Nurturing Resilience: Exploring the Interplay of Burnout, Turnover Intentions, and Professional Quality of Life among Female Nurses in Wah Cantt's Hospitals

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Abstract: The purpose of this study was to determine the associations between burnout, intention to leave, and professional quality of life among female nurses working in various Wah Cantt hospitals in Islamabad. The current study looked at the connection between female nurses' professional quality of life and their intention to leave burnout. Two hundred female nurses made up the sample, and information was gathered from hospitals in Wah Cantt. The information was gathered from several hospitals, both public and private. Of them, 73 belonged to private hospitals, and 127 were affiliated with government institutions. The age range of female nurses was 21 to 49 years old. Three measures are employed in this study: burnout, intention to leave, and professional quality of life. With the aid of SPSS software, the data was analysed using correlation, one-way ANOVA, independent t-tests, demographic variable frequencies, and regression analysis. For example, the BOS scale showed reliability (.697) when used to assess burnout, the TIS scale demonstrated reliability (.513) when used to assess turnover intention, and the proQoL scale demonstrated reliability (.671) when used to assess the professional quality of life among female nurses. The results showed that while there is a somewhat favourable correlation between burnout and proQoL, there is no significant correlation between burnout and turnover intention. Conversely, among nurses, there is a positive correlation between turnover intention and proQoL.

Key Words: Burnout, ProQoL, Turnover Intention, Nurses

Introduction

Background

Due to their sometimes unfavourable working circumstances, including lengthy or irregular hours and stressful and demanding work environments, nurses are more susceptible to psychological problems (Stamm, 2010).

Only the nurses who provide both physical and emotional treatment for traumatized patients may be experiencing emotional stress in an ever-changing world. Doctor-monitored patients may have a variety of psychological and physical conditions that only diligent nurses can manage. These nurses may also be struggling to cope with their own stress and hidden emotions. Certain nurses possess strength and compassion, while others are unable to conceal their anxious feelings (Mealer et al., 2007).

Researchers also discovered that it is a person with the ability to provide compassionate care, which is a crucial component of the therapeutic nursing method. In order to ensure the patients' survival, nurses need to be able to continue their therapeutic connections with patients who are experiencing unfavourable situations (Roberts et al., 2015).

Unlike compassion fatigue (CF), which is closely associated with the act of compassion, burnout is characterized by feelings of emotional exhaustion, depersonalization, and a decrease in one's sense of personal achievements (Stamm, 2010).

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2023

Volume 2, Issue 1

While it is clear that a sizable fraction of nurses suffer from burnout and other negative psychological impacts, some nurses demonstrate better levels of positive psychological functioning. Finding the factors that might contribute to certain people's capacity to maintain positive psychological functioning in the face of comparable job constraints is the aim of the positive psychology paradigm (Seligman, 2002).

The importance of these initiatives is in their capacity to recognise and address these variables in order to avert unfavourable consequences in the workplace. Positive psychology-based interventions, for instance, place more emphasis on promoting positive functioning than on reducing pathology or unpleasant symptoms. Among the concepts that encompass positive psychological functioning is Compassion Satisfaction (CS). CS emphasises the benefits of a professional quality of life in contrast to CF. Stamm (2010) defines CS as the satisfaction that comes from helping people and working as a helper, notably the positive emotions one feels at work.

"Helping people brings me satisfaction" is an example of a product. Research has indicated that higher CS is associated with lower levels of sad mood and burnout in nurses, as well as lower levels of STS in child protection personnel. Moreover, CS has been demonstrated to act as a protective barrier against occupational stress. As per Hegney et al. (2014), certain authors believe that individuals with high CS might have more robust internal defences against the adverse effects of work-related stress and client trauma.

Stamm (2010) states that nurses who score highly on CS have a greater probability of performing well in their jobs and are less prone to experience burnout and STS. Comparatively speaking, CS has received surprisingly less academic attention than studies that have shown detrimental psychological effects on nurses (Ray et al., 2013). It is crucial to investigate the components that are particularly associated with favourable psychological effects and positive aspects of nurses' professional quality of life in order to determine which traits might be effective in concentrating on treatments.

The nursing workforce is now known to have a high prevalence of stress-related illnesses like anxiety, depression, and STS, as well as substantial correlations between these variables, according to numerous research. Nevertheless, only a small number of research have measured resilience and looked at the connection between psychological outcomes and resilience. Furthermore, examining resilience's relative importance in conjunction with other significant personal variables is crucial to comprehending psychological functioning.

One in five nurses assessed in the most recent prospective research expected to leave the nursing profession; the research observed 1,417 nurses in Sweden from the time of graduation through their first five years of employment.

The authors also found that the main predictor of intention to leave was burnout level (Rudman et al., 2013). Numerous global studies have demonstrated that burnout and other stress-related diseases are prevalent in the nursing profession (Ray et al., 2013).

Nursing professionals may be particularly vulnerable to stress-related conditions such as burnout, anxiety, depression, and secondary traumatic stress. STS is a subset of Compassion Fatigue (CF), a measure of the negative aspects of a professional's quality of life. Trauma related to one's place of job can cause a person to experience various problems. Trauma at work typically occurs from secondary exposure while working with patients who have suffered or are experiencing trauma. Figley (1995) claims that exposure to this kind of content may result in insomnia, intrusive images, and avoidance of memories related to traumatic experiences.

Problem Statement

The present study was "Nurturing Resilience: Exploring the Interplay of Burnout, Turnover Intentions, and Professional Quality of Life among Female Nurses."

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Volume 2, Issue 1

Objectives of the Study

1. To find out the relationship between burnout, turnover intention and professional quality of life among female nurses.
2. To find out the relationship of socioeconomic status with turnover intention and professional quality of life among female nurses.

Hypotheses of the study

1. There is a positive relationship between burnout, turnover intention, and professional quality of life among female nurses.
2. Burnout out is a positive predictor of turnover intention and professional quality of life.
3. To find out the impact of socioeconomic status on turnover intention and professional quality of life among female nurses.
4. There will be a significant difference in hospital type with regard to turnover intention and professional quality of life.

Operational Definition

Burnout: According to Maslach (2001), burnout is characterised as persistent emotional depletion inside an organisation that arises from interpersonal pressures in professional interactions.

Turnover Intention: Make the conscious choice to quit the company (Tett & Meyer, 1993).

Professional Quality of Life: Professional quality of life (ProQOL) encompasses the range of feelings that a helper may experience in the course of their work, both positive and negative (Kim et al., 2015).

Literature Review

Burnout

A psychological condition that includes a large response to chronic relational pressure on the job" is the definition of burnout. It is divided into three categories: cynicism, personal efficacy, and emotional weariness. In some ways, emotional exhaustion is defined as the halfway point of burnout, which leads to low efficacy and sarcasm in any task. Numerous factors can contribute to burnout in nursing, but the most common ones are the demands of working around the clock, intense pressure, working shifts, and a lack of downtime (Leiter & Maslach, 2004).

According to Shirom and colleagues, burnout is not solely a disorder linked to one's employment; rather, it can also occur when people deplete their resources as a result of significant exposure to emotionally taxing circumstances in both work and personal life. Nurse burnout is the reason for a dearth of available positions and poor performance. Low output, a high rate of absences and employment churn, and these factors may have a detrimental effect on fellows. For more information, see Maslach and Jackson (1984), who define burnout as emotional weariness. Reduced personal success and depersonalisation disorder are common in people who work with others (Carod-Artal and Vázquez-Cabrera, 2013).

Stress is the result of an individual's effective relationship with duties and events that are stressful, draining, degrading one's abilities and skills, and jeopardising one's well-being for all involved. In nursing, occupational stress is prevalent. Every day in their professional routine, nurses encounter unpleasant situations on a constant basis. Those with the potential, fortitude, and strength to care for humanity are the ones who should pursue nursing. It affects those who work as nurses as well, and it's connected in some way to secondary traumatic stress disorder or compassion fatigue.

When someone is unable to achieve their life goals, it can lead to burnout, which can bring irritation, a completely different sensation of being in control, an increase in stubbornness, and a decline in the moral principles necessary to lead a

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2023

Volume 2, Issue 1

successful life. In addition to novel theories, stressful situations and burnout in nursing can also be identified by nurses through their capacity to identify coping mechanisms and inconveniencies in their stressed outpatients. Nursing additionally demonstrates to the various clinical hospital areas how to report patient circumstances by "evaluating the workload, inexperienced colleagues, and meeting patients' needs, self-expectations to meet their needs." These nurses are overseen by employing problem-solving techniques, speaking with coworkers, and obtaining helpful advice from their peers.

Emotional Exhaustion

Maslach and Jackson (1984) propose that a primary component of burnout syndrome is emotional weariness. It is the sensation of having interaction with other people, causing mental and emotional stress. Because of their lack of emotional resources and their commitment to patient care around the clock, all staff could feel that they are unable to dedicate time to themselves. (Jackson and Maslach, 1981; Jackson and Maslach, 1984).

Depersonalization/Cynicism

Depersonalisation, also referred to as dehumanisation, is the development of mistrust and callousness towards patients by exhausted staff members. (Jackson and Maslach, 1981; Jackson and Maslach, 1984). It is difficult for nurses to separate themselves from their patients by taking away the qualities that make them special people. (Maslach et al., 2001).

Diminished Personal Accomplishment

Employee self-analysis is badly impacted by diminished personal success, especially when it comes to their client work. These people will feel that their work is keeping them from succeeding in life and that they lack the capacity to be empathetic (Maslach & Jackson, 1981; Maslach & Jackson, 1984).

Turnover Intention

Stress at work is the reason hospital nurses' behaviour has changed. The COVID-19 epidemic is currently affecting the entire world and has an impact on all of humanity. We give up on our loved ones as a result of this pandemic. Humanity as a whole is internally and emotionally destroyed by this disease, leaving behind merely unconscious brains. The health care centre's organisation created a commission solely as a result of the epidemic. Despite the economic and industrial suffering caused by COVID-19, healthcare professionals courageously and resolutely stand up to support all of humanity. As time goes on, the coronavirus spreads and gets stronger, and our nurses and medical professionals are working nonstop to save the lives of those in pain. Additionally, it adds to the carers' and nurses' workload. The number of COVID-19 patients has increased, adding to the workload for nurses who are fighting this illness nonstop. The need for resources and equipment is growing, but healthcare personnel are not well-versed in using the appropriate protective gear, leaving them vulnerable to COVID-19. There are repercussions for every loophole, which implies that many nurses were lost worldwide during this procedure. As we all know, nurses stay too close to the patients in order to cure them, which increases the risk that they will contract the illness. For this reason, certain countries in the globe are still battling to stop this dreadful calamity from happening to us all (Yom et al., 2009). It is the deadliest experience for nurses to witness a fellow nurse pass away; they are not only present when their colleague dies, but they also feel certain symptoms afterwards. Their constant fear of passing away, bodily tension, and helplessness cause them to reevaluate their employment choices. Due to a lack of protective resources, several developing nations still have a significant chance of contracting the virus, which forces nurses to resign from their positions.

Nurse Turnover Intentions' Variables

Nei (2011) grouped previous research into six broad categories with 54 variables that affect nurses' turnover: personal characteristics, role states, work characteristics, group-leader interactions, views of organisational and environmental features, and attitudinal reactions.

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2023

Volume 2, Issue 1

Personal Characteristics and Role States

A multivariate analysis of 889 newly licensed pediatric nurses' intentions to leave after completing a residency programme. The study looked at how intent to quit was correlated with organisational factors, work environment variables, and personal characteristics. Other studies have looked into the possible effects of extraversion, age, education, and marital status on nurse retention. Regarding role states, a number of studies detail how nurses perceive or feel work-family conflict, role strain, and job strain (Nei 2011).

Job Characteristics

Employment characteristics that may affect retention or turnover rates include full-time or part-time status, assessments of job autonomy or control, job level, compensation, work schedule, procedural justice, and measurements of job stress levels (Nei, 2011).

Group/Leader Relations

Research has examined how both individual and group interactions impact nurse turnover. These relationships include bullying, coworkers' intention to quit, leadership, and team cohesion (Nei, 2011). A study of 433 nurses employed by the National Health Services in the United Kingdom was used to evaluate a conceptual model that relates leader-member interchange, perceived organisational support, affective commitment, and inclination to leave. Affective commitment is the term used to describe an employee's sentimental attachment to a company. While the desire to leave was inversely connected with both perceived organisational commitment and leader-member interchange, affective commitment was directly favourably correlated with both. Furthermore, the relationship between leader-member communication perceived organisational commitment, and desire to quit was mediated by affective commitment. There was a statistically significant inverse relationship between affective commitment and intention to depart. The significance of organisational support and the manager's role in motivating staff to enhance nurses' affective commitment to their profession is underscored by this study.

Organizational Perceptions

Nei (2011) identified a number of factors that were relevant to organisational understanding or perception in studies, including staffing shortages, socialisation strategies, the person-organization fit, organisational support perceived, patient aggression levels, nurses' perceptions of other job alternatives, and organisational climate and size. Waugh et al. (2011) used a descriptive correlational study methodology to examine the opinions of 257 critical care registered nurses in five different units of a tertiary university hospital in the northeastern United States about structural empowerment and anticipated turnover. The researchers used background data, the Anticipated Turnover Scale (ATS), and the Conditions of Work Effectiveness questionnaire-II (CWEQ-II). The CWEQ-II assesses formal and informal power in addition to opportunity, knowledge, resources, and support—the structural empowerment components. The ATS measures people's perceptions of voluntary resignation from their current job. The study found that the sample of nurses experienced a moderate sense of empowerment and that there was a positive correlation between greater structural empowerment ratings and lower anticipated turnover scores.

Attitudinal Reactions

A multi-stage turnover model comprising behavioural, decisional, and attitude processes. Job satisfaction was included in the attitudinal component. Other researchers have used this category of attitudinal reactions to quantify extrinsic and intrinsic motivation, job involvement, and organisational commitment (Nei, 2011).

Professional Quality of Life

Researchers have examined a variety of concepts related to professional quality of life over the last twenty years. These concepts include burnout, which is a response of weariness, discouragement, and hopelessness often associated with

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By: Haleem Adnan, Kaneez Fatima, and Amna Hassan

2023

Volume 2, Issue 1

difficult organisational or workplace factors; compassion satisfaction, which is a positive emotion associated with effectively carrying out helping work; and compassion fatigue, which is the term that Figley (1995) proposed to be used to describe secondary stress reactions, sometimes referred to as vicarious trauma or secondary traumatic stress.

The quality of clinical decision-making, the development of therapeutic connections with clients, and worker happiness and retention are all impacted by these aspects of professional quality of life. The variety of emotions that an assistant may feel while working, both positive and negative, is referred to as "professional quality of life" (ProQOL) (Kim et al. 2015). Dealing with individuals who have experienced extreme trauma can yield both advantages and disadvantages. The Professional Quality of Life Scale, or ProQOL, is the instrument most frequently used to evaluate these consequences.

Professional quality of life refers to an individual's attitude towards their role as an assistant. Both the advantages and disadvantages of employment have an impact on one's professional quality of life. Crisis intervention services can be provided on an individual, regional, national, or even global scale by helping experts. Helpers include those who work in the medical field, social work, education, law enforcement, firefighting, clergy, airline and other transportation professionals, disaster cleanup teams, and volunteers who assist on the spot or in the aftermath (Anewalt 2009).

The two facets of professional quality of life are the positive and the negative. Splits into two sections. The first section addresses emotions, including fatigue, annoyance, rage, and sadness. A bad emotion motivated by trauma from the workplace and fear is known as secondary trauma stress. Direct trauma, also known as primary trauma, can occur at work. In certain instances, trauma related to one's job may involve elements of both primary and secondary trauma.

Impact Theory of Professional Quality of Life

Nurses have been known to experience severe anxiety due to emotional stress at work. In terms of the mind, body, and emotions (Chang et al., 2007). Compassion fatigue and burnout, in particular, can have serious repercussions for healthcare organisations due to the expanding issues facing the nursing profession globally. (Chang and others, 2007). New research is needed to understand the psychological and physiological effects of compassion fatigue and burnout in order to restore recognition and support the advancement of real disruptions in the healthcare system. Based on the integration of the theories and the effects on nurses, the outcomes of compassion fatigue and burnout will be examined in these parts. The syndrome known as compassion fatigue develops from emotional strain on a nurse's well-being.

The primary goal of the health system is nursing, a profession that is severely impacted by burnout. From an administrative perspective, there is a direct correlation between nurse burnout and staff maintenance and care skills, as well as patient demands. If the workload causes burnout among nurses, it will negatively impact the health organization's ability to improve efficient care management for public safety. Workplace stress is the primary factor related to higher rates of absenteeism and medical errors in New Zealand. The team's ability to provide the patient with effective care is impacted by this stress (Hunsaker et al., 2015).

Research Methodology

The present study was a correlational study design which aims to investigate the relationship between burnout, turnover intention and professional quality of life among female nurses. A sample of N=200 female nurses was collected from different hospitals, i.e., POF hospital, Fatima Hospital, general hospital, etc., using a purposive sampling strategy. In the current study, the following instruments were used: burnout and turnover intention and professional quality of life. The three measures are as follows:

The Copenhagen Burnout: The 19-item Copenhagen Burnout Scale assesses personal, work-related, and student-related

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By: Haleem Adnan, Kaneez Fatima, and Amna Hassan

2023

Volume 2, Issue 1

burnout in three different ways. A 5-point Likert scale, ranging from 1 (always) to 5 (never/almost never), is used to measure Copenhagen Burnout. Replace the scale's labels with the original labels in the following formats: 100 (always), 75, 50, 25, and 0 (never/almost never). A higher score implied greater burnout.

Turnover Intention: TIS-6 was developed by Osgood in 1964. The TIS-6 is the measurement of participants' responses by using the semantic differential technique in which bipolar 5-step response scales are defined by two opposites (e.g., never - always; to no extent - to a very large extent; highly unlikely - highly likely). A recent study established the reliability of the six-item TIS-6 = 0.80)

Professional Quality of Life: The original scale ProQOL was developed by (Figley, 1996) and reviewed by (Hudnall-Stamm,1997). In this research, 30 items of self-assessment. The responses were made on a 6-point Likert scale for each item, rating from 0= never to 5 =very often.

Procedure
The data was collected from POF and different hospitals, and a sample was 200-400 nurses. Written informed consent was obtained from each participant, and each participant was given the right to leave or withdraw at any time. The quantitative approach was used to conduct research. Data was collected from the nurses of a POF Hospital, Fatima Hospital General Hospital, etc. All the participants were informed about the nature of the research. They were told that there was no time limit to solve the questionnaire. The data collected were analyzed using the SPSS software.

A one-way ANOVA or independent test along with Pearson's correlation coefficient were used to analyse the relationship between Burnout, Turnover Intention, and Professional Quality of Life among nurses, while the frequency (%) and mean ± SD were used to analyse the relationship between Burnout, Turnover Intention, and nurses. Regression analysis was used to examine the relationship between burnout, turnover intention, and professional quality of life.

Results
The purpose of the study is to investigate the connection between nurses' professional quality of life, burnout, and intentions to leave their jobs. For the study, we have collected the data from 200 nurses. SPSS software was used to enter the data gathered for the primary research in order to examine the effects, correlations, and quantitative analysis of the variables. This study included both descriptive and inferential statistical analysis to examine the data.

Sample Description
The frequency distribution of the demographic characteristics of the sample that took part in the current study (N=200) is defined in this section.

Table 1
Frequencies & Percentages of the Demographic Characteristics of the Participants (N= 200)

Variable	*f*	%
Gender		
Female	200	100
Age		
21-30	99	49.5
31-40	84	42.0
41-49	17	8.5
Socio-economic status		
Lower	12	6

Nurturing Resilience: Exploring the Interplay of Burnout, Turnover Intentions, and Professional Quality of Life among Female Nurses in Wah Cantt's Hospitals
By: Haleem Adnan, Kaneez Fatima, and Amna Hassan

2023

Volume 2, Issue 1

Middle	186	93
Higher	2	1
Income		
Less than 15000	12	6
Less than 30000	95	47
Less than 60000	80	40
More than 70000	13	6.5
Hospital type		
Government	127	63.5
Private	73	36.5
Working hours		
Morning shift	135	67.5
Night shift	65	32.5

Note: *f= frequency, %= percentage*

Table 1 explains the frequency and percentage of the demographic variables of the participants included in the study are shown in the above table. There was 100 per cent of females who participated in the study as the participants were nurses, and data was collected from different hospitals, government, and private institutions. Most participants in the study are from middle-class backgrounds. This table also shows most nurses' income from 15000 to 30000. Most of the participants were from government hospitals, and their working hours were in the morning shift.

Reliability Estimate and Descriptive Analysis

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

Table 2
Descriptive Statistics and Cronbach's Alpha for the Scales of Burnout, Turnover Intention and Profession Quality of Life Scale (N=200).

Variable	*k*	M	SD	A	Range		Skewness	Kurtosis
					Actual	Potential		
Burnout	19	57.76	8.46	.697	34-82	34-82	.252	.503
Turnover intention	6	18.77	4.93	.513	8-33	8-33	.439	.124
Professional quality of life	30	82.66	13.58	.671	43-111	43-111	-.589	.576

Note. *k=No of items, α= Cronbach Alpha, M =Mean, SD=Standard deviation.*

Table 2 shows the mean, standard deviation, Cronbach alpha, range, skewness and kurtosis for the scales. Mean and standard deviation were computed to determine the general average scores of participants on particular scales used in this study. Alpha values for all the measures fall in acceptable ranges, for Burnout .697, for Turnover intention .513 and for professional quality of life .671. The values for skewness and kurtosis lie between -1 and +1, which suggests that data is normally distributed.

Correction between Burnout, Turnover Intention and Professional Quality of Life among female nurses
Pearson correlation was computed to evaluate the relationship between burnout, turnover intention, and professional quality of life.

Nurturing Resilience: Exploring the Interplay of Burnout, Turnover Intentions, and Professional Quality of Life among Female Nurses in Wah Cantt's Hospitals
By: Haleem Adnan, Kaneez Fatima, and Amna Hassan

2023

Volume 2, Issue 1

Table 3

Person product correlation among Burnout, Turnover Intention and Profession Quality of Life (N=200).
The results revealed through analysis are described in the table below.

S#	Variables	1	2	3	4	5	6
1	BOS	-	.723**	.821**	.722**	.120	.180*
2	Personal BOS	-	-	.438**	.227**	.208**	.101
3	Work-related BOS	-	-	-	.404**	.079	.118
4	Client related BOS	-	-	-	-	-.010	.189**
5	TIS	-	-	-	-	-	.181*
6	ProQOL	-	-	-			-

*Note. * $p<0.05$, **$p<0.01$ BOS= burnout, personal BOS = personal burnout, Work related BOS =work related burnout, client related BOS = client related burnout, TIS = Turnover Intention, and ProQOL = professional quality of life.*

Results presented in Table 3 showed a relationship between burnout turnover intention and professional quality life scale. There is a significant positive relationship between Burnout and its subscale. Personal burnout at the level of $p< 0.01$. There is a significant positive relationship between Burnout and its subscale work-related burnout at the level of $p< 0.01$. Results revealed that there is a significant positive relationship between Burnout and its subscale client-related burnout at the level of $p< 0.01$. It also showed that there is non-significant relationship between Burnout and TIS. There is a significant positive relationship between Burnout and professional quality of life at the level of $p< 0.05$.

Government and private hospital differences in Burnout, Turnover Intention and professional quality of Life

To assess the hospital difference in Burnout, a Turnover Intention independent sample t-test was conducted. The analysis produced results that are described in the following table:

Table 4

Mean, Standard Deviation, and t-value to see the effect of Burnout, turnover intention and professional quality of life (N=200)

	Government (n= 127)		Private t(n=73)			p	95%CI		Cohen's d
Variables	*M*	*SD*	*M*	*S D*			*LL*	*UL*	
Burnout	57.95	8.48	57.43	8.46	.413	.680	-1.94	2.97	0.06
Turnover intention	18.35	4.45	19.50	5.63	-1.59	.112	-2.57	.272	0.22
Professional quality of life scale	81.58	13.89	84.52	12.88	-1.47	.141	-6.85	.983	0.21

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

Table 4 revealed the means, standard deviation, t and p values of government and private hospitals on burnout, turnover intention and professional quality of life. The analysis produced a non-significant. Which shows there are no differences among government and private hospitals.

Shifts Differences in Burnout, Turnover Intention and Professional Quality of Life

To assess the hospital difference in Burnout, a Turnover Intention independent sample t-test was conducted. The analysis produced results that are described in the following table:

Nurturing Resilience: Exploring the Interplay of Burnout, Turnover Intentions, and Professional Quality of Life among Female Nurses in Wah Cantt's Hospitals
By: Haleem Adnan, Kaneez Fatima, and Amna Hassan

2023

Volume 2, Issue 1

Table 5

Mean, Standard Deviation, and t-value to see the effect of Burnout, turnover intention and professional quality of life (N=200)

	Morning shift (n= 135)		Night shift (n=64)		t	p	95%CI		Cohens'
Variables	*M*	*SD*	*M*	*S D*			*LL*	*UL*	
Burnout	57.75	8.53	57.62	8.33	.102	.749	-2.40	2.66	0.01
Turnover intention	19.10	5.02	18.03	4.73	1.43	.869	-.404	2.54	0.21
Profession Quality of life	82.52	12.48	82.67	15.71	-.071	.015	-4.21	3.92	0.01

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

The mean, standard deviation, t, and p value of female nurses' responses to burnout, intention to leave, and professional quality of life are displayed in Table 5. The results of the analysis showed that the t values for burnout (t=.10,p>0.05), turnover intention (t=1.43,p>0.05), and professional quality of life (t=-.071,p>0.05) were non-significant. Nonetheless, a tiny Cohen's d effect size suggests that nurses do not differ in their working or shift schedules (morning and night).

One way to analyze variance is to find out the mean difference between socioeconomic status and turnover intention, as well as professional quality of life.

To ascertain whether there are any statistically significant variations between the means of the higher, middle, and lower socioeconomic level categories, a one-way analysis of variance (ANOVA) was employed. One method of variance analysis was employed to evaluate the hypothesis, using three groups to represent socioeconomic position (upper, middle, and lower). Table 6 displays the outcome of the one-way analysis of variance.

Table 6

One-way ANALYSIS of variance of three factors of participants' socioeconomic status (N=200)

	Lower		Middle		Higher		*f*	P
Factors	M	SD6	M	SD	M	SD		
proQOL	77.58	19.83	82.95	12.97	85	29.69	.912	.403
TIS	21.16	6.10	18.60	4.85	20.00	2.82	1.58	.208

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

Predictability of Variable

The impact of independent variables, such as burnout, on dependent variables, such as turnover intention and professional quality of life, is shown via regression analysis of variables. The analytical results are displayed in the following tables:

Table 7

Regression analysis predicting the effects of Turnover Intention on Burnout (N=200).

Outcome: TIS								
Variables	*B*	*SE*	*β*	95%CI		R^2	$\Box R^2$	*F*
				UL	*LL*			
Model 1 (constant)	14.73	2.40		19.48	9.99	.01	.01	2.87
BOS	.07	.04	.12	.15	-.01			

Note: B=coefficient, SE = standard error, β= beta,

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By: Haleem Adnan, Kaneez Fatima, and Amna Hassan

2023

Volume 2, Issue 1

Table 7 shows the result of multiple regression analysis showing the effect of turnover intention on burnout. The R^2 value.01revealed that the predictor explained 1% variance in the outcome variable with f= 2.87

Table 8

Regression analysis predicting the effects of ProQoL and Burnout (N=300).

Outcome: ProQOL								
Variables	*B*	*SE*	*β*	*95%CI*		*R²*	*□ R²*	*F*
				UL	LL			
Model 1 (constant)	65.94	6.55		78.86	53.03	.03	.03	6.64**
BOS	.28	.112	.18**	.51	.068			

Note: B=coefficient, SE = standard error, β= beta,

Table 8 shows the result of multiple regression analysis showing the effect of ProQoL on burnout. The R^2 value of .03 revealed that the predictor explained 3% variance in the outcome variable with f= 6.64**, p <0.01.

Discussion

The purpose of the study was to assess the connection between nurses' professional quality of life, turnover intentions, and burnout. In this study, 200 female nurses were selected from various medical facilities. Three variables were chosen for the studies: professional quality of life, turnover intentions, and burnout. Information was gathered from Wah Cantt's POF Hospital.

The subscale of burnout and its association are significantly positive. Burnout on a personal level at p< 0.01. At the level of p<0.01, there is a statistically significant positive correlation between burnout and its subscale work-related burnout. The findings showed that, at the p-value of less than 0.01, there is a strong positive correlation between burnout and its subscale client-related burnout. It also demonstrated that the association between TIS and burnout is not statistically significant. At the p<0.05 level, there is a statistically significant positive correlation between burnout and professional quality of life.

The first hypothesis was rejected in the findings.

The second hypothesis explains how professional quality of life is predicted by turnover intention and burnout. The same outcome was displayed in Table 3 when it was assessed. According to titles and professional experience, a similar study conducted at the Australian Nursing School yielded the same results with a greater sense of fulfilment value and fewer working hours.

According to the third hypothesis, there are no appreciable differences between the three socioeconomic structures. The results of the variance analysis indicate that the relationship between professional quality of life and socioeconomic states is favourable and does not differ statistically. The results of this study are also in line with a study carried out at the Korean Nurses Hospital, where data from both government and private hospitals were gathered (Kim, 2010).

The hypothesis that burnout is a predictor of turnover intentions showed the same results when research included three subscales, and they showed positive results. This study is also consistent with a study performed at the School of

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2023

Volume 2, Issue 1

Psychology, Australia, which revealed that workplace stress has a substantial effect on the mental health of nurses and brings turnover effect.

Limitations and suggestions

- In actuality, the pandemic crisis has negatively impacted data collecting. The investigation is carried out with a limited sample size. Because of this, it is not possible to extrapolate the results to a wider population. It is recommended that in order to increase generalizability, the study be repeated with a bigger sample.
- Additional research using a sample of male nurses is recommended in order to forecast gender differences, as this study did not examine gender differences among nurses, and its findings were restricted to female nurses alone.
- Both offline and online surveys were used to acquire the data. Therefore, the methodology of data gathering was open to debate. In order to obtain more trustworthy results, a single technique for data collection is advised.

Implication

- Reducing depression symptoms and improving the quality of professional life are required in order to lower the intention of nurses to leave their jobs.
- Hospital administrators must keep the nurse-to-patient ratio at a reasonable level and give nurses a positive work atmosphere.
- Health officials must determine the variables influencing hospital nurses' intentions to leave their jobs and offer solutions.
- By minimising depression and burnout and enhancing the quality of work life for nurses, these factors may lessen the excessive strain that is placed on them.

Conclusion

The study's goal was to investigate the connection between female nurses' professional quality of life, burnout, and intention to leave their jobs. The findings showed a strong positive correlation between the subscale and burnout. Burnout and its subscale, client-related burnout, have a strong positive correlation. The association between burnout and TIS is not statistically significant, although there is a substantial positive correlation between burnout and professional quality of life.

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2023

Volume 2, Issue 1

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