

## **WORKPLACE STRESS AND TURNOVER INTENT AMONG NURSES IN A TEACHING HOSPITAL: THE MODERATING ROLE OF PERCEIVED ORGANISATIONAL SUPPORT**

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### **Abstract**

Workplace stress represents one of the most pervasive occupational challenges facing employees and organisations globally, with profound implications for worker well-being, productivity, and retention. In Nigeria healthcare context, nurses working in high-intensity clinical units face particularly acute occupational stressors that have been linked to rising turnover intention, yet empirical evidence on this relationship remains limited. This study, therefore, examined the relationship between workplace stress and turnover intention among nurses in two high-intensity units (Accident and Emergency and Intensive Care Units) of the University of Nigeria Teaching Hospital, Enugu and investigated the moderating role of perceived organisational support (POS) on the relationship. Adopting a correlational research design, data were collected from a total population sample of 48 nurses across the two units using a structured questionnaire. Data were analysed using descriptive statistics, Pearson correlation, and partial correlation to examine the nature and extent of relationships among the study variables. The findings revealed a strong, positive, and statistically significant relationship between workplace stress and turnover intention, and that POS significantly moderates this relationship, weakening the association between the two variables. The study concludes that managing occupational stress and strengthening perceived organisational support are essential strategies for improving nurse retention in high-intensity clinical settings. It is therefore recommended that hospital management reduce occupational stressors by increasing staff strength, assigning reasonable workloads, adopting flexible work policies, and providing adequate psychological support to enable nurses to cope effectively with work pressures.

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**Keywords:** Workplace stress, turnover intent, accident and emergency, intensive care

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### **Introduction**

The Nigerian healthcare industry is currently experiencing a notable nurse exodus, raising worries about the sustainability of the health workforce and the quality of patient treatment. The Nursing and Midwifery Council of Nigeria (NMCN) (2024) reports that more than 15,000 registered nurses and midwives left Nigeria in 2023 in search of healthier opportunities in the Western world. Research has also shown that between 2022 and 2024, a total of 42,000 nurses left Nigeria for a more developed country like the United Kingdom, United States of America and Canada (Samuel & Haruna, 2025). Such a migration exercise often weakens the country's healthcare system and its global ratings. Although the idea of nurses leaving their organizations voluntarily has become a complex issue, it has resulted to a heightened brain drain in Nigeria and a brain gain to the emigrated country with many contextual factors such as toxic workplace environment, desire for enhanced quality of life, persistent infrastructural decay, rising insecurity, systemic corruption and hazardous workloads playing a significant role in influencing such decisions. Samuel and Haruna (2025) highlight poor provisions of social welfare, occupational dissatisfaction, and socio-political instability as notable key factors. The nursing profession has remained one of the most stressful occupations in the world, and

unrelenting patient demands, long workdays, and interpersonal disputes at work often define it (Khamisa et al., 2017). In highlighting their critical role in providing high-quality care in the face of escalating difficulties, Faremi et al. (2019) note that nurses are sometimes referred to as the "backbone of the healthcare industry. Their continued migration to the western world for a better opportunity and improved work conditions has led to the emergence of a popular concept known as the "Japa Syndrome", meaning "to escape" in the Yoruba dialect. Turnover intent, however, arises as a common response to nurses' unmet expectations in their demanding work environment, resulting in ineffective actions that jeopardise patient welfare and organisational efficacy. Putri and Surya (2020) suggest that supportive leadership environments and low levels of stress may mitigate the negative consequences associated with turnover intent. Earlier research by Kerdpitak and Jernsittiparsert (2020) emphasised the critical juncture at which turnover intent manifests itself, often serving as a precursor to actual turnover. To retain outstanding employees and foster a positive work environment, organisational leaders need to understand the fundamental reasons behind the intent to leave. Refuting the legitimacy claim, Timinepere et al. (2018) posited that handling legitimate grievances can prevent turnover intent and enhance worker commitment and morale. However, as a prerequisite to incorporating successful retention strategies into an organisation, Degen et al. (2015) suggest that there should be an increased understanding of the factors that contribute to turnover intent.

Research has shown that turnover intent is a difficult concept to study because it lacks a clear definition from scholars (Jilani, 2019). Ong et al. (2019) saw it as "a common problem facing organisations today". Labrague et al. (2020) added that over the years, the turnover of nurses has become a serious issue confronting healthcare institutions and that when an employee leaves the organisation, it affects nurses, patients and the organisation at large. Research shows that turnover intent is a major antecedent to actual turnover (Lee & Kim, 2020). Oruh et al. (2020) explained that turnover intent is not the act of leaving a job; it's one of the predictors of leaving. Masud and Daud (2019, as cited in Ong et al., 2019) emphasise that employee commitment is the most significant antecedent that reduces turnover intent. Such commitment can be achieved in a less stressful and more supportive work environment. Al-Hussami et al. (2014, as cited in Magbity et al., 2020) argue that turnover intent constitutes a worker's thought process to get out of the organisation, or otherwise the profession. Jacobs and Roodt (2007), in Hussain and Asif (2012), contend that it's a "mental decision" taken by employees as regards their probability of leaving or continuing on a job and maintaining membership with an organisation. Kalifa et al. (2016) further distinguished turnover intent from actual turnover by stating that "intention to leave an organisation is a person's opinion towards getting out of the organization while turnover implies the individual actually leaving the organisation. Employee turnover, which may be voluntary or involuntary, has some cost implications attached to it, such as loss of skilled workers and corporate knowledge, as well as costs relating to staff replacement (Rickard et al. 2012). For this study, we adopt the view of Putri and Surya (2020), who saw an employee's turnover intention as the outcome of his assessment regarding maintaining membership with his current organization but has not yet been actualised in concrete terms of actually leaving the organisation. This suggests that when an employee considers staying with a particular organisation, such a subjective assessment may be a sign that no clear alternative with a more promising opportunity exists in the labour market or that the employee is enjoying a certain level of job satisfaction, spurring a positive attitude and enhancing his/her commitment to the organisation.

In recent times, workplace stress has emerged as a critical issue facing organisations owing to its direct and indirect impacts on the psychological, physical and emotional well-being of employees. It is considered one of the key factors that affects nurses in a variety of settings and specialisations. Joshi (2018) argues that it has become a major concern for both organisational performance and individual well-being. McVicar (2003) maintained that the main idea behind stress is that it centres on an individual's knowledge about the demands being placed on them in connection to their knowledge or understanding of the ability to meet those demands placed on them. Ofei et al. (2019) acknowledged that stress has remained one of the key challenges facing health workers as a result of its negative impact on certain organisational outcomes such as job performance, satisfaction, quality of patient care and a feeling to leave the organisation for another. Stress as a subjective construct has, over the years, grown to be a more complex and toxic phenomenon both at work and outside the workplace. The underlying cause of stress is often unique to the individual or organisation experiencing the stressor. It is therefore considered a universal phenomenon that threatens the well-being of workers and cuts across all work domains. Mojinyinola (2008) argue that when workers experience any form of stress in the workplace, it is called job stress. Ofei et al. (2019) in a study described it as an "endemic problem" leading to a decline in productivity and efficiency in the healthcare sector. While the World Health Organisation (2018) viewed work-related stress as an employee's response to work demands and pressures that don't match their knowledge and abilities, thereby posing a serious challenge to their ability to cope with work demands. In their study, Ismail et al. (2015) argue that stress is a significant problem confronting employees and their organisations. While Sikuku et al. (2017) study provided empirical evidence that stress negatively affects the organisation as a whole as well as employees' productivity, leading to inefficiency and reduction in organisational commitment; increased staff turnover, industrial disputes, accidents and errors, as well as reputational damage (Jacobs et al., 2017). Lazuras et al. (2009 in Ismail et al., 2015) identified workload, relationship with co-workers, and organisational constraints as the three major workplace stressors facing employees in every organisation.

Nespereira-Campuzano and Vazquez-Campo (2017) maintain that occupational stress has a link with errors in nursing practice. Lu et al. (2015) submit that different factors, heavy workload, lack of support, emotional weight of dealing with death and inadequate specialised knowledge are associated with occupational stress among nurses. Even GrayToft and Anderson (1981, cited in Perera et al., 2018) saw a high workload, not being ready to attend to patients' emotional needs with those of their families, as well as death and dying; arguments with doctors and absence of support (Lu et al., 2015) as the key stressors facing nurses. Perera et al. (2018) argue that research have shown that the main sources of occupational stress among nurses vary according to nursing specialities, departments/units, organizations, regions and individuals and that too much stress among nurses often leads to burnout, poor work quality, absenteeism, decline in commitment to organizational goals, turnover and job satisfaction, affecting their psychological and physiological well-being as well (Canadas-De la Fuente et al., 2015; Currie & Hill, 2012; in Perera, et al., 2018). Despite the negative view of workplace stress and its impact on workers' well-being, a certain level of stress is good and desirable as it stimulates employees to perform optimally. However, the absence of stress can lead to boredom in clinical practice, while too much of it can lead to emotional exhaustion. Hence, maintaining a moderate level of stress remains an important management task.

The link between stress and turnover intent is multifaceted, as a high-intensity work environment will leave workers overwhelmed, burned out, and dissatisfied, with an increased desire to leave. A less intense or supportive work environment motivates and promotes employees' intent to stay committed to the organisation. Yukongdi and Shrestha (2020) in their study emphasised that occupational stress is an important factor that significantly influences employees' intent to leave the organisation. Similarly, a shred of scholarly evidence in a study carried out by Kerdpitak and Jermstittitparsert (2020) intended to determine the effects of workplace stress and work-life balance on turnover intention in the pharmaceutical industry in Thailand. The study's outcome showed that workplace stress and work-life balance have a significant relationship with the turnover intent of employees. In another study by Putri and Surya (2020), the scholars identified job stress as a key factor affecting employees' job satisfaction levels, leading to their increasing desire to resign. The study of Yo and Suparthat (2019) on the "effect of job stress, emotional weakness and job satisfaction on intention to leave" also highlights that job stress, job satisfaction and emotional exhaustion were the main factors influencing employees' decision to stay or leave the organisation. Dang (2020) studied the relationship between job satisfaction and turnover intention of government hospital nurses in Mumbai and found that high levels of work satisfaction influence nurses by lowering their intentions to leave the profession. A similar study by Aho (2020), that sought to examine the link between job satisfaction and the intent to leave among Casino employees, the study found that workplace stress, lack of job satisfaction, disapproval of the organizational culture, poor job security as well as a perceived absence of employer's interest in workers well-being were among the numerous key factors responsible for turnover intentions.

Suswati's (2020) study on how work stress influences turnover intention, with employee performance as a mediator variable, emphasised that work stress does not substantially influence turnover intention, while employee performance fully mediated the relationship between the independent and dependent variables. In another study, Burki et al. (2020) sought to find out the relationship between job stress and turnover intentions using emotional intelligence as a moderator variable. The study found that job stress has a direct and significant relationship with employee turnover intention. This implies that an increase in job stress increases turnover intent. However, emotional intelligence does not have any moderating effect on the two variables. In a study, Nikkhah-Farkhani and Piotrowski (2020) argued that among healthcare providers, nurses need more support due to the nature of their job. Wayne et al. (1997) note that Eisenberger and colleagues proposed the concept of perceived organisational support as a mechanism to inform how an employee's commitment to an organisation is nurtured. Within the organisational setting, an employee's intent to continue maintaining membership with the organisation is a function of his/her perception or evaluation of the degree of support they receive from the organisation. This is often designated as perceived organisational support (POS). Eisenberger et al. (1986) have described POS as a global belief regarding the degree to which the organisation respects and cherishes employees' contributions to the organisation and also cares for them. It constitutes a type of social support, denoting employees' perception of care, assistance, and acknowledgement from their organisations (Han et al., 2025). Klümper and Sürth (2023) argue that it is a crucial psychological resource for employees experiencing occupational stress, cognitive and emotional depletion in the workplace. Eisenberger et al. (1986) argue that the development of a positive attitude by the employees of an organisation is always apparent when they perceive more support

from the organisation. Earlier studies, Riggle et al. (2009); Wen et al. (2019) have also demonstrated that Workers with elevated levels of POS typically demonstrate improved favourable emotional states and beneficial workplace experiences, thereby aiding in the replenishment of resources diminished by stress and mitigating the impact of unfavourable emotions or stress resulting from resource depletion. On the other hand, scholars also agree that healthcare professionals with low levels of POS are more likely to experience a decrease in work satisfaction due to perceived work stress (Zhang et al., 2022; Feng et al., 2019). Reader et al. (2017) opine that POS strongly rests on social exchange theory. Eisenberger et al. (1986) added that it is a type of social exchange involving an employee and the employing organisation. They went further to state that perceived organisational support is affected by various factors based on an employee's treatment by the employing organization which is subject to the employee's interpretation of the motives behind the treatment given by the organisation. Rhoades and Eisenberger (2002), in Patrick and Laschinger (2006), further identified organisational rewards, fairness, favourable working conditions and supervisor support as the key attributes which every employee expects from their organization as it often influences their perceptions of organisational support.

However, the meeting of these expectations to a great extent determines how dedicated the employee will be on the job. Similarly, the organisation also expects that the employees would give their best in terms of the desired effort, expertise and commitment to achieve organisational goals. Just as Chew and Wong (2008), Dhar (2012), and Eisenberger et al. (2001, cited in Garg and Dhar, 2014) revealed that perceived organisational support often induces among employees an obligation to show concern for the welfare of the organisation, seeking and assisting in its goal attainment. Ganji et al. (2020) submit that in line with this theory, "when one has some good social relations with another, the person feels obliged to compensate for the favour. They further noted that the "greater the benefit, the greater the tendency to compensate. We, therefore, conceive perceived organisational support in this study as an employee's sense of judgment or evaluation of how the organisation treats encourages and supports them and regards their valuable inputs to its progress and goal attainment.

Perceived organisational support is considered a key organisational resource that serves as a buffer to employees when their stress levels are high or when they are overwhelmed by occupational stressors. Prior research, Szkody et al. (2021); Sklar et al. (2021), also demonstrates that POS significantly mitigates the link between occupational stressors. Just as Fukui et al. (2019, cited in Tetteh et al., 2020) submit that perceived organisational support, such as the one gotten from one's supervisor, helps to reduce turnover intention through a decline in work-related stress. Ganji et al. (2020) study on the ethical context of the organisation and the turnover intention of women employees, using perceived organisational support as a mediator, reports that POS affected turnover intentions negatively and mediated the relationship between ethical context and turnover intentions of women employees. In a study on perceived organisational support, job stress, and turnover intention, using affective commitment as a moderator variable, Tetteh et al. (2020) showed that POS predicted job stress significantly, while job stress significantly predicted turnover intention. This, according to them, explains that if an organisation is supportive towards the employees' well-being, there is every tendency that it would result in less stress, thereby increasing their intent to stay in the organisation. Takaya et al. (2020), in a study on perceived organisational support and turnover intention, demonstrate that POS has a negative and significant effect on turnover. Again, the study of Tromp et al. (2010) also showed that organisational support is indirectly related to employees' turnover

intentions; hence, when employees have a negative perception about the kind of support they receive from the organisation, it results in a decline in their commitment level, which increases their intention to leave the organization (Tromp et al., 2010).

Over time, researchers have investigated several antecedents to actual employee turnover to curtail turnover intent and mitigate against real turnover in organisations. Numerous empirical studies have also been carried out on the subject matter of occupational stress, turnover intent and POS within different contexts. Notwithstanding management's support and efforts in promoting healthy work settings for nurse retention and well-being, there exists a paucity of scholarly research within the Nigerian context on the direct impact of workplace stress on nurse turnover intention especially on nurses working in specialized high-intensity clinical environments like the Accident and Emergency and Intensive Care Units of the University of Nigeria Teaching Hospital Enugu and the moderating role of perceived organizational support on the relationship between the predictor and criterion variable. By exploring these important areas, this research hopes to provide insights that will improve evidence-based approaches targeted at improving organisational resilience and nurse retention in healthcare settings, as well as contribute to scholarly discourse.

### **Statement of the problem**

The environment of work is one of the determining factors in an employee's intent to stay or leave the current organisation. The turnover rate has been observed to be comparatively higher in healthcare environments, especially among nurses, than in other professions, and it constitutes a significant problem for healthcare managers across the globe. In Nigeria, nurses' turnover intent and actual turnover have become a fundamental problem owing to their cost implications and loss of key talents. Workplace stress is one of the main contextual factors that negatively impacts employees' well-being, leading to increased turnover intent. Occupational stress often leads to numerous health-related problems, such as cardiovascular diseases and mental health issues, with substantial consequences for the organisation. Among teaching hospital nurses, stress weakens their ability to accomplish organizational tasks, as it often leads to poor decisions, a decline in motivation, and anxiety, which may likely endanger patient safety. Interestingly, these negative impacts of stress in the workplace cut across all organizational echelons, leading to detrimental outcomes (e.g., cognitive weariness, burnout, depression, and a weakened immune system) both to the individual worker and the organization (low productivity, high absenteeism and turnover rate, decrease in staff morale and increase in interpersonal conflicts), giving rise to a total deterioration in work performance. In the Accident and Emergency (A/E) unit and the Intensive Care Unit (ICU), nurses experience high-stress levels driven by enormous workloads and high intensity of acute patient care. Nurses in emergency units are at the frontline of a challenging healthcare system, which requires them to regularly treat and care for patients suffering from severe health issues. The prolonged exposure of nurses to this high-stress unit impacts their physical and psychological well-being and morale and potentially leads to the development of turnover intention. There is consensus among researchers that nurses working in such units encounter extreme cases of stress and, in most cases, burnout because their environment is characterised by numerous stressors, such as mass casualty incidents, heavy workloads, and the constant proximity of death and critical illness. Similarly, nurses in the ICU are often exposed to a variety of work stressors, such as noisy and sophisticated equipment, a confined work environment, highly demanding routines, artificial lighting, inadequate human resources, and the psychological burden of caring for critically ill patients who

may not survive. Despite these demanding conditions, nurses in these units frequently lack the emotional, physical and material support they require from their organisation and, in many cases, from their co-workers as well. These issues, if left unaddressed, often lead to several negative employee outcomes, of which turnover intent is a prominent one. Notwithstanding the growing body of literature on workplace stress and turnover intention, empirical evidence specifically examining this relationship among nurses in high-intensity clinical units within the Nigerian healthcare context remains scarce. This study, therefore, examined the relationship between workplace stress and nurses' turnover intentions and investigated the moderating role of perceived organisational support (POS) on that relationship among nurses in the two high-intensity units of the University of Nigeria Teaching Hospital, (UNTH) Enugu.

### Research Question

The following research questions guided the study

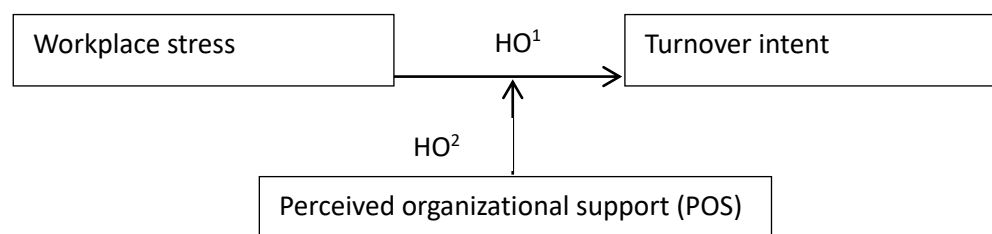
1. To what extent does workplace stress correlate with the turnover intention of nurses working in the Intensive Care and Emergency units of the UNTH Enugu?
2. To what extent does perceived organisational support moderate the relationship between workplace stress and turnover intention of nurses working in the Intensive Care and Emergency units of UNTH Enugu?

### Hypotheses

**Ho1:** There is no significant relationship between workplace stress and the turnover intention of nurses working in the Intensive Care and Accident and Emergency units of UNTH Enugu.

**Ho2:** Perceived organisational support does not moderate the relationship between workplace stress and turnover intention of nurses working at the Intensive Care and Emergency units of UNTH Enugu.

**Figure I: Conceptual Model for the study**



### Methods

The study adopted a correlational survey research design. This design was considered appropriate because the study sought to determine the nature and extent of the relationship among the study variables. Workplace stress, turnover intention, and perceived organisational support were studied without manipulating or controlling any of them. The survey approach was particularly suitable because it allowed for the systematic collection of data from a defined sample of nurses using a standardised questionnaire, enabling the researcher to measure the study constructs as they naturally exist in the work environment. This design is widely employed in organisational behaviour and healthcare management research, making it appropriate for investigating attitudinal and perceptual variables such as those examined in the study. The target population comprised all nurses working in two high-intensity clinical units (Intensive Care and Accident and Emergency units) of the University of Nigeria Teaching Hospital, Enugu (UNTH). These two units

were purposively selected because they are widely recognised as among the most stressful clinical environments within teaching hospitals, making them particularly appropriate settings for investigating workplace stress and its consequences. At the time of this study, a total of 48 nurses were on active duty across the two units: 20 in the Intensive Care Unit and 28 in the Accident and Emergency unit. Given the relatively small and clearly defined nature of the target population, this study adopted a census sampling technique, which involved the inclusion of all 48 nurses working in the two units as study participants. This approach was deemed most appropriate because the population was small enough to allow for a complete enumeration, thereby eliminating the risk of sampling error and enhancing the representativeness of the findings within the study context. Only nurses who had worked in their respective units for a minimum of one year were eligible to participate in the study; as such, nurses were considered to have sufficient experience in the work environment to provide valid and reliable responses on the study constructs. The principal instrument for data collection was a structured questionnaire distributed to the nurses through their unit heads. Respondents were given an interval of 14 days to complete the questionnaire, after which the researcher retrieved completed copies through the same channel. Informed consent was obtained from all participants before data collection. The questionnaire consisted of items drawn from three validated scales adapted from existing literature to suit the Nigerian healthcare context. Workplace stress was assessed using eleven items adapted from the Nursing Stress Scale developed by GrayToft and Anderson (1981). Turnover intention was measured using three items adapted from Cheng et al. (2013). Perceived Organisational Support was measured using seven items from the Perceive Organizational Support survey developed by Eisenberger et al. (1986). All items were measured on a five-point Likert scale, ranging from 1(Strongly Disagree) to 5 (Strongly Agree). The content validity of the research instrument was established through a review process involving subject-matter experts and academic peers in the fields of organisational behaviour and healthcare management. The experts assessed the relevance, clarity and comprehensiveness of each item relative to the constructs being measured. Feedback received was used to refine the wording and arrangement of the items before final administration. Additionally, the use of well-established internationally validated scales, the Nursing Stress Scale, the POS survey, and the turnover intention scale, provides further evidence of construct validity, as these instruments have been extensively used and validated across multiple cultural and organisational contexts in prior research. The internal consistency of the instrument was assessed using Cronbach's Alpha coefficient, with a threshold of 0.70 recommended by George and Mallery (2003), Aifuwa and Okogie (2015) as the acceptable minimum for social science research. The reliability analysis returned coefficients of  $\alpha=.978$  for the Workplace Stress (11 items),  $\alpha=.705$  for the Turnover Intention scale (3 items), and  $\alpha=.778$  for the Perceived Organisational Support scale (7 items). All three scales exceeded the 0.70 threshold, indicating high levels of internal consistency and confirming that the instruments were reliable for this study. The analysis of data was done using descriptive and inferential statistics. Descriptive statistics (frequency counts and percentages) were used to summarise the socio-demographic characteristics of the respondents. To test for the hypotheses, the Pearson Product-Moment Correlation coefficient was employed to determine the nature and strength of the relationship between workplace stress and turnover intention. Partial correlation analysis was subsequently used to assess the moderating role of perceived organisational support on the relationship between the two primary study variables, by examining the change in the correlation between workplace stress and turnover intention when POS was controlled.

All analyses were conducted using the Statistical Package for Social Sciences (SPSS), version 20.

## Results

**Table 4.1 Percentage of Socio-Demographic Characteristics of Respondents**

S/N	Variables	$\Sigma f=48$	$\%=100$
<b>1</b>	<b>Primary area of practice</b>		
	Emergency	28	58.3
	ICU	20	41.7
<b>2</b>	<b>Gender</b>		
	Male	11	22.9
	Female	37	77.1
<b>3</b>	<b>Age</b>		
	21-30	5	10.4
	31-40	20	41.7
	41-50	19	39.6
	51 $\geq$	4	8.3
<b>4</b>	<b>Marital Status</b>		
	Single	10	20.8
	Married	38	79.2
<b>5</b>	<b>Academic Qualification</b>		
	Bachelor's Degree	41	85.4
	Others	7	14.6
<b>6</b>	<b>Work Experience</b>		
	$\leq 5$ years	5	10.4
	6 years-10 years	16	33.3
	11 years $\geq$	27	56.3
<b>7</b>	<b>Employment Status</b>		
	Full-time employees	48	100.0

Table 4.1 above shows the percentage of the socio-demographic profile of the 48 nurse respondents. The majority (58.3%) were deployed in the Accident and Emergency unit, while 41.7% worked in the ICU. In terms of gender, 22.9% of respondents were male, and 77.1% were female, reflecting the predominantly female composition of the nursing profession in Nigeria. Regarding age, 10.4% of respondents were between the ages of 21 and 30, and 41.7% of respondents fall within the age limit of 31 and 40; 39.6% of respondents are between the ages of 41 and 50 years, while 8.3% of respondents are within the age category of 51 years and above. Most of the respondents (79.2%) were married, and 85.4% held a Bachelor's degree. A substantial proportion (56.3%) had 11 or more years of work experience, while all 48 respondents (100%) were employed on a full-time basis.

## Hypotheses

**H0<sub>1</sub>:** There is no significant relationship between workplace stress and the turnover intention of nurses working in the Intensive Care and Accident and Emergency units of UNTH, Enugu.

**Table 4.2:** Pearson correlation \*workplace stress\* Turnover intention

			<b>Correlations</b>	
			Workplace stress	Turnover intention
Pearson Correlation	Workplace stress	Correlation Coefficient	1.000	.775**
		Sig. (2-tailed)	.	.000
		N	48	48
	Turnover intention	Correlation Coefficient	.775**	1.000
Sig. (2-tailed)		.000	.	
N		48	48	

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The results in Table 4.2 above show a strong positive correlation between workplace stress and turnover intention ( $r=.775$ ,  $p<.001$ ,  $N=48$ ). This indicates that higher levels of workplace stress are significantly associated with higher levels of turnover intention among nurses in the studied units. Given that the p-value is less than the 0.05 significance level, the null hypothesis ( $H_{01}$ ), which states that there is no significant relationship between workplace stress and the turnover intentions of nurses, is hereby rejected. Consequently, the alternative hypothesis is accepted; there is a significant positive relationship between workplace stress and turnover intention among the nurses sampled.

**H0<sup>2</sup>:** Perceived organisational support does not significantly moderate the relationship between workplace stress and turnover intention of nurses.

**Table 4.3:** Pearson partial correlation Workplace stress Turnover intention (controlling for Perceived organisational support).

			<b>Correlations</b>		
Control Variables			Workplace stress	Turnover intention	Perceived organisational support
-none- a	Workplace stress	Correlation	1.000	.770	.696
		Significance (2-tailed)	.	.000	.000
		Df	0	46	46
	Turnover intention	Correlation	.770	1.000	.894
		Significance (2-tailed)	.000	.	.000
		Df	46	0	46
Perceived org support (POS)	Correlation	.696	.894	1.000	
	Significance (2-tailed)	.000	.000	.	
	Df	46	46	0	
POS	Workplace stress	Correlation	1.000	.459	
		Significance (2-tailed)	.	.001	
		Df	0	45	
	Turnover intention	Correlation	.459	1.000	
		Significance (2-tailed)	.001	.	
		Df	45	0	

a. Cells contain zero-order (Pearson) correlations.

Table 4.3 above shows the correlation of the three variables. While controlling for perceived organisational support for nurses, the partial correlation coefficient reveals a value of .770, while the p-value is at ( $p < 0.000$ ), consistent with the bivariate results in Table 4.2. This shows a significant relationship between workplace stress and the turnover intention of nurses. However, when POS is statistically controlled, the partial correlation between workplace stress and turnover intention decreases substantially to  $r = .459$  ( $p = .001$ ,  $df = 45$ ). This notable decrease in the correlation coefficient from .770 to .459 indicates that the strength of the relationship between workplace stress and turnover intention is meaningfully influenced by the level of perceived organisational support among nurses. Specifically, POS accounts for a considerable portion of the variance shared between workplace stress and turnover intention, suggesting that it plays a buffering or moderating role in this relationship. Accordingly, the null hypothesis ( $H_{02}$ ), which states that POS does not significantly moderate the relationship between workplace stress and turnover intention, is rejected in favour of the alternative: POS significantly moderates the relationship between workplace stress and the turnover intention of nurses in the studied units.

### **Discussion**

This study examined the relationship between workplace stress and turnover intention among nurses in the Accident and Emergency and Intensive Care Units of the University of Nigeria Teaching Hospital (UNTH) Enugu, and investigated the moderating role of perceived organisational support (POS) on that relationship. The findings yielded two key outcomes. The first hypothesis examined whether workplace stress is significantly associated with the turnover intention of nurses in the studied units. The Pearson correlation analysis returned a strong positive and statistically significant relationship between the two variables ( $r = .775$ ,  $p < .001$ ), providing sufficient evidence to reject the null hypothesis. This finding indicates that as workplace stress increases among nurses in these high-intensity units, their intention to leave the organisation increases correspondingly. This outcome is particularly instructive given the clinical context of the study: nurses working in A&E and ICU settings operate under some of the most demanding conditions in the healthcare system, characterised by heavy patient loads, life-and-death decisions, limited staffing, and persistent emotional strain. The result suggests that these conditions collectively translate into elevated turnover intention, which, if left unaddressed, may culminate in actual turnover. This outcome is consistent with a substantial body of empirical literature across diverse organisational and national contexts. Yukongdi and Shrestha (2020) similarly found that occupational stress was a significant predictor of employees' intent to leave their organization, while Kerdpitak and Jermstittitparsert (2020); Putri and Surya (2020); and Yo and Suparthat (2019) corroborated this finding by showing that job stress alongside emotional exhaustion and job satisfaction were the foremost influences on employees intent to leave. More specifically, the current finding also aligns with Dang's (2020) study, which established that high levels of work-related stress are inversely associated with nurses' intention to remain in the profession, and with Aho's (2020) evidence that workplace stress figures prominently among the factors driving turnover intent across service industries. The result is further consistent with the broader literature on occupational health, which positions turnover intent as a proximal attitudinal response to unmanaged work stress (Lee & Kim, 2020; Labrague et al., 2020). The study of Suswati (2020) stands as a notable exception to this consensus, having found that work stress does not substantially influence turnover intention, with

employee performance fully mediating the relationship. While this finding diverges from the current study, the discrepancy may be attributable to contextual differences: Suswati's study was conducted in a casual dining restaurant environment, where the nature, intensity, and perceived performance of occupational stressors differ markedly from the acute clinical stressors encountered in emergency and intensive care nursing. This underscores the importance of context-specificity in organisational behaviour research and affirms the value of the current study's focus on a high-stress clinical environment within the Nigerian healthcare system.

The second hypothesis investigated whether perceived organisational support moderates the relationship between workplace stress and turnover intention. The partial correlation analysis showed that the zero-order (none-<sup>a</sup>) correlation between workplace stress and turnover intention ( $r=.770$ ) declined substantially to  $r = .459$  when POS was statistically controlled. This significant decline in the correlation coefficient provides evidence that POS acts as a meaningful moderating variable in the stress turnover intention relationship. When nurses perceive higher levels of support from their organisation, the strength of the association between workplace stress and their intention to leave is diminished. Accordingly, the null hypothesis was rejected in favour of the alternative. This finding carries important practical and theoretical implications. From a theoretical standpoint, it is consistent with Social Exchange Theory (Eisenberger et al., 1986; Reader et al., 2017), which holds that employees who perceive their organisation as caring for their well-being and valuing their contributions are more likely to reciprocate with positive organisational behaviours, including a reduced intention to leave, even under conditions of high stress. When nurses feel supported, they are better equipped to manage occupational stressors without resorting to disengagement or withdrawal. POS, in this sense, functions as a psychological buffer that moderates the otherwise strong relationship between stress and the desire to exit the organisation. This result is corroborated by a growing body of literature. Tetteh et al. (2020) demonstrated that POS significantly moderated the relationship between job stress and turnover intention, with higher support levels reducing the propensity to leave. Fukui et al. (2019, as cited in Tetteh et al., 2020) similarly found that supervisor-based organisational support helps reduce turnover intention through a reduction in work-related stress. Ganji et al. (2020) reported that POS negatively mediated the relationship between organisational climate and turnover intentions among women employees, and Takaya et al. (2020) showed that POS exerts a negative and significant influence on turnover. Tromp et al. (2020) further demonstrated that when employees perceive inadequate support from their organisation, commitment declines and turnover intent rises: an outcome consistent with the current study's findings. The implication is that the relationship between workplace stress and turnover intention is not fixed; it is contingent on the degree to which nurses perceive their organisation as supportive. In units characterised by extreme occupational stressors, such as the A&E & ICU at UNTH, the presence of meaningful organisational support can substantially moderate what would otherwise be a strong drive towards voluntary exit. This finding reinforces the strategic importance of building and sustaining a culture of perceived support within Nigerian teaching hospitals, particularly in high-acuity clinical settings where staff retention is critical to patient outcomes and service continuity.

## **Conclusion**

This study sought to examine the relationship between workplace stress and turnover intention of nurses in two pressure units (Accident and Emergency and Intensive Care) of a government-owned teaching hospital (UNTH) in Enugu state, and to assess the

moderating role of perceived organisational support on that relationship. Grounded in Social Exchange Theory and employing a correlational survey design with a total population sample of 48 nurses, the study yielded two significant findings. First, there is a strong, positive, and statistically significant correlation between workplace stress and turnover intention among nurses in the studied units. This confirms that nurses operating under persistently high occupational stress are significantly more likely to nurture intentions to leave their organisations. Given the alarming rate of nurse emigration from Nigeria and the well-documented brain drain affecting the country's healthcare system, this finding underscores the urgency of addressing workplace stress as a structural rather than individual problem within Nigerian teaching hospitals. Second, perceived organisational support significantly moderates the relationship between workplace stress and turnover intentions. The decrease of the stress turnover correlation when POS is controlled demonstrates that organisational support serves as a meaningful buffer capable of reducing the propensity for turnover intent even in the presence of high stress. This finding affirms the theoretical relevance of POS in high-demand healthcare environments and provides empirical grounding for investment in support structures targeted at frontline clinical nurses. Taken together, these findings contribute to the growing body of evidence on occupational health in the Nigerian healthcare context and offer actionable insights for hospital administrators, policymakers, and nurse managers. They suggest that effective nurse retention strategies must address both the sources of occupational stress and the quality of organisational support simultaneously, rather than treating these as independent concerns.

### **Recommendation**

The following recommendations are made based on the research outcome.

1. Hospital management and unit heads should implement practical and evidence-based stress management strategies to retain skilled nurses and reduce turnover intention. This includes increasing staffing levels to ease workload, assigning responsibilities commensurate with nurses' competencies, and adopting flexible work scheduling policies that support a healthy work-life balance. These measures directly address the occupational stressors identified as correlates of turnover intention in this study.
2. Management should invest in structured training programmes for unit heads and supervisors focused on human relations, empathetic leadership, and employee recognition. Since perceived organisational support is partly shaped by the quality of supervisor-subordinate interactions, equipping unit heads with skills to acknowledge, value, and support their nursing staff can substantially improve nurses' perceptions of organisational care, thereby moderating the impact of stress on turnover intention.
3. Hospitals should institutionalise formal peer support mechanisms and psychological support services such as clinical supervision, peer debriefing sessions, and employee assistance programmes, particularly in high-acuity units like A&E and ICU. Collegial and organisational support from co-workers serves as an important buffer against occupational stressors and can reinforce nurses' commitment to the organisation.

### **Study limitations/Direction for further studies**

The study is subject to several limitations that should be considered when interpreting its findings. First, the study was restricted to two clinical units within a single government

teaching hospital, which constrains the generalizability of the results to other units, hospitals, or healthcare contexts in Nigeria. Second, the total population sample of 48 nurses, while appropriate for the specific context studied, is relatively small, and broader generalisations to the wider nursing population should be made with caution. Third, as a quantitative study, participants' responses were limited to the predetermined items on the questionnaire, precluding the capture of nuanced, contextual, or experimental dimensions of workplace stress and organisational support. Future research should broaden the scope of investigation by including nurses from multiple units across several teaching hospitals, adopting larger and more diverse samples to enhance the statistical power of generalizability. Also, mixed-methods designs that incorporate qualitative data through interviews or focus groups would provide richer insights into the lived experiences of nurses and the mechanisms through which organisational support moderates stress-related outcomes. Additionally, longitudinal studies are needed to examine how the stress turnover intention relationship evolves over time and whether sustained improvements in organisational support can produce durable reductions in turnover intent. Future work might also explore other potential moderators and mediators, such as emotional intelligence, resilience, and job autonomy, to build a more comprehensive model of nurse retention in Nigerian healthcare settings.

## REFERENCES

- Aho, O. W. (2020). The link between job satisfaction and the intent to leave among Casino employees. *Journal of Human Resources in Hospitality & Tourism*, 1-26. <https://doi.org/10.1080/15332845.2020.1763756>
- Aifuwa, H. O. & Okojie, P. I. (2015). Materials and methods: SPSS demystified. Unpublished manuscript, Samuel Adegboyega University, Ogwa, Nigeria.
- Burki, F. N., Khan, N. U., & Saeed, I. (2020). The Impact of Job Stress on Turnover Intentions—The Moderating Role of Emotional Intelligence. *NICE Research Journal*, Vol. 13(1), 100-121.
- Cavalheiro, A. M., Moura Junior, D. F., & Lopes, A. C. (2008). Stress in nurses working in intensive care units. *Revista Latino-Americana de Enfermagem*, 16(1), 29–35. <https://doi.org/10.1590/s0104-11692008000100005>
- Cheng, P.-Y., Yang, J.-T., Wan, C.-S., & Chu, M.-C. (2013). Ethical contexts and employee job responses in the hotel industry: The roles of work values and perceived organisational support. *International Journal of Hospitality Management*, 34, 108–115. <https://doi.org/10.1016/j.ijhm.2013.03.007>
- Crilly, J., Greenslade, J., Lincoln, C., Timms, J., & Fisher, A. (2017). Measuring the impact of the working environment on emergency department nurses: A cross-sectional pilot study. *International Emergency Nursing*, 31, 9–14. <https://doi.org/10.1016/j.ienj.2016.04.005>
- Dang, N. (2020). The Relationship between Job Satisfaction and Turnover Intention: A Study on Nurses in Government Hospitals in Mumbai. *Studies in Indian Place Names* Vol: 40(53)
- Degen, C., Li, J., & Angerer, P. (2015). Physicians' intention to leave direct patient care: an integrative review. *Human Resources for Health*, 13(1). <https://doi.org/10.1186/s12960-015-0068-5>
- Duffy, E., Avalos, G., & Dowling, M. (2015). Secondary traumatic stress among emergency nurses: a cross-sectional study. *International Emergency Nursing*, 23(2), 53–58. <https://doi.org/10.1016/j.ienj.2014.05.001>

- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organisational support. *Journal of Applied Psychology*, 71(3), 500–507. <https://doi.org/10.1037/0021-9010.71.3.500>
- Elshaer, N. S. M., Moustafa, M. S. A., Aiad, M. W., & Ramadan, M. I. E. (2017). Job Stress and Burnout Syndrome among Critical Care Healthcare Workers. *Alexandria Journal of Medicine*, 54(3), 273–277. <https://doi.org/10.1016/j.ajme.2017.06.004>
- Faremi, F. A., Olatubi, M. I., Adeniyi, K. G., & Salau, O. R. (2019). Assessment of occupational-related stress among nurses in two selected hospitals in a city in Southwestern Nigeria. *International Journal of Africa Nursing Sciences*. <https://doi.org/10.1016/j.ijans.2019.01.008>
- Feng Y., Shen X., & Zhang H. (2019). Job stress and job satisfaction of ICU nurses: the moderating effects of perceived organisational support. *Chin Nurs Manag.* 19(03):409–13. <https://doi.org/10.3969/j.issn.1672-1756.2019.03.017>
- Ganji, G.F.S., Lester, W., Banejad, B., & Babazadeh, V. (2020). Ethical context of organisation and turnover intention of women employees: the mediating role of perceived organisational support. *Journal of Social Economics Research*, 7(2), 62-71
- Garg, S., & Dhar, R. L. (2014). Effects of stress, LMX and perceived organisational support on service quality: Mediating effects of organisational commitment. *Journal of Hospitality and Tourism Management*, 21, 64–75. <https://doi.org/10.1016/j.jhtm.2014.07.002>
- George, D. & Mallery, P. (2003) SPSS for Windows step by step: A simple guide and reference. Boston, MA: Allyn & Bacon.
- GrayToft, P., & Anderson, J. G. (1981). The Nursing Stress Scale: Development of an instrument. *Journal of Behavioural Assessment*, 3(1), 11–23. <https://doi.org/10.1007/bf01321348>
- Han Z., Chen M., & Wang Y. (2025). The impact of COVID-19 stress on nurses' organisational deviance: A moderated mediation model. *PLoS One* 20(5): e0324992. <https://doi.org/10.1371/journal.pone.0324992>
- Hussain, T., & Asif, S. (2012). Is employees' turnover intention driven by organisational commitment and perceived organisational support? *Journal of quality and technology management*, 8(2), 1-10
- Ismail, A., Saudin, N., Ismail, Y., Samah, A. J. A., Bakar, R. A., & Aminudin, N. N. (2015). Effect of workplace stress on job performance. *Economic Review: Journal of Economics and Business*, 13(1), 45-57.
- Jacobs, S., Johnson, S., & Hassell, K. (2017). Managing workplace stress in community pharmacy organisations: lessons from a review of the wider stress management and prevention literature. *International Journal of Pharmacy Practice*, 26(1), 28–38. <https://doi.org/10.1111/ijpp.12360>
- Jilani, S. (2019). Does organisational justice affect the organisational citizenship behavior of health professionals and have an impact on job satisfaction and turnover intention in the healthcare organisation? (Master's Dissertation, Dublin Business School).
- Joshi, R. (2018). Organisational Stress and Its Effects on Organisational Performance. *International Research Journal of Management Sociology & Humanities*, Vol.9(2).
- Kerdpitak, C., & Jermstiparsert, K. (2020). The Effects of Workplace Stress, Work-Life Balance on Turnover Intention: An Empirical Evidence from the Pharmaceutical Industry in Thailand. *Systematic Reviews in Pharmacy*, 11(2), 586-594.

- Kalifa, T., Ololo, S., & Tafese, F. (2016). Intention to Leave and Associated Factors among Health Professionals in Jimma Zone Public Health Centers, Southwest Ethiopia. *Open Journal of Preventive Medicine*, 6, 31-41. <http://dx.doi.org/10.4236/ojpm.2016.61003>
- Khamisa, N., Peltzer, K., Ilic, D., & Oldenburg, B. (2017). Effect of personal and work stress on burnout, job satisfaction and general health of hospital nurses in South Africa. *Health SA Gesondheid*, 22, 252–258. <https://doi.org/10.1016/j.hsag.2016.10.001>
- Klümper L, & Sürth S. (2023) Keep me updated! Social support as a coping strategy to reduce the perceived threat caused by the cognitive availability of COVID-19-relevant information. *Curr Psychol* 42(8):6403–18. <https://doi.org/10.1007/s12144-021-01951-w>
- Labrague, L. J., De los Santos, J. A. A., Falguera, C. C., Nwafor, C. E., Galabay, J. R., Rosales, R. A., & Firmo, C. N. (2020). Predictors of nurses' turnover intention at one and five years. *International Nursing Review*. <https://doi.org/10.1111/inr.12581>
- Lee, E., & Kim, J. (2020). Nursing stress factors affecting turnover intention among hospital nurses. *International Journal of Nursing Practice*. <https://doi.org/10.1111/ijn.12819>
- Lu, D.-M., Sun, N., Hong, S., Fan, Y., Kong, F., & Li, Q. (2015). Occupational Stress and Coping Strategies among Emergency Department Nurses of China. *Archives of Psychiatric Nursing*, 29(4), 208–212. <https://doi.org/10.1016/j.apnu.2014.11.006>
- Magbity, J. B., Ofei, A. M. A., & Wilson, D. (2020). Leadership Styles of Nurse Managers and Turnover Intention. *Hospital Topics*, 1–6. <https://doi.org/10.1080/00185868.2020.1750324>
- McVicar, A. (2003). Workplace stress in nursing: a literature review. *Journal of Advanced Nursing*, 44(6), 633–642. <https://doi.org/10.1046/j.0309-2402.2003.02853.x>
- Milliken, T. F., Clements, P. T., & Tillman, H. J. (2007). The impact of stress management on nurse productivity and retention. *Nursing Economics*, 25(4), 203-210
- Mojoyinola, J. K. (2008). Effects of Job Stress on Health, Personal and Work Behaviour of Nurses in Public Hospitals in Ibadan Metropolis, Nigeria. *Studies on Ethno-Medicine*, 2(2), 143–148. <https://doi.org/10.1080/09735070.2008.11886326>
- Nespereira-Campuzano, T., & Vázquez-Campo, M. (2017). Emotional intelligence and stress management in Nursing professionals in a hospital emergency department. *Enfermería Clínica (English Edition)*, 27(3), 172–178. <https://doi.org/10.1016/j.enfcle.2017.02.008>
- Nikkhah-Farkhani, Z., & Piotrowski, A. (2020). Nurses' turnover intention: a comparative study between Iran and Poland. *Medycyna Pracy*, 71(4). <https://doi.org/10.13075/mp.5893.00950>
- [Nursing and Midwifery Council of Nigeria. \(2024\). Over 15,000 nurses left Nigeria in 2023 – Nursing Council. https://guardian.ng/news/over-15000-nurses-left-nigeria-in-2023-nursing-council/](https://www.guardian.ng/news/over-15000-nurses-left-nigeria-in-2023-nursing-council/)
- Ofei, A. M. A., Paarima, Y., Barnes, T., & Kwashie, A. A. (2019). Stress and coping strategies among nurse managers. *Journal of Nursing Education and Practice*, 10(2), 39. <https://doi.org/10.5430/jnep.v10n2p39>
- Ong, J. F. B., Tan, J. M. T., Villareal, R. F. C., & Chiu, J. L. (2019). Impact of Quality Work Life and Prosocial Motivation on the Organisational Commitment and Turnover Intent of Public Health Practitioners. *Review of Integrative Business and Economics Research*, 8(4) 24-43.
- Oruh, E.S., Mordi, C., Ajonbadi, A., Mojeed-Sanni, B., Nwagbara, U. and Rahman, M. (2020), "Investigating the relationship between managerialist employment relations

- and employee turnover intention: The case of Nigeria", *Employee Relations*, Vol. 42(1), pp. 52-74. <https://doi.org/10.1108/ER-08-2018-0226>
- Patrick, A., & Laschinger, H. K. S. (2006). The effect of structural empowerment and perceived organisational support on middle-level nurse managers' role satisfaction. *Journal of Nursing Management*, 14(1), 13–22. <https://doi.org/10.1111/j.1365-2934.2005.00600.x>
- Perera, C. K., Pandey, R., & Srivastava, A. K. (2018). Role of Religion and Spirituality in Stress Management Among Nurses. *Psychological Studies*, 63(2), 187–199. <https://doi.org/10.1007/s12646-018-0454-x>
- Putri, P. V. H., & Surya, I. K. (2020). Transformational Leadership, Workers and Training Structures with Turnover Intention with Work Results as a Provision. *American International Journal of Business Management (AIJBM) Vol. 3, (4)*, PP 46-58
- Reader, T. W., Mearns, K., Lopes, C., & Kuha, J. (2017). Organisational support for the workforce and employee safety citizenship behaviors: A social exchange relationship. *Human Relations*, 70(3), 362-385. Available at: <https://doi.org/10.1177/0018726716655863>.
- Rickard, G., Lenthall, S., Dollard, M., Opie, T., Knight, S., Dunn, S., Wakerman, J., MacLeod, M., Seiler, J., & Brewster-Webb, D. (2012). Organisational intervention to reduce occupational stress and turnover in hospital nurses in the Northern Territory, Australia. *Collegian*, 19(4), 211–221. <https://doi.org/10.1016/j.colegn.2012.07.001>
- Riggle R.J, Edmondson D.R, & Hansen, J.D. (2009). A meta-analysis of the relationship between perceived organisational support and job outcomes: 20 years of research. *Journal of Business Research*, 62(10):1027–30. <https://doi.org/10.1016/j.jbusres.2008.05.003>
- Samuel, G., & Haruna, J. J. (2025). Analysing the Brain Drain of Nigerian Nurses to the United Kingdom: A Narrative Review of Challenges and Efforts to Address the Phenomenon. *Policy, Politics, & Nursing Practice*. <https://doi.org/10.1177/15271544251325483>
- Sikuku, C. A., Wamalwa, B. & Katiba, D. (2017). The Influence of Organisational Stress on Performance among Employees: A Case of the Kenya Forestry Research Institute (KEFRI) Headquarters, Muguga and Karura Centres. *International Journal of Education and Research Vol.5 (8)* August 2017.
- Sklar M, Ehrhart MG, & Aarons GA. (2021) COVID-related work changes, burnout, and turnover intentions in mental health providers: A moderated mediation analysis. *Psychiatr Rehabil J*. 44(3):219–28. <https://doi.org/10.1037/prj0000480>
- Suswati, E. (2020). The influence of work stress on turnover intention: employee performance as mediator in a casual-dining restaurant. *Jurnal Aplikasi Manajemen*, 18(2), 391-399
- Szkody E, Stearns M, Stanhope L, & McKinney C. (2021) Stress-Buffering Role of Social Support during COVID-19. *Fam Process*. 60(3):1002–15. <https://doi.org/10.1111/famp.12618>
- Takaya, R., Arsil, & Ramli, A. H. (2020). Perceived Organisational Support and Turnover Intention. In *International Conference on Management, Accounting, and Economy (ICMAE 2020)*, pp. 59-63. Atlantis Press.
- Tetteh, S., Wu, C., Opat, C. N., Asirifua Agyapong, G. N. Y., Amoako, R., & Osei-Kusi, F. (2020). Perceived organisational support, job stress, and turnover intention: The moderation of affective commitments. *Journal of Psychology in Africa*, 30(1), 9–16. <https://doi.org/10.1080/14330237.2020.1722365>

- Timinepere, C. O., Agbaeze, E. K., Ogbo, A., & Uche, N. C. (2018). Organisational Justice and Turnover Intention among Medical and Non-Medical Workers in University Teaching Hospitals. *Mediterranean Journal of Social Sciences*, 9(2), 149–160. <https://doi.org/10.2478/mjss-2018-0035>
- Tromp, D. M., van Rheede, A., & Blomme, R. J. (2010). The relationships between psychological strain, organisational support, affective commitment and turnover intentions of highly educated hospitality employees. *Advances in Hospitality and Leisure*, 117–134. [https://doi.org/10.1108/s1745-3542\(2010\)0000006011](https://doi.org/10.1108/s1745-3542(2010)0000006011)
- Wayne, S. J., Shore, L. M., & Liden, R. C. (1997). Perceived Organisational Support And Leader-Member Exchange: A Social Exchange Perspective. *Academy of Management Journal*, 40(1), 82–111. <https://doi.org/10.5465/257021>
- Wen J, Huang S, & Hou P. (2019) Emotional intelligence, emotional labor, perceived organisational support, and job satisfaction: A moderated mediation model. *International Journal of Hospitality Management*. 81:120–30. <https://doi.org/10.1016/j.ijhm.2019.01.009>
- World Health Organisation (2018). Stress at the workplace. [https://www.who.int/occupational\\_health/topics/stressatwp/en/](https://www.who.int/occupational_health/topics/stressatwp/en/) (accessed Oct. 15<sup>th</sup>, 2020)
- Yo, P. M. P., & Supartha, W. G. (2019). Effect of job stress, emotional weakness and job satisfaction on intention to leave. *International Research Journal of Management, IT and Social Sciences*, 6(4), 97-106. <https://doi.org/10.21744/irjmis.v6n4.662>
- Yukongdi, V., & Shrestha, P. (2020). The Influence of Affective Commitment, Job Satisfaction and Job Stress on Turnover Intention: A Study of Nepalese Bank Employees. *Review of Integrative Business and Economics Research*, 9, 88-98
- Zhang X, Chen X, & Li W. (2022). The influence of working pressure on turnover intention of primary medical staff: based on conditional process analysis. *Chin J Health Policy* 15(03):61–7. <https://doi.org/10.3969/j.issn.1674-2982.2022.03.009>