

ANALYSIS OF THE EFFECT OF INDIVIDUAL CHARACTERISTICS AND ORGANIZATIONAL CHARACTERISTICS ON NURSE TURNOVER WITH WORK STRESS AS MEDIATING

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Abstract: Nurse turnover poses a significant challenge to healthcare systems worldwide, affecting care quality, continuity, and operational costs. This study examines the effects of individual and organizational characteristics on nurse turnover, with work stress as a mediating factor. A cross-sectional survey was conducted among 74 inpatient nurses at St. Elisabeth Hospital Semarang. Individual characteristics included Type A personality, locus of control, and self-efficacy, while organizational characteristics encompassed structure, policies, processes, and work environment. Work stress was measured across physiological, psychological, and behavioral dimensions, and turnover was assessed via intention to resign, job alternative search, and actual resignation. Findings revealed moderate levels of work stress and personal/organizational factors, but low turnover intention. Structural equation modeling (SmartPLS) confirmed that both individual and organizational characteristics significantly influenced turnover, mediated by work stress. Type A personality, external locus of control, and lower self-efficacy were linked to higher stress and turnover, while supportive organizational practices mitigated these effects. This study highlights the importance of strengthening nurse resilience and optimizing organizational support to reduce stress and turnover. Interventions targeting personal development, stress management, and organizational efficiency are critical for sustaining a stable and effective nursing workforce.

Keywords: Nurse turnover, Work stress, Individual characteristics, Organizational characteristics, Mediation

1. Introduction

Nurse turnover is a global challenge that significantly impacts the continuity and quality of healthcare services. The World Health Organization (WHO) reports that nurse turnover rates range between 15–20% annually in many countries, with the United States recording 18.2% in 2022. The replacement of one nurse costs approximately USD 40,000–64,000, which highlights the financial burden of turnover. In Indonesia, data from the Indonesian National Nurses Association (PPNI) in 2022 showed turnover rates of 12–17% in private hospitals.

High turnover has multiple implications: it increases the workload of remaining staff, disrupts patient care, lowers patient satisfaction, and raises the risk of burnout and further resignations. Factors influencing turnover include individual characteristics—such as age, gender, marital status, and work experience—and organizational characteristics such as workload, role conflict, compensation, and social support. Work stress plays a central mediating role in this relationship, as it reduces job satisfaction, motivation, and mental health, leading to higher turnover intention and actual resignation.

National surveys reinforce this issue. The 2023 Mercer Marsh Benefits survey reported that 26% of Indonesian employees experience work-related stress. Similarly, Gallup (2022) reported that 21% of workers experience daily stress, while the International Labour

Organization (ILO) revealed that 63% of employees face mental health issues due to work. Among nurses, PPNI reported that 50.9% experience moderate to severe stress, particularly during the COVID-19 pandemic.

In Semarang, several hospitals have reported similar conditions. At Sultan Agung Islamic Hospital, 76.8% of nurses experienced moderate to severe stress. At the Emergency Department of Semarang District General Hospital, 93% of nurses had high workloads and 82.8% experienced moderate stress. St. Elisabeth Hospital also reported rising turnover rates: 2.54% in 2022, 4.13% in 2023, and 5.34% in 2024. This upward trend suggests the urgent need to explore the factors influencing turnover more comprehensively.

Based on these conditions, the present study seeks to answer whether individual and organizational characteristics influence work stress and nurse turnover, and whether work stress plays a mediating role in this relationship. Specifically, the study aims to analyze the effects of individual characteristics and organizational characteristics on nurses' work stress and turnover in inpatient units, as well as to examine the mediating role of work stress in linking these factors to turnover.

2. Literature Review

Literature Review

Work Stress

Work stress is a state of tension that arises when job demands exceed an individual's capacity and resources to cope, whether physically, psychologically, or socially (Robbins & Judge, 2017; Ivancevich & Matteson, 2011). In the workplace, stress not only affects emotions and cognitive processes but also has direct implications for physical health and productivity. If prolonged and unmanaged, work stress can lead to decreased performance, health problems, and strained social relationships at work.

Nursing is widely recognized as a high-stress profession. Nurses are required to meet emotional demands, cope with heavy workloads, and bear significant responsibility for patient safety, all of which increase vulnerability to burnout (Maslach & Leiter, 2016). Prolonged stress among nurses can result in decreased performance, higher turnover intention, and deteriorating physical and mental health. Contributing factors include role conflict, task ambiguity, lack of social support in the workplace, and hospital management systems that do not adequately support staff well-being.

Symptoms of work stress can manifest physiologically, psychologically, psychosomatically, or behaviorally (Kemenkes RI, 2011). These manifestations range from headaches and palpitations to irritability, sleep disturbances, and absenteeism. Stress also progresses in stages, from mild symptoms such as fatigue and emotional tension to severe conditions marked by panic attacks and impaired daily functioning.

Priyoto (2014) categorizes work stress into three levels: mild, moderate, and severe. Mild stress may be adaptive, prompting greater alertness, while moderate and severe stress tend to diminish psychological and social functioning. Indicators of work stress can be identified through physical, psychological, and behavioral aspects (Ivancevich & Matteson, 2011; Maslach & Leiter, 2016; Luthans, 2011).

Theoretical perspectives on work stress emphasize the role of both individual and organizational factors in shaping responses to workplace pressure (Robbins & Judge, 2017). Individual characteristics such as personality traits, locus of control, and self-efficacy determine how one perceives and copes with stress. Organizational factors—including

structure, policies, work processes, and climate—also contribute significantly to stress conditions. Understanding these aspects enables hospitals to design effective strategies to prevent and reduce work stress among nurses.

Employee Turnover

Employee turnover refers to the process of workforce replacement within an organization due to employees leaving, either voluntarily or involuntarily, and being replaced by new staff (Robbins & Judge, 2019; Mathis & Jackson, 2017). In nursing, turnover represents a critical issue because it directly impacts workload, quality of care, and hospital operational costs (Hayes et al., 2012).

Mobley's (1977) model explains turnover as a process that begins with job dissatisfaction, develops into intentions to search for alternatives, and eventually results in actual resignation. Price and Mueller (1981) further argue that turnover is influenced by job satisfaction, organizational commitment, and external job opportunities.

Indicators of turnover include turnover intention, job search behaviors, and actual resignation (Mobley, 2011). Factors contributing to turnover include individual characteristics (age, education, marital status), organizational conditions (work environment, leadership, compensation), work stress, job satisfaction, and the availability of external opportunities (Price, 2001; Robbins & Judge, 2017).

Theories of motivation and equity also provide insight into turnover. Herzberg's Two-Factor Theory (1959) distinguishes between hygiene factors (e.g., salary, policies, working conditions) and motivators (e.g., achievement, recognition). Meanwhile, Adams' Equity Theory (1963) emphasizes the importance of fairness perceptions in input–output relationships at work. When employees perceive inequity, their intention to leave the organization increases.

The consequences of nurse turnover are far-reaching. It heightens the risk of medical errors, reduces patient satisfaction, increases the workload of remaining staff, and raises hospital operating costs (Hayes et al., 2012). Therefore, understanding the determinants of turnover is crucial for hospital management to develop effective retention strategies, including improving job satisfaction, revising compensation systems, and strengthening organizational support.

Research Model and Hypotheses

This study develops a research model that links individual characteristics, organizational characteristics, work stress, and nurse turnover. The model is grounded in theories of organizational behavior and occupational stress, which emphasize that both individual and organizational factors interact to influence employees' psychological well-being and retention outcomes.

Individual characteristics (X1) such as Type A personality, locus of control, and self-efficacy are expected to shape how nurses perceive and respond to workplace demands. Employees with high Type A personality traits may be more vulnerable to stress, while those with strong self-efficacy and an internal locus of control are more resilient. Hence, individual characteristics are hypothesized to influence both work stress and turnover decisions.

Organizational characteristics (X2), including organizational structure, policies, processes, and work environment, represent contextual factors that determine the quality of the work setting. Supportive organizational practices are associated with reduced stress and lower turnover, while high workload, role conflict, or inadequate rewards increase stress levels and turnover intentions.

Work stress (Z) is positioned as a mediating variable in this model. Prior studies consistently demonstrate that stress reduces job satisfaction, increases burnout, and leads to higher turnover

intentions. Thus, work stress is proposed as an explanatory mechanism linking both individual and organizational factors to nurse turnover.

Based on this framework, the following hypotheses are formulated:

H1: Individual characteristics have a significant effect on work stress.

H2: Organizational characteristics have a significant effect on work stress.

H3: Work stress has a significant effect on nurse turnover.

H4: Individual characteristics have a significant direct effect on nurse turnover.

H5: Organizational characteristics have a significant direct effect on nurse turnover.

H6: Work stress mediates the relationship between individual characteristics and nurse turnover.

H7: Work stress mediates the relationship between organizational characteristics and nurse turnover.

This research model provides a comprehensive perspective by integrating both personal and contextual determinants of turnover. Understanding these relationships is crucial for hospital management to design interventions that address not only organizational policies but also individual differences among nurses in coping with occupational stress.

The relationship between the variables tested in this study is described in the following conceptual framework.

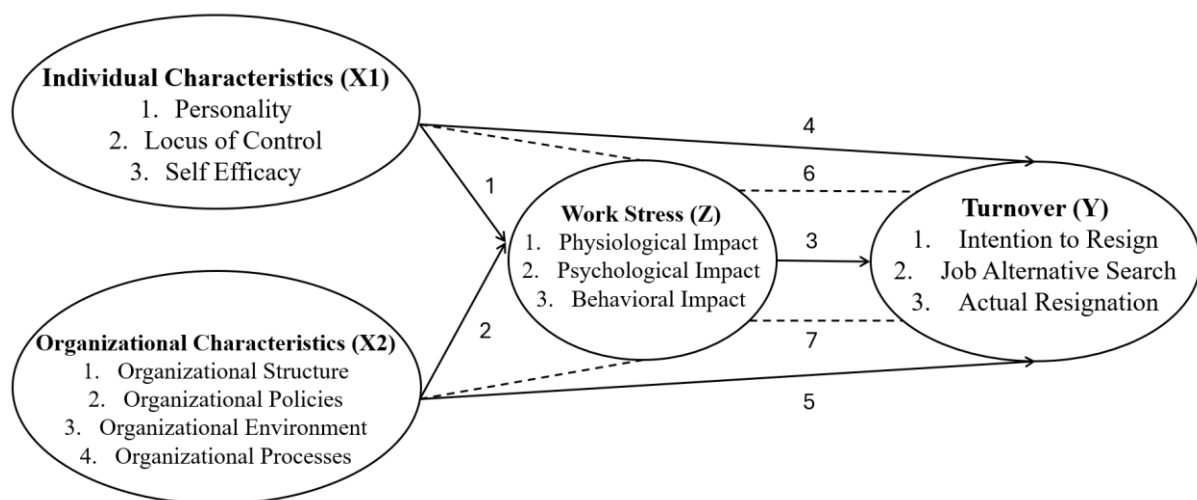


Figure 1: Research Conceptual Framework

3. Method

This study employed a quantitative approach with a cross-sectional design, in which work stress and its related factors, along with nurse turnover, were measured at a single point in time. The research was conducted among nurses working in inpatient wards at St. Elisabeth Hospital Semarang.

Population and Sample. The total population consisted of 431 nurses, with 285 meeting the inclusion criteria (working in inpatient wards for at least three years and providing informed consent). Using Slovin's formula with a precision level of 10% and 95% confidence interval, the required sample size was calculated as 74 respondents. A purposive sampling technique was applied based on inclusion and exclusion criteria.

Data Sources. Primary data were obtained directly from respondents through a structured questionnaire, while secondary data were derived from hospital records, reports, and official documents.

Research Variables. The dependent variables were work stress and nurse turnover. Independent variables consisted of individual characteristics (e.g., personality type, locus of control, self-efficacy) and organizational characteristics (e.g., structure, policy, work process, environment). Work stress also served as a mediating variable in the research model.

Research Instrument. Data collection utilized the NIOSH Job Stress Questionnaire (NIOSH-JSQ), which assesses stress comprehensively in healthcare workers. The instrument covers domains of individual factors, organizational factors, work stress, and turnover intention. Responses were measured on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The instrument has demonstrated strong psychometric properties, with sensitivity ranging from 82–88% and specificity from 75–80%.

Data Collection. Data were gathered using two methods: (1) structured questionnaires distributed to inpatient nurses, and (2) documentation review from hospital records.

4. Result and Discussion

The study involved 74 nurse respondents, with the majority aged between 31–40 years (37.8%), followed by those aged 41–50 years (32.4%), while respondents over 50 years represented the smallest group (4.1%). All respondents were female (100%), and most were married (81.1%). Regarding educational background, 54.1% held a Bachelor of Nursing (D4/S1), while 45.9% had a Diploma in Nursing (D3). In terms of work tenure, the largest groups were those who had worked 6–10 years (21.6%) and 16–20 years (21.6%), while only 4.1% had worked for more than 25 years.

Based on the responses of 74 inpatient nurses at St. Elisabeth Hospital Semarang, the descriptive analysis revealed that the Individual Characteristics Factor (X1) was categorized as moderate with a mean score of 2.81. This factor consisted of three indicators: Type A Personality (X1.1), Locus of Control (X1.2), and Self-Efficacy (X1.3). The moderate level suggests that nurses generally possessed favorable personal attributes, although not yet at an optimal level. The mean score of Type A Personality (2.77) indicated that the nurses were competitive, ambitious, and achievement-oriented, but still within a balanced range that prevented excessive stress. Similarly, the Locus of Control (2.79) showed that some nurses demonstrated an internal locus of control, while others remained influenced by external factors. Since individuals with an internal locus of control tend to be more proactive and adaptive under pressure, this finding highlights the importance of strengthening such traits. Meanwhile, Self-Efficacy (2.88) reflected a moderate level of confidence in task accomplishment, suggesting the need for further improvement through training, social support, and mastery experiences. Overall, enhancing nurses' personal characteristics is essential to foster resilience, improve performance, and strengthen their ability to cope with job stress.

In terms of Organizational Characteristics (X2), which included organizational structure, policies, environment, and processes, the overall mean score was 2.73, also falling into the moderate category. This result implies that organizational aspects were perceived as adequate but still contributed to the risk of work-related stress. The organizational structure (2.77) was considered relatively clear, though issues related to task distribution and interdepartmental coordination persisted. Organizational policies (2.70) were perceived as somewhat inconsistent, indicating the need for reforms to ensure fairness and transparency. The organizational environment (2.62) received the lowest score, suggesting that both cultural and

physical workplace conditions were only moderately supportive. Furthermore, organizational processes (2.81) were rated sufficient but remained hindered by bureaucratic inefficiencies. Taken together, these findings emphasize that improvements in organizational aspects are necessary to reduce work stress and enhance job satisfaction among nurses.

The analysis of Job Stress (Z) showed a mean score of 2.76, categorized as moderate across its three dimensions: physiological, psychological, and behavioral. Physiological impacts (2.81) included fatigue, headaches, and sleep disturbances, though not at severe levels. Psychological impacts (2.68) manifested as anxiety, irritability, and difficulty concentrating, while behavioral impacts (2.80) were reflected in absenteeism, decreased performance, and turnover intention. These findings indicate that nurses experienced notable stress, yet still within manageable limits. However, without preventive measures such as workload management, organizational support, and resilience training, these symptoms could escalate into more serious conditions.

Interestingly, the Turnover variable (Y) was reported at a low level, with an overall mean of 2.15. This included turnover intention (2.17), job search for alternatives (2.11), and actual resignation (2.18). The low scores indicate that despite experiencing moderate stress, nurses demonstrated relatively low tendencies to leave the organization. This suggests that the hospital had been relatively successful in retaining its staff through a supportive work environment and effective retention strategies.

The inferential analysis using SmartPLS 4 demonstrated that the measurement and structural models were both valid and reliable. Outer loadings exceeded 0.70 for most indicators, while a few ranged between 0.60–0.69 but remained acceptable, confirming adequate convergent validity. Reliability tests (Cronbach's Alpha, Composite Reliability, and AVE) also met the recommended thresholds, ensuring strong construct validity.

Table 1. Reliability Test

Variable	<i>Cronbach's Alpha</i>	<i>Composite Reliability</i>
Individual Characteristics (X1)	0.955	0.958
Organizational Characteristics (X2)	0.971	0.973
Work Stress (Z)	0.973	0.974
Turnover (Y)	0.920	0.921

Sources: data analysis result from SmartPLS application

The structural model showed that individual and organizational characteristics explained 48.2% of the variance in work stress and 72.8% of the variance in turnover. This indicates a moderate predictive power for stress and strong predictive power for turnover. Effect size analysis revealed that individual characteristics had a large impact on stress and a moderate effect on turnover, while organizational factors contributed only small effects. Importantly, work stress had a substantial effect on turnover, underscoring its mediating role.

These findings suggest that turnover among nurses is more strongly influenced by individual attributes and stress levels than by organizational conditions. Although organizational factors remain relevant, strengthening personal resilience and implementing stress management strategies appear to be more critical for reducing turnover.

The structural model (inner model) was analyzed using SmartPLS 4 with bootstrapping to test causal relationships among latent variables. Path coefficient results indicated positive effects for all hypothesized relationships: individual characteristics significantly influenced work stress ($\beta = 0.558$, $t = 6.588$, $p < 0.001$) and turnover ($\beta = 0.345$, $t = 3.465$, $p < 0.001$). Organizational characteristics also had significant effects on work stress ($\beta = 0.215$, $t = 2.039$,

$p = 0.042$) and turnover ($\beta = 0.165$, $t = 2.033$, $p = 0.042$). Work stress strongly influenced turnover ($\beta = 0.522$, $t = 5.577$, $p < 0.001$).

Moderation analysis revealed that work stress positively moderated the effects of individual characteristics ($\beta = 0.184$, $t = 3.006$, $p = 0.003$) and organizational characteristics ($\beta = 0.166$, $t = 2.743$, $p = 0.006$) on turnover. All seven hypotheses were supported, indicating significant direct and moderating relationships.

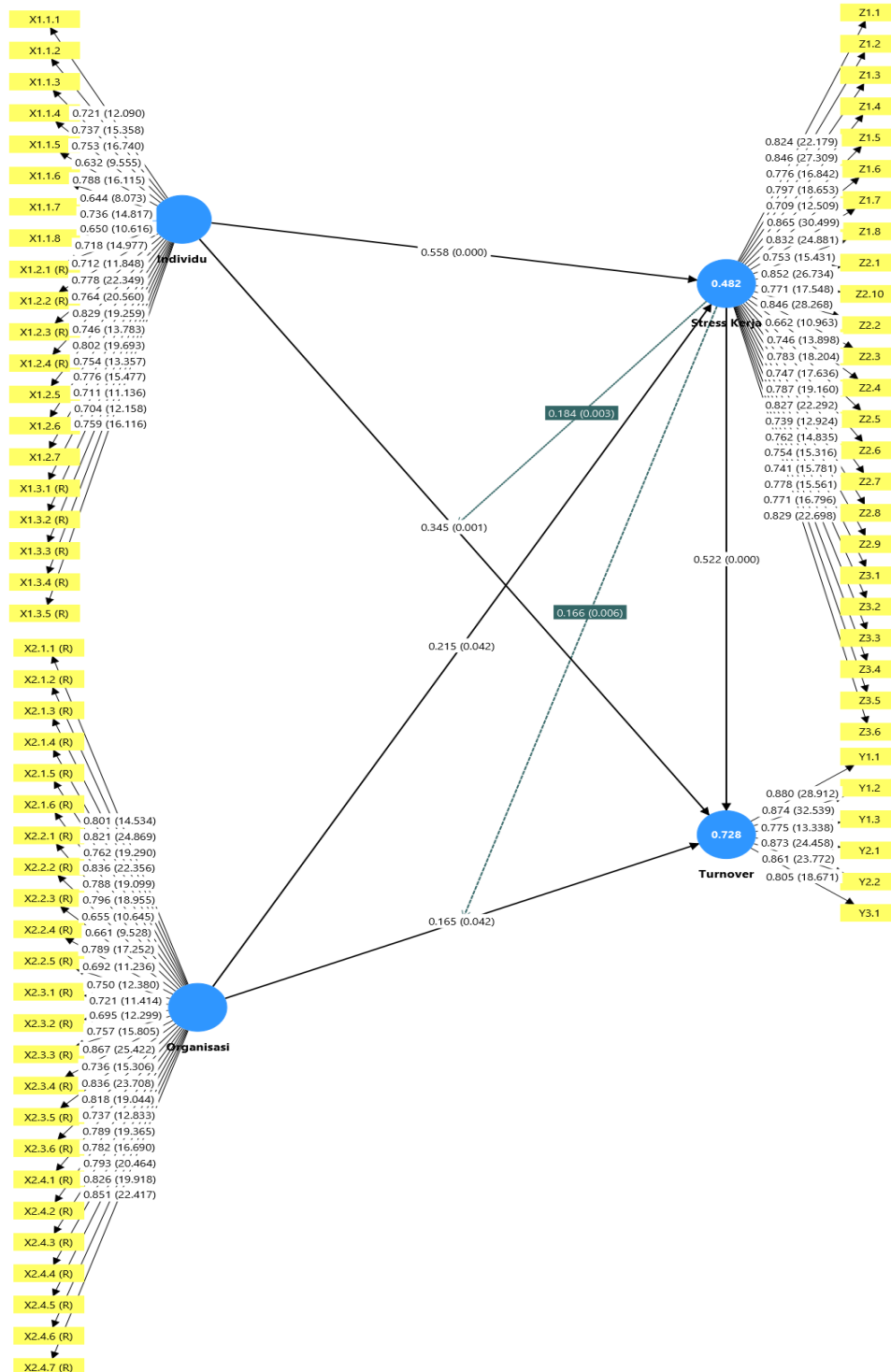


Figure 2 : Validity Test and P-values

H1 : Individual Characteristics on Work Stress

This study found that individual characteristics (X1), comprising Type A personality, locus of control, and self-efficacy, had an overall mean score of 2.81, indicating a moderate level. This suggests that nurses possess fairly good individual characteristics, though they are not yet fully optimal. Regarding Type A personality, the mean score was 2.77, reflecting tendencies such as hurriedness, impatience, and tension, with the highest item showing frustration when work results were not immediately visible and the lowest indicating that striving to be the best was less dominant. Locus of control averaged 2.79, showing that while nurses believe their efforts influence outcomes, external factors such as luck or help from others are still perceived as significant. Self-efficacy had the highest mean at 2.88, indicating a relatively strong general confidence in performing tasks, although some uncertainty remains when facing challenging tasks. Overall, individual characteristics significantly affected work stress, with Type A personality contributing most to its variability. These findings align with Robbins and Judge (2017), Friedman and Rosenman (1974), and previous studies in both local and international contexts (Sutanto & Minarsih, 2020; Mulyati et al., 2021; Kim & Lee, 2020; Ghasemi et al., 2025; Chowdhury et al., 2017). Nurses with adaptive psychological traits, such as stable personality, internal locus of control, and high self-efficacy, are more resilient to stress.

H2 : Organizational Characteristics on Work Stress

Organizational characteristics (X2), measured through structure, policy, environment, and processes, averaged 2.73, indicating moderate support for nursing work but with areas needing improvement. Structural clarity was moderate, with workflow generally clear but individual understanding of responsibilities limited. Policies supported work execution but were perceived as inconsistently applied. The organizational environment showed insufficient interpersonal support among colleagues, while processes were relatively well-defined but lacked clarity in expectations. Overall, organizational characteristics significantly influenced work stress, consistent with Robbins and Judge (2017), Howard and Hughes (2020), Mosadeghrad (2014), Khamisa et al. (2017), and Hassan et al. (2025). Effective management should improve policies, clarify roles, optimize work processes, and foster a supportive work environment to reduce nurse stress.

H3 : Work Stress and Turnover

Nurses' work stress was at a moderate level (mean 2.76), with physiological (2.81) and behavioral (2.80) effects more pronounced than psychological effects (2.68). Physiological impacts included fatigue, headaches, digestive issues, and muscle tension; behavioral effects included absenteeism, early departure, and social withdrawal; psychological effects were reflected in perceived lack of control, anxiety, and decreased motivation. Stress significantly predicted turnover intention, in line with Mobley's (2011) model and the Job Demand-Resource (JD-R) theory. Empirical studies in Turkey, China, Malaysia, and locally confirm that higher stress increases turnover risk (Yildirim et al., 2021; Zhang & Chen, 2016; Hassan et al., 2025; Kanten & Sadullah, 2023; Sutanto & Minarsih, 2020). Hospitals should manage stress-inducing factors and provide psychological support to reduce turnover.

H4 : Individual Characteristics and Turnover

Individual characteristics directly and indirectly influenced turnover. Nurses with neurotic personality traits, external locus of control, and low self-efficacy experienced faster job dissatisfaction and were more likely to consider leaving. These findings align with Kim & Lee

(2020), Ghasemi et al. (2025), and Wu et al. (2021). Adaptive traits, such as internal locus of control and high self-efficacy, enhanced resilience, job satisfaction, and reduced turnover risk.

H5 : Organizational Characteristics and Turnover

Organizational factors such as structure, policies, processes, and work environment influenced turnover. Rigid structures, unfair policies, inefficient processes, and unsupportive environments increased stress, lowered satisfaction, and promoted turnover intentions. Empirical evidence supports this relationship (Mosadeghrad, 2013; Choi et al., 2018; Zhang et al., 2020). Organizations that provide clear structures, fair policies, efficient processes, and supportive environments can reduce stress and turnover among nurses.

H6 : Individual Characteristics and Turnover Mediated by Work Stress

Work stress mediated the relationship between individual characteristics and turnover. Nurses with neurotic personalities, external locus of control, or low self-efficacy experienced higher stress, reducing job satisfaction and increasing turnover intentions. Evidence from Taiwan, Italy, and Turkey supports this mediation effect (Lu et al., 2017; Yildirim et al., 2021; Galletta et al., 2016). Interventions such as stress management training, self-efficacy enhancement, and psychological support are recommended to reduce turnover.

H7 : Organizational Characteristics and Turnover Mediated by Work Stress

Similarly, work stress mediated the effect of organizational characteristics on turnover. Weak organizational structure, unfair policies, inefficient processes, and unsupportive work environments increased stress, which subsequently triggered turnover intentions and actual resignations. Empirical studies in Iran, South Africa, and Malaysia confirm this mediation (Mosadeghrad, 2013; Khamisa et al., 2017; Hassan et al., 2025). Practical implications include improving organizational structures, policies, work processes, and creating a supportive work environment to mitigate stress and turnover, ensuring a sustainable, high-quality nursing workforce.

Table 2. Summary of Hypothesis Testing

Hypothesis	Path	T-statistics	P-values	Conclusion
H1	Individual Characteristics → Work Stress	6.5888	0.000	Supported
H2	Organizational Characteristics → Work Stress	3.465	0.001	Supported
H3	Work Stress → Turnover	2.039	0.042	Supported
H4	Individual Characteristics → Turnover	2.033	0.042	Supported
H5	Organizational Characteristics → Turnover	5.577	0.000	Supported
H6	Individual Characteristics → Work Stress → Turnover	3.006	0.003	Supported
H7	Organizational Characteristics → Work Stress → Turnover	2.743	0.006	Supported

Sources: data analysis result from SmartPLS application

5. Conclusions

This study concludes that both individual and organizational characteristics play a significant role in influencing work stress and turnover intention among nurses. Individual factors, particularly Type A personality, external locus of control, and moderate self-efficacy, predispose nurses to higher levels of stress, which in turn may increase their intention to leave.

At the same time, organizational factors such as unclear structures, inconsistent policies, and unsupportive environments act as enabling factors that intensify stress and directly contribute to turnover. Work stress was confirmed as a mediating factor, bridging the influence of individual and organizational characteristics on turnover intention.

Theoretically, this research enriches the literature by integrating both individual and organizational dimensions within a single conceptual model, thereby extending the understanding of stress and turnover in healthcare settings, particularly among nurses. It confirms that individual characteristics function as predisposing factors, organizational characteristics as enabling factors, and stress as a mediating factor that explains the pathway leading to turnover intention.

From a practical standpoint, the findings highlight the importance of strengthening individual and organizational capacities to reduce stress and turnover. Hospitals and healthcare organizations are encouraged to provide personal development and stress management training, enhance locus of control through constructive feedback and responsibility delegation, and strengthen self-efficacy via mentoring and coaching. Additionally, organizations should clarify job descriptions, ensure fair and consistent policies, promote collaborative work cultures, and foster effective communication from leadership regarding expectations and goals. Such interventions may improve nurses' job satisfaction and reduce the risk of turnover.

Nevertheless, this study has several limitations. The cross-sectional design restricts the ability to capture changes in stress and turnover dynamics over time, while the reliance on self-reported data introduces the possibility of response bias. Furthermore, the research was conducted within a single institutional context, which may limit the generalizability of the results to other healthcare settings.

Future studies are recommended to employ longitudinal designs to observe the dynamics of stress and turnover intention more comprehensively. Expanding the model to include psychological variables such as job satisfaction, organizational commitment, resilience, and perceived organizational support may also provide deeper insights. Moreover, involving larger and more diverse samples across different institutions or healthcare sectors could improve external validity. Finally, mixed-method approaches are encouraged to capture not only statistical relationships but also the underlying reasons behind work stress and turnover intention among nurses.

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