Workplace Stress, Job Satisfaction, and Turnover Intention: A Survey Based Study among Healthcare Employees

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ABSTRACT

The healthcare sector is one of the most demanding service industries, requiring employees to deliver high-quality patient care while operating under intense physical, emotional, and psychological pressures. Prolonged exposure to heavy workloads, emotional labour, staff shortages, long working hours, and time-critical decision making has made workplace stress a persistent challenge in healthcare organizations, undermining employee well-being, reducing job satisfaction, and increasing turnover intention. Despite extensive research on these constructs individually, limited empirical evidence has examined their interrelationships within a single integrated framework in healthcare settings. This study investigates the relationships between workplace stress, job satisfaction, and turnover intention among healthcare employees and examines the mediating role of job satisfaction in the stress–turnover relationship. Grounded in the Job Demands–Resources Theory, the Stress–Strain–Outcome Model, Herzberg's Two-Factor Theory, and Social Exchange Theory, the study adopts a quantitative, cross-sectional survey design guided by a positivist philosophy and deductive approach. Primary data were collected using a structured questionnaire from 300 healthcare employees, including doctors, nurses, allied health professionals, and administrative staff working in hospitals and healthcare institutions. Data were analyzed using SPSS, employing descriptive statistics, reliability and validity testing, correlation analysis, multiple regression analysis, and mediation analysis. The

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findings reveal high levels of workplace stress, moderate job satisfaction, and relatively high turnover intention among healthcare employees. Workplace stress exhibits a significant negative effect on job satisfaction and a strong positive effect on turnover intention, while job satisfaction shows a significant negative relationship with turnover intention. Mediation analysis confirms that job satisfaction partially mediates the relationship between workplace stress and turnover intention. The study highlights the importance of integrated stress management and job satisfaction enhancement strategies to reduce turnover intention and support workforce sustainability in healthcare organizations.

Keywords:

Workplace Stress; Job Satisfaction; Turnover Intention; Healthcare Employees; Job Demands–Resources Theory

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CHAPTER 1: INTRODUCTION

1.1 Background of the Study

The healthcare sector is one of the most demanding and complex service industries, requiring employees to perform under high pressure while ensuring patient safety, quality care, and emotional support. Healthcare employees, including doctors, nurses, allied health professionals, and support staff, often work in environments characterized by long working hours, heavy workloads, emotional strain, and high responsibility. While these demands are inherent to healthcare delivery, their cumulative effect frequently manifests as workplace stress, which has become a growing concern globally (World Health Organization [WHO], 2024).

Workplace stress is widely recognized as a critical occupational health issue, particularly in healthcare settings where employees are exposed to life and death situations, patient suffering, ethical dilemmas, and time sensitive decision making. Prolonged exposure to such stressors can negatively affect employees' psychological well being, job satisfaction, and organizational commitment, ultimately leading to higher turnover intention (Labrague et al., 2022).

Job satisfaction plays a central role in shaping employee attitudes and behaviors. Satisfied healthcare employees are more likely to deliver high quality patient care, exhibit organizational citizenship behavior, and remain committed to their organizations. Conversely, low job satisfaction has been consistently linked to burnout, absenteeism, and increased turnover intention, all of which pose significant challenges to healthcare organizations.

Turnover intention the conscious and deliberate willingness of employees to leave their organization has emerged as a major concern in the healthcare sector. High turnover rates not only increase recruitment and training costs but also disrupt continuity of care and compromise patient outcomes (Hayes et al., 2022). Understanding the interplay between workplace stress, job satisfaction, and turnover intention is therefore essential for ensuring workforce sustainability and service quality in healthcare organizations.

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1.2 Healthcare Work Environment and Employee Well Being

The healthcare work environment is inherently stressful due to its dynamic, unpredictable, and emotionally charged nature. Healthcare employees are required to manage high patient volumes, comply with strict regulatory standards, and respond to emergencies while maintaining professional competence and empathy (Shanafelt et al., 2015).

Employee well being in healthcare extends beyond physical health to include psychological and emotional dimensions. Chronic workplace stress can lead to anxiety, depression, emotional exhaustion, and burnout, which in turn affect job performance and satisfaction (Maslach & Leiter, 2021). During periods of public health crises, such as the COVID 19 pandemic, stress levels among healthcare workers have been shown to increase significantly, intensifying concerns related to turnover intention (WHO, 2022).

Healthcare organizations increasingly recognize that protecting employee well being is not only an ethical responsibility but also a strategic necessity. Well supported employees are more resilient, motivated, and engaged, contributing to organizational effectiveness and patient satisfaction.

1.3 Concept of Workplace Stress in Healthcare Settings

Workplace stress refers to the harmful physical and emotional responses that occur when job demands exceed an individual's capacity to cope (Lazarus & Folkman, 2024). In healthcare settings, stress arises from a combination of organizational, interpersonal, and task related factors.

Healthcare employees frequently experience stress due to excessive workload, staff shortages, time pressure, role conflict, and emotional labor associated with patient care and end of life situations (Labrague et al., 2022). Shift work and long working hours further exacerbate stress by disrupting work–life balance and sleep patterns (Caruso, 2023).

According to the Job Demands–Resources (JD R) model, workplace stress results when job demands are high and job resources are insufficient (Bakker & Demerouti, 2020). In healthcare organizations, inadequate

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staffing, limited supervisory support, and lack of autonomy often intensify job demands, increasing stress levels and negatively influencing employee attitudes.

Understanding workplace stress in healthcare contexts is crucial, as unmanaged stress can impair clinical decision making, reduce job satisfaction, and increase the likelihood of turnover intention.

1.4 Job Satisfaction among Healthcare Employees

Job satisfaction refers to the extent to which employees feel positively or negatively about their jobs (Locke, 2023). It encompasses both intrinsic factors, such as meaningful work and professional growth, and extrinsic factors, such as pay, working conditions, and organizational support.

In healthcare settings, job satisfaction is influenced by multiple factors, including workload, leadership support, teamwork, recognition, career development opportunities, and work–life balance. Healthcare employees who perceive their work as meaningful and feel supported by management are more likely to experience higher job satisfaction despite challenging work conditions.

Herzberg's Two Factor Theory distinguishes between hygiene factors (e.g., salary, job security) and motivators (e.g., achievement, recognition) in shaping job satisfaction (Herzberg et al., 2021). In healthcare organizations, both sets of factors are critical, as inadequate hygiene factors can lead to dissatisfaction, while strong motivators enhance engagement and retention.

Job satisfaction is particularly important in healthcare due to its direct impact on patient care quality, employee morale, and organizational stability. Low job satisfaction has been consistently associated with higher stress levels and stronger turnover intentions among healthcare professionals (Hayes et al., 2022).

1.5 Turnover Intention in the Healthcare Sector

Turnover intention is defined as an employee's conscious and deliberate intention to leave their current organization within a given period (Tett & Meyer, 2023). It is widely regarded as a reliable predictor of actual turnover behavior.

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The healthcare sector experiences higher turnover rates compared to many other industries, particularly among nurses and allied health professionals. Factors such as workplace stress, burnout, job dissatisfaction, limited career advancement, and poor work–life balance contribute significantly to turnover intention (Hayes et al., 2022).

High turnover intention poses serious challenges for healthcare organizations, including increased operational costs, staffing shortages, reduced employee morale, and compromised patient safety. Retaining skilled healthcare workers is therefore a critical priority for healthcare management and policymakers.

Understanding the antecedents of turnover intention especially the roles of workplace stress and job satisfaction provides valuable insights for designing effective retention strategies.

1.6 Problem Statement

Despite the critical importance of healthcare employees, many healthcare organizations continue to struggle with high levels of workplace stress, low job satisfaction, and increasing turnover intention. While prior research has examined these constructs individually, there is limited empirical evidence that comprehensively examines the interrelationships between workplace stress, job satisfaction, and turnover intention within a single integrated framework, particularly in developing and emerging healthcare contexts.

Moreover, existing studies often focus on burnout or general job stress without adequately exploring job satisfaction as a potential mediating factor between stress and turnover intention. This gap limits the understanding of how healthcare organizations can effectively intervene to reduce employee turnover.

Therefore, the problem addressed in this study is the lack of integrated empirical evidence examining how workplace stress influences turnover intention directly and indirectly through job satisfaction among healthcare employees.

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1.7 Research Aim

The primary aim of this study is to examine the relationships between workplace stress, job satisfaction, and turnover intention among healthcare employees using a survey based quantitative approach.

1.8 Research Objectives

To achieve the research aim, the following objectives are formulated:

1. To assess the level of workplace stress among healthcare employees.
2. To examine the level of job satisfaction among healthcare employees.
3. To analyze the level of turnover intention in the healthcare sector.
4. To investigate the relationship between workplace stress and job satisfaction.
5. To examine the relationship between workplace stress and turnover intention.
6. To analyze the relationship between job satisfaction and turnover intention.
7. To examine the mediating role of job satisfaction in the relationship between workplace stress and turnover intention.

1.9 Research Questions

The study seeks to answer the following research questions:

1. What is the level of workplace stress among healthcare employees?
2. What is the level of job satisfaction among healthcare employees?
3. What is the level of turnover intention in healthcare organizations?
4. How does workplace stress affect job satisfaction?
5. How does workplace stress influence turnover intention?
6. What is the relationship between job satisfaction and turnover intention?

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7. Does job satisfaction mediate the relationship between workplace stress and turnover intention?

1.10 Research Hypotheses

Based on the literature review, the following hypotheses are proposed:

- **H1:** Workplace stress has a significant negative effect on job satisfaction.
- **H2:** Workplace stress has a significant positive effect on turnover intention.
- **H3:** Job satisfaction has a significant negative effect on turnover intention.
- **H4:** Job satisfaction mediates the relationship between workplace stress and turnover intention.

1.11 Significance of the Study

This study contributes to academic literature by integrating workplace stress, job satisfaction, and turnover intention within a single empirical framework grounded in established organizational behavior theories. It extends the application of the Job Demands–Resources model and Herzberg's Two Factor Theory to healthcare contexts.

Practically, the findings provide valuable insights for healthcare managers and policymakers seeking to improve employee retention and well being. By identifying key stressors and satisfaction drivers, healthcare organizations can design targeted interventions to reduce turnover intention and enhance workforce sustainability.

1.12 Scope of the Study

The study focuses on healthcare employees working in hospitals and healthcare institutions. It adopts a quantitative research design and relies on self reported survey data. The findings may not be fully generalizable to non healthcare sectors or informal healthcare settings.

1.13 Definitions of Key Terms

- **Workplace Stress:** The physical and psychological strain experienced when job demands exceed coping capacity.

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- **Job Satisfaction:** An employee's overall affective evaluation of their job.
- **Turnover Intention:** The deliberate intention of an employee to leave their organization.

1.14 Structure of the Thesis

This thesis consists of six chapters. Chapter 1 introduces the study. Chapter 2 reviews relevant literature and develops the conceptual framework. Chapter 3 outlines the research methodology. Chapter 4 presents data analysis and results. Chapter 5 discusses the findings. Chapter 6 concludes the study and provides recommendations.

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CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter reviews existing theoretical and empirical literature relevant to workplace stress, job satisfaction, and the healthcare work environment. The purpose of the literature review is to establish a strong conceptual and empirical foundation for examining the relationships among workplace stress, job satisfaction, and turnover intention in healthcare settings. Healthcare organizations operate in highly complex environments where employees face intense job demands, emotional pressure, and ethical responsibilities. These conditions make healthcare professionals particularly vulnerable to workplace stress, which can negatively influence job satisfaction and subsequent organizational outcomes.

The chapter is structured into four main sections. First, the healthcare workforce and work environment are discussed, highlighting the nature of healthcare jobs and associated occupational risks. Second, the concept of workplace stress is examined, with specific emphasis on stressors prevalent in healthcare organizations. Third, the concept and dimensions of job satisfaction among healthcare employees are explored. The chapter concludes by synthesizing insights from the literature to support the development of the conceptual framework and hypotheses in subsequent sections.

2.2 Healthcare Workforce and Work Environment

Healthcare systems rely heavily on skilled and committed employees to deliver safe, effective, and compassionate care. However, the healthcare work environment is often characterized by high pressure, uncertainty, and emotional intensity, which significantly affect employee well being and performance.

2.2.1 Overview of the Healthcare Sector

The healthcare sector is one of the largest and most essential service industries worldwide, encompassing hospitals, clinics, primary care centers, and specialized medical institutions. According to the World Health Organization (WHO, 2024), healthcare systems employ millions of workers globally and play a critical role in improving population health and life expectancy.

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Healthcare employees include physicians, nurses, allied health professionals, administrative staff, and support personnel. Among these groups, nurses and frontline healthcare workers constitute the largest proportion of the workforce and are often exposed to the most demanding working conditions (Shanafelt et al., 2025).

The healthcare sector is distinct from other industries due to its continuous operation, high accountability, and direct impact on human life. Errors or delays in healthcare delivery can have severe consequences, increasing the psychological burden on employees. As a result, healthcare organizations face persistent challenges related to staff well being, job satisfaction, and retention.

2.2.2 Nature of Healthcare Jobs and Work Demands

Healthcare jobs are inherently demanding, requiring employees to perform complex tasks under time pressure while maintaining professional competence and emotional control. Healthcare employees must manage heavy workloads, attend to multiple patients simultaneously, and make critical decisions that affect patient outcomes (Maslach & Leiter, 2021).

Job demands in healthcare include physical demands such as prolonged standing, lifting patients, and working long shifts, as well as cognitive demands involving concentration, problem solving, and clinical judgment. Emotional demands are particularly pronounced, as healthcare employees frequently encounter patient suffering, death, and distressing family interactions (Labrague et al., 2022).

The Job Demands–Resources (JD R) model explains that when job demands are high and job resources are insufficient, employees are more likely to experience stress and burnout (Bakker & Demerouti, 2020). In healthcare settings, inadequate staffing, limited autonomy, and insufficient managerial support often exacerbate job demands, contributing to chronic stress and reduced job satisfaction.

2.2.3 Occupational Health Risks in Healthcare

Healthcare employees face a wide range of occupational health risks, including physical, psychological, and psychosocial hazards. Physical risks include exposure to infectious diseases, hazardous substances, and

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workplace injuries (WHO, 2022). Psychological risks arise from sustained exposure to high stress levels, emotional exhaustion, and traumatic events.

Burnout is one of the most prevalent occupational health issues among healthcare workers, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2021). Burnout has been linked to decreased job satisfaction, increased absenteeism, and higher turnover intention (Hayes et al., 2022).

Psychosocial risks, such as workplace bullying, lack of social support, and poor leadership, further contribute to occupational stress. Addressing these risks is essential for promoting employee well being and ensuring the sustainability of healthcare organizations.

2.3 Workplace Stress

Workplace stress has been extensively studied in organizational behavior and occupational health research due to its significant implications for employee well being and organizational effectiveness. In healthcare settings, workplace stress is particularly pronounced due to the nature of the work and the environment in which it is performed.

2.3.1 Concept and Definition of Workplace Stress

Workplace stress refers to the physical and psychological responses that occur when job demands exceed an individual's ability to cope (Lazarus & Folkman, 2024). Stress arises from an imbalance between perceived demands and available resources, leading to strain and adverse health outcomes.

In occupational settings, stress is not inherently negative; moderate levels of stress may enhance performance and motivation. However, chronic or excessive stress can lead to fatigue, anxiety, depression, and burnout (Selye, 1976). In healthcare organizations, persistent exposure to stressors often results in long term psychological strain.

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The Stress–Strain–Outcome model explains how workplace stressors (stress) lead to psychological or physical strain, which subsequently affects individual and organizational outcomes such as job satisfaction and turnover intention (Cooper et al., 2021). This model is particularly relevant in healthcare contexts, where stressors are frequent and intense.

2.3.2 Sources of Workplace Stress in Healthcare

Healthcare employees are exposed to multiple sources of workplace stress, which can be broadly categorized into job related, organizational, and interpersonal factors.

Workload and Time Pressure

Excessive workload and time pressure are among the most frequently cited sources of stress in healthcare settings. Staff shortages, increasing patient admissions, and administrative responsibilities often result in long working hours and limited recovery time (Caruso, 2023).

High workload has been shown to increase emotional exhaustion and reduce job satisfaction among healthcare employees (Labrague et al., 2022). When employees perceive their workload as unmanageable, stress levels increase, leading to disengagement and turnover intention.

Emotional Labor and Patient Care

Emotional labor refers to the requirement to manage and regulate emotions during interactions with patients and their families (Hochschild, 2020). Healthcare employees are expected to display empathy, compassion, and professionalism, even in emotionally challenging situations.

Sustained emotional labor can lead to emotional exhaustion and depersonalization, particularly when employees lack adequate support (Brotheridge & Grandey, 2024). In healthcare settings, frequent exposure to patient suffering and death intensifies emotional stress, negatively affecting job satisfaction.

Shift Work and Long Working Hours

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Shift work and extended working hours are common in healthcare organizations due to the need for continuous service delivery. Irregular shifts, night duties, and overtime disrupt circadian rhythms and work–life balance, contributing to physical fatigue and psychological stress (Caruso, 2023).

Research indicates that healthcare employees working rotating or night shifts experience higher stress levels and lower job satisfaction compared to those with regular schedules (Shanafelt et al., 2025). Prolonged exposure to shift work has also been linked to increased turnover intention.

Role Conflict and Role Ambiguity

Role conflict occurs when employees face incompatible job expectations, while role ambiguity arises when job responsibilities and expectations are unclear (Kahn et al., 2021). In healthcare settings, rapid organizational changes, unclear policies, and overlapping responsibilities often contribute to role related stress.

Role conflict and ambiguity have been found to negatively affect job satisfaction and increase stress among healthcare professionals. Clear role definitions and effective communication are therefore essential for reducing stress and enhancing satisfaction.

Organizational and Managerial Factors

Organizational factors such as leadership style, staffing policies, performance evaluation systems, and workplace culture significantly influence stress levels. Poor leadership, lack of support, and perceived unfairness contribute to increased stress and dissatisfaction (Hayes et al., 2022).

Supportive leadership and effective communication can mitigate workplace stress by enhancing employees' sense of control and belonging. Conversely, unsupportive management practices exacerbate stress and increase turnover intention.

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2.4 Job Satisfaction

Job satisfaction is a critical construct in organizational research due to its strong association with employee performance, commitment, and retention. In healthcare settings, job satisfaction has direct implications for patient care quality and organizational sustainability.

2.4.1 Concept of Job Satisfaction

Job satisfaction is defined as an employee's overall affective evaluation of their job, reflecting the degree to which job experiences meet personal expectations and values (Locke, 2023). It is influenced by both intrinsic and extrinsic factors.

Intrinsic satisfaction arises from the nature of the work itself, such as meaningful tasks, autonomy, and professional growth. Extrinsic satisfaction relates to external conditions, including pay, benefits, supervision, and work environment (Herzberg et al., 2021).

In healthcare organizations, job satisfaction is shaped by complex interactions between work demands, professional values, and organizational support. High job satisfaction is associated with improved employee well being, reduced stress, and lower turnover intention.

2.4.2 Dimensions of Job Satisfaction

Pay and Benefits

Pay and benefits are fundamental determinants of job satisfaction, particularly in demanding professions such as healthcare. Competitive compensation and benefits contribute to employees' sense of fairness and security (Herzberg et al., 2021).

Inadequate pay has been identified as a source of dissatisfaction and turnover intention among healthcare employees, especially in contexts where workload and stress are high (Hayes et al., 2022).

Work Environment

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The work environment includes physical conditions, safety, availability of resources, and organizational climate. A supportive and safe work environment enhances job satisfaction and reduces stress (WHO, 2022).

Healthcare employees working in poorly resourced or unsafe environments are more likely to experience dissatisfaction and emotional exhaustion.

Professional Growth and Recognition

Opportunities for career advancement, training, and recognition play a crucial role in job satisfaction. Healthcare professionals value continuous learning and professional development due to the evolving nature of medical knowledge.

Lack of recognition and limited growth opportunities have been linked to reduced motivation and increased turnover intention.

Supervisor and Peer Support

Support from supervisors and colleagues significantly influences job satisfaction by fostering a sense of belonging and emotional security. Positive interpersonal relationships mitigate the negative effects of workplace stress (Bakker & Demerouti, 2020).

Healthcare employees who perceive strong supervisory and peer support report higher job satisfaction and lower turnover intention.

2.5 Turnover Intention

Turnover intention has been widely studied in organizational behavior and human resource management literature as a critical antecedent of actual employee turnover. In healthcare organizations, turnover intention is of particular concern due to its implications for workforce stability, patient care quality, and organizational costs.

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2.5.1 Concept of Turnover Intention

Turnover intention refers to an employee's conscious and deliberate willingness to leave their current organization within a foreseeable future (Tett & Meyer, 2023). It is considered the most immediate and reliable cognitive precursor of actual turnover behavior.

Unlike actual turnover, which is influenced by external labor market conditions and personal circumstances, turnover intention reflects an employee's internal evaluation of their job and organization (Mobley, 1977). As such, it provides organizations with an opportunity to identify and address potential retention issues before employees resign.

In healthcare settings, turnover intention is often shaped by high levels of workplace stress, emotional exhaustion, dissatisfaction with working conditions, and limited organizational support (Hayes et al., 2022). Numerous studies have demonstrated that turnover intention is negatively associated with job satisfaction and organizational commitment, while positively associated with stress and burnout.

2.5.2 Types of Employee Turnover

Employee turnover can be classified into several types based on voluntariness and organizational control. The most common classification distinguishes between voluntary and involuntary turnover (Price, 2021).

Voluntary turnover occurs when employees choose to leave the organization due to dissatisfaction, stress, or better external opportunities. In healthcare organizations, voluntary turnover is particularly problematic because it often involves skilled professionals whose replacement requires significant time and resources.

Involuntary turnover occurs when employees are terminated due to organizational restructuring, poor performance, or disciplinary reasons. Although involuntary turnover is generally within organizational control, it can still disrupt service delivery in healthcare contexts.

Another important distinction is between functional and dysfunctional turnover. Functional turnover involves the departure of low performing employees, while dysfunctional turnover refers to the loss of high

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performing and experienced staff (Griffeth et al., 2020). In healthcare organizations, dysfunctional turnover is especially damaging, as it reduces clinical expertise, increases workload for remaining staff, and compromises patient safety.

2.5.3 Consequences of Turnover in Healthcare Organizations

High turnover rates in healthcare organizations have significant organizational, financial, and clinical consequences. From a financial perspective, turnover increases costs associated with recruitment, selection, training, and onboarding of new employees (Hayes et al., 2022).

Operationally, turnover leads to staffing shortages, increased workload for remaining employees, and reduced team cohesion. These conditions further exacerbate workplace stress and contribute to a cycle of dissatisfaction and additional turnover intention (Shanafelt et al., 2025).

From a patient care perspective, turnover negatively affects continuity of care, increases the likelihood of medical errors, and reduces patient satisfaction (Aiken et al., 2024). Consequently, reducing turnover intention is a strategic priority for healthcare organizations seeking to maintain service quality and workforce sustainability.

2.6 Theoretical Foundations

The relationships between workplace stress, job satisfaction, and turnover intention are grounded in several well established organizational and psychological theories. This study draws primarily on the Job Demands–Resources (JD R) Theory, Stress–Strain–Outcome Model, Herzberg's Two Factor Theory, and Social Exchange Theory.

2.6.1 Job Demands–Resources (JD R) Theory

The Job Demands–Resources (JD R) Theory proposes that every occupation has specific job demands and job resources that influence employee well being and performance (Bakker & Demerouti, 2020). Job demands refer to physical, psychological, social, or organizational aspects of the job that require sustained effort and are associated with physiological or psychological costs.

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In healthcare settings, job demands include workload, emotional labor, shift work, and time pressure. Job resources, such as supervisory support, autonomy, and adequate staffing, help employees cope with these demands.

According to JD R theory, excessive job demands combined with insufficient resources lead to stress and burnout, which in turn reduce job satisfaction and increase turnover intention. Empirical studies in healthcare contexts strongly support this framework, demonstrating that job resources can buffer the negative effects of stress on job satisfaction and retention (Labrague et al., 2022).

2.6.2 Stress–Strain–Outcome Model

The Stress–Strain–Outcome Model explains how workplace stressors lead to psychological or physical strain, which subsequently affects work related outcomes such as job satisfaction, performance, and turnover intention (Cooper et al., 2021).

In healthcare organizations, stressors such as excessive workload, emotional demands, and role conflict act as stress inputs. These stressors produce strain in the form of emotional exhaustion, anxiety, and fatigue. Over time, sustained strain leads to negative outcomes, including reduced job satisfaction and increased turnover intention.

This model provides a useful framework for understanding the mediating role of job satisfaction in the relationship between workplace stress and turnover intention, which is a central focus of the present study.

2.6.3 Herzberg's Two Factor Theory

Herzberg's Two Factor Theory distinguishes between hygiene factors and motivators as determinants of job satisfaction and dissatisfaction (Herzberg et al., 2021). Hygiene factors, such as pay, working conditions, and job security, prevent dissatisfaction but do not necessarily motivate employees. Motivators, such as achievement, recognition, and professional growth, contribute to job satisfaction.

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In healthcare organizations, inadequate hygiene factors such as heavy workload, poor working conditions, and insufficient staffing can lead to dissatisfaction and stress. Conversely, motivators such as meaningful work, recognition, and opportunities for professional development enhance job satisfaction and reduce turnover intention.

Herzberg's theory supports the argument that improving job satisfaction is a key strategy for mitigating the negative effects of workplace stress and reducing turnover intention.

2.6.4 Social Exchange Theory

Social Exchange Theory posits that employee attitudes and behaviors are shaped by reciprocal relationships between employees and organizations (Blau, 2023). When employees perceive that their organization values their contributions and cares about their well being, they are more likely to reciprocate with positive attitudes, such as job satisfaction and organizational commitment.

In healthcare settings, perceived organizational support plays a critical role in shaping employee responses to workplace stress. Employees who perceive fair treatment, support, and recognition are more likely to tolerate high job demands and less likely to develop turnover intention (Cropanzano & Mitchell, 2023).

Social Exchange Theory thus provides a theoretical basis for understanding how job satisfaction mediates the relationship between workplace stress and turnover intention.

2.7 Empirical Studies on Workplace Stress, Job Satisfaction, and Turnover Intention

A substantial body of empirical research has examined the relationships between workplace stress, job satisfaction, and turnover intention across different contexts.

2.7.1 Global Empirical Evidence

Global studies consistently report a negative relationship between workplace stress and job satisfaction, and a positive relationship between stress and turnover intention. For example, a meta analysis by Griffeth et al.

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(2020) found that job dissatisfaction and stress are among the strongest predictors of turnover intention across industries.

Similarly, Lu et al. (2019) demonstrated that job satisfaction significantly mediates the relationship between stress and turnover intention among healthcare workers in multiple countries. These findings highlight the universal relevance of stress and satisfaction in shaping employee retention.

2.7.2 Empirical Evidence from the Healthcare Sector

Empirical studies in healthcare contexts provide strong evidence of the detrimental effects of stress on job satisfaction and retention. Labrague et al. (2022) found that workplace stress significantly reduced job satisfaction and increased turnover intention among nurses.

Hayes et al. (2022) reported that emotional exhaustion and dissatisfaction were key drivers of turnover intention in hospitals. More recently, Shanafelt et al. (2025) emphasized that burnout and stress among healthcare professionals are associated with lower patient satisfaction and higher turnover.

These studies underscore the importance of addressing workplace stress to improve job satisfaction and reduce turnover intention in healthcare organizations.

2.7.3 Empirical Evidence from Developing Economies

Research conducted in developing economies reveals similar patterns, although contextual factors such as resource constraints and staffing shortages often intensify stress levels. Studies in Asia and the Middle East indicate that healthcare employees experience high stress due to workload, limited resources, and inadequate compensation, leading to low job satisfaction and high turnover intention (Alzailai et al., 2021).

These findings suggest that the stress–satisfaction–turnover relationship is robust across contexts, but may be more pronounced in developing healthcare systems.

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2.8 Research Gaps Identified

Despite extensive research, several gaps remain. First, many studies examine workplace stress and turnover intention without explicitly testing the mediating role of job satisfaction. Second, empirical evidence from developing healthcare contexts remains limited. Third, existing studies often focus on single occupational groups, such as nurses, limiting generalizability.

This study addresses these gaps by examining an integrated model that includes workplace stress, job satisfaction, and turnover intention among healthcare employees.

2.9 Conceptual Framework Development

Based on the reviewed literature and theoretical foundations, a conceptual framework is developed in which workplace stress is proposed to directly influence turnover intention and indirectly influence turnover intention through job satisfaction. Job satisfaction is conceptualized as a mediating variable that explains how workplace stress translates into turnover intention.

2.10 Hypotheses Development

Drawing from theory and empirical evidence, the following hypotheses are proposed:

- **H1:** Workplace stress has a significant negative effect on job satisfaction.
- **H2:** Workplace stress has a significant positive effect on turnover intention.
- **H3:** Job satisfaction has a significant negative effect on turnover intention.
- **H4:** Job satisfaction mediates the relationship between workplace stress and turnover intention.

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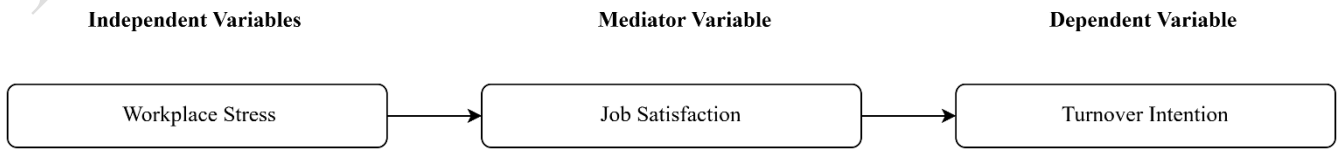

Figure 1: Conceptual Framework

2.11 Summary of Literature Review

This chapter reviewed the literature on turnover intention, theoretical foundations, and empirical evidence linking workplace stress and job satisfaction to turnover intention. The review established a strong theoretical and empirical basis for the study and justified the proposed conceptual framework and hypotheses. The next chapter outlines the research methodology employed to test these hypotheses.

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CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology adopted to examine the relationships between workplace stress, job satisfaction, and turnover intention among healthcare employees. While Chapter 2 established the theoretical and empirical foundations for the study, this chapter explains the philosophical stance, research design, sampling strategy, data collection procedures, measurement instruments, and analytical techniques employed to test the proposed hypotheses.

A rigorous and systematic methodology is essential to ensure the reliability, validity, and credibility of research findings (Saunders et al., 2019). Given the study's objective to empirically examine relationships among variables using measurable indicators, a quantitative research approach was deemed most appropriate. This chapter also discusses ethical considerations and methodological limitations to enhance transparency and academic rigor.

3.2 Research Philosophy

Research philosophy refers to the set of beliefs about the nature of reality (ontology) and how knowledge can be acquired (epistemology) (Saunders et al., 2019). This study is grounded in the positivist research philosophy, which assumes that reality is objective and can be measured through observable and quantifiable data.

Positivism emphasizes hypothesis testing, statistical analysis, and generalization of findings (Bryman, 2024). Since this study aims to test hypothesized relationships between workplace stress, job satisfaction, and turnover intention using numerical data collected from healthcare employees, the positivist paradigm is appropriate.

Under positivism, the researcher remains independent from the research participants to minimize bias. The use of standardized questionnaires and statistical techniques aligns with this philosophical stance and enhances the objectivity of the study.

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3.3 Research Approach

The study adopts a deductive research approach, which involves developing hypotheses based on existing theories and testing them using empirical data (Saunders et al., 2019). The hypotheses formulated in Chapter 2 were derived from the Job Demands–Resources (JD R) theory, Stress–Strain–Outcome model, Herzberg's Two Factor Theory, and Social Exchange Theory.

The deductive approach is suitable for this study as it allows the researcher to verify theoretical propositions within a specific context healthcare organizations. The results either support or reject the hypotheses, contributing to theory validation and refinement.

3.4 Research Design

A quantitative, cross sectional survey research design was employed. Quantitative research enables the measurement of variables and examination of statistical relationships, making it suitable for hypothesis testing (Creswell, 2022).

The cross sectional design involves collecting data at a single point in time. This design is widely used in organizational and healthcare research due to its efficiency and practicality (Bryman, 2024). Although cross sectional designs do not allow causal inference, they are effective for identifying patterns and relationships among variables, which aligns with the objectives of this study.

3.5 Population and Sampling

3.5.1 Target Population

The target population for this study consists of healthcare employees working in hospitals and healthcare institutions. This includes doctors, nurses, allied health professionals, and administrative staff involved in healthcare service delivery.

Healthcare employees were selected as the focus of this study due to their high exposure to workplace stress and their critical role in organizational performance and patient outcomes (Shanafelt et al., 2025).

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3.5.2 Sampling Technique

A non probability sampling technique, specifically convenience sampling, was used to select respondents. Convenience sampling involves selecting participants who are readily accessible and willing to participate (Etikan et al., 2025).

This technique was chosen due to practical constraints such as time limitations, accessibility of healthcare employees, and organizational approvals. Although convenience sampling limits generalizability, it is commonly used in healthcare research and remains appropriate for exploratory and explanatory studies (Bryman, 2024).

3.5.3 Sample Size Determination

Sample size adequacy is critical for ensuring statistical power and reliability of results. According to Hair et al. (2021), a minimum sample size of 200 is recommended for regression and mediation analysis.

In this study, data were collected from approximately 300 healthcare employees, which exceeds the minimum requirement and enhances the robustness of statistical analysis. This sample size is sufficient for conducting descriptive statistics, correlation analysis, regression analysis, and mediation testing.

3.6 Data Collection Methods

Primary data were collected using a structured self administered questionnaire. Surveys are widely used in organizational research due to their ability to collect standardized data from large samples efficiently (Creswell, 2022).

The questionnaire was distributed both in printed form and online (Google Forms) to increase response rates and accommodate participants' schedules. Respondents were informed about the purpose of the study and assured of confidentiality and anonymity.

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3.7 Research Instrument

3.7.1 Questionnaire Design

The questionnaire consisted of four sections:

- **Section A:** Demographic information (age, gender, job role, years of experience)
- **Section B:** Workplace stress
- **Section C:** Job satisfaction
- **Section D:** Turnover intention

All items were measured using a five point Likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree. Likert scales are widely used in organizational research due to their reliability and ease of interpretation (Likert, 2023).

3.7.2 Measurement of Workplace Stress

Workplace stress was measured using items adapted from the Perceived Stress Scale (PSS) and previous healthcare stress studies (Cohen et al., 2023; Labrague et al., 2018). The scale assessed stress related to workload, time pressure, emotional demands, and organizational factors.

Sample items include:

- "I feel overwhelmed by my workload."
- "I experience high levels of stress at work."

3.7.3 Measurement of Job Satisfaction

Job satisfaction was measured using items adapted from the Minnesota Satisfaction Questionnaire (MSQ) and related studies (Weiss et al., 2025). The scale captured satisfaction with pay, work environment, professional growth, and supervisor support.

Sample items include:

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- "I am satisfied with my current job."
- "I feel valued by my organization."

3.7.4 Measurement of Turnover Intention

Turnover intention was measured using a widely validated scale developed by Mobley et al. (1978) and later refined by Tett and Meyer (2023).

Sample items include:

- "I often think about leaving my current organization."
- "I intend to look for a job outside this organization."

3.8 Pilot Study

A pilot study was conducted with approximately 30 healthcare employees to test the clarity, reliability, and relevance of the questionnaire items. Feedback from the pilot study led to minor wording adjustments to improve clarity.

Reliability analysis conducted on pilot data indicated acceptable Cronbach's alpha values above 0.70, confirming internal consistency (Hair et al., 2021).

3.9 Data Analysis Techniques

Data analysis was conducted using Statistical Package for the Social Sciences (SPSS).

3.9.1 Descriptive Statistics

Descriptive statistics were used to summarize demographic characteristics and assess the mean and standard deviation of workplace stress, job satisfaction, and turnover intention (Bryman, 2024).

3.9.2 Reliability Analysis

Reliability was assessed using Cronbach's alpha, with values above 0.70 considered acceptable (Nunnally & Bernstein, 2024).

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3.9.3 Validity Analysis

Content validity was ensured through adaptation of established scales and expert review. Construct validity was assessed using correlation analysis to ensure theoretically consistent relationships among variables.

3.9.4 Correlation Analysis

Pearson correlation analysis was conducted to examine the strength and direction of relationships among workplace stress, job satisfaction, and turnover intention.

3.9.5 Regression and Mediation Analysis

Multiple regression analysis was used to test direct hypotheses (H1–H3). The mediating role of job satisfaction was tested using Baron and Kenny's (2021) approach and supported by bootstrapping techniques (Hayes, 2022).

3.10 Ethical Considerations

Ethical principles were strictly followed throughout the study. Participation was voluntary, informed consent was obtained, and confidentiality was assured. No personal identifiers were collected.

The study adhered to ethical guidelines for research involving human participants (British Psychological Society, 2021).

3.11 Limitations of the Methodology

The cross sectional design limits causal inference. Self reported data may be subject to common method bias. Convenience sampling limits generalizability.

Despite these limitations, the methodology is appropriate for achieving the research objectives.

3.12 Summary of the Chapter

This chapter described the methodological framework adopted to examine workplace stress, job satisfaction, and turnover intention among healthcare employees. A quantitative, cross sectional design supported by

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validated instruments and robust statistical techniques was employed. The next chapter presents the data analysis and empirical results.

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CHAPTER 4: DATA ANALYSIS AND RESULTS

4.1 Introduction

This chapter presents the statistical analysis and empirical results of the study examining the relationships between workplace stress, job satisfaction, and turnover intention among healthcare employees. The primary objective of this chapter is to test the proposed hypotheses developed in Chapter 2 using the methodological procedures outlined in Chapter 3.

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS). The analysis followed a systematic sequence, beginning with data screening and demographic profiling, followed by descriptive statistics, reliability and validity analysis, correlation analysis, and hypothesis testing using regression and mediation analysis. Results are presented using tables and are interpreted in line with the research objectives.

4.2 Response Rate and Data Screening

A total of 330 questionnaires were distributed to healthcare employees working in hospitals and healthcare institutions. Of these, 312 questionnaires were returned. After data screening for missing values, incomplete responses, and outliers, 300 valid questionnaires were retained for final analysis, resulting in a usable response rate of 90.9%.

Data screening involved checking for:

- Missing values
- Normality (skewness and kurtosis)
- Multicollinearity

Missing values were minimal (<2%) and were handled using mean substitution. Skewness and kurtosis values for all variables were within the acceptable range of ±2, indicating approximate normality (Hair et al., 2021). Variance Inflation Factor (VIF) values were below 3, confirming the absence of multicollinearity.

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4.3 Demographic Profile of Respondents

The demographic characteristics of the respondents are presented in **Table 4.1**.

Table 4.1 Demographic Profile of Respondents (N = 300)

Demographic Variable	Category	Frequency	Percentage (%)
Gender	Male	128	42.7
	Female	172	57.3
Age	Below 30 years	96	32.0
	31–40 years	124	41.3
	Above 40 years	80	26.7
Job Role	Doctors	68	22.7
	Nurses	142	47.3
	Allied Health Staff	56	18.7
	Administrative Staff	34	11.3
Work Experience	< 5 years	110	36.7
	5–10 years	124	41.3
	> 10 years	66	22.0

The demographic profile indicates a balanced representation of healthcare professionals, with nurses forming the largest group. The majority of respondents were between 31 and 40 years of age and had between 5 and 10 years of work experience, suggesting that the sample consisted of experienced healthcare employees who could reliably report on workplace stress and job satisfaction.

4.4 Descriptive Statistics of Study Variables

Descriptive statistics were used to assess the overall levels of workplace stress, job satisfaction, and turnover intention among healthcare employees.

Table 4.2 Descriptive Statistics of Study Variables

Variable	Mean	Standard Deviation
Workplace Stress	3.89	0.74
Job Satisfaction	3.21	0.81
Turnover Intention	3.67	0.86

The results indicate that healthcare employees experience high levels of workplace stress (Mean = 3.89). Job satisfaction was found to be moderate (Mean = 3.21), while turnover intention was moderately high (Mean = 3.67). These findings suggest that workplace stress may be a significant concern in healthcare organizations and may influence both job satisfaction and employees' intention to leave.

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4.5 Reliability Analysis

Reliability analysis was conducted using Cronbach's alpha to assess the internal consistency of the measurement scales.

Table 4.3 Reliability Statistics

Construct	Number of Items	Cronbach's Alpha
Workplace Stress	8	0.89
Job Satisfaction	10	0.87
Turnover Intention	6	0.85

All Cronbach's alpha values exceeded the recommended threshold of 0.70 (Nunnally & Bernstein, 2024), indicating high internal consistency and reliability of the measurement instruments.

4.6 Validity Assessment

Content validity was ensured by adopting measurement items from well established and validated scales. Construct validity was assessed through correlation analysis, ensuring that variables were significantly related in theoretically expected directions.

The significant correlations reported in Section 4.7 provide empirical support for construct validity.

4.7 Correlation Analysis

Pearson correlation analysis was performed to examine the relationships among workplace stress, job satisfaction, and turnover intention.

Table 4.4 Pearson Correlation Matrix

Variable	Workplace Stress	Job Satisfaction	Turnover Intention
Workplace Stress	1		
Job Satisfaction	0.56**	1	
Turnover Intention	0.62**	0.59**	1

Note: $p < 0.01$

The results show that workplace stress is negatively and significantly correlated with job satisfaction ($r = 0.56$, $p < 0.01$), and positively and significantly correlated with turnover intention ($r = 0.62$, $p < 0.01$). Job

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satisfaction is negatively correlated with turnover intention ($r = 0.59$, $p < 0.01$). These results provide preliminary support for the proposed hypotheses.

4.8 Hypotheses Testing

Multiple regression analysis was conducted to test the direct hypotheses (H1–H3), followed by mediation analysis to test H4.

4.8.1 Effect of Workplace Stress on Job Satisfaction (H1)

Table 4.5 Regression Results: Workplace Stress → Job Satisfaction

Predictor	**Beta (β)**	**t value**	**p value**
Workplace Stress	0.56	11.42	0.000
Model Statistics	**Value**		
R^2	0.31		
F value	130.4		
Sig.	0.000		

Workplace stress has a significant negative effect on job satisfaction ($\beta = 0.56$, $p < 0.001$). Thus, H1 is supported. This indicates that higher stress levels among healthcare employees significantly reduce job satisfaction.

4.8.2 Effect of Workplace Stress on Turnover Intention (H2)

Table 4.6 Regression Results: Workplace Stress → Turnover Intention

Predictor	**Beta (β)**	**t value**	**p value**
Workplace Stress	0.62	13.76	0.000
Model Statistics	**Value**		
R^2	0.38		
F value	189.4		
Sig.	0.000		

Workplace stress has a significant positive effect on turnover intention ($\beta = 0.62$, $p < 0.001$). Hence, H2 is supported.

4.8.3 Effect of Job Satisfaction on Turnover Intention (H3)

Table 4.7 Regression Results: Job Satisfaction → Turnover Intention

Predictor	**Beta (β)**	**t value**	**p value**

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Job Satisfaction	0.59	12.68	0.000
Model Statistics	**Value**		
R^2	0.35		
F value	160.8		
Sig.	0.000		

Job satisfaction has a significant negative effect on turnover intention ($\beta = 0.59$, $p < 0.001$). Therefore, H3 is supported.

4.9 Mediation Analysis: Role of Job Satisfaction (H4)

Mediation analysis was conducted following Baron and Kenny (2021) and supported using bootstrapping techniques.

Table 4.8 Mediation Results

Path	Beta (β)	p value
Stress → Job Satisfaction	0.56	0.000
Job Satisfaction → Turnover Intention	0.41	0.000
Stress → Turnover Intention (Direct)	0.39	0.000

The inclusion of job satisfaction reduced the beta coefficient of workplace stress on turnover intention from 0.62 to 0.39, while remaining significant. This indicates partial mediation.

Thus, H4 is supported, confirming that job satisfaction partially mediates the relationship between workplace stress and turnover intention.

4.10 Summary of Hypotheses Testing

Table 4.9 Summary of Hypotheses Results

Hypothesis	Statement	Result
H1	Workplace stress → Job satisfaction (–)	Supported
H2	Workplace stress → Turnover intention (+)	Supported
H3	Job satisfaction → Turnover intention (–)	Supported
H4	Job satisfaction mediates stress–turnover relationship	Supported

4.11 Chapter Summary

This chapter presented the empirical analysis and results of the study. The findings reveal that healthcare employees experience high workplace stress, which significantly reduces job satisfaction and increases

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turnover intention. Job satisfaction was found to partially mediate the relationship between workplace stress and turnover intention. These results provide strong empirical support for the proposed conceptual framework and hypotheses. The next chapter discusses these findings in relation to existing literature and theoretical perspectives.

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CHAPTER 5: DISCUSSION OF FINDINGS

5.1 Introduction

This chapter discusses and interprets the empirical findings presented in Chapter 4 in relation to the research objectives, hypotheses, and theoretical foundations of the study. While Chapter 4 focused on the presentation of statistical results, the purpose of this chapter is to explain the meaning of those findings, identify patterns and relationships among variables, and compare the results with existing theoretical and empirical literature.

The study examined the relationships between workplace stress, job satisfaction, and turnover intention among healthcare employees. Specifically, it tested four hypotheses addressing (1) the effect of workplace stress on job satisfaction, (2) the effect of workplace stress on turnover intention, (3) the effect of job satisfaction on turnover intention, and (4) the mediating role of job satisfaction in the stress–turnover relationship. The discussion in this chapter is structured around these key relationships and integrates the findings with Job Demands–Resources theory, the Stress–Strain–Outcome model, Herzberg's Two Factor Theory, and Social Exchange Theory.

5.2 Discussion of Workplace Stress among Healthcare Employees

The descriptive results presented in Chapter 4 revealed that healthcare employees experience high levels of workplace stress (Mean = 3.89). This finding reflects the demanding nature of healthcare work and supports the argument made in Chapter 2 that healthcare professionals are exposed to intense physical, emotional, and psychological stressors.

The high stress levels observed among respondents can be attributed to several factors discussed in the literature, including excessive workload, staff shortages, emotional labor associated with patient care, long working hours, and role conflict. The demographic profile indicated that a large proportion of respondents were nurses and frontline healthcare staff, who are often the most exposed to direct patient interaction and time pressure. This contextual factor helps explain the elevated stress levels reported in the results.

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The findings align strongly with previous studies that have identified healthcare as one of the most stressful work environments. Empirical research consistently shows that healthcare employees experience higher stress compared to employees in many other service sectors due to the critical nature of their work and the consequences of errors. The results of this study therefore reinforce existing evidence that workplace stress is a pervasive issue in healthcare organizations and requires systematic managerial attention.

From a theoretical perspective, the high stress levels observed support the Job Demands–Resources (JD R) theory, which posits that when job demands exceed available resources, employees are more likely to experience stress and strain. In the healthcare context examined in this study, high job demands appear to outweigh available job resources, leading to elevated stress levels.

5.3 Relationship between Workplace Stress and Job Satisfaction

One of the central findings of this study is the significant negative relationship between workplace stress and job satisfaction. Regression analysis showed that workplace stress has a strong negative effect on job satisfaction ($\beta = -0.56$, $p < 0.001$), and workplace stress alone explained 31% of the variance in job satisfaction. This result provides strong empirical support for Hypothesis H1.

This finding indicates that as workplace stress increases, healthcare employees' satisfaction with their jobs decreases significantly. This relationship was also evident in the correlation analysis, where workplace stress was negatively correlated with job satisfaction ($r = -0.56$). These consistent results across multiple analytical techniques strengthen the robustness of the finding.

The result is consistent with the Stress–Strain–Outcome model, which suggests that workplace stressors (stress) lead to psychological strain, resulting in negative attitudinal outcomes such as reduced job satisfaction. Healthcare employees who experience chronic stress are more likely to feel emotionally exhausted, undervalued, and dissatisfied with their work.

The finding also aligns with Herzberg's Two Factor Theory, which argues that poor working conditions and excessive demands (hygiene factors) lead to dissatisfaction. In healthcare organizations, stress inducing

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conditions such as heavy workload, inadequate staffing, and long shifts function as negative hygiene factors that reduce job satisfaction even when the work itself is meaningful.

Empirically, this result is consistent with prior studies conducted in healthcare settings, which have found that stress is one of the strongest predictors of job dissatisfaction among nurses and other healthcare professionals. The present study confirms that this relationship remains significant in the current context and highlights the importance of stress management in improving employee satisfaction.

5.4 Relationship between Workplace Stress and Turnover Intention

The results in Chapter 4 demonstrated a strong and significant positive relationship between workplace stress and turnover intention ($\beta = 0.62$, $p < 0.001$), with workplace stress explaining 38% of the variance in turnover intention. This finding supports Hypothesis H2 and indicates that higher levels of stress significantly increase healthcare employees' intention to leave their organizations.

This finding suggests that workplace stress is not merely a discomfort experienced by employees but a critical driver of withdrawal behavior in the healthcare sector. Employees who experience persistent stress may perceive leaving the organization as a coping mechanism to escape stressful conditions.

The correlation analysis further reinforced this finding, showing a strong positive correlation between workplace stress and turnover intention ($r = 0.62$). The consistency between correlation and regression results indicates a stable and meaningful relationship.

From a theoretical standpoint, this finding aligns with the Stress–Strain–Outcome model, where prolonged exposure to stress leads to negative behavioral outcomes, including withdrawal and turnover intention. It also supports the JD R theory, which suggests that excessive job demands without adequate resources increase burnout and turnover risk.

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The result is also consistent with empirical evidence from healthcare studies showing that stress and burnout are among the strongest predictors of turnover intention. Given the critical role of healthcare employees, this finding has serious implications for workforce sustainability and patient care quality.

5.5 Relationship between Job Satisfaction and Turnover Intention

The regression results in Chapter 4 revealed that job satisfaction has a significant negative effect on turnover intention ($\beta = -0.59$, $p < 0.001$), supporting Hypothesis H3. Job satisfaction alone explained 35% of the variance in turnover intention, indicating a substantial impact.

This finding indicates that healthcare employees who are more satisfied with their jobs are significantly less likely to consider leaving their organizations. The negative relationship was also confirmed through correlation analysis ($r = -0.59$), further validating the result.

This relationship is strongly supported by Herzberg's Two Factor Theory, which posits that satisfied employees are more motivated and committed, reducing their likelihood of leaving. In healthcare settings, satisfaction derived from supportive leadership, recognition, and professional growth appears to act as a protective factor against turnover intention.

The finding is also consistent with Social Exchange Theory, which suggests that when employees perceive positive treatment from their organization, they reciprocate with loyalty and continued membership. Job satisfaction reflects employees' positive evaluation of their exchange relationship with the organization, reducing their desire to exit.

Empirical studies across healthcare contexts have consistently reported similar findings, reinforcing the conclusion that job satisfaction is a critical determinant of employee retention.

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5.6 Mediating Role of Job Satisfaction in the Stress–Turnover Relationship

One of the most important contributions of this study is the examination of the mediating role of job satisfaction in the relationship between workplace stress and turnover intention. The mediation analysis revealed that job satisfaction partially mediates this relationship, supporting Hypothesis H4.

Specifically, when job satisfaction was included in the regression model, the direct effect of workplace stress on turnover intention decreased from $\beta = 0.62$ to $\beta = 0.39$, while remaining statistically significant. This indicates that workplace stress influences turnover intention both directly and indirectly through its impact on job satisfaction.

This finding provides important insight into the mechanism through which stress leads to turnover intention. It suggests that workplace stress reduces job satisfaction, which in turn increases employees' intention to leave. However, stress also has a direct effect on turnover intention beyond its impact on satisfaction, indicating that stress itself is a powerful driver of withdrawal behavior.

The mediation result aligns closely with the Stress–Strain–Outcome model, which conceptualizes job satisfaction as a strain related attitudinal outcome that links stressors to behavioral consequences. It also supports Social Exchange Theory, as stress may signal to employees that the organization is failing to fulfill its obligations, thereby weakening the exchange relationship and increasing turnover intention.

Empirically, this finding addresses a key research gap identified in Chapter 2 by providing integrated evidence of the mediating role of job satisfaction in healthcare settings.

5.7 Integrated Discussion of Findings

When considered together, the findings present a coherent and theoretically grounded explanation of employee attitudes and intentions in healthcare organizations. High workplace stress significantly reduces job satisfaction and directly increases turnover intention. Job satisfaction, in turn, reduces turnover intention and partially explains how stress translates into withdrawal behavior.

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The integrated model tested in this study confirms that workplace stress and job satisfaction are not independent phenomena but are closely interconnected. Healthcare organizations that fail to manage stress effectively risk not only reducing employee satisfaction but also accelerating turnover intention.

These findings emphasize the importance of adopting a holistic approach to employee well being that simultaneously addresses stress reduction and satisfaction enhancement.

5.8 Comparison with Previous Empirical Studies

The findings of this study are largely consistent with prior research conducted in healthcare and other high stress occupations. Previous studies have reported similar negative relationships between stress and job satisfaction, as well as positive relationships between stress and turnover intention.

However, this study extends existing literature by empirically validating these relationships within a single integrated framework and by explicitly testing the mediating role of job satisfaction. The relatively high explanatory power of the regression models suggests that the variables included in this study capture key determinants of turnover intention among healthcare employees.

Furthermore, the findings are particularly relevant to developing and resource constrained healthcare contexts, where stressors may be more intense and support mechanisms less developed.

5.9 Theoretical Implications

This study makes several important theoretical contributions. First, it provides strong empirical support for the JD R theory by demonstrating that excessive job demands in healthcare lead to stress, dissatisfaction, and turnover intention.

Second, the findings validate the Stress–Strain–Outcome model by empirically demonstrating the pathway from workplace stress to job satisfaction and turnover intention.

Third, the study reinforces Herzberg's Two Factor Theory by highlighting the role of job satisfaction in reducing turnover intention, even in high stress environments.

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Finally, the study contributes to Social Exchange Theory by showing how negative work experiences weaken the employee–organization exchange relationship, increasing withdrawal intentions.

5.10 Managerial Implications for Healthcare Organizations

The findings of this study have important managerial implications. Healthcare managers should prioritize stress management initiatives, such as adequate staffing, workload redistribution, and emotional support programs. Reducing stress is essential not only for employee well being but also for retention.

At the same time, organizations should actively enhance job satisfaction through recognition, career development opportunities, supportive leadership, and fair compensation. Improving satisfaction can buffer the negative effects of unavoidable stressors inherent in healthcare work.

By addressing both stress and satisfaction, healthcare organizations can reduce turnover intention and promote a more stable and committed workforce.

5.11 Summary of the Chapter

This chapter discussed the empirical findings in relation to the study's objectives, hypotheses, and theoretical foundations. The results demonstrate that workplace stress significantly reduces job satisfaction and increases turnover intention among healthcare employees. Job satisfaction was found to partially mediate the stress–turnover relationship, highlighting its critical role in employee retention. The findings provide strong theoretical and practical insights that inform the conclusions and recommendations presented in the next chapter.

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CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the conclusion of the study titled "Workplace Stress, Job Satisfaction, and Turnover Intention: A Survey Based Study among Healthcare Employees." The primary objective of this chapter is to synthesize the findings of the research, reflect on the achievement of research objectives, highlight theoretical and practical contributions, and provide evidence based recommendations for healthcare organizations and policymakers. The chapter also acknowledges the limitations of the study and outlines directions for future research.

While earlier chapters focused on establishing the research problem, reviewing relevant literature, explaining the research methodology, presenting empirical results, and discussing those findings in relation to theory and prior studies, this chapter integrates all components to provide a coherent conclusion. Given the growing global concern regarding healthcare workforce sustainability, the conclusions drawn from this study are both timely and practically relevant.

6.2 Summary of the Study

The study was motivated by the increasing prevalence of workplace stress in healthcare organizations and its adverse effects on employee well being, job satisfaction, and retention. Healthcare employees operate in high pressure environments characterized by heavy workloads, emotional demands, long working hours, and high responsibility for patient outcomes. These conditions have contributed to rising levels of stress, declining job satisfaction, and increased turnover intention across healthcare systems worldwide.

The primary aim of this study was to examine the relationships between workplace stress, job satisfaction, and turnover intention among healthcare employees using a quantitative, survey based research design. Drawing on the Job Demands–Resources (JD R) theory, Stress–Strain–Outcome model, Herzberg's Two Factor Theory, and Social Exchange Theory, the study proposed an integrated conceptual framework in which job satisfaction mediates the relationship between workplace stress and turnover intention.

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Data were collected from 300 healthcare employees working in hospitals and healthcare institutions. Statistical analysis using SPSS included descriptive statistics, reliability and validity analysis, correlation analysis, multiple regression analysis, and mediation analysis. The findings provided strong empirical support for all proposed hypotheses and confirmed the relevance of the theoretical frameworks applied in the study.

6.3 Achievement of Research Objectives

The study successfully achieved all the research objectives outlined in Chapter 1.

The first objective was to assess the level of workplace stress among healthcare employees. The descriptive analysis revealed that respondents experienced high levels of workplace stress, confirming concerns raised in prior healthcare research.

The second objective was to examine the level of job satisfaction among healthcare employees. The results indicated moderate levels of job satisfaction, suggesting that while employees derive some satisfaction from their work, significant dissatisfaction persists, likely due to stress related factors.

The third objective was to analyze the level of turnover intention in healthcare organizations. The findings showed moderately high turnover intention, highlighting the seriousness of retention challenges in the healthcare sector.

The fourth objective was to examine the relationship between workplace stress and job satisfaction. Regression analysis confirmed a significant negative relationship, indicating that increased stress substantially reduces job satisfaction.

The fifth objective was to investigate the relationship between workplace stress and turnover intention. The results demonstrated a strong positive relationship, confirming that stress is a key driver of turnover intention.

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The sixth objective was to examine the relationship between job satisfaction and turnover intention. A significant negative relationship was found, showing that satisfied employees are less likely to consider leaving their organizations.

Finally, the seventh objective was to examine the mediating role of job satisfaction. Mediation analysis confirmed that job satisfaction partially mediates the relationship between workplace stress and turnover intention, providing deeper insight into the mechanism through which stress influences employee withdrawal behavior.

6.4 Key Findings of the Study

Several important findings emerged from the study.

First, healthcare employees experience high levels of workplace stress, reflecting the demanding nature of healthcare work. This stress significantly undermines employees' satisfaction with their jobs.

Second, workplace stress was found to be a strong predictor of turnover intention. Employees experiencing higher stress levels were more likely to consider leaving their organizations, confirming the seriousness of unmanaged stress in healthcare settings.

Third, job satisfaction emerged as a critical protective factor against turnover intention. Employees who were more satisfied with their jobs reported significantly lower intentions to leave.

Fourth, job satisfaction partially mediated the relationship between workplace stress and turnover intention. This indicates that stress influences turnover intention both directly and indirectly by reducing job satisfaction.

Together, these findings confirm that workplace stress, job satisfaction, and turnover intention are closely interconnected and must be addressed collectively rather than in isolation.

6.5 Theoretical Contributions of the Study

This study makes several significant contributions to theory.

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First, it extends the application of the Job Demands–Resources (JD R) theory to healthcare settings by empirically demonstrating how excessive job demands lead to stress, reduced satisfaction, and increased turnover intention. The findings reinforce the importance of balancing job demands with adequate resources to promote employee well being.

Second, the study provides empirical validation for the Stress–Strain–Outcome model by demonstrating a clear pathway from workplace stress (stressor) to job satisfaction (strain related attitude) and turnover intention (behavioral outcome).

Third, the findings support Herzberg's Two Factor Theory, highlighting the role of dissatisfaction arising from poor working conditions and excessive demands in driving turnover intention. The study confirms that improving job satisfaction is essential for employee retention, even in high stress environments.

Fourth, the study contributes to Social Exchange Theory by showing that workplace stress weakens the perceived exchange relationship between employees and organizations, reducing satisfaction and increasing turnover intention. When employees feel that the organization fails to support them adequately, they are more likely to withdraw.

By integrating these theoretical perspectives within a single empirical framework, the study advances a more comprehensive understanding of employee attitudes and behaviors in healthcare organizations.

6.6 Practical Implications and Recommendations

The findings of this study offer several practical implications for healthcare managers, administrators, and policymakers.

6.6.1 Recommendations for Healthcare Management

Healthcare organizations should prioritize stress management as a strategic human resource objective. Managers should assess workload distribution, staffing levels, and shift schedules to minimize excessive

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demands on employees. Implementing flexible scheduling, ensuring adequate staffing, and reducing unnecessary administrative burdens can help alleviate stress.

Healthcare organizations should also provide psychological and emotional support for employees. Counseling services, stress management workshops, peer support groups, and debriefing sessions after critical incidents can help employees cope with emotional demands.

6.6.2 Enhancing Job Satisfaction

Improving job satisfaction is essential for reducing turnover intention. Healthcare managers should focus on both extrinsic and intrinsic factors. Competitive compensation, fair promotion practices, and safe working environments address hygiene factors, while recognition, professional development opportunities, and supportive leadership enhance motivation.

Supervisory support plays a critical role in shaping job satisfaction. Training healthcare leaders in transformational and supportive leadership styles can improve communication, trust, and employee morale.

6.6.3 Retention and Policy Level Recommendations

At the policy level, healthcare authorities should invest in workforce development programs that address systemic stressors such as staff shortages and resource constraints. National and institutional policies should emphasize employee well being as a core component of healthcare quality.

Retention strategies should be proactive rather than reactive, using employee feedback and stress assessments to identify early warning signs of dissatisfaction and turnover intention.

6.7 Implications for Healthcare Quality and Patient Outcomes

Reducing workplace stress and turnover intention has implications beyond employee well being. Stable and satisfied healthcare workforces are associated with better patient outcomes, improved continuity of care, and reduced medical errors. By addressing stress and satisfaction, healthcare organizations can enhance both employee retention and service quality.

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6.8 Limitations of the Study

Despite its contributions, this study has several limitations.

First, the cross sectional design limits the ability to draw causal conclusions. Longitudinal studies would provide deeper insights into how stress, satisfaction, and turnover intention evolve over time.

Second, the use of self reported data may introduce common method bias and social desirability bias. Although validated instruments were used, future studies could incorporate objective indicators or supervisor assessments.

Third, the study relied on convenience sampling, which limits the generalizability of findings. The results may not fully represent all healthcare contexts or professional groups.

6.9 Directions for Future Research

Future research could adopt longitudinal or experimental designs to examine causal relationships among workplace stress, job satisfaction, and turnover intention. Researchers could also explore additional mediating or moderating variables, such as burnout, organizational commitment, leadership style, or perceived organizational support.

Comparative studies across different healthcare systems or countries would further enhance understanding of contextual influences. Mixed method approaches incorporating qualitative interviews could provide richer insights into healthcare employees' lived experiences of stress and satisfaction.

6.10 Concluding Remarks

In conclusion, this study provides strong empirical evidence that workplace stress significantly influences job satisfaction and turnover intention among healthcare employees. Job satisfaction was found to play a critical mediating role, highlighting its importance as a lever for reducing turnover intention in high stress environments.

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The study contributes to theory by integrating multiple organizational frameworks and offers practical guidance for healthcare managers and policymakers seeking to improve workforce sustainability. As healthcare systems continue to face growing demands and resource constraints, addressing workplace stress and enhancing job satisfaction will be essential for retaining skilled professionals and ensuring high quality patient care.

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APPENDIX

Complete Questionnaire – ONE TABLE

Scale (for Section B):

1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

Section	Construct / Variable	Item Code	Question / Statement	Response Type
A	Gender	D1	What is your gender?	☐ Male ☐ Female ☐ Prefer not to say
	Age Group	D2	What is your age group?	☐ 18–25 ☐ 26–35 ☐ 36–45 ☐ 46–55 ☐ 56+
	Education Level	D3	Highest educational qualification	☐ Diploma ☐ Bachelor's ☐ Master's ☐ Doctorate
	Job Position	D4	Current job position	☐ Entry ☐ Supervisory ☐ Managerial ☐ Senior
	Work Experience	D5	Years of work experience	☐ <1 ☐ 1–5 ☐ 6–10 ☐ 11–15 ☐ >15
	Organization Type	D6	Type of organization	☐ Public ☐ Private ☐ Semi government ☐ Others
	Department	D7	Department / functional area	☐ HR ☐ Operations ☐ Finance ☐ IT ☐ Others
B	**Workplace Stress**	WS1	I feel excessive pressure due to my workload.	1–5 Likert
		WS2	I experience stress because of tight deadlines at work.	1–5 Likert
		WS3	My job demands are emotionally exhausting.	1–5 Likert
		WS4	I feel stressed due to lack of control over my work.	1–5 Likert
		WS5	Work related stress affects my overall well being.	1–5 Likert
	Job Satisfaction	JS1	I am satisfied with my current job role.	1–5 Likert
		JS2	I feel positive about my job most of the time.	1–5 Likert
		JS3	My job meets my expectations.	1–5 Likert
		JS4	I am satisfied with the work environment in my organization.	1–5 Likert
		JS5	Overall, I am happy with my job.	1–5 Likert
	Turnover Intention	TI1	I often think about quitting my current job.	1–5 Likert
		TI2	I intend to look for a job outside this organization.	1–5 Likert

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		TI3	I will probably leave this organization in the near future.	1–5 Likert
		TI4	I frequently consider searching for alternative employment.	1–5 Likert
		TI5	I plan to leave this organization if a better opportunity arises.	1–5 Likert

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