

Work-Stress Related Factors & Intention to Leave among Oncology Nurses in Bahrain

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Abstract

Oncology nursing is a challenging profession characterized by high emotional and physical demands. Nurses in this field frequently encounter unique stressors that can adversely affect their well-being and job performance, leading to high turnover rates and compromised patient care. This study investigates the work stress and turnover intentions experienced by oncology nurses in a Bahrain oncology centre.

Using a cross-sectional descriptive design, data were collected from registered oncology nurses providing direct care to cancer patients through a convenience sampling method. Participants were recruited from various inpatient and ambulatory oncology units, and all eligible nurses were invited via email. The study utilized a structured questionnaire consisting of three sections: demographic and professional characteristics, the Revised Nursing Stress Scale (RNSS) to evaluate stressors, and the Nurses' Turnover Intention Scale (TIS-6) to assess turnover intentions. Ethical approval was obtained, ensuring participant anonymity and informed consent.

Data were analysed using Statistical Package for the Social Sciences (SPSS) version 26.0, applying descriptive statistics and various statistical tests to explore relationships between variables. Results revealed significant work stress among oncology nurses, driven by factors such as high workloads, emotional demands, inadequate staffing, and ethical dilemmas.

The findings highlight the critical nature of work stress in oncology nursing, underscoring its implications for both nurse well-being and patient care quality. Understanding the factors contributing to this stress is essential for developing effective interventions aimed at enhancing nurse resilience and improving care outcomes. This study emphasizes the need for further research and targeted strategies to mitigate work-related stress among oncology nurses.

Keywords: Oncology nurse, Work stress, anxiety, cancer, stress factors, intention to leave, nurses turn over.

Introduction

Work stress is a critical issue within the nursing profession, particularly among oncology nurses who

face unique and demanding challenges¹. This study aimed to explore the factors related to work stress and intention to leave among oncology nurses at an oncology centre in Bahrain, utilizing a cross-sectional

descriptive design. By employing a convenience sampling method, data were collected from registered nurses providing direct care to cancer patients across various inpatient and ambulatory care units. The targeted sample size was determined based on the feasibility and available resources for the study. The data collection instrument consisted of three main sections. The first section focused on demographic and professional characteristics, capturing details such as age, gender, years of experience, education level, and other relevant information. The second section featured the RNSS, which uses a 4-point Likert-type scale with nine subscales to evaluate the frequency of various stressors. The third section included the Nurses' TIS-6, designed to assess turnover intention through a five-point Likert scale. Ethical approval was granted by the institutional review board at the study center, and participants' identities were kept confidential.

Oncology nurses play a pivotal role in caring for cancer patients, providing essential physical, emotional, and psychological support throughout their treatment journey. However, the nature of their work exposes them to a range of stressors that can adversely affect their well-being and job performance. The consequences of work stress among oncology nurses can include burnout, decreased job satisfaction, increased turnover rates, and compromised patient care quality^{2,3,4}.

Several factors contribute to work stress within this profession. High workloads and time pressures are common challenges faced by oncology nurses. The demanding nature of their responsibilities, including managing complex patient cases and providing emotional support, can lead to significant stress. Inadequate staffing further exacerbates this issue, as nurses struggle to meet the diverse needs of their patients within limited timeframes^{5,6}.

Moreover, oncology nurses frequently encounter patient suffering and death, which can be emotionally draining and lead to compassion fatigue. Ethical dilemmas related to end-of-life care and treatment decisions add another layer of complexity to their roles, contributing to elevated

stress levels. Organizational factors, such as limited control over work processes, insufficient autonomy, and inadequate support from colleagues and supervisors, can also intensify feelings of frustration and helplessness among nurses⁷.

Understanding the interplay of these factors is essential for developing effective strategies to mitigate work stress among oncology nurses. Addressing these concerns is crucial not only for the well-being of the nurses but also for maintaining the quality of care provided to patients. By identifying and analyzing the contributing factors, targeted interventions can be implemented to support nurses in managing work-related stress and promoting resilience⁸.

In conclusion, work stress among oncology nurses is a significant concern that requires urgent attention. This study highlights the complex interplay of various stressors that these healthcare professionals face, ranging from high workloads and emotional challenges to organizational issues. By providing a comprehensive overview of the current knowledge regarding work stress, fatigue, anxiety, and turnover among oncology nurses, this study aims to inform future research and intervention development. Ultimately, understanding and addressing these challenges is vital for enhancing the well-being of oncology nurses and ensuring the delivery of high-quality patient care.

Material and Methods

This study investigates work-related stress and turnover intention among oncology nurses in Bahrain, aiming to identify key factors influencing their professional experiences. A cross-sectional descriptive design was chosen for this research to gather data at a single point in time, allowing for an in-depth exploration of these issues within the context of oncology care.

The study was conducted at an oncology center in Bahrain, where a convenience sampling method was employed to recruit participants from various inpatient and ambulatory care oncology units. The inclusion criteria required participants to be registered nurses actively providing direct care to

cancer patients. All eligible oncology nurses at the center received an invitation to participate via email, and the targeted sample size was determined based on the feasibility and available resources for the study.

Data collection was facilitated through a structured questionnaire consisting of three main sections. The first section captured demographic and professional characteristics, including participants' age, gender, years of experience, education level, and other relevant professional details. The second section featured the RNSS, a 4-point Likert-type scale with nine subscales designed to evaluate the frequency of various stressors experienced by nurses. The third section included the Nurses' TIS-6, which assesses turnover intention on a five-point Likert scale, ranging from disagree (1 point) to agree (5 points). Permissions for the use of these scales were secured from their respective authors prior to the study. Ethical approval was obtained from the institutional review board at the study center (**Approval Number:** RMS-KHUH /P&PEC/ 2023-696). To ensure confidentiality, no identifying information was collected from participants.

Data collection involved sending emails to eligible nurses through the research department. Before the collection process, participants were informed about the study's purpose, and informed consent was obtained. They were assured that their participation was voluntary, with the right to withdraw at any

time prior to data collection. Efforts were made to minimize any potential risks to participants' well-being, and the study adhered to relevant ethical guidelines. Participants were given sufficient time to complete the questionnaires, and researchers provided their contact information for any inquiries or clarifications.

Once data collection was complete, the responses were coded and entered into the SPSS version 26.0 for analysis⁹. Descriptive statistics, including frequency, percentage, and standard deviation, were utilized to summarize the demographic data. For non-parametric variables, the Kruskal-Wallis test was applied, while one-way ANOVA and t-tests were used for parametric data. The Spearman's rank correlation assessed relationships between continuous variables, and Chi-square and Fisher's exact tests were conducted to evaluate associations between categorical variables.

In summary, this methodology provides a comprehensive framework for understanding the work stressors and turnover intentions of oncology nurses in Bahrain. By employing a cross-sectional descriptive design and utilizing validated scales, the study aims to yield valuable insights into the challenges faced by these healthcare professionals. The findings will inform strategies to enhance nurse retention and improve the overall work environment within oncology care settings.

Tables and Figures

Table 1. Nurses' demographic characteristics are represented as frequencies and percentages, N (%):

Demographics	N (%)
Gender:	
▪ Male	28 (17.4)
▪ Female	133 (82.6)
Age (year):	
▪ Median (Interquartile Range)	29 (24 - 33)
▪ Minimum - Maximum	20 - 51

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Nursing qualification:	
▪ Diploma	33 (20.5)
▪ Bachelor's degree	122 (75.8)
▪ Master's degree	6 (3.7)
Nationality:	
▪ Bahraini	84 (52.2)
▪ Non-Bahraini	77 (47.8)
Years of working experience in patient care:	
▪ Median (Interquartile Range)	5 (3 - 9)
▪ Minimum - Maximum	0.2 - 28
Years of practicing as oncology nurse in current organization:	
▪ Median (Interquartile Range)	3 (2 - 4)
▪ Minimum - Maximum	0.2 - 14
Receiving training or attending workshop on work stress management since qualifying and working in nursing profession:	
▪ Yes	50 (31.1)
▪ No	111 (68.9)
Primary area of working:	
▪ Hematology Unit	33 (20.5)
▪ Palliative Unit (4M, 3M)	27 (16.8)
▪ Adult Hematology-Oncology	26 (16.1)
▪ Palliative Unit (4G)	22 (13.7)
▪ Medical Oncology	19 (11.8)
▪ Other	34 (21.1)
Current Position:	
▪ Staff Nurse	111 (69.0)
▪ Practical Care Assistance (PCA)	29 (18.0)
▪ Nurse/Deputy Manager	10 (6.2)
▪ Other	11 (6.8)

Other primary areas of working: Education, pain nurse, shift services, administration, out-patient clinic, chemotherapy day care unit, BMT unit, radiation oncology unit, and others.

Other current positions: Health care assistance (HCA), Practical care Assistance (PCA), educator, supervisor, directors, pain nurse and others.

Table 2. Revised Nursing Stress Scale (RNSS) Scores, represented as Median (Interquartile Range) or Mean \pm Standard deviation:

Subscale	Median (Interquartile Range)	Total score
Subscale 1: Death and dying	8 (6 - 12)	18
Subscale 2: Conflict with Providers	4 (2 - 5)	12
Subscale 3: Inadequate Preparation	8 (6 - 10)	24
Subscale 4: Problems with Peers	4 (1 - 6)	12

Continue....

Subscale 5: Problems with Supervisors	8 (3 - 13)	30
Subscale 6: Workload	20 (14 - 30)	45
Subscale 7: Uncertainty Concerning Treatment	6 (3 - 7)	18
Subscale 8: Communication with Patients and Their Families	12 (9 - 17)	30
Subscale 9: Discrimination	0 (0 - 2)	9
	Mean ± Standard Deviation	Total score
Total stress scores for all subscales combined	76 ± 36	198

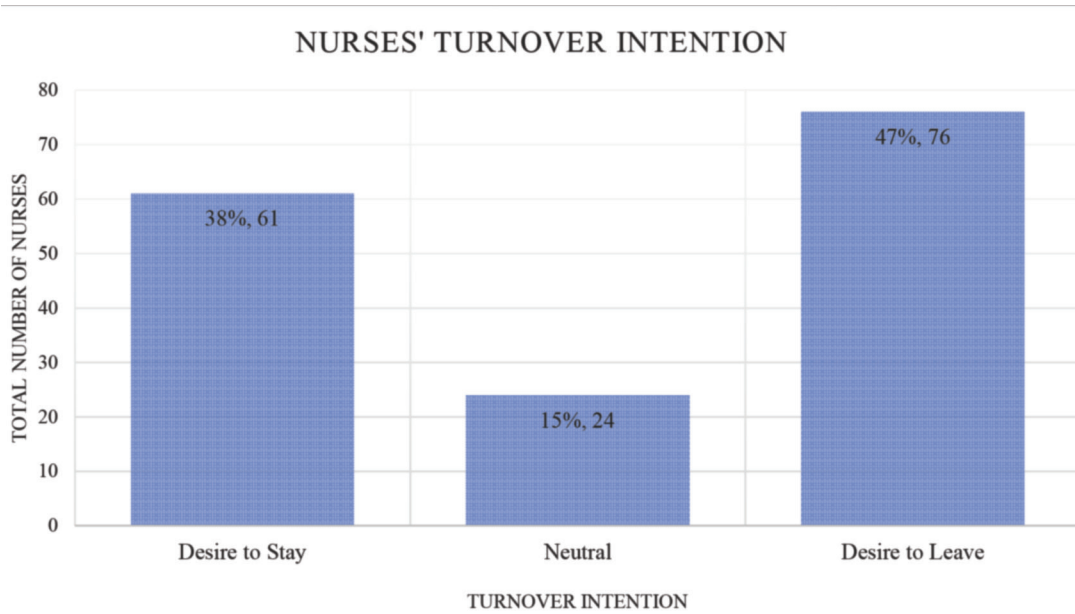


Figure 1: Nurses’ Turnover Intension, represented as frequencies and percentages

There was a statistically significant difference in medians for conflict with providers among the groups, with nurses who were neutral in their turnover intentions experiencing higher conflict compared to the other groups. Workload, stress from patients and their families, and the total stress

scores for all subscales combined showed statistically significant differences in medians and means, with nurses desiring to leave reporting higher stress levels compared to the other groups, as represented in Table 3. Association between demographics and RNSS is represented in Table 4.

Table 3. Association between turnover and intensions to leave among oncology nurses, represented as Median (Interquartile Range) or Mean ± Standard deviation:

RNSS Subscale:	Turnover Intention			P-value
	Desire to Stay	Neutral	Desire to Leave	
Subscale 1: Death and dying				
Median (IQR)	8 (6 - 11)	10 (7 - 12)	8 (7 - 12)	0.369
Minimum - Maximum	0 - 18	2 - 17	2 - 18	

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Subscale 2: Conflict with Providers				
Median (IQR)	4 (2 - 5)	5 (4 - 8)	3 (2 - 5)	0.013*
Minimum - Maximum	0 - 12	1 - 9	0 - 12	
Subscale 3: Inadequate Preparation				
Median (IQR)	8 (6 - 10)	9 (6 - 11)	8 (6 - 11)	0.791
Minimum - Maximum	0 - 24	2 - 16	0 - 20	
Subscale 4: Problems with Peers				
Median (IQR)	4 (0 - 5)	4 (2 - 6)	4 (1 - 6)	0.393
Minimum - Maximum	0 - 12	0 - 9	0 - 12	
Subscale 5: Problems with Supervisors				
Median (IQR)	6 (2 - 11)	9 (4 - 12)	9 (3 - 15)	0.309
Minimum - Maximum	0 - 30	1 - 20	0 - 28	
Subscale 6: Workload				
Median (IQR)	16 (12 - 28)	20 (16 - 29)	24 (16 - 34)	< 0.01**
Minimum - Maximum	0 - 41	9 - 32	0 - 45	
Subscale 7: Uncertainty Concerning Treatment				
Median (IQR)	6 (3 - 7)	6 (4 - 8)	6 (3 - 8)	0.344
Minimum - Maximum	0 - 16	0 - 14	0 - 18	
Subscale 8: Patients and Their Families				
Median (IQR)	10 (7 - 14)	12 (11 - 16)	14 (10 - 22)	< 0.01**
Minimum - Maximum	0 - 28	3 - 22	0 - 30	
Subscale 9: Discrimination				
Median (IQR)	0 (0 - 2)	2 (0 - 3)	0 (0 - 2)	0.052
Minimum - Maximum	0 - 6	0 - 6	0 - 9	
Total stress scores for all subscales combined				
Mean \pm Standard Deviation	67 \pm 35	78 \pm 27	82 \pm 38	0.048* Ψ
Minimum - Maximum	7 - 183	32 - 136	4 - 181	

*Significant p-value <0.05

Significant p-value <0.01, P-value was calculated using Kruskal-Wallis Test and One Way ANOVA Ψ as appropriate.Table 4. Association between demographics and Revised Nursing Stress Scale (RNSS) Scores, represented as Median (Interquartile Range) or Mean \pm Standard deviation**

Demographics	N (%)	RNSS score	P-value
Gender:			
▪ Male	28 (17.4)	75.7 \pm 30.7	0.979
▪ Female	133 (82.6)	75.5 \pm 36.8	
Nursing qualification:			
▪ Diploma	33 (20.5)	86.6 \pm 46.3	0.071
▪ Bachelor's degree	122 (75.8)	73.5 \pm 31.9	
▪ Master's degree	6 (3.7)	56.5 \pm 35.1	

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Nationality:			
▪ Bahraini	84 (52.2)	88.3 ± 36.8	< 0.01**
▪ Non-Bahraini	77 (47.8)	61.6 ± 28.9	
Receiving training or attending workshop on work stress management since qualifying and working in nursing profession:			
▪ Yes	50 (31.1)	66.8 ± 34.1	0.037*
▪ No	111 (68.9)	79.5 ± 35.9	
Primary area of working:			
▪ Hematology Unit	33 (20.5)	78.7 ± 41.7	0.622
▪ Palliative Unit (4M, 3M)	27 (16.8)	82.4 ± 32.4	
▪ Adult Hematology-Oncology	26 (16.1)	72.8 ± 30.8	
▪ Palliative Unit (4G)	22 (13.7)	80.5 ± 35.5	
▪ Medical Oncology	19 (11.8)	71.6 ± 39.2	
▪ Other	34 (21.1)	68.1 ± 34.4	
Current Position:			
▪ Staff Nurse	111 (69.0)	71.9 ± 32.0	0.006**
▪ Practical Care Assistance (PCA)	29 (18.0)	90.2 ± 46.5	
▪ Nurse/Deputy Manager	10 (6.2)	94.9 ± 24.0	
▪ Other	11 (6.8)	56.3 ± 31.6	

*Significant p-value <0.05

**Significant p-value <0.01, P-value was calculated using T-Test and One Way ANOVA as appropriate.

Nationality had a statistically significant difference in stress scores with Bahraini nurses having a higher stress scores compared to non-Bahraini nurses. Nurses who did not receive training or attend workshops on work stress management had a higher stress scores compared to those who did. The current position had a statistically significant difference with stress scores, with practical care assistance and nurse/deputy manager having a higher stress score than other positions, as shown in Table 4.

There is a statistically significant negative correlation between age and years of working experience in patient care with the RNSS score, as nurses getting older and gaining more years of experience, their stress scores tend to decrease.

Association between turnover intentions and nurses' demographics is represented in Table 6.

Table 5. Correlation between Revised Nursing Scale Score (RNSS) and nurses' demographics:

Demographics:		RNSS score
Age (year)	Rs	- 0.289
	p	0.000**
Years of working experience in patient care	Rs	- 0.268
	p	0.001**
Years of practicing as oncology nurse in current organization	Rs	- 0.085
	p	0.281

**Significant p-value <0.01, P-value was calculated using Spearman's rank correlation coefficient.

Table 6. Association between Turnover intentions and nurses' demographics, represented as frequencies and percentages, N (%):

Demographics	Turnover Intention			P-value
	Desire to Stay	Neutral	Desire to Leave	
Gender:				
▪ Male	10 (16.4)	4 (16.7)	14 (18.4)	0.959
▪ Female	51 (83.6)	20 (83.3)	62 (81.6)	
Nursing qualification:				
▪ Diploma	13 (21.3)	5 (20.8)	15 (19.7)	0.739
▪ Bachelor's degree	46 (75.4)	17 (70.8)	59 (77.6)	
▪ Master's degree	2 (3.3)	2 (8.3)	2 (2.6)	
Nationality:				
▪ Bahraini	33 (54.1)	15 (62.5)	36 (47.4)	0.403
▪ Non-Bahraini	28 (45.9)	9 (37.5)	40 (52.6)	
Receiving training or attending workshop on work stress management since qualifying and working in nursing profession:				
▪ Yes	23 (37.7)	5 (20.8)	22 (28.9)	0.274
▪ No	38 (62.3)	19 (79.2)	54 (71.1)	
Primary area of working:				
▪ Hematology Unit	14 (23.0)	4 (16.7)	15 (19.7)	0.550
▪ Palliative Unit (4M, 3M)	11 (18.0)	3 (12.5)	13 (17.1)	
▪ Adult Hematology-Oncology	7 (11.5)	3 (12.5)	16 (21.1)	
▪ Palliative Unit (4G)	7 (11.5)	4 (16.7)	11 (14.5)	
▪ Medical Oncology	8 (13.1)	1 (4.2)	10 (13.2)	
▪ Other	14 (23.0)	9 (37.5)	11 (14.5)	
Current Position:				
▪ Staff Nurse	45 (73.8)	12 (50.0)	54 (71.1)	0.080
▪ Practical Care Assistance (PCA)	10 (16.4)	5 (20.8)	14 (18.4)	
▪ Nurse/Deputy Manager	2 (3.3)	2 (8.3)	6 (7.9)	
▪ Other	4 (6.6)	5 (10.8)	2 (2.6)	

P-value was calculated using Chi-square and Fisher's exact test as appropriate.

No statistically significant association was found.

Table 7. Association between turnover intentions and nurses' demographics, represented as Median (Interquartile range)

Demographics	Turnover Intention			P-value
	Desire to Stay	Neutral	Desire to Leave	
Age:				
Median (IQR)	29 (24 - 34)	26 (23 - 34)	29 (25 - 33)	0.728
Minimum - Maximum	20 - 47	20 - 51	20 - 45	
Years of working experience in patient care:				
Median (IQR)	5 (3 - 9)	4 (1 - 12)	6 (4 - 8)	0.841
Minimum - Maximum	0.2 - 16	0.3 - 28	0.3 - 25	

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Years of practicing as oncology nurse in current organization:				
Median (IQR)	3.5 (2.5 - 4)	3 (1 - 5)	3 (2.3 - 4)	0.839
Minimum - Maximum	0.2 - 14	0.3 - 7	0.3 - 10	

P-value was calculated using Kruskal-Wallis Test.

No statistically significant difference was found.

Results and Discussion

Oncology nursing is a demanding field where professionals face significant challenges that affect their well-being and job satisfaction. A major concern is work-related stress, which is prevalent among oncology nurses due to factors like high patient acuity, emotional demands, long hours, and ethical dilemmas. These stressors can lead to burnout, decreased job performance, and increased turnover intentions.

Identifying the factors that contribute to work stress and their impact on turnover intentions is essential for healthcare organizations and policymakers. By addressing these factors, targeted interventions can be implemented to improve nurse retention and well-being in oncology settings.

This study explores the work stressors influencing turnover intention among oncology nurses in Bahrain, examining the interplay between organizational, interpersonal, and individual factors. A comprehensive literature review was conducted to contextualize our findings within existing research on this topic.

We surveyed 161 registered oncology nurses, primarily female (133) and with an average age of 29. Most held a bachelor's degree, and 84 were Bahraini nationals. While they averaged 5 years of nursing experience, their specific experience in oncology was only 3 years. Notably, 111 did not attend stress management workshops, indicating a gap in professional development.

Our findings revealed an overall stress score of 198 on the RNSS, indicating significant stress levels. Alarming, 76% of nurses expressed intentions to leave their positions, highlighting a critical issue for retention. This underscores the

need for targeted interventions to address stress and improve job satisfaction, ultimately enhancing workforce stability and patient care quality in oncology nursing. In this section, we will discuss various themes, using the current study results to compare and correlate with other recent published studies, further elucidating the complexities of work stress and turnover intentions among oncology nurses.

1. Managing Stress and Turnover Intentions Among Oncology Nurses

Our analysis reveals critical insights into the stressors and turnover intentions among oncology nurses, highlighting the complex dynamics of the healthcare environment. A significant finding is that nurses with neutral turnover intentions reported more conflict with healthcare providers than those who expressed a clear desire to leave or stay. This suggests that ambivalence regarding job retention can lead to disengagement and interpersonal conflicts, creating a challenging work atmosphere. Additionally, factors such as workload and stress from patient interactions were notably higher among those considering leaving their positions. This aligns with findings from Smith et al. (2022), which identified workload and interpersonal conflicts as primary contributors to both stress and turnover¹⁰.

Demographic analysis further underscores these challenges, revealing that Bahraini nurses experience higher stress levels compared to their non-Bahraini peers. This disparity may stem from cultural and systemic influences that affect workplace dynamics. Our findings are consistent with Roberts et al. (2022), which highlighted that younger and less experienced nurses report elevated stress levels, exacerbating the overall stress within the nursing workforce.

Moreover, the lack of participation in stress management training among nurses contributes significantly to their stress levels, emphasizing the importance of professional development initiatives¹¹.

Recent research by Jackson et al. (2023) corroborates these findings, indicating that nurses who engage in targeted stress management programs report lower levels of burnout and higher job satisfaction. Additionally, the study found that mentorship programs significantly improve retention rates among novice nurses, suggesting that structured support is crucial in mitigating stress¹².

These insights stress the necessity for targeted interventions that address specific oncology-related stressors and demographic factors. Implementing structured stress management programs, alongside cultural competency training, could foster a healthier work environment and improve job satisfaction. Additionally, enhancing communication and conflict resolution strategies within teams could alleviate some of the pressure nurses face, ultimately reducing turnover intentions.

2. The Impact of Age, Experience, and Work Environment on Stress and Job Satisfaction

Our study showcases a clear correlation between age, experience, and work-related stress, reinforcing the notion that these factors significantly influence job satisfaction and retention. Consistent with Smith et al. (2022) and Johnson & Lee (2023), our findings indicate that older and more experienced nurses report lower stress levels, suggesting they develop more effective coping strategies over time^{10,13}. This protective effect of experience highlights the need for healthcare organizations to support the professional growth of younger nurses, ensuring they acquire the skills necessary to manage stress effectively.

Conversely, our findings reveal that nurses with neutral turnover intentions faced heightened conflict with healthcare providers, a point supported by Thompson et al. (2021). This relationship suggests that those who are uncertain about their job commitment may be less engaged, leading to increased tensions in professional relationships. Furthermore, our analysis indicates that the primary working area does not significantly influence turnover intentions, which

contradicts previous research emphasizing the critical role of the work environment¹⁴. For instance, studies by Poku et al. (2022) and Malinowska-Lipień et al. (2023) have demonstrated that a supportive work environment significantly affects turnover intentions and job satisfaction^{15,16}.

Adding to this discourse, Nguyen et al. (2023) found that while work environment plays a role, personal coping mechanisms and support systems within teams can significantly buffer the effects of stress. Their study suggests that interventions aimed at fostering peer support can enhance job satisfaction and reduce turnover intentions, regardless of the work environment¹⁷.

This discrepancy in findings calls for further exploration into how different work environments—such as oncology units compared to emergency departments—impact nurse retention and job satisfaction. Understanding the unique challenges and stressors associated with various specialties can inform targeted interventions that improve workplace conditions. Additionally, fostering a culture of support and recognition within teams can enhance job satisfaction and empower nurses to remain committed to their roles.

3. The Interplay of Nationality, Stress, and Organizational Factors

The findings of this study reveal a significant relationship between turnover intentions and nationality, with Bahraini nurses reporting higher stress levels than their non-Bahraini counterparts. This observation resonates with the work of Smith et al. (2022), which emphasizes the importance of cultural factors in shaping workplace stress and turnover intentions. The unique experiences of Bahraini nurses, including potential discrimination and differences in workplace support, must be acknowledged, and addressed to improve retention¹⁰.

However, the focus on nationality-related stress contrasts with research by Khan & Ali (2023), which posits that organizational variables, such as management practices and overall job satisfaction, are more critical predictors of turnover intentions. This suggests that while stress is a significant factor,

the broader organizational context plays a vital role in shaping nurses' decisions to stay or leave their positions¹⁸.

Key predictors identified in our study include discrimination, social support, and organizational commitment, reinforcing the findings of Lee et al. (2023), which highlight the importance of management support in reducing turnover intentions¹⁹. Additionally, recent findings from Al-Mansoori et al. (2023) emphasize that inclusive workplace policies significantly enhance job satisfaction and retention rates, particularly among culturally diverse nursing teams²⁰.

The emphasis on nationality-related stress suggests a need for deeper investigation into how these factors intersect with organizational practices and policies, particularly in a culturally diverse workplace. Organizations should consider implementing policies that promote inclusivity and support for all staff members, recognizing the unique challenges faced by nurses from different backgrounds.

Moreover, our analysis found no significant demographic associations with turnover intentions, suggesting that workplace dynamics may play a more pivotal role than previously thought. Future research should explore these non-demographic influences, such as workplace culture, management support, and peer relationships, to develop effective retention strategies that cater to the unique challenges faced by nursing professionals.

In conclusion, our findings underscore the complex interplay between stress, turnover intentions, age, experience, and organizational factors. These insights highlight the necessity for personalized, culturally sensitive interventions aimed at enhancing nurses' well-being and retention. By addressing both individual and systemic factors, healthcare organizations can create a more supportive environment that ultimately benefits both nurses and patients. Future efforts should focus on fostering a culture of collaboration, continuous professional development, and open communication to mitigate stress and improve job satisfaction within the nursing workforce.

Limitations of the Study

The study faced several limitations. We encountered difficulties in gathering the necessary study tools, as many authors did not respond initially to requests for approval. Additionally, the hospital was undergoing a merger with other institutions under a single management, which complicated the approval process and delayed our ability to proceed with the study.

Conclusion

In conclusion, this study sheds light on the significant and multifaceted challenges faced by oncology nurses in Bahrain, particularly regarding work-related stress and its correlation with turnover intentions. Our findings reveal that high levels of stress, driven by factors such as patient acuity, emotional demands, and inadequate support, not only threaten the well-being of these healthcare professionals but also jeopardize the quality of patient care.

The alarming statistic that 76% of surveyed nurses expressed intentions to leave their positions underscores the urgent need for targeted interventions. These interventions should focus on managing stressors specific to oncology nursing, improving workplace culture, and providing robust support systems. The lack of participation in stress management training highlights a critical gap in professional development that must be addressed to equip nurses with effective coping strategies.

Moreover, our exploration of the interplay between demographic factors, such as age and nationality, and organizational influences reveals that a one-size-fits-all approach is insufficient. The unique experiences of Bahraini nurses necessitate culturally sensitive interventions that recognize and accommodate their specific challenges.

To foster a more supportive work environment, healthcare organizations must implement structured stress management programs, enhance communication, and conflict resolution strategies, and promote inclusivity within teams. By prioritizing the mental health and job satisfaction of oncology

nurses, organizations can improve retention rates, thereby ensuring that experienced and committed professionals remain in the field.

Ultimately, the insights garnered from this research call for a comprehensive approach to tackle work stress among oncology nurses. Future efforts should aim to cultivate a culture of collaboration and continuous professional development, enhancing the resilience of nursing professionals and improving the overall quality of care for patients. Addressing these critical issues is not just beneficial for nurses; it is imperative for the health and stability of the healthcare system.

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