

## Effects of the Work Environment on Turnover Intentions among Psychiatric Nurses: The Mediating Role of Burnout

Psikiyatri Hemşirelerinin İş Ortamının İşten Ayrılma Niyeti Üzerindeki Etkisi: Tükenmişliğin Aracı Rolü

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### ABSTRACT

This study examines the impact of the nursing work environment on turnover intention among psychiatric nurses and explores the mediating role of burnout in this relationship. A cross-sectional design was employed, including 168 psychiatric nurses working in various psychiatric hospitals across Turkey. Data were collected using a demographic information form, the Nursing Work Environment Index (NWEI), the Maslach Burnout Inventory (MBI), and the Turnover Intention Scale. Spearman correlation analysis and structural equation modeling (SEM) were used to assess the relationships among the variables. The findings revealed that the nursing work environment negatively affects turnover intention ( $\beta = -0.179$ ,  $p = .009$ ), whereas burnout positively influences turnover intention ( $\beta = 0.501$ ,  $p < .001$ ). Furthermore, burnout significantly mediates the relationship between the work environment and turnover intention ( $\beta = -0.221$ ,  $p < .001$ ). These results highlight the importance of improving the work environment for psychiatric nurses to reduce burnout and mitigate turnover intention. Managerial support, effective leadership, and enhanced resources may play a crucial role in addressing these challenges

**Keywords:** Burnout, Nursing Work Environment, Psychiatric Nurses, Turnover Intention

### ÖZ

Bu çalışma, psikiyatri hemşirelerinde iş ortamının işten ayrılma niyeti üzerindeki etkisini ve bu ilişkide tükenmişliğin aracı rolünü incelemeyi amaçlamaktadır. Kesitsel bir tasarıma sahip olan çalışmaya, Türkiye'deki çeşitli psikiyatri hastanelerinde görev yapan 168 psikiyatri hemşiresi katılmıştır. Veriler, Demografik Bilgi Formu, Hemşirelik İş Ortamı İndeksi (NWEI), Maslach Tükenmişlik Envanteri (MBI) ve İşten Ayrılma Niyeti Ölçeği kullanılarak toplanmıştır. Değişkenler arasındaki ilişkileri değerlendirmek için Spearman korelasyon analizi ve yapısal eşitlik modellemesi (SEM) uygulanmıştır.

Bulgular, hemşirelik iş ortamının işten ayrılma niyeti üzerinde negatif bir etkisi olduğunu göstermektedir ( $\beta = -0,179$ ;  $p < ,009$ ). Buna karşılık, tükenmişliğin işten ayrılma niyeti üzerinde pozitif bir etkisi olduğu tespit edilmiştir ( $\beta = 0,501$ ;  $p < ,001$ ). Ayrıca, tükenmişliğin iş ortamı ile işten ayrılma niyeti arasındaki ilişkide anlamlı bir aracı rol oynadığı belirlenmiştir ( $\beta = -0,221$ ;  $p < ,001$ ). Psikiyatri hemşirelerinin iş ortamlarının iyileştirilmesi, tükenmişliğin azaltılması ve işten ayrılma niyetinin düşürülmesi açısından büyük önem taşımaktadır. Yönetmel destek, etkili liderlik ve yeterli kaynakların sağlanması, işten ayrılma niyetini azaltmada kritik rol oynayabilir

**Anahtar Kelimeler:** Hemşirelik İş Ortamı, İşten Ayrılma Niyeti, Psikiyatri Hemşireleri, Tükenmişlik

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## INTRODUCTION

The job satisfaction, performance, and professional commitment of healthcare professionals are closely linked to the quality of their work environment. Therefore, improving working conditions is crucial to enhancing nurses' job satisfaction and professional commitment. A supportive and healthy work environment, particularly for psychiatric nurses, increases job satisfaction and retention rates, ultimately improving the quality of mental health services provided.<sup>1,2</sup> However, achieving these positive outcomes requires essential elements such as adequate staffing, manageable workloads, strong administrative support, and safe working conditions.<sup>3</sup> An imbalance or deficiency in these factors can undermine nurses' ability to fulfill their professional roles and negatively impact their long-term job performance.

The work environment plays a crucial role in nurses' job satisfaction and retention. For psychiatric nurses, factors such as high workload, inadequate institutional support, lack of a safe working environment, and emotional support demands increase turnover intention. Each of these factors poses both physical and psychological challenges, which can lead to burnout over time and weaken professional commitment.<sup>4,5</sup> Laschinger et al. (2009) reported that nurses working in unsupportive environments face a heightened risk of burnout, which, in turn, negatively affects their job performance.<sup>6</sup> Additionally, burnout among psychiatric nurses is not solely attributed to workload and working conditions but also to the prolonged duration of mental illness treatment, challenges in providing adequate support to patients and their families, and the demanding behaviors of patients.<sup>7</sup> Moreover, other factors that contribute to burnout can also negatively affect nurses' professional lives. Burnout syndrome leads to reduced job performance and heightened turnover intentions among nurses. A study conducted by Sasso et al. (2018), which included nurses from 12

European countries and the United States, revealed a significant relationship between job satisfaction and burnout levels. The study

found that low job satisfaction is associated with higher levels of burnout, which in turn significantly impacts turnover intention. This finding underscores that the relationship between burnout and turnover intention among nurses is a global concern.<sup>8,9</sup>

The impact of burnout on turnover intention manifests in multiple dimensions. Emotional exhaustion, driven by excessive workload and stress, leads nurses to disengage from their profession. Depersonalization weakens professional commitment by reducing interest in patient care and diminishing empathy. Additionally, a decline in personal accomplishment lowers job satisfaction, increasing the likelihood of leaving the organization in the long run.

Both national and international studies consistently demonstrate a strong association between job satisfaction, burnout, and nurses' intentions to leave their profession.<sup>8-10</sup>

There are numerous studies in the existing literature examining the relationship between nurses' burnout, turnover intention, and working conditions. However, most of these studies focus on general nursing populations and do not adequately address the unique challenges faced by psychiatric nurses. Unlike other nurses, psychiatric nurses are exposed to distinct stressors due to prolonged patient interactions, challenging patient behaviors, and emotionally demanding work environments. This study considers these specific factors and examines the impact of the work environment on turnover intention among psychiatric nurses, with burnout as a mediating factor. While previous studies have primarily explored direct relationships, this research analyzes how burnout functions as an intermediary mechanism, providing a more comprehensive contribution to the literature.

### Aims of the study

The purpose of this study is to examine the relationships among the negative aspects of the work environment, burnout levels, and turnover intentions among psychiatric nurses.

The study hypothesizes that the nursing work environment has a negative effect on turnover intention and that burnout serves as a mediating factor in this relationship. It is assumed that psychiatric nurses working in unfavorable conditions may experience higher levels of burnout, which in turn could increase their likelihood of leaving their job. Based on these assumptions, the following hypotheses were developed:

### Hypotheses

**H1:** The nursing work environment has a negative effect on turnover intention among psychiatric nurses.

**H2:** There is a positive relationship between burnout levels and turnover intention among psychiatric nurses.

**H3:** The nursing work environment indirectly affects turnover intentions among psychiatric nurses through burnout.

## MATERIALS AND METHODS

### Study population

An online survey (Google Forms) was used to collect data between June 2024 and July 2024. The sample consisted of psychiatric nurses who voluntarily participated in the survey. Nurses were reached through professional associations, hospitals, social media platforms, and email lists. Completing the survey took 15-20 minutes. The sample size was calculated via Epi Info 7 software, which is commonly used in epidemiological research. The prevalence of the condition under study was estimated to be 35% based on a review of the literature. The desired confidence level for the study results was set at 95%, with a margin of error of 7%. This margin of error was chosen to balance practical and logistical limitations while optimizing the sample's capacity to represent the population. Given that margins of error between 5% and 10% are typical in similar studies, a 7% margin was considered a reasonable middle ground. The use of specific inclusion and exclusion criteria resulted in a more homogeneous sample, which improved the accuracy of representing the target population and enhanced the reliability of the study findings. The total number of psychiatric nurses available for selection was 1.677.<sup>11</sup> This parameter provides context for the sample size calculation and ensures that the sample appropriately represents the population. A minimum sample size of 161 was determined based on the specified criteria. However, to increase the statistical power and account for

potential losses or nonresponses, 168 psychiatric nurses were included in the study.

### Inclusion criteria

- Having worked in the same psychiatric clinic for at least one year.
- Willingness to participate in the study and signing the informed consent form.

### Exclusion criteria

- Working at the institution temporarily (e.g., temporary assignment).
- Having changed workplace or unit within the last year.
- Nurses in managerial positions were excluded from the study because they focused directly on those providing patient care.

### Assessment Tools

**Demographic Questionnaire:** The demographic questionnaire was developed by the researchers to determine the demographic characteristics of the participants. The form includes questions related to the participants' gender, age, marital status, years in the profession, years working at the current institution, reasons for choosing the profession, and satisfaction with the profession.

**Nursing Work Index - Nursing Work Environment Assessment Scale:** The Nursing Work Index (NWI) was developed by Lake (2002) and validated for use in Turkey by Türkmen (2011). It is a widely

used tool for assessing nurses' work environments (NWEs). The scale is a 4-point Likert scale to measure nurses' attitudes toward their work environment. In the literature, this scale is recognized as a significant tool for understanding nurses' job satisfaction, job performance, burnout levels, and turnover intentions.<sup>12,13</sup>

**NWE1-Participation in decision-making:** Evaluates nurses' involvement in decision-making processes (items 5, 6, 11, 15, 17, 21, 23, 27, 28). **NWE2 - Resources for Care:** Assesses access to resources necessary for providing quality care (items 4, 14, 18, 19, 22, 25, 26, 29, 30, 31). **NWE3-Leadership of nurse managers:** Measures the leadership competencies of nurse managers (items 3, 7, 10, 13, 20). **NWE4-Staffing and resource adequacy:** Evaluates nurses' satisfaction with workload and human resources (items 1, 8, 9, and 12). **NWE5-Nurse-Physician Communication:** Assesses collaboration and communication with physicians (items 2, 16, 24). The scale scores range from 1 to 4, with higher scores indicating more positive attitudes toward the work environment (12-13). The Cronbach's  $\alpha$  coefficient for this study's questionnaire is 0.888.

**Turnover Intention Scale:** The Turnover Intention Scale was developed by Wayne, Shore, and Linden (1997) to measure the propensity to leave a job.<sup>14</sup> This unidimensional scale assesses turnover intention through three statements with 5-point Likert scale answers (1 = Strongly Disagree, 5 = Strongly Agree). In Turkey, Küçükusta (2007) used it in hospitality enterprises, and the scale's reliability was reported to be 0.69. Factor analysis revealed that the scale has a single-factor structure with factor loadings ranging from .725--0.906. The internal consistency reliability of the scale, calculated via Cronbach's alpha, was found to be 0.85, indicating that the scale is a reliable measurement tool.<sup>15</sup> The Cronbach's  $\alpha$  coefficient for this study's questionnaire is 0.736.

**Maslach Burnout Inventory:** The Maslach Burnout Inventory (MBI) was developed by Maslach & Jackson in 1981,

with a Turkish validation and reliability study conducted by Ergin in 1992. The scale consists of 22 items on a 5-point Likert scale and assesses burnout levels across three subdimensions: emotional exhaustion (9 items), depersonalization (5 items), and reduced personal accomplishment (8 items). The emotional exhaustion and depersonalization items are negatively worded, whereas the personal accomplishment items are positively worded. Scores are calculated separately for each subscale. Since there is no cutoff value, it is impossible to definitively state burnout's presence or absence. Higher scores for emotional exhaustion and depersonalization indicate greater burnout, whereas higher personal accomplishment scores indicate lower burnout.<sup>16,17</sup> The Cronbach's  $\alpha$  coefficient for this study's questionnaire is 0.872.

### Statistical Analysis

The collected data were analyzed via SPSS (v. 25; IBM, New York, USA) and JAMOVİ (The Jamovi Project, 2022, v.2.3) for Windows. The Shapiro-Wilk test was used to assess the normality of the data distribution. Descriptive statistics (mean and standard deviation) were calculated to explore the overall distribution of the variables, providing insights into their central tendency and dispersion. Continuous variables were compared with Student's t test and ANOVA.

Cronbach's alpha coefficients were calculated to determine the internal consistency of the scales used in the study and confirm the reliability of the measurement instruments. Initially, correlation analysis was performed to investigate the relationships between variables. Structural equation modeling (SEM) was subsequently employed to evaluate these relationships within a comprehensive model.

Statistical significance was set at  $p < 0.05$ . The results were visualized through graphs and tables to facilitate interpretation.

### Ethical Procedure

This study received approval from the Social and Human Sciences Ethics Committee of Istanbul Medeniyet University (Ethics Committee Approval No: 2024/6) before the commencement of data collection. The data were collected online via Google Forms.

Before participating, all the respondents were informed about confidentiality, voluntariness, and ethical responsibilities through an informed consent form, and their consent was obtained.

## RESULTS AND DISCUSSION

The overall nursing work environment score was moderate ( $2.28 \pm 0.36$ ), with the highest subscale score in collegial nurse-physician relations and the lowest in staffing and resource adequacy. The mean burnout score ( $1.72 \pm 0.51$ ), with emotional exhaustion

( $1.96 \pm 0.75$ ) being the highest and reduced personal accomplishment ( $1.53 \pm 0.54$ ) being the lowest. The mean turnover intention score was also at a moderate level ( $2.48 \pm 0.83$ ) (Table 1).

**Table 1. Scores for the Nursing Work Environment, Burnout and Turnover Intention**

	Scores (Mean $\pm$ SD)
<b>Nursing work environment (NWE)</b>	$2.28 \pm 0.36$
Nurse participation in hospital affairs	$2.30 \pm 0.42$
Nursing foundations for quality of care	$2.39 \pm 0.45$
Nurse manage leadership, ability and support	$2.24 \pm 0.46$
Staffing and resource adequacy	$1.88 \pm 0.50$
Collegial nurse-physician relations in sequence	$2.50 \pm 0.43$
<b>Burnout</b>	$1.72 \pm 0.51$
Emotional exhaustion	$1.96 \pm 0.75$
Depersonalization	$1.61 \pm 0.73$
Reduced personal accomplishment	$1.53 \pm 0.54$
<b>Turnover intention</b>	$2.48 \pm 0.83$

No significant differences were found in work environment, burnout, or turnover intention based on gender, age, or marital status. However, educational level was significantly associated with burnout, with nurses holding a master's degree reporting higher burnout levels compared to those with

other degrees. Additionally, nurses who did not like being psychiatric nurses had significantly higher turnover intention than those who did ( $p = 0.047$ ). The duration of working in the same hospital was not significantly associated with any of the variables (Table 2).



**Table 2. Descriptive and Bivariate Statistics of Nursing Work Environment, Burnout and Turnover Intentions (N = 168)**

		Nursing work environment		Burnout		Turnover Intention	
Characteristic	n (%)	M ± SD	p	M ± SD	p	M ± SD	p
Gender							
Male	29 (17.3)	2.29± 0.34	0.431	1.69± 0.57	0.777	2.41±0.68	0.837
Female	139 (82.7)	2.25± 0.43		1.73± 0.49		2.50±0.86	
Age							
21-30	110 (65.4)	2.23±0.25	0.555	1.69±0.33	0.639	2.45±0.71	0.234
31-40	42 (27.5)	2.28±0.11		1.81±0.51		2.27±0.14	
41-50	16 (7.1)	2.25±0.29		1.65±0.25		2.59±0.22	
Marital status							
Single/divorced/ widowed	102 (60.7)	2.29±0.34	0.982	1.71±0.52	0.700	2.53±0.91	0.642
Married	66 (39.3)	2.28±0.37		1.73±0.50		2.46±0.78	
Highest degree diploma							
Baccalaureate	116 (69.5)	2.34±0.36	0.009	1.69±0.52	0.015	2.44±0.76	0.175
Master	40 (23.8)	2.20±0.37		1.86±0.48		2.68±1.00	
Doctorate (PhD)	12 (44.7)	2.09±0.14		1.63±0.42		2.25±0.85	
Years of experience							
≤ 5	105 (62.5)	2.14±0.21	0.184	1.85±0.38	0.106	2.65±0.69	0.450
6~10	43 (25.5)	2.25±0.43		1.68±0.55		2.57±1.10	
11 ~15	3 (1.7)	1.91±0.29		2.42±0.71		3.44±1.34	
16 ~20	8 (4.7)	2.31±0.26		1.33±0.18		2.25±0.52	
>20	9 (5.6)	2.39±0.25		1.34±0.29		2.11±0.78	
Working in the same hospital							
≤ 5	125 (74.4)	2.23±0.34	0.157	1.62±0.45	0.515	2.66±0.87	0.454
6~10	38 (22.6)	2.08±0.11		1.98±0.27		2.43±0.56	
11 ~15	3 (1.79)	2.32±0.45		1.77±0.13		2.29±0.38	
16 ~20	2 (1.21)	2.23±0.73		1.61±0.23		3.11±0.61	
Do you like being a psychiatric nurse?							
Yes	118	2.28±0.36	0.927	1.71±0.48	0.742	2.40±0.88	0.047
No	50	2.29±0.36		1.76±0.56		2.67±0.80	

NWE and its subdimensions, NWE1, NWE2, NWE3, and NWE4, are negatively correlated with turnover intention. The overall burnout score, particularly emotional

exhaustion, has a strong positive correlation with turnover intention. Additionally, the subdimensions of NWE show significant negative correlations with burnout (Table 3).

**Table 3. Correlations Among the Nursing Work Environment, Burnout and Turnover Intentions**

	1	2	3	4	5	6	7	8	9	10
<b>Turnover Intention</b>	—									
<b>NWE</b>	-0.353 ***	—								
<b>NWE1</b>	-0.310 **	0.886 ***	—							
<b>NWE2</b>	-0.285 ***	0.875 ***	0.690 ***	—						
<b>NWE3</b>	-0.389 ***	0.781 ***	0.651 ***	0.557 ***	—					
<b>NWE4</b>	-0.307 ***	0.629 ***	0.479 ***	0.410 ***	0.489 ***	—				
<b>NWE5</b>	-0.140 ***	0.626 ***	0.498 ***	0.547 ***	0.414 ***	0.278 ***	—			
<b>Burnout</b>	0.550 ***	-0.408 ***	-0.353 ***	-0.362 ***	-0.357 ***	-0.341 ***	-0.193 *	—		
<b>Emotional exhaustion</b>	0.595 ***	-0.397 ***	-0.344 ***	-0.327 ***	-0.408 ***	-0.358 ***	-0.196 *	0.844 ***	—	
<b>Depersonalization</b>	0.363 ***	-0.217 **	-0.178 *	-0.272 ***	-0.185 *	-0.184 *	0.006 ***	0.777 ***	0.596 ***	—
<b>Reduced personal accomplishment</b>	0.183* ***	-0.244 **	-0.228 **	-0.192 *	-0.134 *	-0.188 *	-0.212 **	0.608 ***	0.186 *	0.312 ***

Note. \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ . NWE: Nursing work environment; NWEs 1–5 represent five elements of the nursing work environment: (1) nurse participation in hospital affairs; (2) nursing foundations for quality of care; (3) nurses managing leadership, ability and support; (4) staffing and resource adequacy; and (5) collegial nurse–physician relations in sequence.

The direct and indirect effects of NWE subdimensions on burnout and turnover intention were analyzed. The findings indicate that the indirect effects of NWE on turnover intention through burnout were not statistically significant. Among the direct effects, NWE3 demonstrated a significant

negative association with turnover intention ( $\beta = -0.198$ ,  $p = .006$ ). Additionally, NWE3 exhibited a significant total effect on turnover intention ( $\beta = -0.263$ ,  $p = .003$ ). The remaining NWE subdimensions did not show statistically significant direct or total effects on turnover intention (Table 4).

**Table 4. Indirect and Total Effects**

Type	Effect	95% C.I. Lower	95% C.I. Upper	$\beta$	Z	p
Indirect	NWE1 $\Rightarrow$ Burnout $\Rightarrow$ Turnover Intention	-0.301	0.118	-0.042	-0.781	0.435
	NWE2 $\Rightarrow$ Burnout $\Rightarrow$ Turnover Intention	-0.378	0.006	-0.102	-1.904	0.057
	NWE3 $\Rightarrow$ Burnout $\Rightarrow$ Turnover Intention	-0.260	0.031	-0.065	-1.566	0.117
	NWE4 $\Rightarrow$ Burnout $\Rightarrow$ Turnover Intention	-0.297	0.013	-0.085	-1.775	0.076
	NWE5 $\Rightarrow$ Burnout $\Rightarrow$ Turnover Intention	-0.073	0.227	0.036	0.927	0.354
Component	NWE1 $\Rightarrow$ Burnout	-0.378	0.145	-0.088	-0.799	0.424
	NWE2 $\Rightarrow$ Burnout	-0.479	0.004	-0.214	-1.944	0.052
	NWE3 $\Rightarrow$ Burnout	-0.333	0.014	-0.135	-1.563	0.118
	NWE4 $\Rightarrow$ Burnout	-0.366	0.003	-0.178	-1.907	0.057
	NWE5 $\Rightarrow$ Burnout	-0.090	0.288	0.076	0.941	0.347
Direct	NWE1 $\Rightarrow$ Turnover Intention	-0.207	0.484	0.061	0.692	0.489

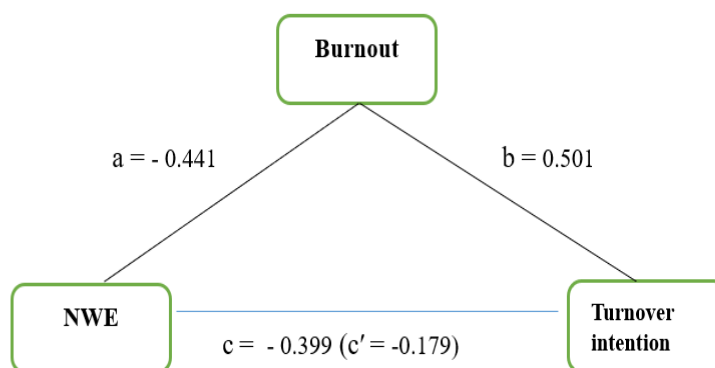
**Table 4.**

Total	NWE2 $\Rightarrow$ Turnover Intention	-0.514	0.137	-0.102	-1.123	0.261
	NWE3 $\Rightarrow$ Turnover Intention	-0.616	-0.104	-0.198	-2.726	0.006
	NWE4 $\Rightarrow$ Turnover Intention	-0.343	0.129	-0.065	-0.896	0.370
	NWE5 $\Rightarrow$ Turnover Intention	-0.164	0.404	0.067	0.906	0.365
	NWE1 $\Rightarrow$ Turnover Intention	-0.339	0.429	0.019	0.197	0.844
	NWE2 $\Rightarrow$ Turnover Intention	-0.775	0.006	-0.204	-1.875	0.061
	NWE3 $\Rightarrow$ Turnover Intention	-0.787	-0.155	-0.263	-2.931	0.003
	NWE4 $\Rightarrow$ Turnover Intention	-0.524	0.034	-0.151	-1.747	0.081
	NWE5 $\Rightarrow$ Turnover Intention	-0.083	0.517	0.104	1.320	0.187

Note. NWE: Nursing work environment; NWEs 1–5 represent five elements of the nursing work environment: (1) nurse participation in hospital affairs; (2) nursing foundations for quality of care; (3) nurses managing leadership, ability and support; (4) staffing and resource adequacy; and (5) collegial nurse–physician relations in sequence.

This diagram illustrates the effect of the NWE on turnover intention and the mediating role of burnout in this relationship. The total effect of NWE on turnover intention is reported as -0.399. However, when burnout is included in the model, the direct effect decreases to -0.179, indicating a partial mediation effect. The diagram also shows that a better nursing

work environment reduces burnout (-0.441), while increased burnout leads to higher turnover intention (0.501). These findings suggest that the NWE directly influences turnover intention but also has an indirect effect through burnout. In conclusion, burnout serves as an important mediator in the relationship between the NWE and turnover intention.

**Statistical diagram**

**Fig. 1** Mediating role of burnout in explaining the relationship between NWE and turnover intention (N=168). NWE- Nursing work environment; a = direct effect of NWE on the mediator; b = direct effect of the mediator on turnover intention; c = total effect of NWE on turnover intention; c' = direct effect of NWE on turnover intention

This study thoroughly examines the impact of the nursing work environment on nurses' turnover intentions and the mediating role of burnout in this relationship. The findings explain how nurses' experiences and perceptions of their workplace influence their turnover intentions, emphasizing the critical role burnout plays in this process.

### Nursing Work Environment Scores

The overall NWE score was  $2.28 \pm 0.36$  out of 4. According to Kelly & Todd (2021), NWE scores below 2.5 indicate an increased risk of job dissatisfaction and burnout among nurses.<sup>18</sup> Similarly, studies by Aiken et al. (2002) and Lake (2007) emphasize that lower work environment scores are associated with



higher levels of nurse burnout and turnover intention, highlighting the need for NWE improvement.<sup>10-12</sup> The staffing and resource adequacy subdimension (NWE4) received a notably low score. Adequate staffing and resources are critical for nurses to perform their duties effectively. Insufficient staffing and resources negatively impact job satisfaction and patient care quality, increasing stress and turnover intentions. Conversely, adequate staffing and resource distribution are critical in high-stress areas to increase job satisfaction and reduce turnover intention. The American Psychiatric Nurses Association (APNA) also underscores the positive effects of adequate staffing on nurse job satisfaction and patient care quality.<sup>19, 20</sup> Our findings align with recent studies regarding workload and resource inadequacies faced by psychiatric nurses, showing that nurses are often unable to perform their duties effectively due to insufficient resources.<sup>12,20-22</sup> The subdimension "collegial nurse-physician relations" (NWE5) had the highest score among the other NWE subdimensions. This highlights the importance of nurses' relationships with physicians in the work environment. Strong nurse-physician relationships are crucial for increasing nurses' professional satisfaction and improving the quality of care. Strong relationships between nurses and physicians can lead to increased motivation and commitment in the workplace.<sup>23</sup> Good relationships between nurses and physicians promote a more balanced workload distribution, enhancing teamwork and creating a more coordinated and efficient environment in patient care processes. This, in turn, can improve nurses' professional satisfaction and job satisfaction, thereby enhancing the quality of nursing services and the efficiency of patient care processes.<sup>24</sup> Research shows that positive nurse-physician relationships increase job satisfaction and reduce burnout among nurses.<sup>24,25</sup>

## Effects of the Work Environment on Turnover Intention

Our findings revealed a negative relationship between the work environment and turnover intention, supporting Hypothesis 1. Studies conducted on psychiatric nurses also support this result. Hamaideh (2011) reported that psychiatric nurses are at high risk of experiencing job stress and burnout, but a positive work environment can mitigate these effects, reducing turnover intention.<sup>25</sup> Similarly, Kaddourah et al. (2018) reported that social support and teamwork in the workplace reduce turnover intentions among psychiatric nurses.<sup>26</sup> Additionally, a study by McTiernan & McDonald (2015) identified a positive work environment and managerial support as crucial factors in significantly reducing turnover intention among psychiatric nurses.<sup>27</sup> These findings align with the results of our study. The effect of NWE3, a subdimension representing nurse managers' leadership qualities and attitudes, on turnover intention was negative and significant. The literature corroborates this finding, with studies by Bamford et al. (2013) and Laschinger et al. (2011) showing that effective leadership improves nurse morale and job satisfaction, thus reducing turnover intention.<sup>6,29</sup> Additionally, O'Brien-Pallas et al. (2010) reported that managerial support alleviates nurses' perceptions of workload, significantly reducing turnover intentions. In summary, practical leadership qualities and supportive attitudes of nurse managers play critical roles in increasing job satisfaction and reducing turnover intentions among psychiatric nurses.<sup>30</sup> The lack of significant direct effects of subdimensions other than NWE3 on turnover intention suggests that other supportive elements in the work environment may balance these aspects. For example, when NWE4 (nurse managers' leadership qualities) is strong, nurses may place less emphasis on shortcomings in NWE3 (staffing and resource adequacy). Strong leadership support may help nurses

remain satisfied with their jobs despite resource inadequacies, keeping turnover

intention low. This could weaken the individual effects of these subdimensions on turnover intention. In addition, the relationship between the work environment and burnout should also be considered. The negative correlations between the NWE subdimensions and burnout highlight that the nursing work environment can help reduce burnout levels among nurses.

### **Role of Burnout in Turnover Intention**

Our study demonstrated that burnout strongly impacts nurses' turnover intention, supporting Hypothesis 2. Correlation analysis also revealed a significant positive relationship between burnout and turnover intention. This finding indicates that nurses experiencing higher levels of burnout in their workplace demonstrate a significantly increased likelihood of resigning. This relationship is widely supported in the literature. For example, Laschinger & Fida (2014) reported that nurses with high levels of burnout are significantly more likely to express intentions to terminate employment.<sup>31</sup> Similarly, McHugh et al. (2011) reported that nurses with low job satisfaction and high burnout are more inclined to quit their positions.<sup>32</sup> Our findings highlight that burnout is one of the keys determining factors influencing turnover intention.

### **The Mediating Role of Burnout in the Relationship between Work Environment and Turnover Intention**

The findings of this study show that burnout plays a significant mediating role in

the relationship between the work environment and turnover intention among psychiatric nurses. In support of Hypothesis 3, these results reveal that a decline in the quality of the work environment increases burnout, which in turn directly impacts turnover intention. Schaufeli & Bakker (2004) noted that a high-quality work environment is associated with low employee burnout levels, reducing turnover intention.<sup>33</sup> Hanrahan and Aiken (2008) emphasized that psychiatric nurses often work in highly stressful and emotionally demanding environments, which can increase burnout and subsequently increase turnover intention.<sup>34</sup> Similarly, Rössler (2012) reported that high levels of burnout among psychiatric nurses were linked to workplace stressors and poor working conditions, directly influencing their intention to leave.<sup>35</sup> In this study, the effect of burnout on turnover intention ( $b = 0.501$ ) is stronger than the direct effect of the work environment ( $c' = -0.179$ ). This finding suggests that reducing burnout could be vital to preventing turnover intentions. Moreover, correlation analysis revealed a negative relationship between the work environment and burnout, highlighting the importance of reducing burnout to lower turnover intentions. Consistent with other studies in the literature, this finding underscores the critical role of preventing burnout and improving the quality of the work environment to strengthen psychiatric nurses' professional commitment and reduce turnover intentions.<sup>36</sup>

## **CONCLUSION AND RECOMMENDATIONS**

The findings of this study indicate that a supportive and positive work environment can reduce burnout levels among psychiatric nurses, lowering their turnover intentions. Psychiatric nurses play a critical role in mental health services, and their job satisfaction, burnout levels, and turnover intentions are vital for their individual well-being and the quality of mental health

services provided. It is essential to develop strategies to balance the workload of psychiatric nurses and support them. Given the intense emotional demands of their work, workload management is crucial in reducing burnout symptoms. Strategies such as maintaining adequate staffing levels, ensuring fair shift scheduling, and minimizing the need for overtime can help

psychiatric nurses maintain emotional well-being and, in turn, reduce burnout.

Additionally, managers must ensure that psychiatric nurses feel supported in the workplace. This could include providing regular feedback, offering emotional support, facilitating trauma and stress management training, and creating opportunities for career development. Establishing a participatory management structure where nurses can express themselves can also enhance job satisfaction and foster a greater sense of workplace commitment.

Measures to strengthen collaboration between psychiatric nurses, physicians, and other healthcare personnel are also crucial. Strategies such as improving nurse-physician relationships, fostering team communication, and promoting collaborative decision-making processes can be implemented. These efforts may enhance nurses' job satisfaction, reduce burnout, and decrease turnover intentions.

These improvements have the potential to increase job satisfaction among psychiatric nurses, reduce levels of burnout, and consequently enhance the quality of mental health services. The proposed strategies are thought to generate positive effects not only at the individual level but also at organizational and systemic levels. By implementing such strategies, healthcare managers can strengthen nurses' professional commitment and minimize workforce attrition. Moreover, establishing a more stable workforce structure can support continuity in patient care, thereby positively influencing both patient safety and the

quality of care. In the long term, institutions where psychiatric nurses feel supported, valued, and part of a participatory work environment may achieve outcomes such as lower staff turnover, increased service satisfaction, and a more resilient healthcare workforce.

### Limitations of the Study and Future Research

This study specifically focused on psychiatric nurses, offering insights into their work environment, burnout, and turnover intention. While this approach provides valuable findings, it limits the generalizability of the results to other nursing specialties and healthcare settings. Future research should include a more diverse sample from various psychiatric clinics and other healthcare institutions to enhance the applicability of these findings. Additionally, the study's cross-sectional design prevents the establishment of causal relationships between burnout and turnover intention. Longitudinal studies are needed to examine how these factors evolve over time and to identify potential mediators or moderators influencing this relationship. Moreover, while this study highlights the role of job load, work environment, and burnout, future research should explore additional factors such as leadership styles, organizational policies, and emotional resilience, which may also contribute to nurses' turnover intentions. Employing mixed-methods approaches, including qualitative interviews alongside quantitative analyses, could provide a deeper understanding of these dynamics.

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