


## The impact of altruistic leadership on turnover intention amongst healthcare professionals the mediating role of job stress

Sağlık çalışanlarında alturistik liderliğin işten ayrılma niyeti üzerindeki etkisinde iş stresinin aracı rolü

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### Abstract

This study aims to investigate the relationship between altruistic leadership, turnover intention, and work stress in healthcare professionals and to show the mediating role of work stress in the effect of altruistic leadership on turnover intention. Altruistic leadership, turnover intention, and work stress were studied to determine whether healthcare workers differ by occupational group. This study was conducted on healthcare professionals working in a private hospital. The findings indicated that while job stress and intent to leave were high among healthcare workers, altruistic leadership levels were moderate. Additionally, nurses' job stress and intent to leave were significantly higher than those of doctors and other healthcare professionals. The study finds that job stress significantly mediated the relationship between altruistic leadership and intent to leave. The result: Managers who demonstrate altruistic leadership reduce turnover intention to quit their job but have a negative mediation of the model with increased work stress among healthcare workers in situations such as pandemics. As a recommendation, strengthening organisational policies and management practices that support employees and enhancing subordinate-supervisor relationships to support workloads mutually may prove beneficial.

**Keywords:** Altruistic Leadership, Turnover Intention, Job Stress

**Jel Codes:** M120, M140

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Submitted: 20/05/2024

Revised: 13/06/2024

Accepted: 6/07/2024

Online Published: 25/09/2024

### Öz

Bu çalışmanın amacı sağlık çalışanlarında alturistik liderlik, işten ayrılma niyeti ve iş stresi arasındaki ilişkiyi araştırmak ve alturistik liderliğin işten ayrılma niyetine etkisinde iş stresinin aracı rolünü ortaya koymaktır. Araştırmada alturistik liderlik, işten ayrılma niyeti ve iş stresi ile sağlık çalışanlarının meslek gruplarına göre farklılık gösterip göstermediğini belirlemek de amaçlanmaktadır. Bu çalışma özel bir hastanede çalışan sağlık çalışanları üzerinde yapılmıştır. Bulgular, sağlık çalışanları arasında iş stresi ve işten ayrılma niyetinin yüksek olmasına rağmen, alturistik liderlik düzeylerinin orta düzeyde olduğunu göstermektedir. Ayrıca hemşirelerde iş stresi ve işten ayrılma niyeti, doktorlara ve diğer sağlık çalışanlarına göre anlamlı düzeyde daha yüksektir. Çalışma, alturistik liderlik ile işten ayrılma niyeti arasındaki ilişkide iş stresinin önemli bir aracı rol oynadığını ortaya koymaktadır. Sonuç: Alturistik liderlik sergileyen yöneticilerin işten ayrılma niyetini azalttığı, ancak salgın gibi durumlarda sağlık çalışanları arasında iş stresinin artmasıyla modelin olumsuz aracılık ettiği görülmektedir. Bir öneri olarak, çalışanları destekleyen örgütsel politikaların ve yönetim uygulamalarının güçlendirilmesi ve iş yüklerini karşılıklı olarak destekleyecek şekilde ast-üst ilişkilerinin geliştirilmesi faydalı olabilir.

**Anahtar Kelimeler:** Alturistik Liderlik, İşten Ayrılma Niyeti, İş Stresi

**JEL Kodları:** M120, M140

**Citation:** Dinler, Z.M., & Akbolat, M., The impact of altruistic leadership on turnover intention amongst healthcare professionals the mediating role of job stress, bmij (2024) 12 (3): 455-467, doi: <https://doi.org/10.15295/bmij.v12i3.2393>

## Introduction

Health institutions are characterised as complex organisational structures because many individuals with diverse expertise work together (Bar-Yam, 2006). Health institutions, medical, technical, and administrative services are each characterised as complex organisational structures requiring employees with expertise in different specialist areas. (Ağırbaş, 2016). Considering the work that needs to be done urgently cannot be postponed and based on intense cooperation, healthcare professionals are expected to fulfil significant responsibilities (Tengilimoğlu et al., 2015; Kavuncubaşı & Yıldırım, 2018). When the demand for health services is added to these responsibilities, the stress experienced by health workers due to workload and workload has increased with the facilitation of access to health services (De Simone et al., 2018). In addition, health workers who experience intense job stress show more intention to quit their jobs and even turn this intention into actual action (Kim & Barak, 2015). Work stress negatively affects the productivity of the health professional and causes cost increases. According to a study done in the USA, the cost resulting from the loss of productivity of healthcare professionals experiencing work-related stress at the national level is 200 billion dollars; this rate constitutes 16% of the total health costs (Mistretta et al., 2018). According to the statement of the Turkish Medical Association, 900 healthcare professionals resigned in a month due to the increase in workload and job stress during the COVID-19 pandemic. Unless the necessary measures are taken, this rate will emerge as a big problem in the coming years (Öztürk, 2020).

When an employee's job prospects are primarily unmet, or the overall level of job satisfaction is very low, they can quit or develop a behavioural intention to find an alternative job (Çalışkan & Bekmezci, 2019). Furthermore, individuals with low internal motivation for work may intend to leave their jobs due to the heavy workload (Karabay Erdilek, 2014). It has been determined in studies examining the turnover intention in health institutions that the healthcare professionals who are considering leaving their jobs have shown the behaviour of leaving the job, and 48% of them left their job to work in another health institution (De Simone et al., 2018). Studies indicate that as job stress increases, the turnover intention and, as a result, the behaviour of quitting increases (Havermans et al., 2017; Cocchiara et al., 2019). If the necessary measures are not taken, this rate will become a significant problem in the coming years (Öztürk, 2020). Therefore, it is essential to examine the hospital management to determine the factors that lead to job turnover. In the past, found a relationship in the context of leadership and turnover intention; different characteristics of leaders were among the leaders in the literature, and the turnover intention (Amundsen & Martinsen, 2014; Park & Pierce, 2020; Jiang et al., 2019) the leader's poor characteristics increase his intention to turnover his job (Brimhall et al., 2014; Kim & Barak, 2015; Ye et al., 2020). Studies show that the leader's modest, high engagement reduces turnover intention (Lu et al., 2017; Abdillah et al., 2020).

In terms of hospital management, altruistic leadership is among the new topics researchers have recently studied to understand the behaviour of employees. (Mallén, Domínguez-Escrig & Lapiedra, 2019). Altruistic leadership is defined as a leadership style where leaders prioritise the well-being and needs of their followers over their interests. It is characterised by ethical conduct, compassion, and the willingness to make personal sacrifices to support and promote the welfare of their followers. This approach is practised in sectors that value ethical standards and organisational loyalty and are oriented towards societal benefits, such as healthcare and education. Research suggests that altruistic leadership in these fields is linked to improved job satisfaction, lower turnover rates, and higher employee engagement, thereby contributing to a more positive and resilient workplace environment (Hajkova et al., 2020).

The effectiveness of altruistic leadership is underpinned by several core dimensions that significantly influence organisational dynamics. Empathy and understanding are crucial, as leaders must discern and respond to emotional and professional needs, creating a supportive work environment (Walsh et al., 2006). Sacrifice is another crucial aspect, and leaders often forgo personal benefits such as time, resources, or comforts to meet their followers' needs. Ethical commitment is central, and leaders adhere to high standards to ensure fairness and integrity in their decisions and actions (De Cremer vd., 2009). The dimension of supportiveness involves leaders actively fostering personal and professional growth. Finally, social responsibility extends the leader's concern beyond the organisation, engaging in activities that benefit the broader community (Walumbwa et al., 2011). Together, these dimensions underscore the integration of altruism in leadership practices, pivotal for enhancing follower motivation, engagement, and overall satisfaction in the workplace. Altruistic leadership is a general name given to humble leaders who are patient, understanding, compassionate, and kind to their subordinates (Song, Gu & Zhang, 2020). It is supposed that employees are considered by their managers and try to satisfy their needs on time. In that case, it is expected that health professionals' intention to turnover would be

reduced (Abdillah et al., 2020). On the contrary, the existing behaviours of leaders, such as not helping their subordinates who are absentees for any reason, work overload, or newly recruited healthcare professionals not integrating into their work, increase the job stress of healthcare professionals (Mallén et al., 2019). In this context, even if the work stress increases, the question arises when the job turnover intention does not increase: Are there leaders who have altruistic leadership qualities in these hospitals? In this case, it is possible to prevent health workers from leaving their jobs with leadership characteristics. However, it is unknown whether the role of job stress mediator in understanding the intention to turnover, especially in health workers, is included in the mechanism covering hospital management and the intention to turnover the job.

In order to find answers to these questions, the following hypotheses and research models were developed using the literature.

### **Relationship between altruistic leadership and intention to turnover**

The most crucial feature of leaders is that they gather a group of people around a specific goal and use their knowledge and skills to mobilise them to achieve these goals (Yeşil, 2016). This feature encourages workers to act collaboratively, helpfully, and pro-community (Mallén et al., 2019). Altruistic leadership can also be characterised as empathy and altruistic behaviours that increase the motivation of workers (Song et al., 2020). In this respect, altruistic leaders influence the attitudes and behaviours of workers toward their work (Abdillah et al., 2020). In other words, they help altruistic leadership subordinates take on more responsibility and voluntarily fulfil these responsibilities (Salas-Vallina and Alegre, 2018). Previous research has pointed out the significant impact of leadership traits on healthcare professionals (Campbell, Lee & Im, 2016; Kim et al., 2017; Park & Pience, 2020). According to Chin et al. (2003), altruistic leadership promotes a positive working environment and connects workers to work.

On the contrary, according to Kim et al. (2015), the presence of insensitive leaders leads to the intention of suspending the workers and leaving the job. Since the turnover intention causes actual separation behaviour, it can occur in many different organisational settings. The health sector is also one of the sectors in which job turnover intention is high. The turnover rate increases when the intention to leave turns into a behaviour. Since this can be harmful and expensive for an organisation, many scientists have focused on research on turnover intention and reducing the turnover rate (Kim et al., 2017; De Simone et al., 2018). The main reason for turnover intention is employees' disappointment with daily tasks. Some studies in Western Asia and Eastern Europe have shown that healthcare professionals deal with such disappointments more quickly when they look at the positive side of any situation (Chiu & Francesco, 2003). These findings suggest a strong relationship between altruistic leadership and health workers' intentions to turnover.

*H<sub>1</sub>: There is a significant correlation between altruistic leadership and intention to turnover among healthcare professionals.*

*H<sub>2</sub>: Altruistic leadership affects the turnover intention of healthcare professionals.*

### **Relationship between job stress and intention to turnover**

Healthcare professionals may experience occupational stress due to a lack of skills, organisational factors, and low social support in the workplace. This situation leads to distress, burnout and psychosomatic problems among health employees and may cause disruptions in service delivery (Havermans et al., 2017). Because high mortality rates in healthcare institutions, unacceptable working conditions, and lack of time to meet the needs of patients increase the stress level of healthcare professionals (Elshaer et al., 2018). Most of the time, because of the demand to maximise performance and productivity in the workplace, the need for healthcare professionals to relieve emotional and physical stress is overlooked (Cocchiara et al., 2019). In the studies on this subject, it has been found that the burnout levels of nurses and health technicians in the surgical emergency service and intensive care departments are high due to job stress. Furthermore, intra-group contradictions and changes in workload increase this situation (Elshaer et al., 2018). Intense job stress causes different ailments, such as fatigue, back pain and neck pain in employees (Havermans et al., 2017). Other professionals, such as surgeons and dentists, present similar problems arising from job stress: These are individual ailments caused by musculoskeletal conditions such as back pain, neck or shoulder strain, headache, and carpal tunnel syndrome deriving from countless working hours in fixed and improper postures (Cocchiara et al., 2019). The subordinate-superior relations in the institution positively or negatively affect the work-life of healthcare professionals, which is stressful enough due to their profession (De Simone et al., 2018). A study examining workers' turnover intention found that these were the most affected by the stress individuals perceived in the organisation (Liu, Zhu, Wu, & Mao, 2019). Some research in West Asia and

Eastern Europe has shown that health professionals deal with such frustrations more quickly when looking at the positive side of any situation (Chiu & Francesco, 2003). On the other hand, regardless of the region, nurses experienced more job stress and turnover intention work among occupational groups than other health workers (De Simone et al., 2018; Cocchiara et al., 2019). These findings make it worth investigating whether there is a relationship between job stress and the turnover intention of health workers. It will also explore whether variables have changed between occupational groups.

*H<sub>3</sub>: There is a correlation between job stress and intention to turnover among healthcare professionals.*

*H<sub>4</sub>: Job stress of healthcare professionals affects the intention to turnover*

*H<sub>5a</sub>: According to occupational groups of health professionals, there is a significant difference in the perception of altruistic leadership.*

*H<sub>5b</sub>: There is a significant difference in job stress levels according to occupational groups of health professionals.*

*H<sub>5c</sub>: There is a significant difference in intention to turnover according to occupational groups of health professionals.*

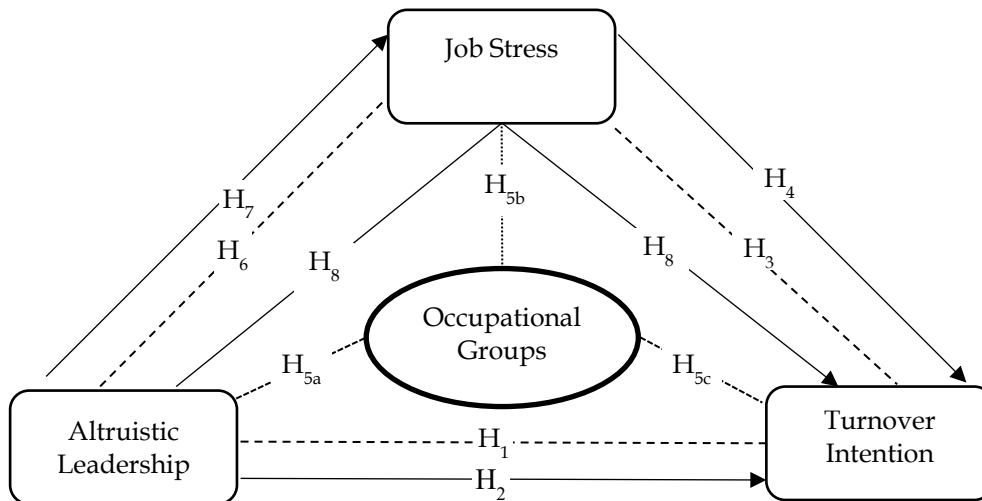
### **Examining the relationships between altruistic leadership, turnover intention and job stress**

Job stress is a type of psychological trait that is affected by adverse environments. It can also be defined as the workers feeling emotionally and physically nervous due to the work environment (Cocchiara et al., 2019). There are limited studies on job stress in the health sector. Current studies generally associated job stress with factors related to shift work (Conway, Campanini, Sartori, Dotti, & Costa, 2008), organisational intervention (Ruotsalainen et al., 2014), workplace violence due to a lack of social support for health professionals (Magnavita, 2014), and the high demand for health care (Etim et al., 2015). Furthermore, studies into job stress have also shown that job stress is associated with the behaviour of managers (Shareef & Atan, 2018). It has been argued that health professionals experience emotional and physical discomfort as a result of intense working conditions and the demand to maximise their performance (Portoghese et al., 2014); as a result of these, there has been a significant relationship between all these problems with burnout syndrome (Orrù et al., 2021; Prasad et al., 2021). Furthermore, some studies show that problems with leaders in the workplace are standard components and consequences of turnover intention (Kim et al., 2017; Park & Pierce, 2020). These factors can be eliminated by working to remove or reduce work stress. Khan et al. (2017) argued that job stress has a mediator role between social support deficiency and the development of anxiety and depression among healthcare professionals. Suarhana and Riana (2016) also emphasised that job stress mediated the relationship between leadership and psychological contract violations among health professionals. In addition, in the context of turnover intention, the results reported by Lee & Kim (2011) demonstrate that job stress mediated the path between administrative problems such as shift and busy working conditions and the intention to leave a job. Similarly, Hadadian and Sayadpour (2018) found a negative relationship between turnover intention and the sensory well-being of health professionals who had to work with toxic leaders. The way they lead in health care and these common attitudes of health workers suggest that altruistic leadership can impact job stress. However, no study has been found to examine the relationship between altruistic leadership and turnover intention or the mediating role of job stress in the relationship between altruistic leadership and turnover intention. Based on the literature reviewed above, the following hypotheses were improved:

*H<sub>6</sub>: There is a correlation between altruistic leadership and job stress among healthcare professionals.*

*H<sub>7</sub>: Altruistic leadership affects job stress among healthcare professionals.*

*H<sub>8</sub>: Job stress has a mediating role in the effect of altruistic leadership on turnover intention.*



**Figure 1:** The Model of Research

## Material and method

### Purpose and importance of the study

This study aims to examine the relationship between altruistic leadership, turnover intention, and job stress in healthcare professionals and to reveal the mediating role of job stress in the effect of altruistic leadership on turnover intention. The study also aimed to determine whether altruistic leadership, turnover intention, and job stress differ according to healthcare occupational groups.

This study examines the relationship between altruistic leadership and turnover intention and the mediating role of job stress in this dynamic. No studies examining the relationship between these three variables have been found in the literature. Therefore, it can contribute to the literature on organisational behaviour.

### Population and sample

The study was carried out in a private hospital operating in Manisa. The study was conducted only in a private hospital to ensure that altruistic leadership, turnover intention, and job stress variables were free from bias effects. The hospital where the study was conducted is one of the first private hospitals founded in Turkey. For this reason, health professionals working in this hospital can be supposed to be a representative example of private hospitals in Manisa. The study's field research was carried out per the pandemic rules on 06-28 June 2022, when the COVID-19 pandemic was intense. During the study, 250 health professionals were working in the hospital. It was intended to reach all professionals without selecting a sample in the research. However, as a result of the study, data could be collected from 232 healthcare professionals. Eighteen health professionals could not be reached due to being on leave, resting after overtime, or not wanting to participate in the study. 51.5% of the healthcare professionals in the sample group were women, and 48.5% were men. Age distributions were 24.3% 25 and below ages, 47.7% between the ages of 26-35 years, and 28% aged 36 and above. Participants consisted of doctors (18.2%), nurses (25.8%), and other healthcare professionals (56.1%). More than half of the employees were married (51.5%).

### Data collection tools

The questionnaire was used as a data collection tool in the study. The questionnaire consists of four parts with a total of 19 statements.

*Demographic Qualifications:* This section includes questions about age, gender, marital status, and profession of health professionals.

*Altruistic Leadership Scale:* The scale was developed by Zheltoukhova (2016), and a Turkish validity and reliability study was conducted by Çakmak et al. (2019). The scale consists of 8 statements.

*Turnover Intention Scale:* The scale was developed by Mobley et al. (1978) and adapted to Turkish by Örucü and Özafşarlıoğlu (2013). The scale consists of 3 statements.

*The Job Stress Scale* was developed by Greenhaus and Parasuraman (1987) and adapted to Turkish by Karabay Erdilek (2014). The scale consists of 3 statements.

The scales were 5-point Likert scales, and the participants were asked to choose the most appropriate option ranging from 1= strongly disagree to 5= strongly agree.

### Data analysis

Since the scales were previously adapted to Turkish, factor analysis was not performed. Only reliability analysis was performed to test the reliability of the data. Cronbach Alpha coefficient was used to calculate reliability coefficients. Data were analysed using descriptive statistics, One-way ANOVA, correlation analysis, and PATH analysis. Analyses were conducted using SPSS and AMOS programs.

## Findings

### Reliability analysis of the scales

Table 1 presents the mean and standard deviation and Cronbach's alpha values of the variables used in the study. The mean of altruistic leadership was 3.22, and the standard deviation was 0.883. While Cronbach's alpha value was found to be 0.92 in the Turkish validity and reliability study, it was 0.909 in this study. The mean of turnover intention was 2.23, and the standard deviation was 1.081. While Cronbach's Alpha value was found to be 0.88 as a result of the analysis made by Örüçü and Özafşarlıoğlu (2013), it was found to be 0.878 in this study. The mean of job stress was 2.17, and its standard deviation was 1.002. While Cronbach's Alpha value was found to be 0.88 due to the analysis made by Karabay Erdilek (2014), it was found to be 0.898 in this study.

**Table 1:** Current and Previous Studies Findings on the Variables

	Mean	Std. Deviation	C. Alpha of this study	C. Alpha of previous studies
Altruistic Leadership	3.22	0.883	0.909	0.92
Turnover Intention	2.23	1.081	0.878	0.80
Job Stress	2.17	1.002	0.898	0.88

### Normality tests

The normality of the data was assessed using the criteria outlined by Tabachnick and Fidell (2019). Kurtosis and skewness values for the normally distributed data fall between +1.5 and -1.5. In this study, the skewness value for altruistic leadership was found to be -0.410, while the kurtosis value was -0.807. These values were respectively 0.525 and -0.732 for the turnover intention scale and 0.389 and -1.067 for the job stress scale. According to these findings, since the data were distributed normally, one-way ANOVA, Pearson correlation analysis, and PATH analysis can be used to analyse the data.

### Difference analyses

One-way ANOVA Analysis was performed to determine whether there were differences in the participants' altruistic leadership perceptions, job stress levels, and turnover intentions according to their occupational groups (Table 2). According to the analysis result, there were significant differences in all three variables according to the participants' occupations ( $p < 0.05$ ).

**Table 2:** Results of the One-way ANOVA

	Sum of Squares	Mean Square	F	p
Altruistic Leadership	8.618	4.640	6.347	<b>0.002</b>
	94.852	0.735		
	103.470			
Turnover Intention	9.837	4.918	4.412	<b>0.014</b>
	142.706	1.115		
	152.543			
Job Stress	14.520	7.260	7.900	<b>0.001</b>
	118.546	0.919		
	133.066			

The Scheffe test is required to determine which variable causes the differences found with One-Way ANOVA analysis (Hair, Black, Babin & Anderson 2013). Table 3 shows the results of the Scheffe test, which was conducted to determine which occupational groups caused the differences. As seen in Table 3, the difference in altruistic leadership perception arises from doctors ( $3.67 \pm 0.718$ ) and nurses

(2.88±0.977) ( $p < 0.05$ ). Doctors' perception of altruistic leadership was significantly higher than that of nurses. The differences arise from nurses (2.67±1.230) with doctors (1.96±0.818) and nurses with other healthcare professionals (2.11±1.035) in the turnover intention ( $p < 0.05$ ). Nurses' turnover intention was higher than the other two occupational groups. Similar to the results of turnover intention, differences in job stress arise from nurses (2.67±1.083) with doctors (1.74±0.735) and nurses with other healthcare professionals (2.07±0.955) ( $p < 0.05$ ). The job stress levels of nurses were higher than those of the other two occupational groups.

**Table 3:** Results of the Post Hoc Analysis

		Mean	S.D.	F	p	Post Hoc
Altruistic Leadership	Doctor <sup>1</sup>	3.67	0.718	5.979	0.003	1-2 $p = 0.003$
	Nurse <sup>2</sup>	2.88	0.977			
	OtherProfessionals <sup>3</sup>	3.23	0.829			
Turnover Intention	Doctor <sup>1</sup>	1.96	0.818	4.335	0.015	1-2 $p = 0.042$ 2-3 $p = 0.037$
	Nurse <sup>2</sup>	2.67	1.230			
	OtherProfessionals <sup>3</sup>	2.11	1.035			
Job Stress	Doctor <sup>1</sup>	1.74	0.735	7.614	0.001	1-2 $p = 0.002$ 2-3 $p = 0.011$
	Nurse <sup>2</sup>	2.67	1.083			
	OtherProfessionals <sup>3</sup>	2.07	0.955			

(Other professionals include medical secretaries, laboratory technicians, anaesthesia technicians, X-ray technicians, etc.)

According to these findings, nurses' turnover intention and job stress were higher than those of doctors and other professionals. On the contrary, their perceptions of altruistic leadership were lower. During the COVID-19 pandemic, nurses must have worked in closer contact with patients, and this working environment is very stressful. In this case, managers could be expected to contribute to their motivation with altruistic behaviours. These results support hypotheses 5a, 5b and 5c.

**Correlation analysis**

Correlation analysis was performed to determine the relationships between variables. According to the analysis results detailed in Table 4, it has been determined that there is a negative and significant relationship between altruistic leadership and turnover intention ( $r = -0.594$ ) and altruistic leadership and job stress ( $r = -0.549$ ). Moreover, a positive relationship exists between job stress and turnover intention ( $r = 0.660$ ). According to these findings, there is a significant relationship between the variables used in the study, and the results support hypotheses 1, 3 and 6.

**Table 4:** Correlation Values of Variables

Variables	Altruistic Leadership	Turnover Intention	Job Stress
Altruistic Leadership	1	-0.594**	-0.549**
Turnover Intention		1	0.660**
Job Stress			1

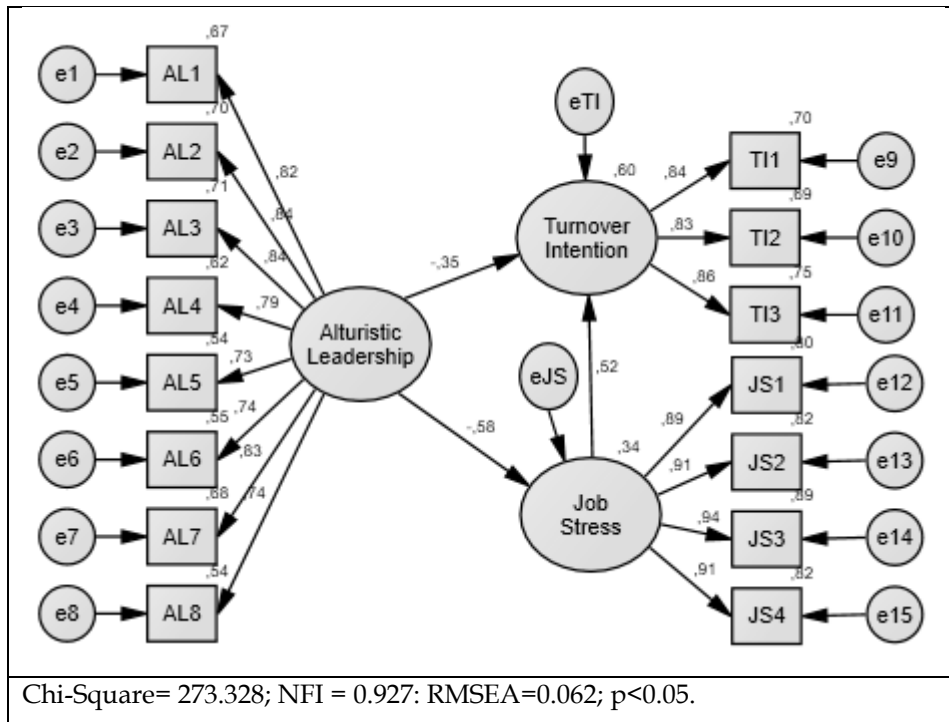
Note: \*\*. Correlation is significant at the 0.01 level (2-tailed).

**Path analysis**

Path analysis was performed to determine the effect of altruistic leadership on turnover intention and the mediating role of job stress in this effect. First of all, some compliance indices were examined. In the study, Chi-Square = 273.328, NFI = 0.927, RMSEA = 0.062. These results show that the goodness of fit is acceptable.

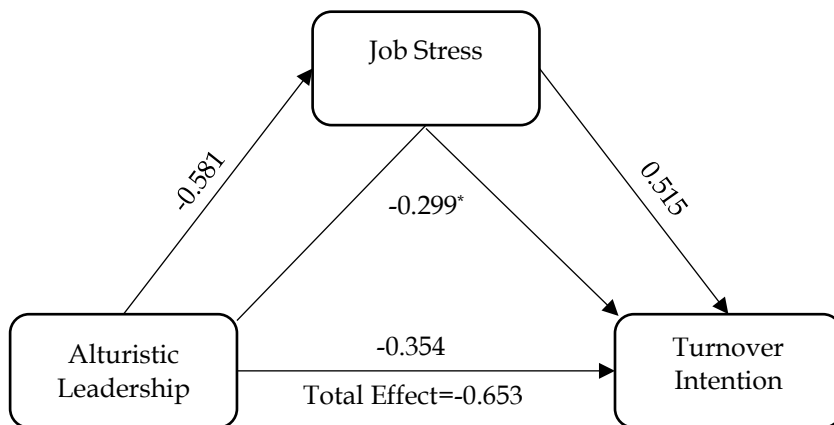
Figure 2 shows altruistic leadership hurts job stress ( $\beta = -0.581$ ) and turnover intention ( $\beta = -0.354$ ). Additionally, it was found that job stress positively affects turnover intention ( $\beta = 0.515$ ).

According to these findings, altruistic leadership directly affects turnover intention and job stress. In addition, job stress has a significant direct effect on turnover intention. According to these results, hypotheses 2, 4 and 7 were accepted.



**Figure 2:** PLS path model with factor loadings, path coefficient, and coefficient of determinants

Figure 3 shows the summary of the path analysis. As seen in the figure, when the model is examined, job stress partially mediates the effect of altruistic leadership on turnover intention ( $p < 0.05$ ). Job stress negatively increased the effect of altruistic leadership on the intention to leave ( $\beta = -0.299$ ), reaching a total effect of  $-0.653$ . According to these results, hypothesis 8 was accepted.



**Figure 3:** Mediation Model

\* Indirect effect

### Discussion

The impact of altruistic leadership on healthcare workers has begun to gain empirical support (Khorshid & Qolizadeh, 2016; Ziebarth, 2016; Salas-Vallina and Alegre, 2018). However, questions about the effect of altruistic leadership in healthcare workers on turnover intention and the impact of job stress on mediation remain largely unanswered still need to be answered. This study established a relationship between altruistic leadership and the turnover intention of health professionals. In addition, a mediation model has been considered for testing whether altruistic leadership through job stress in healthcare workers will be indirect with the intention of turnover. It was also examined as part of the study to see if these three variables would change according to their occupational groups. The results indicated that the effect of altruistic leadership on the turnover intention could be explained by the job stress experienced by health workers. As healthcare workers experience job stress, their turnover intention has increased enormously. In addition, these three variables differed according to occupational groups. As expected, the ANOVA results indicate that nurses have a higher turnover intention than doctors and other health workers. Furthermore, the altruistic leadership characteristics among nurses were lower than those of doctors and other professionals.



This result is in line with the studies by De Simone et al. (2018) and Havermans et al. (2017). Previous work on the turnover intention the job has increased the intention to turnover the job, as well as physical conditions such as shift and peak working hours (Kim & Barak, 2015; Convaw, 2008), as well as the poor characteristics of the leader (Elçi et al., 2012; Brimhall et al., 2014; Kim & Barak, 2015; Ye et al., 2020). This study adopted the altruistic leadership theory to explain the intention of health workers to turnover. In the past, research studies carried out on various occupational groups have focused on the health sector's poor subordinate-upper relations (Cocchiara et al., 2019), health worker motivation (Bonenberge et al., 2014), job satisfaction (Lu et al., 2017) and business support (Stephenson & Bell, 2019). In addition to these studies, our research enriches previous findings by examining the effect of altruistic leadership characteristics of healthcare workers on turnover intention.

By examining the mediating role of job stress, this study more comprehensively revealed the relationship between altruistic leadership and turnover intention. When job stress was considered ( $\beta = -0.653$ ,  $p=0.000$ ), altruistic leadership showed that turnover intention to job increased negatively. When job stress was not considered ( $\beta = -0.354$ ,  $p=0.000$ ), altruistic leadership prevented employees from leaving the job, but it was found that this obstacle became very difficult when job stress came into play. Job stress in health workers is a phenomenon investigated regarding turnover intention (Mahayani & Suwandana, 2015; Liu et al., 2019; Jiang et al., 2019). However, the first study is known to be the role of job stress as a tool in the effect of leadership style on turnover intention. This result touches on the importance of business stress as a mechanism for explaining altruistic leadership and turnover intention, as well as the importance of the mediator model. Based on these study findings, it can be asserted that managers who tend to help others may have a lower intention to turnover their employees, but this intention will increase when job stress kicks in.

Alves et al. (2024) explore how work overload and work-life balance are intertwined with auditors' turnover intentions, emphasising the moderating role of motivation in these dynamics. He et al. (2024) and Kimakwa et al. (2023) collectively enrich our understanding of how altruistic leadership influences employee outcomes across different settings. They provide empirical support for the notion that altruistic leadership enhances job satisfaction and manages turnover intentions, particularly under stress-demanding work conditions. This aligns with previous research highlighting the significant impact of job stress on turnover intentions and the potential of altruistic leadership to mitigate these effects (Khorshid & Qolizadeh, 2016; Ziebarth, 2016; Salas-Vallina and Alegre, 2018). Thus, incorporating altruistic leadership styles benefits organisations aiming to improve employee retention and overall workplace well-being.

## Conclusion

As a result of the study, it was determined that altruistic leadership negatively and job stress positively affected the turnover intention of healthcare professionals. In health institutions, the superior-subordinate relationships of the employees play a significant role in the smooth progress of the health service delivery process. Health institution managers have essential responsibilities to maintain this progress. Healthcare managers working in these institutions should pay particular attention to improving the subordinate-superior relationships of employees while implementing organisational management strategies. Especially with the increase in work stress during the pandemic, these healthcare managers should be more benevolent in healthcare institutions. They should ensure that relationships are established in health institutions so that they can share the workloads. Additionally, they should be able to reconcile disagreeing employees by listening to their problems.

To prevent the spread of turnover intention in health institutions, it may be beneficial if organisational policies and management practices support employees and enhance subordinate-superior relationships so that employees support each other's workloads. Based on the findings of this study, healthcare managers at any level exhibiting altruistic characteristics – such as helpfulness, problem-solving, and compromise – will be able to prevent possible turnover intention among healthcare professionals. Moreover, managers who empathise with their employees when job stress increases and serve as examples in managing processes can reduce job stress. Thanks to this type of altruistic behaviour, employees can approach their busy workload with a more understanding and practical approach. This can both improve patient care quality and support increased organisational efficiency.

In practical terms, for health workers, it is advisable to identify managers who exhibit altruistic leadership traits, provide them with training, and strategically place them across various management levels. These managers can then be taught how to manage the stress they experience both from work and their management roles. Ensuring they adopt a solution-oriented approach to events may be beneficial. Additionally, establishing an open and transparent communication environment between

management and healthcare professionals and enabling management support can help reduce health workers' job stress and intention to turnover. Such practices will increase cooperation among health workers and enhance their participation in decision-making processes.

This study is limited to healthcare professionals working in a private hospital. It is believed that conducting studies with additional variables in different public or private sectors will contribute to the literature. Since this study was conducted in a private hospital, it has limitations in generalizability to other health institutions and all healthcare professionals.

It has been found that studies on altruistic leadership, turnover intention, and job stress in health institutions are limited. Therefore, the number of studies examining different combinations of these variables can be increased. Approaches such as in-depth interviews and observations can be used in addition to surveys to examine employees' opinions regarding these variables. Thus, a contribution can be made to the literature by presenting altruistic leadership, turnover intention, and various factors that may cause job stress in healthcare professionals.

#### **Peer-review:**

Externally peer-reviewed

#### **Conflict of interests:**

The authors have no conflict of interest to declare.

#### **Grant Support:**

The authors declared that this study has received no financial support

#### **Ethics Committee Approval:**

Ethics committee approval was received for this study from İstanbul Arel University, Ethics Committee on 07/01/2021 and E-69396709-050.01.04-162281 document number.

#### **Author Contributions:**

Idea/Concept/Design: **Z.M.D.** Data Collection and/or Processing: **Z.M.D., M.A.** Analysis and/or Interpretation: **M.A.** Literature Review: **Z.M.D.** Writing the Article: **Z.M.D., M.A.** Critical Review: **Z.M.D., M.A.** Approval: **Z.M.D., M.A.**

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