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## Research Article

# Stress Among Hospital Staff Nurses: Its Causes and Effects

Sabnam Bibi, Shamim Aslam, Qaria Tahseen

The Superior College of Nursing, Lahore, Pakistan.

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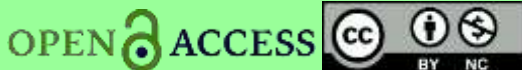
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#### \*Corresponding author

Sabnam Bibi,  
The Superior College of Nursing, Lahore, Pakistan  
Email: Shabnamansari.150@gmail.com

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### Abstract

**Purpose:** the purpose of this study was to examine the stress factors that influence nursing staff turnover intention. **Methodology:** a correlation study design was used. Data were collected from 100 staff nurses of cardiovascular surgery unit of Punjab institute of cardiology Lahore, sample size selected through simple random sampling. The likert scale questionnaire used which was adopted and inferential statistics tools were used to analyze the data. Using software SPSS 21 some of the relevant tests were carried out like frequency distribution, reliability, validity, regression. **Results:** demographic data age, sex, marital status and qualification were collected. In this study, three major sources of stress factors: work load, death & dying and lack of staff support known to influence turnover intention in nurses had been identified. The results show that the death & dying was a major source of stress and strongly predicted turnover intention in cardiovascular surgery unit nurses. **Conclusion:** this study finds out three factors that causes stress among cardiovascular surgery unit nurses which leads to turnover intention so, it is very important to minimize these factors and positive steps can be made towards improving workplace environment. New policies should be made to reduce turnover intention.

**Keywords:** Turnover intention; SPSS, death and dying; work load; lack of staff support.

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### Introduction

Stress has been characterized as the nonspecific reaction of the body in the aftereffect of any request made upon it. Nursing has been viewed as a requesting and, thusly, unpleasant calling (Foxall *et al.*, 1990). In 1859 the concept of stress has been introduced to nurses and also described in nursing since 1950s (Gray-Toft & Anderson, 1981). According to (Dewe, 1987) by nature nursing is a stressful profession. Stress has a negative effect not just on attendants' wellbeing and prosperity yet additionally on the effectiveness of the nursing profession. It brings about a high turnover and low maintenance of attendants and effects the nature of care gave (Lim *et al.*, 2010).

However, nursing turnover has always been a very demanding and challenging issue for all those persons who

are engaged with nursing administration. Nurses' turnover has been defined in the previous studies as the individual nurse's decision and not the collective for leaving a nursing unit maybe even leaving the facility (Labrague *et al.*, 2018). From the numerous and shifted requests that medical caretakers confront, various circumstances appear to be reliably seen as distressing. A number of situations consistently perceived as stressful due to nurses face many and sundry demands (Dewe, 1987). (Gray-Toft & Anderson, 1981), identified seven major sources of stress attributed to turnover intention in nurses, three sources included in this study which are dealing with death & dying, work load and lack of staff support.

According to (Gray-Toft & Anderson, 1981) it was noted that the sources and recurrence of stress experienced by



nurses in the execution of their commitment were components of the kind of unit on which they worked. A lot of hospital units open nursing staff to more elevated amounts of pressure for example, intensive and coronary care units.

Work overload, issues of death and dying, and physician relationships are basic stressors which are found in intensive care unit (ICU) nurses (Foxall *et al.*, 1990). High workload can prompt weariness and overwhelming workload could impact turnover (Sellgren *et al.*, 2009). Death and dying was third significant sources of stress for nurses because death is a major sources of discomfort and death could be a universal drawback for health care professionals (Gray-Toft & Anderson, 1981). As well as the strong and significant relationship among nurses and their colleagues both are an important variable which has a great impact on nurses' turnover (Dawson *et al.*, 2014).

Howere It was expected that medical attendants on hospice, oncology, and cardio vascular surgery units, who were persistently presented to death, would encounter more incessantly worry with resultant larger amounts of employment disappointment and turnover intention (Gray-Toft & Anderson, 1981). The aim of this study was to examine the stress factors that influence nursing staff turnover intention in public hospitals of lahore.

## Objectives

1. To find out the relationship between workload and turnover intention.
2. To find out the relationship between death & dying and turnover intention.
3. To find out the relationship between lack of staff support and turnover intention

## Problem Statement and Significant

High staff turnover is a significant problem for many hospitals. Scholars identified sources and causes of stress like work load, death and dying and lack of staff support which influence on turnover intention. A high nurse turnover rate is a worldwide issue and known to bring down the nature of nursing consideration and increment doctor's facility costs (Sellgren *et al.*, 2009). This research is beneficial for nurse managers and hospital administration to identify factors which can prevent a high turnover rate and reduce sources of stress. It also helpful to achieve positive outcome for nurses and health care system. The finding of this study may provide a pathway for nurse administration in fomulating plan and policies and also helps in implementing theses plans that would be prevent turnover.

## Literature Review

Occupation stress is characterized as any work circumstance seen by the member as debilitating as a result of the mixture between the circumstances requests and the people adapting capacities. The previous literature by (Labrague *et al.*, 2018) stress could be related to work load, enthusiastic work, authority style of the oversee part strife, and work environment hostility that has overwhelmed nurses for a quite a long time. However, work load stress was significantly considered as the chief predictor of nurses' turnover intention.

High rates of nursing turnover is a serious issue which currently effecting many countries where staff willfully leave or exchange from their essential business position to another situation in nursing, or to another calling. In the global writing, the workplace has been distinguished as one vital factor in nurture turnover (Dawson *et al.*, 2014).

Nurses are the cutting-edge staff of a human services group, and a significant number of them encounter work related pressure. Investigations from, China accounted for that nurses' worth of effort under incredible weight because of overwhelming workload, poor staffing, managing passing and dealing with death and dying, furthermore interstaff clash (Yau *et al.*, 2012). Finally, this study revealed that workload was a significant major source of stress in nurses.

The study recommend that nursing turnover is more complex and this issues encompassing nursing turnover have been all around reported (Cavanagh & Coffin, 1992). There are many reasons for turnover intention but few and major of them are over nursing workload, very low level leadership quality, lack of coordination from their senior supervisor, dishonest atmosphere, lack of sound relationship with co-nurses and nurses managers, use of coercive measures at workplace, deficiency in corporation from seniors, were also quoted and marked as strong forecaster of turnover intentions (Labrague *et al.*, 2018).

Similarly, circumstances related with death and dying were essentially more unpleasant for I.C.U and hospice nurses than for therapeutic surgical nurses. The investigation additionally uncovered those nurses of intensive care unit and therapeutic surgical medical experienced altogether more worry than hospice nurses in connection to drifting. Underpins the view that experiences with death and dying are more unpleasant for the individuals who are more prone to manage it every day (I. e ICU and hospice nurses (Foxall *et al.*, 1990). According to Albaugh (2003), the absence of cooperative help from administration was an essential factor adding to disappointment. Moreover, poor relationships with staff, poor management support and Poor staff mentalities were said to influence work environment and also leading to breakdown in relationship which leads to stress and turnover. The negative staff attitudes incited



some staff to leave and look for different employments (Dawson et al., 2014).

(Gray-Toft & Anderson, 1981) suggested that stress determinants like work-load; inadequate preparation and experience with death and dying, these three sources of stress are same among all five units of nurses (i.e. medical-surgical, cardiovascular, surgical, oncology and hospice). It was likewise speculated that high frequencies of stress would bring about low level of employment fulfillment and high turnover rates. work load in hospital was a major cause of stress

At last, in Taiwan, Chen et al. (2008) discovered that distributive equity, workload, asset Sufficiency, supervisory/family relationship support, and employment fulfillment were clearly connected with expectation to stay or abandon one's job (Dawson et al., 2014).

## Methodology

### Total Population and Sample Size

The research design was correlational study. The population of the study was 500 staff nurses from Punjab institute of cardiology Lahore. The total sample size of 100 staff nurses from cardiovascular surgery unit of Punjab institute of cardiology Lahore were randomly selected from the total population.

### Research Instrument

This research have four variables, work load, death & dying, lack of staff support (independent variables) and turnover intention(dependent variable).That is why the questionnaire used in this research was adopted from two articles.The five scale questionnaire for independent variables was adopted from the article Stress Among Hospital Nursing Staff:Its Causes And Effect (Gray-Toft & Anderson, 1981) (and turnover intention questionnaire adapted from the Michigan Organizational Questionnaire (MOAQ).

The questionnaire was isolated into two parts (A and B). Section A contained for collection of personal data of respondents(demographics) while Section B comprised of five scale Lickert scale that elicited responses from the respondents. A pilot study of the questionnaire will be done before floating the questionnaire in the participants.

### Method of Data Collection

The data was collected through survey and the questionnaire were floated by the herself. The 100 copies of questionnaire were circulated to the staff nurses and given a free hand to complete it and return it.

### Including Criteria:

- ✓ Nurses of Punjab institute of cardiology Lahore, male and female
- ✓ Willing to participate
- ✓ Those who understands English

### Time Framework

This study was done around 2-3 months.

### Informed Consent

Consents will be taken from all the participants and free hand will be given to the participants to take part in the study or refused to participate, participants will have also be the right to mentioned name or not

### Method of Data Analysis

Inferential statistics of Chi-square( $\chi^2$ ) were used to analyze the association between the variable. Reliability assessed by the use of Cronbach's Alpha and its value of 0.65 was demonstrated that the questionnaire was reliable. Regression analyses was carried out to determine whether there was the linear trend between the variables. And sensitivity analysis were used to examine the results. In the end, all the data were put into the software SPSS 21 version and the findings and results were drawn on the basis of statistical procedures.

### Hypothesis

#### 1<sup>st</sup> Hypothesis

H0: There is no positive association exists between work load and turnover intention.

H1: There is a positive association exists between work load and turnover intention

#### 2<sup>nd</sup> Hypothesis

H0: There is no positive association exists between death&dying and turnover intention.

H1: There is positive association exists between death& dying and turnover intention.

#### 3<sup>rd</sup> hypothesis

H0: There is no positive association exists between lack of staff support and turnover intention.

H1: There is positive association exists between lack of staff support and turnover intention.

## Results and Discussion

### Demographic Analysis

Table 1 shows the results of frequency distribution of gender respondent. The results in this table depicts that 100 (100%) of the respondents were female.

Table 2 represents 46 (46.0%) of the respondent were married and 54 (54.0%) of the respondent were single from 100respondents

Table 3 shows the results of frequency distribution of age group of the respondents, the results in this table represents that the age group 18-25 of the respondents were 11(4.0%), 25-35 were 83 (83.0% ), and 36-50 were 6( 6%).

Table 4 shows qualification of the respondents. This table represents that 43(43%) have nursing diploma,24( 24%)



specialized, 30 ( 30%) post RN, and others 3(3%) frontonasal 100 respondents.

Table 5 shows the results of frequency distribution of stay in organization of the respondents, the results in this table represents that 2(2%) of the respondents were stay less than one year,68(68%) were stay1-5years, 17 (17.0%) were stay 6-10 years, and 13(13%) were stay above 10 years.

**Descriptive Analysis**

Table 6 shows the results of frequency distribution of Too Many Non-Nursing Tasks Required, Such As Clerical Work. The results in this table depicts that 5(5%) of respondents were strongly disagree, 13(13 %) were disagree, 28 (28%) were neutral, 40 (40%) were agree, 14(14%) were strongly agree.

**Table 1: Gender**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	100	100.0	100.0	100.0

**Table 2: Marital status**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	46	46.0	46.0	46.0
	Single	54	54.0	54.0	100.0
	Total	100	100.0	100.0	

**Table 3: Age group**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25	11	11.0	11.0	11.0
	25-35	83	83.0	83.0	94.0
	35-50	6	6.0	6.0	100.0
	Total	100	100.0	100.0	

**Table 4: Qualification**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nursing diploma	43	43.0	43.0	43.0
	Specialization	24	24.0	24.0	67.0
	BSN post RN	30	30.0	30.0	97.0
	Others	3	3.0	3.0	100.0
	Total	100	100.0	100.0	

**Table 5: Stay inorganization**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 Year	2	2.0	2.0	2.0
	1-5 Years	68	68.0	68.0	70.0
	6-10 Years	17	17.0	17.0	87.0
	Above10 Years	13	13.0	13.0	100.0
	Total	100	100.0	100.0	

**Table 6: Too many non-nursing tasks required, such as clerical work**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	5	5.0	5.0	5.0
	Disagree	13	13.0	13.0	18.0
	Neutral	28	28.0	28.0	46.0
	Agree	40	40.0	40.0	86.0
	Strongly Agree	14	14.0	14.0	100.0
	Total	100	100.0	100.0	



Table 7 shows the results of frequency distribution of Unpredictable staffing and scheduling. The results in this table depicts that 1(1.0%) of respondents were strongly disagree, 18(18.0 %) were disagree, 27 (27.0%) were neutral, 31 (31.0%) were agree, 23(23.0%) were strongly agree.

Table 8 shows the results of frequency distribution of Not enough time to complete all of my nursing tasks. The results in this table depicts that 11(11.0%) of respondents were strongly disagree, 26(26.0 %) were disagree, 17(17.0%) were neutral, 28(28.0%) were agree, 18(18.0%) were strongly agree.

Table 9 shows the results of frequency distribution of not enough time to provide emotional support to a patient. The results in this table depicts that 15(15.0%) of respondents were strongly disagree, 21(21.0 %) disagree, 9(9.0%) neutral, 37(37.0%) agree, 18(18.0%) strongly agree from total 100 respondents.

Table 10 shows the results of frequency distribution of not enough staff to adequately cover the unit. The results in this table depicts that 3(3.0%) of respondents were strongly disagree, 6(6.0%) disagree, 5(5.0%) neutral, 45(45.0%) agree, 41(41.0%) strongly agree from total 100 respondents.

**Table 7:** Unpredictable staffing and scheduling

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	1.0	1.0	1.0
	Disagree	18	18.0	18.0	19.0
	Neutral	27	27.0	27.0	46.0
	Agree	31	31.0	31.0	77.0
	Strongly agree	23	23.0	23.0	100.0
	Total	100	100.0	100.0	

**Table 8:** Not enough time to complete all of my nursing tasks

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	11	11.0	11.0	11.0
	Disagree	26	26.0	26.0	37.0
	Neutral	17	17.0	17.0	54.0
	Agree	28	28.0	28.0	82.0
	Strongly agree	18	18.0	18.0	100.0
	Total	100	100.0	100.0	

**Table 9:** Not enough time to provide emotional support to a patient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	15	15.0	15.0	15.0
	Disagree	21	21.0	21.0	36.0
	Neutral	9	9.0	9.0	45.0
	Agree	37	37.0	37.0	82.0
	Strongly agree	18	18.0	18.0	100.0
	Total	100	100.0	100.0	

**Table 10:** Not enough staff to adequately cover the unit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	3	3.0	3.0	3.0
	Disagree	6	6.0	6.0	9.0
	Neutral	5	5.0	5.0	14.0
	Agree	45	45.0	45.0	59.0
	Strongly Agree	41	41.0	41.0	100.0
	Total	100	100.0	100.0	



Table 11 shows the results of frequency distribution of breakdown of computer. The results in this table depicts that 1(1%) of respondents were strongly disagree, 11(11%) disagree, 32(32%) neutral, 34(34%) agree, 22(22%) strongly agree from total 100 respondents.

Table 12 shows the result of frequency distribution of Performing Procedures That Patients Experience As Painful. The results in this table depicts that 3(3.0%) of respondents were strongly disagree, 17(17%) were disagree, 22(22%) were neutral, 38(38%) were agree, 20(20%) were strongly agree from 100 respondents.

Table 13 shows the results of frequency distribution of Feeling helpless in the case of a patient who fails to improve. The results in this table depicts that 6(6%) of respondents were strongly disagree, 9(9%) were disagree, 18(18%) were neutral, 41(41%) were agree, 26(26%) were strongly agree from 100 respondents.

Table 14 shows the results of frequency distribution of Listening or Talking to a Patient About His/her Approaching Death. The results in this table depicts that 8(8%) of respondents were strongly disagree, 18(18%) were disagree, 33(33%) were neutral, 31(31%) were agree, 10(10%) were strongly agree from 100 respondents.

**Table 11:** Breakdown of computer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	1	1.0	1.0	1.0
	Disagree	11	11.0	11.0	12.0
	Neutral	32	32.0	32.0	44.0
	Agree	34	34.0	34.0	78.0
	Strongly agree	22	22.0	22.0	100.0
	Total	100	100.0	100.0	

**Table 12:** Performing procedures that patients experience as painful

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	3	3.0	3.0	3.0
	Disagree	17	17.0	17.0	20.0
	Neutral	22	22.0	22.0	42.0
	Agree	38	38.0	38.0	80.0
	Strongly Agree	20	20.0	20.0	100.0
	Total	100	100.0	100.0	

**Table 13:** Feeling helpless in the case of a patient who fails to improve

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	6.0	6.0	6.0
	Disagree	9	9.0	9.0	15.0
	Neutral	18	18.0	18.0	33.0
	Agree	41	41.0	41.0	74.0
	Strongly Agree	26	26.0	26.0	100.0
	Total	100	100.0	100.0	

**Table 14:** Listening or talking to a patient about his/her approaching death

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	8	8.0	8.0	8.0
	Disagree	18	18.0	18.0	26.0
	Neutral	33	33.0	33.0	59.0
	Agree	31	31.0	31.0	90.0
	Strongly Agree	10	10.0	10.0	100.0
	Total	100	100.0	100.0	



Table 15 shows the results of frequency distribution of the Death of a patient. The results in this table depicts that 2(2%) of respondents were strongly disagree, 5(5%) were disagree, 33(33%) were neutral, 40(40%) were agree, 20(20%) were strongly agree from 100 respondents.

Table 16 shows the results of frequency distribution of the Death of a patient with whom you developed a close relationship. The results in this table depicts that 6(6%) of respondents were strongly disagree, 13(13%) were disagree, 21(21%) were neutral, 38(38%) were agree, 22(22%) were strongly agree from 100 respondents.

Table 17 shows the results of frequency distribution of Physician not being present when a patient dies. The results in this table represents that 8(8%) of respondents were strongly disagree, 25(25%) were disagree, 14(14%) were neutral, 39(39%) were agree, 14(14%) were strongly agree from 100 respondents.

Table 18 shows the results of frequency distribution of watching a patient suffer. The results in this table represents that 1(1%) of respondents were strongly disagree, 15(15%) were disagree, 20(20%) were neutral, 37(37%) were agree, 27(27%) were strongly agree from 100 respondents.

**Table 15:** The death of a patient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	2.0	2.0	2.0
	Disagree	5	5.0	5.0	7.0
	Neutral	33	33.0	33.0	40.0
	Agree	40	40.0	40.0	80.0
	Strongly Disagree	20	20.0	20.0	100.0
	Total	100	100.0	100.0	

**Table 16:** The death of a patient with whom you developed a close relationship

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	6.0	6.0	6.0
	Disagree	13	13.0	13.0	19.0
	Neutral	21	21.0	21.0	40.0
	Agree	38	38.0	38.0	78.0
	Strongly Agree	22	22.0	22.0	100.0
	Total	100	100.0	100.0	

**Table 17:** Physician not being present when a patient dies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	8	8.0	8.0	8.0
	Disagree	25	25.0	25.0	33.0
	Neutral	14	14.0	14.0	47.0
	Agree	39	39.0	39.0	86.0
	Strongly disagree	14	14.0	14.0	100.0
	Total	100	100.0	100.0	

**Table 18:** Watching a patient suffer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.0	1.0	1.0
	Disagree	15	15.0	15.0	16.0
	Neutral	20	20.0	20.0	36.0
	Agree	37	37.0	37.0	73.0
	Strongly Agree	27	27.0	27.0	100.0
	Total	100	100.0	100.0	





Table 19 shows the results of frequency distribution of Lack of an opportunity to talk openly with other unit personnel about problems. The results in this table represents that 6(6%) of respondents were strongly disagree, 9(9%) were disagree, 25(25%) were neutral, 39(39%) were agree, 21(21%) were strongly agree from 100 respondents.

Table 20 shows the results of frequency distribution of Lack of an opportunity to share experience and feelings with other personnel on the unit. The results in this table represents that 2(2%) of respondents were strongly disagree, 11(11%) were disagree, 21(21%) were neutral, 48(48%) were agree, 18(18%) were strongly agree from 100 respondents.

Table 21 shows the results of frequency distribution of Lack of an opportunity to express to other personnel on the unit my negative feelings toward patients. The results in this table represents that 3(3%) of respondents were strongly disagree, 27(27%) were disagree, 25(25%) were neutral, 28(28%) were agree, 17(17%) were strongly agree from 100 respondents

Table 22 shows the results of frequency distribution of I often think of leaving this organization. The results in this table represents that 17(17%) of respondents were strongly disagree, 20(20%) were disagree, 30(30%) were neutral, 20(20%) were agree, 13(13%) were strongly agree from 100 respondents.

**Table 19:** Lack of an opportunity to talk openly with other unit personnel about problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	6.0	6.0	6.0
	Disagree	9	9.0	9.0	15.0
	Neutral	25	25.0	25.0	40.0
	Agree	39	39.0	39.0	79.0
	Strongly Agree	21	21.0	21.0	100.0
	Total	100	100.0	100.0	

**Table 20:** Lack of an opportunity to share experience and feelings with other personnel on the unit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	2.0	2.0	2.0
	Disagree	11	11.0	11.0	13.0
	Neutral	21	21.0	21.0	34.0
	Agree	48	48.0	48.0	82.0
	Strongly Agree	18	18.0	18.0	100.0
	Total	100	100.0	100.0	

**Table 21:** Lack of an opportunity to express to other personnel on the unit my negative feelings toward patients

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	3	3.0	3.0	3.0
	Disagree	27	27.0	27.0	30.0
	Neutral	25	25.0	25.0	55.0
	Agree	28	28.0	28.0	83.0
	Strongly Agree	17	17.0	17.0	100.0
	Total	100	100.0	100.0	

**Table 22:** I often think of leaving this organization

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	17	17.0	17.0	17.0
	Disagree	20	20.0	20.0	37.0
	Neutral	30	30.0	30.0	67.0
	Agree	20	20.0	20.0	87.0
	Strongly Agree	13	13.0	13.0	100.0
	Total	100	100.0	100.0	



**Table 23:** It is very possible that i will look for a new job next year

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	22	22.0	22.0	22.0
	Disagree	32	32.0	32.0	54.0
	Neutral	17	17.0	17.0	71.0
	Agree	19	19.0	19.0	90.0
	Strongly Agree	10	10.0	10.0	100.0
	Total	100	100.0	100.0	

**Table 24:** Recently, I Open Think of Changing My Current Job

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	25	25.0	25.0	25.0
	Disagree	29	29.0	29.0	54.0
	Neutral	21	21.0	21.0	75.0
	Agree	14	14.0	14.0	89.0
	Strongly Disagree	11	11.0	11.0	100.0
	Total	100	100.0	100.0	

Table 23 shows the result of frequency distribution of it is very possible that i will look for a new job next year. The results in this table and graph depicts that 22(22%) of respondents were strongly disagree, 32(32%) were disagree, 17(17%) were neutral, 19(19%) were agree, 10(10%) were strongly agree.

Table 24 shows the results of frequency distribution; Recently, I Open Think of Changing My Current Job. The results in this table depicts that 25(25%) of respondents were strongly disagree, 29(29%) were disagree, 21(21%) were neutral, 14(14%) were agree, 11(11%) were strongly agree.

**Reliability**

Table 25 shows the results of reliability of variable (work load). table noted that  $\alpha=.584$  which not meet the standard value of  $\alpha$  at least **0.70**. this mean our scale of work load is not reliable

**Table 25:** Work Load

Reliability Statistics	
Cronbach's Alpha	N of Items
.584	6

Table 26 shows the results of reliability of variable (death and dying). table noted that  $\alpha=0.744$  which meet the standard value of  $\alpha$  at least **0.70**. this mean our scale of death and dying is reliable.

**Table 26:** Death and Dying

Reliability Statistics	
Cronbach's Alpha	N of Items
0.744	7

Table 27 shows the results of reliability of variable (lack of staff support). table noted that  $\alpha=0.725$  which meet the standard value of  $\alpha$  at least **0.70**. this mean our scale of lack of staff support is reliable.

**Table 27:** Lack of Staff Support

Reliability Statistics	
Cronbach's Alpha	N of Items
0.725	3

Table 28 shows the results of reliability of variable (turnover intention). table noted that  $\alpha=0.847$  which meet the standard value of  $\alpha$  at least 0.07. this mean our scale of turnover intention is reliable.

**Table28:** Turnover Intention

Reliability Statistics	
Cronbach's Alpha	N of Items
0.847	3

**Validity**

Table 29 shows that KMO value is (.499) and Bartlett's test value is (p=0.000) which meet the standard requirement so, our variable work load is valid.

Table 30 shows that KMO value is (0.743) and Bartlett's test value is (p=0.000) which meet the standard requirement so, our variable death and dying is valid.

Table 31 shows that KMO value is (0.608) and Bartlett's test value is (p=0.000) which fulfils the criteria of standard requirements so, our variable is valid.

Table 32 shows that KMO value is (.728) and Bartlett's test value is (p=0.000) which meets the standard requirement so, our variable is valid.



**Table 29:** Work load

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.499
Bartlett's Test of Sphericity	Approx. Chi-Square	77.945
	Df	15
	Sig.	0.000

**Table 30:** Death and dying

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.743
Bartlett's Test of Sphericity	Approx. Chi-Square	138.385
	Df	21
	Sig.	.000

**Table 31:** Lack of staff support

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.608
Bartlett's Test of Sphericity	Approx. Chi-Square	82.097
	Df	3
	Sig.	.000

**Table 32:** Turnover intention

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.729
Bartlett's Test of Sphericity	Approx. Chi-Square	122.733
	Df	3
	Sig.	.000

**Table 33:** Regression

Model	R	R Square	Adjusted Square	R Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.484 <sup>a</sup>	.234	.210	1.002	.234	9.769	3	96	.000

a. Predictors: (Constant), lack of staff support, workload, death and dying

**Table 34:** ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	29.431	3	9.810	9.769	.000 <sup>b</sup>
	Residual	96.409	96	1.004		
	Total	125.840	99			

a. Dependent Variable: turnover intention

b. Predictors: (Constant), lack of staff support, workload, death and dying

### Regression

The total variation .234 in turnover intention is explained by work load, death and dying and lack of staff support (Table 33).

### ANOVA

Table 34 shows that as ANOVA value  $p=.000$  is less than .05 so, our research model is fit.

### Coefficient

Table 35 shows coefficient

**Table 35:** Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	Constant	0.149	0.669		0.223	0.824
	Workload	-0.205	0.175	-0.118	-1.173	0.244
	Death and dying	0.775	0.171	0.472	4.542	0.000
	Lack of staff support	0.155	0.127	0.118	1.222	0.225

a. Dependent Variable: turnover intention

Death and dying has a positive significant relationship with turnover intention because p value is less than 0.05. if we increase 1 unit of death and dying which increase the 0.775 unit of turnover intention. Workload has a negative significant relationship with turnover intention because p value is (p= 0.244) and lack of staff support also has insignificant relationship with turnover intention because p value is (p=0.255) which is greater than 0.05.

The aim of this study was to examine the stress factors that influence nursing staff turnover intention in cardiovascular surgery unit of PIC Lahore. The previous literature by (Gray-Toft & Anderson, 1981) suggests that the high frequency of stress found in cardiovascular surgery unit nurses and source of this stress was exposure to death.

This study identified three stress factors: work load, death & dying and lack of staff support which influential on the intention to leave the organization in cardiovascular surgery unit staff nurses working in the Punjab institute of cardiology Lahore. Data were gathered from 100 staff nurses, of cardiovascular surgery unit of Punjab institute of cardiology Lahore and then analyzed. Table & Figure#1 provides details regarding demographic characteristics of the respondents. According to this table the respondents were totally female and mostly staff nurses having more than 5 years working experience.

A standard linear regression model reflects that, death and dying has a positive significant relationship with turnover intention because p value is less than (.05) rather than work load and lack of staff support. This suggested that death and dying strong predictors for turnover intention in nurses. In addition, the work load correlated negatively with turnover intention. The correlation between lack of staff supports and turnover intention is insignificant. The previous literature by (Gray-Toft & Anderson, 1981) suggests that the high frequency of stress found in cardiovascular surgery unit nurses and source of this stress was exposure to death.

However, a major finding of this study is that the major source of stress in nurses of this unit is death and dying which indicates that death & dying a significant factor in

high turnover intention that currently exist among cardiovascular surgery staff nurses.

### Conclusion

In this study three major factors were identified as having significant influence on nurse's turnover intention: 'workload', 'death & dying', and 'lack of staff support'. This study found out that work load, lack of staff support and death& dying are the some of factors that causes stress among intensive care staff nurses in hospital so, it is very important to resolve these issues, positive solution must be found, should be provide flexible and positive work environment. Administration should be making new policies and review previous policies.

### Limitation

The data was collected just from intensive care unit staff nurses of Punjab institute of Cardiology Lahore. The head nurses not participate. The additional factors influencing nurses' turnover intention that were not considered in this study

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