

## Social Stressors in Nurses and the Intention to Leave the Profession and to Change Job

### Společne stresory w pracy pielęgniarek a zamiar odejścia z pracy i z zawodu

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#### Abstract

**Introduction.** The increasing demand for medical services in an ageing society and the growing average age of Polish nurses stimulate the search for reasons why experienced health care workers are leaving the profession.

**Aim.** The aim of this study is to determine the degree of nurses' propensity to leave the profession and to change jobs in the context of social stressors at work, occupational variables including type of hospital ward and subject variables.

**Material and Methods.** A questionnaire-based anonymous survey was conducted among N=190 nurses. The study used the Roodt scale (TIS-6), the Negative Acts Questionnaire (NAQ), the Questionnaire of Stressors in Nursing (QSN) and the General Health Questionnaire (GHQ-12).

**Results.** The intention to change their workplace was indicated by 55.8% of nurses, 12.3% of whom were neurological nurses, and the intention to leave the profession by 6.8% of respondents. The intensity of the intention to leave significantly positively correlated with all the social stressors studied. Nurses who considered leaving the profession were characterized by poorer psychological well-being and experienced negative actions from co-workers and supervisors to a greater extent than those who considered changing jobs.

**Conclusions.** Social stressors are significantly associated with the intention to leave the profession and change jobs. The social stressor that significantly differentiates neurology nurses from other study participants is the relationship with the patient and his family. Taking care of nurses' psychological well-being and building cooperation in nursing teams are factors that can prevent leaving the profession. (JNNN 2025;14(1):8–15)

**Key Words:** bullying, neurological nurses, social stress, workplace

#### Streszczenie

**Wstęp.** Coraz większe zapotrzebowanie na świadczenia medyczne w starzejącym się społeczeństwie i rosnąca średnia wieku polskich pielęgniarek pobudzają do szukania przyczyn odchodzenia z zawodu doświadczonych pracowników służby zdrowia.

**Cel.** Celem badania jest określenie stopnia skłonności pielęgniarek do odejścia z zawodu i do zmiany miejsca pracy w kontekście społecznych stresorów w pracy, zmiennych zawodowych z uwzględnieniem rodzaju oddziału szpitalnego i zmiennych podmiotowych.

**Materiał i metody.** Kwestionariuszowe anonimowe badanie przeprowadzono wśród N=190 pielęgniarek. W badaniu wykorzystano skalę Roodta (TIS-6), Kwestionariusz Działań Negatywnych (NAQ), Kwestionariusz Stresorów w pracy Pielęgniarki (KSP) oraz Kwestionariusz Ogólnego Stanu Zdrowia (GHQ-12).

**Wyniki.** Zamiar zmiany miejsca pracy sygnalizowało 55,8% pielęgniarek z czego 12,3% pielęgniarek neurologicznych, zamiar odejścia z zawodu 6,8% badanych. Intensywność zamiaru odejścia istotnie dodatnio korelowała ze wszystkimi badanymi stresorami społecznymi. Pielęgniarki, które rozważały odejście z zawodu w charakteryzowały się słabszym samopoczuciem psychicznym i w większym stopniu doświadczały negatywnych działań ze strony współpracowników i przełożonych, niż te, które rozważały zmianę miejsca pracy.

**Wnioski.** Społeczne stresory istotnie są powiązane z zamiarem rezygnacji z zawodu i zmiany miejsca pracy. Społecznym stresorem, który istotnie różnicuje pielęgniarki neurologiczne od pozostałych uczestników badania to relacje z pacjentem i jego rodziną. Troska o kondycję psychiczną pielęgniarek i budowanie współpracy w zespołach pielęgniarskich to czynniki mogące zapobiegać odejściu z zawodu. (PNN 2025;14(1):8–15)

**Słowa kluczowe:** mobbing, pielęgniarki neurologiczne, stres społeczny, praca

## Introduction

Polish Council of Nurses and Midwives and world organisations (OECD; World Health Organisation) [1–3] raise alarms about the decreasing number of professionally active nurses per patient and the need to take action to ensure medical care in the future. In 2022, the number of eligible nurses in Poland was 310,000, down by more than 4,000 from the previous year [4]. The least numerous age group of nurses was those aged up to 29 years (7%), while the most numerous was those aged 50–59 years (32%). Similar differences in proportions applied to nurses working directly with patients. The average age of Polish nurses was over 53 in 2022<sup>1</sup>. While the number of working nurses is declining and the average age of nurses is increasing, patient demand for medical services including chronic disease needs is increasing as the population ages [5]. This is a worldwide problem [6,7]. In view of these phenomena, there is a need to reflect on the problem of leaving the profession among active nurses, its prevalence, causes and prevention, as well as the reasons for changing job. According to data from the European NEXT-Study on the reasons for nurses leaving the profession early (European NEXT-Study) conducted in ten European countries between 2002 and 2005, between 8% and 36% of working nurses thought about leaving the profession at least several times a month; in Poland, the figure was 10% [8]. Between 2008 and 2016, 278 cases of leaving the nursing profession were reported to the Supreme Chamber of Nurses and Midwives<sup>2</sup>. Among the factors for leaving the profession, demographic as well as professional variables were analysed. Factors such as education level, position, type of employer (hospital, clinic, etc.) were little or not associated with intention to leave the profession [8]. The relationship between age (and length of service) and propensity to leave the profession in some studies was positive (older nurses more likely to leave the profession) [9,10], in others, including Poland [8,9] — negative: younger nurses were more likely to leave the profession. Higher education was accompanied by a significantly stronger propensity to leave the profession (data from 8 countries including

Australia, Italy, Turkey, USA) [9]. The association between intention to leave the profession and full-time or part-time employment was not significant, nor was the position held [8,9]. Analysis of the reasons for nurses leaving the profession indicates that these reasons can be grouped as follows: factors related to working conditions: understaffing in relation to the number of patients, long working hours, limited opportunities for professional development, limited autonomy at work, mismatch between learned skills and those required in professional practice, low job satisfaction [9,11–13]; health status: physical and mental health problems, job burnout, compassion fatigue [9,14]; labour market factors — supply of other jobs [10]. Psychosocial reasons such as lack of support from colleagues and supervisors and bullying at work are also among the factors for leaving the profession and changing job [8,9,11,15–18]. Bullying among nurses is an increasingly researched phenomenon [19,20], and nurses cite their intention to change job among its consequences [18].

The aim of this exploratory study was therefore to determine the magnitude of the percentage of nurses considering the intention to leave the profession as well as to change jobs, and to look for correlates of the intention to leave, especially among psychosocial factors including the quality of relationships with colleagues. It also examined whether nurses considering leaving the profession differ from nurses considering changing job in terms of the type of stressor, psychological and physical well-being experienced, and whether demographic variables (gender, marital status, place of residence) and occupational variables (education, type of ward, position, shift work) differentiate the subjects in terms of their willingness to leave their job/profession and in terms of the level of psychosocial stress experienced.

## Material and Methods

In order to measure the intensity of intention to leave, the Roodt Turnover Intention Scale (TIS-6) in the Polish translation by P. Kabalski and M. Syper-Jędrzejak [21] was used. The overall score on this scale indicates the intensity of the intention to leave, the scale also includes a question on whether the respondent is considering leaving the company or the profession. The reliability of the scale measured by the Cronbach's alpha

<sup>1</sup> <https://pulsmedycyny.pl/srednia-wieku-pielgniarek-w-polsce-to-ponad-53-lata-dane-nipip-1139081>

<sup>2</sup> <https://www.rynekzdrowia.pl/Nauka/Pielgniarki-wyjezdaja-lub-rezygnuja-z-zawodu-Tez-maja-zwrocic-za-ksztalcenie,171672,9.html>

method in the present study was satisfactory (0.723). The intensity of occupational stressors was measured by the Questionnaire of Stressors in Nursing (QSN) [22]. The questionnaire allows measuring the intensity of experienced work stressors in 3 subscales: organisation and working conditions (OWC), patient and family (PF), interpersonal relationships (IR). The reliability of the whole scale is Cronbach's alpha 0.858 and for the subscales respectively: (OWC) 0.707, (PF) 0.706, (IR) 0.697. To measure interpersonal stressors, the Negative Acts Questionnaire (NAQ) in the Polish adaptation by Magdalena Warszewska-Makuch (CIOP-PIB) [23,24] was used; it enables the measurement of work-related negative acts and acts of personal derogation. Psychological well-being was measured using the D. Goldberg General Health Questionnaire (GHQ-12) [25]. A questionnaire-based anonymous survey was conducted as part of a master's seminar in psychology, in one of the hospitals in a district city in northern Poland, in January–March 2024. The study involved N=190 nurses working in 13 different wards<sup>3</sup> of which N=13 nurses in the neurological rehabilitation ward (6.8% of the study participants); the proportion of respondents was 50.4%. Tertiary education (master's and bachelor's degrees) was held by 75.8% of the respondents. 80% of the survey participants

worked in shifts; 57% worked in non-invasive treatment wards. 5.8% of employees held managerial positions.

## Results

Nearly 7% (6.8%) of the study participants declared that they were considering leaving their profession; most from the ENT and ophthalmology department (N=5), the psychiatric department (N=3); no neurology nurse considered leaving their profession. 55.8% (N=106) of respondents were considering leaving their current workplace (including all neurology nurses participating in the study). 19.5% of the study participants (37 nurses) met Hans Leymann's behavioural criterion for bullying (experiencing a minimum of one negative act with a frequency of at least once a week for the past 6 months), including N=3 neurology nurses and 10.5% (N=20) felt bullied "occasionally" or more often (subjective criterion for bullying). All stressors, including psychosocial stressors as well as psychological and physical well-being (number of days of sick leave) correlated significantly positively with the intensity of turnover intention (Table 1). There was no significant association of age and length of service in the nursing profession and length of service in the current workplace with the intensity of turnover intention. There were no statistically significant differences in the proportions of nurses considering leaving the profession and considering changing the job in groups differing in age ( $\chi^2=5.11$ ,  $df=3$ ,  $p=0.164$ ) (Table 2). However, it is noticeable that the number of nurses considering leaving their current job increases with age,

<sup>3</sup> Anaesthesiology and intensive care unit (N=20), Paediatric surgery ward (N=15), General surgery and oncology ward with hand surgery subdivision (N=11), ENT and ophthalmology ward (N=15), Operating theatre (N=10), Trauma and orthopaedic surgery ward (N=10), Internal Diseases Ward (N=21), Infectious Diseases Ward (N=15), Psychiatry and Alcohol Detoxification Ward (N=24), Pulmonary Diseases Ward (N=16), Cardiac Rehabilitation Ward (N=9), Care and Treatment Facility (N=11).

**Table 1.** Descriptive statistics and intercorrelations

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12
TIS-6	15.25	4.54												
QSN	78.89	15.60	0.33*											
QSN_IR	21.47	6.04	0.29*	0.86*										
QSN_PF	24.34	5.25	0.21*	0.79*	0.52*									
QSN_OWC	33.08	6.78	0.31*	0.89*	0.64*	0.59*								
NAQ	1.42	0.56	0.39*	0.24*	0.39*	0.05	0.18**							
NAQPERS	1.44	0.58	0.42*	0.26*	0.38*	0.06	0.21*	0.94*						
NAQWORK	1.41	0.60	0.32*	0.19*	0.35*	0.00	0.14 <sup>a</sup>	0.95*	0.81*					
GHQ12	24.64	5.12	0.46*	0.16**	0.13	0.16 <sup>a</sup>	0.17**	0.30*	0.30*	0.27*				
Sick leave	3.53	13.07	0.18**	0.14**	0.16**	0.03	0.15**	0.08	0.12	0.07	0.09			
Age	46.84	11.01	−0.09	0.10	0.05	0.16**	0.07	−0.03	−0.01	−0.04	−0.06	−0.04**		
Seniority 1	20.87	14.51	−0.10	−0.09	0.06	0.13 <sup>a</sup>	0.05	−0.04	−0.01	−0.04	−0.08	−0.02	0.91*	
Seniority 2	14.94	13.43	−0.07	0.02	0.02	0.06	0.00	0.02	0.07	−0.00	−0.05	−0.03	0.72*	0.79*

\* $p<0.01$ ; \*\* $p<0.05$ ; as significance at the level of statistical trend; TIS-6 — turnover intention; QSN — stressors in the nursing profession sum score; QSN\_IR — interpersonal relationships; QSN\_PF — patient and family; QSN\_OWC — organisation and working conditions; NAQ — negative acts in general; NAQPERS — personal derogation; NAQWORK — work-related negative acts; GHQ12 — mental health; Sick leave — number of days of sick leave during the past year; Seniority 1 — seniority in the nursing profession; Seniority 2 — seniority in the current job

not excluding that this may be a phenomenon related to the proximity of retirement age. In the group of the youngest workers, no one was found to be considering leaving their profession.

**Table 2.** Number of nurses considering leaving the profession and considering changing job in groups differing by age

Variable	Age				N
	>30	31–40	41–50	51>	
Change job	11	15	22	58	106
Leave the profession	0	2	6	5	13

N — number of observations

The next step was to check whether the turnover intention and the intensity of professional and social stressors, as well as mental and physical well-being, differed among nurses considering leaving the profession and those considering changing their current job (Table 3).

Nurses who were considering leaving the profession, compared to those who were thinking of changing jobs, signalled a significantly stronger intention to leave in general, as well as worse psychological well-being, and experienced significantly stronger negative actions especially those aimed at their work (the magnitude of all the effects size mentioned above was at least moderate). The two groups compared did not differ in the intensity of occupational stressors and the intensity of the intention

to leave, or in age and length of service. These comparisons were further supplemented by an analysis of the prevalence of bullying among nurses considering leaving the profession and changing job. Among nurses considering leaving the profession, the percentage of those bullied (behavioural criterion) was statistically significantly higher (46.2%) than among nurses considering leaving their current job (17.9%)  $\chi^2=5.56$ ,  $df=1$ ,  $p<.05$ . Nurses considering leaving the profession and those considering a change of job did not differ significantly in the proportion of those who had a feeling of being bullied with a frequency of once a week or more (subjective criterion)  $\chi^2=.092$ ,  $df=1$ ,  $p=.762$ . In addition, there were no statistically significant differences in the proportion of bullied nurses (behavioural criterion) among those differing in demographic variables as gender ( $\chi^2=1.16$ ,  $df=1$ ,  $p=.252$ ), marital status ( $\chi^2=3.83$ ,  $df=2$ ,  $p=.281$ ), place of residence ( $\chi^2=1.34$ ,  $df=1$ ,  $p=.248$ ), level of education ( $\chi^2=3.22$ ,  $df=2$ ,  $p=.20$ ) and occupational variables: position held ( $\chi^2=.01$ ,  $df=1$ ,  $p=.911$ ), type of ward ( $\chi^2=1.06$ ,  $df=1$ ,  $p=.304$ ), form of work: single shift /multi-shift ( $\chi^2=.034$ ,  $df=1$ ,  $p=.855$ ). The final analyses were designed to test whether demographic variables (gender, marital status and place of residence) and occupational variables (education, position, shift work, type of department) differentiate respondents in terms of intensity of turnover intention, occupational stressors, negative actions and mental health.

**Table 3.** Comparison of turnover intention, intensity of occupational stressors and health variables among nurses considering leaving the profession and nurses considering leaving their current job

Variable	Nurses considering		Mann–Whitney's U	Z	p	$r_g$
	leaving their profession N=13	change the current job N=106				
TIS-6	84.62	56.98	369.00	−2.73	0.006	−.465
QSN	52.54	60.92	592.00	−0.83	0.408	.141
QSN_IR	51.19	61.08	574.50	−0.98	0.329	.166
QSN_PF	52.42	60.93	590.50	−0.84	0.400	.143
QSN_OWC	60.92	59.89	677.00	−0.10	0.918	−.017
NAQ	75.58	58.09	486.50	−1.75	0.080	−.294
NAQPERS	73.62	58.33	512.00	−1.55	0.121	−.259
NAQWORK	76.42	57.99	475.50	−1.87	0.062	−.310
GHQ12	79.46	57.61	436.00	−2.16	0.031	−.367
Sick leave	58.96	60.13	765.50	−0.14	0.888	.020
Age	60.92	59.89	677.00	−0.10	0.918	−.017
Seniority 1	61.23	59.85	673.00	−0.14	0.891	−.023
Seniority 2	64.73	59.42	627.50	−0.52	0.600	−.089

TIS-6 — turnover intention; QSN — stressors in the nursing profession sum score; QSN\_IR — interpersonal relationships; QSN\_PF — patient and family; QSN\_OWC — organisation and working conditions; NAQ — negative acts in general; NAQPERS — personal derogation; NAQWORK — work-related negative acts; GHQ12 — mental health; Sick leave — number of days of sick leave during the past year; Seniority 1 — seniority in the nursing profession; Seniority 2 — seniority in the current job; Z — Mann–Whitney Z test; p — probability value;  $r_g$  — glass rank biserial correlation coefficient — effect size measure



Women and men; those differing in marital status; rural and urban workers did not differ significantly in terms of intensity of intention to leave, intensity of occupational stressors, intensity of negative acts experienced, psychological well-being and number of days off. In contrast, comparisons including occupational variables revealed few statistically significant differences. Nurses with a master's degree were characterised by significantly less intense turnover intention and less intense patient-related stressors than nurses with a

bachelor's degree; they experienced lower intensity of occupational stressors overall and related to working conditions than nurses with a bachelor's degree and a high school degree (Table 4).

Further significant differences were noted between nurses from surgical and non-invasive treatment wards, and these related to the intensity of occupational stressors, including those related to patients and to relationships between colleagues: higher levels of stressors were experienced by nurses from non-invasive wards (Table 5).

**Table 4.** Comparison of turnover intention, intensity of occupational stressors and health variables among nurses differing in educational level

Variable	Educational level			H	pairwise comparison p<.05
	medical secondary (1)	bachelor of nursing (2)	master of nursing (3)		
TIS-6	96.93	108.84	85.46	6.36*	(3):(2)
QSN	107.46	105.14	82.34	8.87*	(3):(2) (3):(1)
QSN_IR	99.17	105.19	86.79	4.18	
QSN_PF	111.91	96.96	85.68	6.88*	(3):(1)
QSN_OWC	108.37	107.58	80.15	12.01**	(3):(2) (3):(1)
NAQ	96.55	102.42	90.13	1.80	
NAQPERS	93.66	100.54	92.99	0.76	
NAQWORK	99.03	104.75	87.17	4.00	
GHQ12	95.64	104.11	89.45	2.50	
Sick leave	96.73	97.23	93.64	0.30	

\*p<0.05; \*\*p<0.01; TIS-6 — turnover intention; QSN — stressors in the nursing profession sum score; QSN\_IR — interpersonal relationships; QSN\_PF — patient and family; QSN\_OWC — organisation and working conditions; NAQ — negative acts in general; NAQPERS — personal derogation; NAQWORK — work-related negative acts; GHQ12 — mental health; Sick leave — number of days of sick leave during the past year; H — Kruskal–Wallis test

**Table 5.** Intensity of turnover intention, occupational stressors and health variables in nurses working in surgical and non-invasive treatment wards

Variable	Nurses in		Mann–Whitney's U	Z	p	r <sub>g</sub>
	Surgical wards	Non-invasive treatment wards				
TIS-6	93.19	97.22	4227.50	−0.50	0.617	−.042
QSN	82.20	105.39	3337.00	−2.88	0.004	−.244
QSN_IR	82.14	105.43	3332.00	−2.89	0.004	−.245
QSN_PF	79.53	107.37	3121.00	−3.46	<0.001	−.293
QSN_OWC	88.88	100.42	3878.00	−1.43	0.152	−.121
NAQ	89.57	99.90	3935.00	−1.29	0.196	−.109
NAQPERS	90.80	99.00	4033.50	−1.04	0.298	−.086
NAQWORK	90.21	99.43	3986.00	−1.17	0.241	−.097
GHQ12	93.69	96.84	4268.00	−0.39	0.695	−.033
Sick leave	96.75	94.57	4313.50	−0.35	0.728	.033

TIS-6 — turnover intention; QSN — stressors in the nursing profession sum score; QSN\_IR — interpersonal relationships; QSN\_PF — patient and family; QSN\_OWC — organisation and working conditions; NAQ — negative acts in general; NAQPERS — personal derogation; NAQWORK — work-related negative acts; GHQ12 — mental health; Sick leave — number of days of sick leave during the past year; Z — Mann–Whitney Z test; p — probability value; r<sub>g</sub> — Glass rank biserial correlation coefficient — effect size measure

**Table 6.** Intensity of turnover intention, occupational stressors and health variables in nurses in the neurological rehabilitation unit and in other wards

Variable	Nurses in		Mann–Whitney’s U	Z	p	r <sub>g</sub>
	Neurological rehabilitation ward	Other wards				
TIS-6	114.73	94.09	900.50	−1.31	.190	.217
QSN	113.12	94.21	921.50	−1.20	.231	.199
QSN_IR	109.50	94.47	968.50	−.95	.341	.158
QSN_PF	124.00	93.41	780.00	−1.94	.052	.322
QSN_OWC	103.58	94.91	1045.50	−.55	.583	.091
NAQ	103.62	94.90	1045.00	−.56	.577	.092
NAQPERS	102.54	94.98	1059.00	−.49	.624	.080
NAQWORK	108.04	94.58	987.50	−.87	.382	.142
GHQ12	80.81	96.58	959.50	−1.00	.316	−.167
Sick leave	85.42	96.24	1019.50	−.88	.377	−.114

TIS-6 — turnover intention; QSN — stressors in the nursing profession sum score; QSN\_IR — interpersonal relationships; QSN\_PF — patient and family; QSN\_OWC — organisation and working conditions; NAQ — negative acts in general; NAQPERS — personal derogation; NAQWORK — work-related negative acts; GHQ12 — mental health; Sick leave — number of days of sick leave during the past year; Z — Mann–Whitney Z test; p — probability value; r<sub>g</sub> — Glass rank biserial correlation coefficient — effect size measure

Comparisons of stressor intensity between neurology nurses (neurological rehabilitation ward) and other nurses revealed a difference in the severity of stressors related to patients and their families (Table 6). Although the difference was significant at the level of statistical trend, the magnitude of the effect size was moderate, the observed higher burden of such stressors on neurology nurses deserves closer attention and further in-depth analysis.

In subsequent analyses, no significant differences were found in terms of intensity of intention to leave, occupational stressors and negative actions, mental health and number of days of sick leave between groups differing in job position (rank/manager) and type of work (single shift/multi-shift).

## Discussion

The aim of this study was to determine the prevalence of intention to leave the profession and change job among nurses including neurological nurses, and to look for correlates of intention to leave among occupational stressors. The percentage of nurses considering intention to leave the profession was similar to that obtained in Poland in the NEXT-Study [8]. All stressors included in the study, both occupational as well as psychological and physical well-being, were significantly associated with intention to leave. None of the neurology nurses participating in the study signalled an intention to leave the profession, but all of them were thinking of changing jobs. This may have been related to the higher severity of patient- and family-related stressors in this professional

group compared to nurses from the other twelve wards, especially as other types of stressors, including negative relationships between colleagues, did not significantly differentiate neurology nurses from the others.

The level of intention to leave was higher among nurses who were considering leaving the profession than among those who wanted to change jobs. The burdensomeness of experienced occupational stressors, particularly negative work-related actions, was also higher among those intending to leave the profession. This difference was only significant at the level of statistical trend, but it is worth noting because of the significantly higher proportion of those who were bullied (meeting the behavioural criterion of bullying) among nurses considering leaving the profession. Actual negative acts from co-workers rather than subjective perceptions of bullying seemed to accompany the intention to leave the nursing profession. Furthermore, a factor that significantly differed between the two groups of study participants was psychological well-being, which was worse in the group considering leaving the profession. Since experiencing intense negative actions correlates significantly positively with poorer mental health, as has been demonstrated in both cross-sectional [26,27] and longitudinal studies [28], it can be hypothesised that the higher prevalence of bullying (and its greater intensity) in the group considering leaving the profession may be responsible for the aforementioned difference. However, this is a thesis that requires verification in studies that take into account both a larger number of mental health indicators and a more diverse group of nurses.

The weakest intention to leave was characterised by nurses with a master's degree. It is possible that other variables not included in this study, such as salary level, are responsible for this effect. In addition, occupations that require a long educational path have a stronger impact on employees' professional identity (they feel more connected to the profession) than occupations for which a short education is sufficient [29]. Nurses with a higher master's degree also signalled a lower intensity of stressors related to working conditions and organisation, as well as the patient and his or her family, than those with a secondary medical degree and a bachelor's degree. Perhaps the better professional background of those with a master's degree was associated with better coping with the demands of the profession and thus reduced both the intention to leave and the experience of work events as stressful. Due to the cross-sectional nature of the study, it was not possible to establish the direction of this relationship.

## Conclusions

Intention to leave the profession seems to be significantly related to occupational stressors as well as to the quality of social relationships between employees and their psychological well-being. Further in-depth research into the propensity to leave the profession should consider more mental health variables and potential occupational and personality moderating variables.


## Implications for Nursing Practice

In order to prevent nurses, especially neurological nurses, who are more exposed to the stressors of prolonged contact with patients and their families, from leaving their jobs, their social and emotional competences should be strengthened. Cooperation in staff teams rather than competition should be promoted to a greater extent. It is also worth supporting nurses to undertake professional education at master's level, as this promotes a lower propensity to leave and, perhaps, better coping with professional challenges.

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**Conflict of Interest:** None**Funding:** None**Author Contributions:** Anna Skuzińska<sup>A–H</sup>

A — Concept and design of research, B — Collection and/or compilation of data,  
C — Analysis and interpretation of data, D — Statistical analysis, E — Writing  
an article, F — Search of the literature, G — Critical article analysis, H — Approval  
of the final version of the article

**Received:** 15.06.2024**Accepted:** 3.07.2024