lastly, the honesty of the participant, lack of willingness to participate in the survey related to confidentiality, fear of the unknown, as well as lack of knowledge and awareness regarding burnout, job satisfaction, and turnover intention among nurses. This limitation should be addressed in future studies using different research approaches. It is important to reinforce this study in all areas of specialty in Nursing. Given the known negative effects of burnout on nurses' well-being, the patients they serve, and the healthcare system, further research is needed to develop, implement, and assess the study's efficacy in preventing burnout in this professional group. Therefore, consideration should also be given to the sample and conditions of the study.

6.4. Theoretical and Practical Implications

This study can be viewed as an attempt to contribute to a better understanding of the burnout, job satisfaction, and turnover intention factors that lead to a hospital's reduced productivity in general and, as a result, enhanced competitive advantage. This concept is extremely useful for researchers interested in turnover rates. The study's main contribution is should monitor job satisfaction and control burnout well so can prevent turnover intention. Especially that to the author's knowledge, this is the first study to look at the function of job satisfaction as a mediating factor in the link between burnout and turnover intention. According to the current study, job satisfaction acts as a mediate in the association between burnout and turnover intention. As a result, this study provides empirical evidence for the theoretical importance of burnout and job satisfaction in predicting turnover intention among MZH nurses. The model's predictors of job satisfaction point to action points for nursing administrators. First, stress's significant contribution encourages initiatives to maintain a manageable workload and workplace health. Nurses who are in good physical and mental health are less likely to leave their jobs. Second, the findings encourage nursing leaders to promote a nursing care model that improves the perceived fairness of professional and organizational values in their hospitals. Finally, the strong relationship between reward and job satisfaction encourages leaders to create systems for recognizing and acknowledging nurses' contributions in ways that they consider fair and meaningful. A systematic employee survey that includes a valid assessment of burnout and job satisfaction areas provides managers with the information they need to put such a strategy in place in their workplace. The current study has important implications

for hospitals in terms of developing policies regarding the managerial side, training, and strategies. According to the findings of this study, job satisfaction has a significant impact on nurses' intentions to leave their jobs. In light of this study, hospitals can improve their employees' intentions to stay. Furthermore, this study can be applied to other cultural and demographic contexts to reduce employee turnover intentions.

6.5. Future Research Directions

The primary goal of the study was met, and the study validates that it improves the reduction of the turnover rate in MZH nurses. The study discovers that job satisfaction mediates the relationship between burnout and intention to leave. The recent study found only one factor (job satisfaction) to be a mediating variable in the relationship between burnout and turnover intention, but there may be other factors that mediate or moderate the relationship between those two variables. Future research can concentrate on other potential mediators such as job stress, organizational commitment, and workload. Nevertheless, because our understanding of turnover intention is improving as a result of the investigation of mediator or moderator factors in relation to burnout, different organizational or attitudinal variables may be the subject of future studies.

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