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ORIGINAL PAPER

WORKING CONDITIONS, BURNOUT AND NURSES' DECISION TO QUIT THE JOB: A CROSS-SECTIONAL STUDY

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Highlights

- Negative view of management resources and support predicts intent to resign.
- Better working conditions were linked to lower burnout and better experiences.
- Higher burnout levels strongly predict intention to quit the job.

Abstract

Background: The intention to quit the job among the nursing staff is becoming an increasingly common phenomenon, which is significantly influenced by burnout. Chronic psychophysical strain, excessive working hours, low remuneration and unfavourable working environment conditions lead to increasing fatigue, frustration and decreased professional commitment. As a result, burnout not only increases staff turnover, but also negatively affects the quality of patient care and their safety. The aim of the study was to assess the relationship between working conditions and burnout and nurses' decision to resign from work. **Material and Methods:** A descriptive cross-sectional survey design was employed. The study group consisted of 212 male and female nurses employed in medical facilities in various regions of Poland. The study was conducted February–May 2024 using the *Maslach Burnout Inventory*, the *Practice Environment Scale of the Nursing Work Index* and an original questionnaire. **Results:** The majority of the respondents were women (92.92%), who were more willing to leave their jobs (87.78%) than men. Only 5.19% of respondents would recommend their workplace to other nurses as a good place to work. In the group of nurses intending to leave their jobs, over half (77.78%) of respondents negatively assessed their hospital as a place of work. Employees with the intention to leave their jobs achieved a significantly higher mean (M) value of the total burnout score (M = 58.96), $p < 0.001$. **Conclusions:** Nurses planning to quit their job rated their work environment worse, especially in terms of cooperation, support from the supervisor and management, and showed higher levels of burnout and emotional exhaustion. Better working conditions and good relationships with coworkers were associated with lower levels of burnout and higher job satisfaction. Med Pr Work Health Saf. 2026;77(6)

Key words: nurses, burnout, emotional exhaustion, job satisfaction, workload, working conditions

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INTRODUCTION

Burnout among nurses is a significant health and organizational problem that affects the quality of patient care and employment stability in the healthcare sector, contributing to the nurses' intention to quit their jobs [1,2]. Burnout in nursing occurs when workload exceeds the capacity of the individual, leading to chronic stress, fatigue, and deterioration of physical and mental health. Risk factors for burnout include, among others: work overload, long working hours, low pay, understaffing, team relationships and working conditions. Lack of resources and safety risks additionally increase the risk of burnout and health problems. Consequently, nurses experiencing high levels of burnout are more likely to consider resigning from work, which is confirmed by research [3,4]. Understanding the relationship between working conditions, burnout and the decision to quit the job is crucial to developing effective strategies for managing the nursing staff. Improving working conditions, including providing adequate emotional support and opportunities for professional development, can not

only reduce the risk of burnout but also increase job satisfaction and loyalty to the employer [5].

According to Maslach, burnout is "a syndrome of emotional exhaustion, depersonalization and a decreased sense of personal accomplishment, which may occur in people working with other people in a certain way" [5]. Constant contact with suffering, death and chronic stress can lead to overload, indifference and a negative attitude towards work [6,7].

In addition to organizational determinants, previous research suggests that burnout may also be associated with individual and sociodemographic characteristics, including:

- age,
- education level,
- marital status,
- intrinsic motivation,
- overall job and life satisfaction [8,9].

However, findings in this area remain inconsistent, indicating the need for further investigation in specific professional contexts.

Interpersonal factors that affect the occurrence of burnout include:

- conflicts,
- lack of support,
- mobbing,
- communication problems.

Organizational factors, on the other hand, concern:

- work overload,
- low wages,
- lack of development prospects,
- unclear workplace rules [9].

Extended shift work has been associated with fatigue, impaired concentration, and increased risk of medical errors. They disrupt the circadian rhythm, sleep, nutrition and functioning of the body, which leads to chronic fatigue, decreased concentration, increased risk of medical errors and occupational stress [10,11]. Chronic occupational stress and the lack of coping strategies contribute to the development of depersonalization and reduce job satisfaction, which results in increased absenteeism from work and reduced quality of care [12].

Staff shortages are a serious problem in the healthcare system, leading to excessive workload for nurses, increased stress and staff turnover. Staff shortages result in longer hospitalizations, higher patient mortality and decreased quality of care [13]. Adequate numbers of nurses are crucial for the quality of healthcare. Staff shortages increase the risk of burnout and cause staff to quit profession. Improving working conditions, increasing nurses' participation in the decision-making process and supportive leadership can reduce the risk of burnout and increase job satisfaction, contributing to greater employment stability [3,14,15]. The aim of the study was to assess the relationship between working conditions and burnout and the decision of nurses to quit the job.

MATERIAL AND METHODS

The study involved 212 nurses, including 197 women and 15 men. The age range in the study group was divided into: <25 years (N = 67), 25–44 years (N = 87) and ≥45 years (N = 58) to reflect different stages of professional development and enable comparative analyses. Inclusion criteria were voluntary consent to participate in the study and active professional practice as a registered nurse at the time of data collection. Exclusion criteria included lack of consent to participate and absence of active nursing practice (e.g., retirement, disability pension, suspension of professional license, maternity leave, or other forms of occupational inactivity).

The study was conducted using a diagnostic survey method, with a survey as a technique. The survey questionnaire consisted of 3 parts, the first part was the *Maslach Burnout Inventory*, which contained statements that created scales assessing 3 dimensions of burnout: emotional exhaustion, personal professional achievements and depersonalization. The questionnaire consists of 22 questions, 9 concerning emotional exhaustion, 5 depersonalization and 8 reduced sense of personal accomplishment. Questions in the emotional exhaustion and depersonalization subscales were formulated negatively, and in the reduced sense of personal accomplishment subscale – positively. The results should be calculated separately for each subscale: for the emotional exhaustion subscale the max range is 54 pts, for the reduced sense of personal accomplishment – 48 pts, and for depersonalization – 30 pts. High levels of burnout are indicated by high scores on the emotional exhaustion and depersonalization scale and low scores on the sense of personal achievement scale. One of the criteria for assessing working conditions in the context of the work environment and burnout is the area of sufficient number of the nursing staff. Therefore, a comparison of the assessment of working conditions was made in 3 groups:

- I – poor conditions,
- II – average conditions,
- III – good/great conditions.

Working conditions were operationalized using the domain-specific and overall scores of the *Practice Environment Scale of the Nursing Work Index* (PES-NWI). The scale contains 32 statements covering 5 aspects of the work environment – 3 aspects assess the hospital in terms of adequacy of human and material resources, cooperation between nurses and doctors, support for nurses by managers, while the other 2 assess the ward in terms of participation of nurses in hospital management and support for the implementation of high quality nursing care standards. Higher scores indicated more favorable working conditions. Additionally, nurses were asked to assess staffing adequacy in their hospital, and this variable was used to categorize respondents for comparative analyses. Group comparisons were based on intention to quit employment and subjective assessment of staffing adequacy. This part also included questions about job satisfaction in the hospital in terms of:

- flexibility in work time planning,
- independence at work,
- professional status,
- satisfaction with salary level,
- promotion opportunities,
- education.

In addition to the PES-NWI, participants were asked a single supplementary question regarding their intention to change workplace within the next year due to lack of job satisfaction (yes/no). This item was included in the survey to assess turnover intention and was analyzed as a dichotomous variable. The third part of the questionnaire included demographic and professional data.

The study was conducted February–May 2024 among professionally active nurses from different parts of Poland. The selection of study participants was random, and the profession of a nurse was the inclusion criterion. The survey was conducted online and disseminated via closed professional nursing groups on social media platforms (e.g., Facebook). Access to these groups was restricted to verified nursing professionals. The survey link was not publicly advertised outside these professional forums. Participation was voluntary and anonymous, and no identifying data were collected. To reduce the risk of multiple responses, the survey platform allowed only 1 submission per device.

The study was conducted in accordance with the principles of the Declaration of Helsinki and was voluntary and anonymous. The consent to conduct the study was obtained from the Bioethics Committee of the Jagiellonian University – Medical College in Kraków, No. 118.6120.224.2023 of February 15, 2024.

This study was conducted in accordance with the assumptions of the Registered Nurse Forecasting project implemented within the Seventh Framework Program of the European Union (EU) in 2009–2011, in which Poland participated as 1 of 11 countries of the EU [16].

Statistical analyses were performed using SPSS v. 15.0 (SPSS Inc., Chicago, Illinois, USA). Quantitative variables were described using the mean (M), standard deviation (SD), median (Me), lower quartile (Q_1), upper quartile (Q_3), minimum (min), and maximum (max). Qualitative variables were presented as frequencies (n) and percentages (%). The normality of distribution of quantitative variables was assessed using the Shapiro-Wilk test. Associations between categorical variables, including intention to change employment and selected demographic and workplace characteristics, were analyzed using the χ^2 test. Depending on the distribution, either the Student's t-test (for normally distributed variables) or the Mann-Whitney U test (for non-normally distributed variables) was applied. Accordingly, normally distributed variables are presented as M and SD, while non-normally distributed variables are presented as Me and interquartile ranges (Q_1–Q_3). Comparisons of work environment and burnout levels according to nurses' assessment of staffing adequacy were conducted using the Kruskal-Wallis test. Relationships between ordinal variables were assessed using Spearman's rank correlation coefficient. A significance level of $p < 0.05$ was adopted. Additionally, a logistic regression analysis was performed to assess the relationship between burnout, working conditions, and the intention to change workplace, while controlling for potential confounding variables such as age, gender, and length of service.

RESULTS

As presented in Table 1, significant differences between nurses with and without intention to change employment were observed with respect to age ($p = 0.001$), gender ($p = 0.012$), and length of service ($p = 0.005$). Nurses declaring intention to quit were more frequently younger and had shorter professional experience. A comparison was made between employees intending to quit their jobs and those without such intention with regard to work environment factors and professional burnout ($p < 0.05$) (Table 1).

Adequacy of human and material resources was rated lower among nurses intending to quit their jobs (Me = 2.17) compared to those not intending to quit their jobs (Me = 2.52, $p = 0.011$). Similarly, managerial sup-

Table 1. Characteristics of the study group of professionally active nurses according to intention to change hospital employment, Poland, February–May 2024

Variable	Participants (N = 212) [n (%)]			p
	total	intenting to quit the job		
		yes (N = 90)	no (N = 122)	
Age				<0.001
<25 years	67 (31.60)	29 (32.22)	38 (31.15)	
25–44 years	87 (41.04)	49 (54.44)	38 (31.15)	
≥45 years	58 (27.36)	12 (13.33)	46 (37.70)	
Gender				0.012
woman	197 (92.92)	79 (87.78)	118 (96.72)	
man	15 (7.08)	11 (12.22)	4 (3.28)	
Length of service				0.005
<1.5 year	50 (23.58)	27 (30.00)	23 (18.85)	
1.5–5 years	67 (31.60)	31 (34.44)	36 (29.51)	
>5–20 years	44 (20.77)	21 (23.33)	23 (18.85)	
>20 years	51 (24.06)	11 (12.22)	40 (32.79)	
Place of residence				0.319
city	138 (65.09)	62 (68.89)	76 (62.30)	
village	74 (34.91)	28 (31.11)	46 (37.70)	
Marital status of respondents				0.097
unmarried	92 (43.40)	44 (48.89)	48 (39.34)	
married	104 (49.05)	39 (43.33)	65 (53.28)	
divorced	4 (1.89)	0 (0.00)	4 (3.28)	
single	12 (5.66)	7 (7.78)	5 (4.10)	
Type of completed nursing school				0.686
medical high school	13 (6.13)	5 (5.56)	8 (6.56)	
medical vocational school	6 (2.83)	2 (2.22)	4 (3.28)	
bachelor's degree	120 (56.61)	48 (53.33)	72 (59.01)	
master's degree	73 (34.43)	35 (38.89)	38 (31.15)	
Place of work				0.252
hospital	201 (94.81)	83 (92.22)	118 (96.72)	
other	11 (5.19)	7 (7.78)	4 (3.28)	
Employment/working hours				0.420
full-time	195 (91.98)	81 (90.0)	114 (93.44)	
part-time	4 (1.89)	2 (2.22)	2 (1.64)	
contract of mandate	9 (4.24)	6 (6.67)	3 (2.46)	
contract	4 (1.89)	1 (1.11)	3 (2.46)	

port was assessed less favorably in the group intending to quit (Me = 2.25 vs. Me = 2.72, $p < 0.001$). The overall PES-NWI score was also significantly lower among nurses declaring intention to quit, indicating a globally less favorable perception of working conditions. In terms of burnout, nurses intending to quit demon-

Table 2. Comparison of work environment and burnout scores according to intention to change hospital employment in the study group of professionally active nurses (N = 212), Poland, February–May 2024

Variable	Intending to quit the job						Z	p	Working conditions						Z	p
	yes (N = 90)			no (N = 122)					poor and average (N = 77)			good and great (N = 135)				
	Me	Q_1	Q_3	Me	Q_1	Q_3			Me	Q_1	Q_3	Me	Q_1	Q_3		
Practice Environment Scale of the Nursing Work Index total score	2.32	2.02	2.60	2.60	2.36	2.87	–5.169	<0.001	2.36	2.02	2.55	2.61	2.28	2.91	–4.749	<0.001
adequacy of human and material resources	2.25	1.75	2.50	2.52	2.00	3.00	–2.557	0.011	2.25	1.75	2.50	2.50	2.00	3.00	–2.806	0.005
cooperation between nurses and doctors	2.43	2.00	2.86	2.79	2.43	3.00	–2.934	0.003	2.43	2.00	2.86	2.86	2.43	3.00	–4.632	<0.001
support for nurses by managers	2.25	1.75	2.75	2.75	1.75	2.75	–3.755	<0.001	2.25	1.75	2.75	2.75	2.25	3.25	–5.089	<0.001
nurses' participation in hospital management	2.00	1.71	2.29	2.43	2.14	2.86	–3.328	0.001	2.00	1.86	2.43	2.29	2.00	2.86	–4.264	<0.001
support for high quality nursing care standards	2.67	2.22	2.89	2.67	2.33	3.00	–5.201	<0.001	2.56	2.22	2.78	2.78	2.33	3.00	–2.44	0.015
Maslach Burnout Inventory total score	59.00	53.00	66.00	49.00	36.00	56.00	6.237	<0.001	58.00	52.00	67.00	50.00	38.00	58.00	4.929	<0.001
emotional exhaustion	22.00	16.00	32.00	15.00	10.00	20.00	5.569	<0.001	20.00	15.00	29.00	17.00	10.00	22.00	3.215	0.001
depersonalization	8.00	6.00	12.00	5.00	2.00	9.00	4.095	<0.001	8.00	5.00	12.00	6.00	3.00	9.00	2.584	0.010
personal accomplishment	21.00	17.00	29.00	23.00	16.00	33.00	–1.332	0.184	20.00	16.00	24.00	25.00	17.00	33.00	–2.590	0.010

Z – Mann-Whitney's test.

strated higher total burnout scores (Me = 58.96 vs. Me = 45.84, p < 0.001), particularly in emotional exhaustion (Me = 24.24 vs. Me = 15.79, p < 0.001) and depersonalization (Me = 9.10 vs. Me = 6.32, p < 0.001). No statistically significant difference was observed for personal accomplishment (p > 0.05) (Table 2).

Significant differences in work environment and burnout were observed depending on nurses' assessment of staffing adequacy (Table 3). Nurses who rated staffing as good/great achieved significantly higher overall work environment scores compared to those assessing staffing as poor. For example, the overall PES-NWI score was markedly higher in the group rated working conditions as a great/good (Me = 2.71) than in the group rated working conditions as a poor (Me = 2.24, p < 0.001).

Regarding burnout, nurses evaluating staffing conditions as poor demonstrated higher total burnout levels (Me = 57.50) compared to those reporting good staffing adequacy (Me = 47.00, p = 0.001). The emotional exhaustion score was significantly higher among nurses who rated staffing conditions as poor (Me = 25.00) than among those who assessed them as good/great (Me = 16.00, p = 0.005).

To account for differences between the groups, a multivariate logistic regression analysis was performed. The model included the level of burnout and the assessment of the work environment (PES-NWI), with adjustment for age, gender, and length of service. The results of the multivariate logistic regression analysis are presented in Table 4.

The analysis showed that a higher level of burnout significantly increased the likelihood of reporting an intention to quit the job [odds ratio (OR) = 1.07, 95% confidence interval (95% CI): 1.04–1.10, p < 0.001). At the same time, a higher assessment of the work environment was associated with a significantly lower likelihood of intending to quit the job (OR = 0.23, 95% CI: 0.11–0.47, p < 0.001).

These results indicate that the relationships between working conditions, burnout, and intention to change workplace remained significant after adjusting for sociodemographic variables.

DISCUSSION

The analysis of the tendency to quit a job conducted as part of this study showed significant differences between women and men in their approach to changing their place of employment. The results indicate that the vast majority of men (96.72%) are not consid-

Table 3. Work environment and burnout scores according to staffing adequacy assessment among professionally active nurses (N = 212), Poland, February–May 2024

Variable	Working conditions									H	p
	poor (N = 32)			average (N = 104)			great and good (N = 76)				
	Me	Q_1	Q_3	Me	Q_1	Q_3	Me	Q_1	Q_3		
Practice Environment Scale of the Nursing Work Index total score	2.24	1.91	2.53	2.39	2.18	2.62	2.71	2.47	2.97	31.251	<0.001
adequacy of human and material resources	1.75	1.38	2.00	2.25	2.00	2.63	3.00	2.50	3.25	56.893	<0.001
cooperation between nurses and doctors	2.43	2.21	3.00	2.57	2.00	2.86	2.86	2.57	3.00	11.424	0.003
support for nurses by managers	2.38	1.63	3.00	2.50	2.00	2.75	2.57	2.50	3.75	13.984	0.001
nurses' participation in hospital management	2.00	1.64	2.36	2.14	2.00	2.57	2.57	2.14	2.86	25.099	<0.001
support for high quality nursing care standards	2.50	2.17	2.78	2.67	2.33	3.00	2.78	2.44	3.06	6.747	0.034
Maslach Burnout Inventory total score	57.50	40.50	71.00	56.00	49.00	61.00	47.00	35.00	57.50	14.873	0.001
emotional exhaustion	25.00	13.50	39.50	18.00	13.00	25.00	16.00	10.00	22.00	10.650	0.005
depersonalization	8.50	4.50	14.00	7.00	4.50	10.50	5.50	2.00	9.00	6.871	0.032
personal accomplishment	26.00	20.50	34.00	20.00	16.00	25.50	25.50	17.00	33.50	14.644	0.001

H – Kruskal-Wallis statistic.

Table 4. Multivariate logistic regression analysis of factors associated with intention to change hospital employment among professionally active nurses (N = 212), Poland, February–May 2024

Variable	OR	95% CI	p
Maslach Burnout Inventory total score	1.07	1.04–1.10	<0.001
Practice Environment Scale of the Nursing Work Index total score	0.23	0.11–0.47	<0.001
Age	n.s.	–	>0.05
Gender	n.s.	–	>0.05
Length of service	n.s.	–	>0.05

n.s. – not significant.

ering leaving their jobs, which may indicate a high level of professional stability in this group. In the case of women, the tendency to stay in their current job was also dominant (87.78%), but the percentage of people considering a change was higher (12.22%) than among men (3.28%). These differences may be due to various factors, such as working conditions, career prospects, or the need for work-life balance. The identified disproportion highlights the need for further research on the determinants of career decisions and the development of strategies to support employment stability, especially among women. In the study by Qowi et al. [2], it was shown that intentions to change jobs differed by gender, with female nurses more likely to consider turnover than male nurses. This analysis showed that female nurses, especially those employed in high-stress departments such as dialysis centres, were more likely to change jobs.

In contrast, different results were presented in a study conducted in China by Deng et al. [3], where it was found that 71.6% of male nurses showed a medium to high level of intention to quit work. Factors such as the lack of children, lower professional prestige and lower work-related values were significantly associated with higher intentions to quit work in this group. Although certain demographic differences were observed, the present findings indicate that these factors should be interpreted in the broader context of organizational determinants. The intention to change employment appears to be more strongly related to nurses' assessment of working conditions than to individual characteristics alone. Structural aspects of the work environment, including staffing adequacy, managerial support and professional autonomy, may play a decisive role in shaping both occupational well-being and employment stability [4,17,18]. It is worth emphasising that the observed associations were also confirmed in the multivariate analysis, suggesting that these associations are independent of key sociodemographic factors. Due to the relatively small number of male participants, gender-related differences should be interpreted with caution.

The present study has shown that the intention to quit work has a significant impact on how nurses perceive their workplace and on their willingness to recommend it to others. Nurses who intended to quit their jobs

mostly assessed their workplace negatively and would not recommend it to their colleagues. Research by Deng et al. [3], despite being conducted on a larger group of men, also confirmed the obtained results. Researchers showed that male nurses who planned to quit their jobs assessed their work environment as less satisfactory compared to those who did not have such plans.

In turn, research conducted by Wudarczyk [19] among nurses working in intensive care units confirms that nurses' working conditions have a significant impact on their job satisfaction. Better working conditions are associated with lower levels of burnout and lower intentions to quit work. Research results indicate that ensuring and maintaining favourable working conditions plays a significant role in retaining nursing staff in the profession and reducing the tendency to resign.

The conducted studies showed that employees with the intention of leaving their jobs rated their work environment lower than their colleagues without the intention of leaving, especially in such aspects as:

- adequacy of human and material resources,
- cooperation between nurses and doctors,
- support for nurses by managers,
- participation of nurses in hospital management,
- support for the implementation of high standards of nursing care.

A systematic review and meta-analysis conducted in 2024 by Lim et al. [4] identified 53 factors influencing nurses' decisions to quit their jobs. Key factors included occupational stress, role ambiguity, and low job satisfaction. These reasons often result from resource shortages, limited cooperation between medical team members, and insufficient support from the management.

The analysis conducted by Xie et al. [5] indicated that the necessity of professional compromises caused by the shortage of resources and limited organizational support has a significant impact on nurses' decisions to resign from work. These factors lead to a decrease in job satisfaction, which directly translates into the stability of employment in this professional group.

Studies by Galanis et al. [18] have shown that employment conditions are the key factors influencing nurses' decisions to quit work, especially the number of nursing staff and the availability of human resources. Moreover, lack of adequate support from the organization and tensions in relationships with colleagues and superiors contribute to increased turnover among medical personnel.

The results of the present study support the interpretation that unfavorable working conditions may contribute to the development of burnout symptoms, which in turn increase the likelihood of turnover intention. This mechanism is consistent with contemporary evidence indicating that occupational stressors embedded in the work environment are key predictors of emotional exhaustion and depersonalization, and indirectly of resignation decisions [6,17]. From the occupational health perspective, burnout should therefore be understood not merely as an individual response, but as a consequence of chronic exposure to adverse organizational conditions.

The results of the present study showed that employees with the intention of leaving their jobs showed higher levels of burnout and emotional exhaustion compared to employees without such intention. Similar results were obtained in the study by Shah et al. [17], in which the analysis showed that 31.5% of nurses who decided to quit their jobs indicated burnout as the main reason. The factors that increase the risk of this phenomenon include working in a hospital setting and working >20 h/week.

In another study conducted in Jordan by Alzoubi et al. [6], it was found that workload correlated with burnout, which in turn affected the quality of health care and increased intention to quit their work among health care workers.

The present study demonstrated significant correlations between the adequacy of human and material resources and the participation of nurses in hospital management with burnout. In turn, other studies conducted among the nursing staff provide varied results regarding the relationship between the adequacy of human and material resources and the participation of nurses in hospital management and burnout. Galanis et al. [18] in a meta-analysis showed that organizational support significantly affects the intention to quit their work among nurses, which indirectly affects the level of burnout.

The conducted studies have shown a correlation between a high assessment of working conditions by nurses and better results in various aspects of the work environment. Appropriate working conditions can contribute to better work experiences. The literature review conducted by Al Zaydan et al. [11] showed that a well-organized and supportive work environment contributes to increased job satisfaction of nurses and reduced risk of leaving the profession. Elements such as the work environment, interpersonal relationships, workload, stress levels, training opportunities, autonomy, organizational culture, management style, and support systems have a significant impact on job satisfaction and decisions to remain in the profession.

Studies conducted by Tomaszewska et al. [13] indicated that nurses' job satisfaction is closely related to the work environment and organizational and professional commitment. Factors such as workload have a significant impact on various aspects of job satisfaction, suggesting that appropriate working conditions can improve nurses' work experiences.

In a meta-analysis conducted by Schlak et al. [10], it was shown that nurses working in better conditions had a 28–32% lower probability of experiencing job dissatisfaction, burnout or intention to quit their jobs.

In turn, Tzeng et al. [7] in their study on the relationship between burnout, mental resilience and general well-being of the nursing staff showed that improving working conditions may promote increased mental resilience and well-being, which may consequently reduce the risk of burnout.

The conducted studies have shown that relationships with co-workers have a significant impact on the assessment of working conditions and the level of burnout in nurses. The analysis of studies conducted on a group of 450 nurses by Lee et al. [8] confirmed the results obtained in the authors studies. It has been shown that improving working conditions and interpersonal relationships can significantly reduce burnout and increase job satisfaction among nurses. A high-quality work environment leads to greater staff satisfaction and reduced burnout. Studies conducted by Wu et al. [12], which confirm the obtained results, additionally showed that effective management strategies and good interpersonal relationships support positive attitudes of nurses, strengthen their self-confidence and contribute to reducing the level of burnout.

The analysis of the authors studies showed a correlation between poorer professional relationships and higher levels of burnout, especially in terms of emotional exhaustion and depersonalization, as well as lower assessment of personal accomplishments. Research by Wudarczyk [19] has shown that factors such as work pace, workload, relationships with co-workers, professional opportunities and the ability to cope with stress affect the level of burnout in nurses.

According to research conducted by Kuszplak [20], the main factor influencing job satisfaction are the relationships with co-workers and superiors. In other research conducted by Rutka et al. [21] among nurses working in intensive care units, it was shown that insufficient working conditions and excessive workload are the key factors contributing to burnout. Moreover, it was found that conflicts with both the medical team and patients and their families significantly increase the risk of this phenomenon.

Taken together, the findings suggest that working conditions constitute a fundamental occupational health determinant influencing both psychological well-being and workforce retention. Inadequate staffing, limited organizational support and strained professional relationships may operate as chronic stressors in the nursing work environment, increasing the risk of burnout and, consequently, the intention to change employment [4,18]. Improving these modifiable organizational factors should therefore be considered a priority intervention in the prevention of occupational burnout.

In summary, understanding the impact of working conditions on the level of burnout plays a key role in effective management of medical personnel. Modifying the work environment, implementing support strategies, and organizing training aimed at reducing stress can significantly affect the well-being of nurses and the quality of care provided. In the long term, improving working conditions promotes increased job satisfaction and improved functioning of medical facilities.

Study limitations

One of the limitations of the study is the lack of information on the type of ward where the nursing staff was employed, which could have significantly affected the intention to quit their work as well as the level of burnout and the assessment of the work environment. Working conditions may differ significantly between departments, such as intensive care, surgical or internal medicine, which should be taken into account in the future analyses.

Another important limitation is the presence of baseline differences between the compared groups (e.g., age, gender, and length of service), which may introduce confounding and limit direct comparability. Although multivariable logistic regression was applied to adjust for these factors, residual confounding cannot be fully excluded.

In addition, the study was based on self-report questionnaires, which is associated with the risk of response bias resulting from the subjective assessment of working conditions and individual feelings related to burnout. In the future, triangulation of research methods is planned, i.e., supplementing the questionnaires with in-depth interviews or observations at the workplace. In subsequent studies, it is planned to expand the study group, taking into account not only the specificity of the departments, but also other factors, such as the work system

(e.g. shift, on-call, number of patients to be cared for during 1 shift) and organizational aspects that may affect burnout and intention to quit their work.

CONCLUSIONS

Nurses declaring intention to quit assessed all examined domains of the work environment significantly less favorably and simultaneously presented higher levels of overall burnout, particularly emotional exhaustion and depersonalization. These findings indicate that turnover intention is not linked to a single isolated factor but rather to a broader negative evaluation of the organizational environment accompanied by elevated burnout symptoms. Nurses who evaluated staffing conditions as good or great achieved the highest scores across all work environment domains and the lowest burnout levels, whereas those reporting poor conditions presented the most unfavorable outcomes. This consistent pattern strengthens the interpretation that perceived organizational support is closely related to occupational well-being. Poorer professional relationships correlated with higher levels of burnout, especially in terms of emotional exhaustion and depersonalization, and lower assessment of personal accomplishments.

AUTHOR CONTRIBUTIONS

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