

Authors

Ada Xie

MANP (Paediatric Nursing), PGDip
(Anaesthetic and Recovery Nursing), RN,
MACORN, MACPAN
PhD Candidate, Queensland University of
Technology

Dr Grace Xu

PhD, RN, FCENA
Queensland University of Technology;
Nurse Practitioner, Royal Brisbane and
Women's Hospital

Professor Jed Duff

PhD, RN, FACORN
Queensland University of Technology;
Chair of Nursing, Royal Brisbane and
Women's Hospital; Editor, *Journal of
Perioperative Nursing*

Corresponding author

Ada Xie

MANP (Paediatric Nursing), PGDip
(Anaesthetic and Recovery Nursing), RN,
MACORN, MACPAN

Exploring wellbeing and turnover intention among perioperative nurses: A discussion paper

Abstract

In the perioperative environment, the safety and wellbeing of nursing staff are paramount for ensuring the delivery of high-quality, safe and sustainable health care services. Various factors contribute to the wellbeing of perioperative nurses, and significantly influence their decisions to stay in their current roles or seek employment elsewhere. The implications of high turnover rates among perioperative nurses extend beyond individual job satisfaction to encompass broader consequences for hospital systems, including compromised quality of patient care and increased operational costs.

While the existing body of research on the wellbeing of perioperative nurses is relatively limited, available findings underscore the critical importance of staff wellbeing within the health care sector. These findings highlight the urgent need for proactive initiatives to promote the wellbeing of perioperative nursing professionals.

This discussion paper aims to comprehensively explore wellbeing within the context of perioperative nursing. It will delve into the various domains and characteristics of wellbeing related to perioperative nurses, shedding light on the intricate relationship between wellbeing and turnover intentions in this specialised nursing setting. Furthermore, the paper will discuss current interventions designed to promote the wellbeing of nurses.

Keywords: wellbeing, perioperative nurses, turnover intention, initiatives, strategies, policies

Introduction

Supporting and protecting health care workers' safety and wellbeing is linked to the provision of high-quality, safe and sustainable health care¹. Wellbeing has been a longstanding concern among stakeholders in the health care sector² and the emergence of the recent COVID-19 pandemic has intensified these concerns. A 2021 nationwide survey in Australia involving 9518 frontline health care workers, including 3088 nurses, reported that 60 per cent of respondents had some degree of anxiety, 71 per cent experienced moderate to severe burnout, and 57 per cent suffered from a degree

of depression³. In a recent annual mental health survey of health care professionals, an average of 80 per cent of respondents reported experiencing burnout over the past three years, with 50 per cent indicating they had left their jobs and 78 per cent being affected by staff shortages⁴. Poor psychological wellbeing among nurses has been a persistent issue, and it is crucial that the adverse impacts on the wellbeing of health care staff are addressed¹.

In recent years, wellbeing has emerged as a prominent topic of inquiry across various disciplines within the social sciences⁵. Wellbeing encompasses various dimensions

including emotions, behaviours, cognition and interpersonal relationships⁵. Wellbeing can be defined as ‘feeling good and functioning well’^{5, p.1}. Wellbeing encompasses positive emotions, realising one’s potential, having control over one’s life, finding purpose and having positive relationships⁵, which all contribute to sustainable growth and thriving⁶. Wellbeing should always be present, albeit in varying degrees depending on individual circumstances and contexts^{7,8}. Research has shown that wellbeing significantly influences various aspects of one’s life. Individuals with high levels of wellbeing tend to exhibit greater productivity in the workplace, engage in more effective learning, demonstrate increased creativity, exhibit more prosocial behaviours and foster positive relationships^{6,9}.

While there is research about the wellbeing of nurses who work in the emergency department and intensive care unit, research about the wellbeing of perioperative nurses is lacking¹⁰. This phenomenon may be attributed to the scarcity of available time, energy and support for research in the perioperative setting¹¹. A study conducted in the United States of America highlighted key factors crucial for the wellbeing of perioperative nurses – meeting personal needs, fair treatment, support, transparent policies, reasonable compensation, career opportunities, safety, autonomy, low stress, work–life balance and avoiding office politics¹². In Australia, a perspectives brief by the Australian Healthcare and Hospitals Association (AHHA) stressed that protecting health care workers’ wellbeing is a priority for attracting and retaining members of the health care workforce¹³.

The following discussion will provide an overview of wellbeing and its correlation with turnover intention among perioperative nurses. Additionally, it will assess the effectiveness of interventions to enhance nurses’ wellbeing and make recommendations to support the wellbeing of perioperative nurses based on current evidence.

Discussion

High nurse turnover presents a major challenge for health care leaders, affecting the quality of patient care and resulting in significant financial costs related to staff replacement^{12,13}. Nurses working in perioperative settings are more susceptible to experiencing compromised wellbeing compared to their counterparts in general ward settings^{12,14,15}. This is mainly attributable to demanding and intense work, rapid patient turnover, advanced techniques and the necessity to collaborate within multidisciplinary teams^{14,16,17}. Therefore, it is crucial to understand the impact of wellbeing on the decision-making processes leading to perioperative nurse resignations, and develop mitigating strategies to minimise perioperative nurse turnover intention.

Association between wellbeing and turnover intention among perioperative nurses

The qualitative study by Mayes and Cochran¹² identified that perioperative nurses’ decisions to stay in or leave a position are influenced by factors like compensation (salaries), career growth, wellbeing and work–life balance. Of these factors, wellbeing serves as a central category because the other factors traditionally represent different dimensions of wellbeing¹². As

pictured in Figure 1, culture fostered within the department and the organisation can strongly influence the dimensions of wellbeing, consequently affecting the decision to leave^{12,18}. Nurses with low levels of wellbeing are more likely to leave their organisation, whereas promoting wellbeing can strengthen work commitment and performance, thus resulting in reduced turnover intention⁹. Therefore, ensuring health care workers’ wellbeing is a priority for attracting and retaining the workforce^{12,13}.

In their perspectives brief, Huggins et al.¹³ note that a health care worker’s wellbeing is influenced by intrinsic, personal factors – such as personal traits, values and social circumstances – as well as job-related elements – such as demanding work, workplace culture and co-workers. Huggins et al.¹³ also identify positive feelings, job satisfaction and a sense of contentment at work as important elements of wellbeing. Among these, job satisfaction has been identified as the most critical factor in motivating and retaining health care workers^{18–21}.

The perioperative environment is a demanding place to work and perioperative nurses often face physical and psychological stressors. They are frequently exposed to occupational hazards such as chemicals, radiation, bloodborne pathogens, sharp objects, surgical smoke and anaesthetic gases^{15,16,22,23}. The work environment is fast-paced and involves complex procedures, advanced technologies and rapid patient turnover^{24–27}. Physical and psychological stress can make perioperative nurses susceptible to fatigue and burnout^{26–28}. Night shift, unexpected events, excessive workloads and inadequate resources can further contribute to burnout

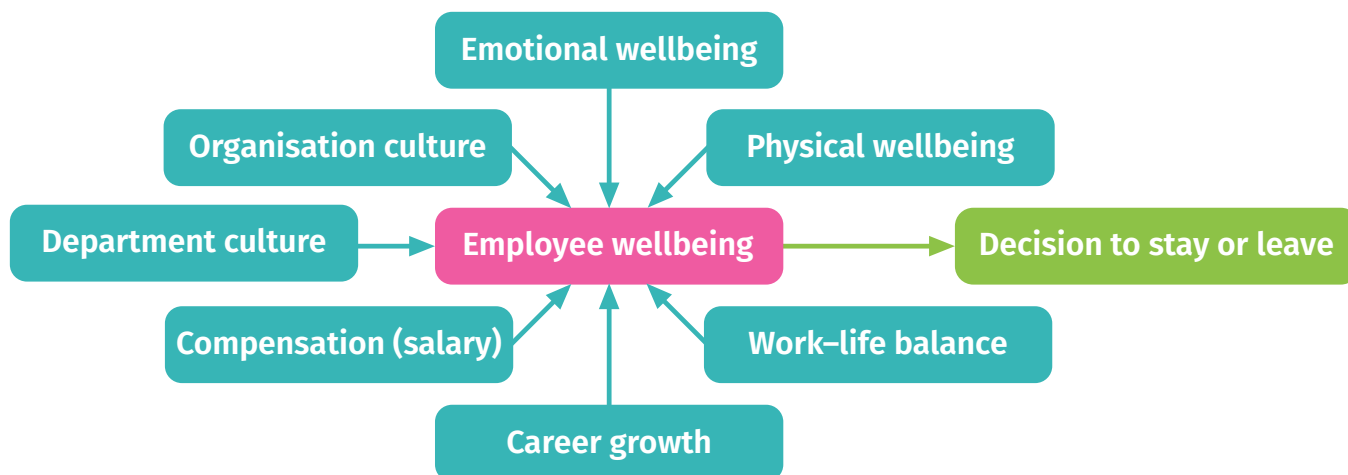


Figure 1: Factors influencing wellbeing and perioperative nurse turnover intention

Adapted from Mayes and Cochran¹² perioperative nurse turnover decision-making theory model

among perioperative nurses²⁹ and lead to increased turnover intention.

Workplace culture and co-workers can affect personal wellbeing. Disruptive behaviours like incivility and bullying are persistent concerns in the perioperative environment^{30–37} and impact the resilience and psychological wellbeing of perioperative nurses^{30,35}. An Australian cross-sectional study by Lang et al.³⁰ found that 61 per cent of perioperative nurses have encountered workplace bullying, a rate slightly higher than that observed in other nursing specialties across Australia. Health care professionals caution that this emotional damage can last for weeks to months³⁴ and, without prompt intervention, will persist³⁸, even lasting for five years or more^{39–41}. Workplace bullying and incivility are identified as significant predictors of turnover intention among perioperative nurses^{31,34,42–44}.

Many factors may foster incivility and bullying behaviours in the workplace. These factors include hierarchy^{31,45}, disempowering work environments, lack of teamwork, workplace insecurity, ill-defined

roles, misuse of organisational processes, staffing shortages and harmful alliances between parties with shared interests⁴⁵. Additionally, organisational tolerance of bullying and uncivil behaviours among high-performing individuals, facilitated by their focus on productivity and the misuse of authority, contributes to the institutionalisation of workplace bullying and incivility⁴⁶. Significantly, bullying perpetrators often include senior nurses or individuals in higher positions⁴⁵. Managers are frequently identified as the main perpetrators, abusing legitimate organisational processes, such as workload and performance management, to bully others in the workplace⁴⁶.

Failure to report workplace bullying and incivility perpetuates these behaviours. In their integrated review, Jones⁴⁵ highlights that the fear of retaliation prevents many victims and witnesses from reporting incivility and bullying behaviours promptly. Similarly, it has been noted that many victims hesitate to report bullying incidents, as the bullying persists despite their reports³⁰. Additionally, even when incidents are reported promptly, organisations often rely on conflict-based

mediation, which may overlook underlying organisational problems and inadvertently empower perpetrators⁴⁶. This approach offers minimal protection for victims, especially when managers, who may be perpetrators themselves, are involved⁴⁶.

Given the significant link between workplace hazards and staff wellbeing, which heavily influences retention decisions, it is crucial to examine current practices aimed at promoting employee wellbeing.

Current practices to ensure wellbeing of perioperative nurses

There are a number of practices implemented to bolster the wellbeing of workers across various sectors. In their report 'The mental health and wellbeing of nurses and midwives in the United Kingdom' Kinman et al.⁴⁷ categorise wellbeing interventions into three levels: primary, secondary, and tertiary (see Table 1).

Primary-level interventions are aimed at organisations and seek to prevent or reduce the risk of negative impact on worker wellbeing.

Table 1: Wellbeing interventions levels

Intervention level	Aim of intervention	Example interventions
Primary	To eliminate or reduce work-related factors that may negatively affect wellbeing.	• organisational design of roles and management of workloads • adequate staffing, resourcing and support • organisational policies and procedures • management training • supervision and mentorship programs
Secondary	To optimise worker responses to work-related factors that may negatively affect wellbeing and reverse or delay harmful effects.	• training in mindfulness, resilience etc. (helping the individual react constructively to situations) • training in time management, assertiveness etc. (helping the individual manage their environment better) • training in procedures and using technology etc. (helping the individual develop skills they need in their work)
Tertiary	To reduce or minimise harmful effects of decreased wellbeing and restore ability to work normally.	• employee assistance programmes • counselling and therapy services • return-to work programmes

For example, through job design, workload management, policies and procedures, and supervision and mentorship⁴⁷. Secondary-level interventions are aimed at individual workers and seek to enhance individuals' coping skills in the workplace in order to reverse or delay health problems caused by decreased wellbeing. For example, through reaction training to increase resilience, environmental management to improve time management and assertiveness, and development of work-related skills⁴⁷. Tertiary-level interventions are aimed at individual workers and seek to rehabilitate individuals whose work has been affected by health problems caused by decreased wellbeing. For example, employee assistance programs, counselling and return-to work programs⁴⁷.

Most of the currently used interventions aimed at enhancing nurses' wellbeing are secondary-level strategies^{2,48} aimed at enhancing coping skills through social support, humour, prayer/meditation⁴⁹,

exercise^{48,50}, mindfulness and resilience training⁴⁷, and e-mental health screening⁵¹. Although effective in reducing stress and enhancing coping, further longitudinal studies and objective assessments are required to determine their long-term sustainability^{2,47,48}.

Recently, more focus has been given to tertiary-level interventions. Effective strategies reported in this domain include workers' health surveillance and consultation with occupational health physicians⁵¹, psychological interventions through employee assistance programs⁵²⁻⁵⁷, and return-to-work policies, programs and practices⁵⁸. However, these interventions encounter challenges such as staff lacking awareness, access barriers^{53,54}, stigma concerns, confidentiality, lack of expertise among occupational health services, and managers disregarding return-to-work plans⁴⁷.

Secondary and tertiary interventions within health care settings that exclusively address individual

behaviours may present certain limitations. These interventions primarily concentrate on individual targets, often due to the lower implementation costs for organisations⁴⁷. The focus on altering individuals rather than the organisation itself, poses a problem as it overlooks the structural origins of stress^{38,47,59}. Moreover, factors such as age, gender, resilience, personality, coping behaviours and self-efficacy have less influence on wellbeing than organisational and occupational factors². While stress management and resilience-building initiatives can be effective, it is essential to acknowledge that even the most resilient nurses and midwives may find it challenging to cope with pathogenic working conditions^{47,55}.

Interventions aimed at the individual are also criticised for diverting attention from the collective responsibility of society to safeguard employees, and for reinforcing the status quo and relieving organisations of

their duty of care⁴⁷. Furthermore, interventions aimed at the individual suggest an individual's inability to manage workplace challenges may be perceived as a personal failure rather than recognising the influence of contextual factors like excessive work demands and limited resources^{47,60}. Failure to acknowledge the influence of broader contextual factors may result in the underlying structural causes of reduced wellbeing remaining unaddressed². Leaders are advised to avoid oversimplifying the challenges encountered by health care professionals and to refrain from offering generic one-size-fits-all human resources programs that do not address the specific needs of their workforce³⁸. The absence of emphasis on primary-level interventions, aimed at the organisation, underscores the imperative for leaders to seek out more holistic and impactful approaches for enhancing employee wellbeing.

Recommended strategies to support wellbeing of perioperative nurses

Strategies to promote nurses' wellbeing have emerged from research conducted across various countries. The research concludes that primary interventions, that address the root causes of work stress, demonstrate greater effectiveness and sustainability compared to secondary or tertiary interventions⁴⁷. A study about supporting mental wellbeing of nurses in the United Kingdom, recommended mostly primary interventions (57%) to be implemented at an organisational level, while only two per cent of recommended strategies were targeted at the individual worker².

Another study, conducted in the United States of America, supports this perspective by stressing that staff resilience is a shared responsibility at both the collective and organisational levels³⁸. A systematic review that investigated the effectiveness of intervention programs aimed at improving the nursing work environment, found that interventions improving the work environment increased job satisfaction, promoted a healthy atmosphere, and enhanced care excellence and safety⁶¹.

In Australia, the AHHA recommends that safeguarding the wellbeing of nursing staff should involve policy initiatives, interventions and ongoing monitoring at departmental and organisational levels¹³. Similarly, WorkSafe Victoria suggests that making mental health improvement projects successful involves leaders creating positive workplaces, fostering teamwork and adjusting workplace practices⁶².

Sustained and comprehensive effort is necessary in health care for implementing workplace wellbeing strategies, owing to the diverse factors impacting staff wellbeing⁴⁷. The strategies should cover all levels of the organisation and be customised to address the unique needs of individual sites, departments and teams⁴⁷. To develop effective interventions, perioperative leaders and staff should thoroughly comprehend the factors influencing perioperative nurses' decisions to leave their positions¹². To foster optimal professional fulfilment and workplace wellbeing, leaders should prioritise addressing organisational culture, enhancing operational efficiency and promoting resilience^{13,38,59}. Besides reducing burnout⁵⁹, leaders should establish a supportive and safe culture and minimise modifiable determinants of

poor staff wellbeing¹³. The hazards at work should be carefully and regularly assessed to inform and facilitate the establishment of policies and practices for safe work, and strategies to mitigate risks should be carried out and regularly assessed^{13,47}. Moreover, ensuring lasting improvements entails sustained dedication throughout all organisational tiers, recognising that tangible changes may not manifest immediately⁴⁷.

Despite the existence of recognised strategies, there remains a notable lack of primary studies examining how organisations and leaders perceive, define, monitor and assess wellbeing within the perioperative nursing domain. Moreover, there is a significant gap in research investigating holistic approaches aimed at improving the wellbeing of perioperative nursing professionals.

Conclusions

In the perioperative setting, the wellbeing of nursing staff is crucial for maintaining high-quality, safe and sustainable health care. This discussion paper identifies the dimensions of wellbeing and the factors that significantly influence perioperative nurses' retention. Current interventions to maintain the wellbeing of perioperative nurses predominantly concentrate on the individual, rather than the employing organisation. This trend potentially diverts attention from organisational duty of care for their employees. Notably, departmental and organisational interventions targeting the root causes of work-related stress are proven to be more effective than interventions that focus on the individual. Considering the array of factors impacting staff wellbeing, adopting a comprehensive and sustained strategy that not only addresses both contextual

and individual aspects but is also tailored to individual needs, is essential. Furthermore, the absence of primary research examining and promoting the wellbeing of perioperative nurses underscores the necessity for additional studies in this area.

Declaration of conflicting interests

The authors have declared no competing interests with respect to the research, authorship and publication of this article.

References

- Hall LH, Johnson J, Watt I, Tsipa A, O'Connor DB. Healthcare staff wellbeing, burnout, and patient safety: A systematic review [Internet]. PloS One. 2016[cited 12 May 2024];11(7):e0159015. DOI: 10.1371/journal.pone.0159015
- Teoh K, Kinman G, Harriss A, Robus C. Recommendations to support the mental wellbeing of nurses and midwives in the United Kingdom: A Delphi study [Internet]. J Adv Nurs. 2022[cited 12 May 2024];78(9):3048–60. DOI: 10.1111/jan.15359
- Smallwood N, Karimi L, Bismark M, Putland M, Johnson D, Dharmage SC et al. High levels of psychosocial distress among Australian frontline healthcare workers during the COVID-19 pandemic: A cross-sectional survey [Internet]. Gen Psychiatr. 2021[cited 12 May 2024];34(5):e100577. DOI: 10.1136/gpsych-2021-100577
- Mental Health Australia. Annual healthcare professionals survey [Internet]. Canberra: Mental Health Australia; 2023 [updated 2023 Mar 6, cited 12 May 2024]. Available from: <https://mhaustralia.org/general/annual-healthcare-professionals-survey>.
- Jarden A, Roache A. What is wellbeing? [Internet]. Int J Environ Res Public Health. 2023[cited 12 May 2024];20(6):5006. DOI: 10.3390/ijerph20065006
- Ruggeri K, Garcia-Garzon E, Maguire Á, Matz S, Huppert FA. Well-being is more than happiness and life satisfaction: A multidimensional analysis of 21 countries [Internet]. Health Qual Life Outcomes. 2020[cited 12 May 2024];18(1):192. DOI: 10.1186/s12955-020-01423-y
- Simons G, Baldwin DS. A critical review of the definition of 'wellbeing' for doctors and their patients in a post Covid-19 era [Internet]. Int J Soc Psychiatry. 2021[cited 12 May 2024];67(8):984–91. DOI: 10.1177/00207640211032259
- World Health Organization (WHO). Promoting well-being [Internet]. Geneva: WHO; 2021 [cited 12 May 2024]. Available from: www.who.int/activities/promoting-well-being
- Picco L, Yuan Q, Vaingankar JA, Chang S, Abidin E, Chua HC et al. Positive mental health among health professionals working at a psychiatric hospital [Internet]. PloS One. 2017[cited 12 May 2024];12(6):e0178359-e. DOI: 10.1371/journal.pone.0178359
- Duff J. The imperative to build research capacity and promote evidence-based practice in Australian perioperative nurses [Internet]. Journal of Perioperative Nursing. 2020[cited 12 May 2024];33(2):3–4. DOI: 10.26550/2209-1092.1086
- Ramage B, Foran P. Evidence-based practice in perioperative nursing: Barriers and facilitators to compliance [Internet]. Journal of Perioperative Nursing. 2023[cited 12 May 2024];36(2):e-37–e-41. DOI: 10.26550/2209-1092.1265
- Mayes CG, Cochran K. Factors influencing perioperative nurse turnover: A classic grounded theory study [Internet]. AORN J. 2023[cited 12 May 2024];117(3):161–74. DOI: 10.1002/aorn.13880
- Huggins K, Peeters A, Holton S, Wynter K, Hutchinson A, Rasmussen B et al. Towards a thriving healthcare workforce [Internet]. Canberra: Deebie Institute, Australian Healthcare and Hospitals Association; 2022[cited 12 May 2024]. Available from: www.apo.org.au/sites/default/files/resource-files/2022-10/apo-nid320138.pdf
- Heinzelman SZ. Retention of baby boomer operating room nurses [Internet]. Doctoral dissertation. Pheonix: University of Pheonix; 2013[cited 12 May 2024]. Available from: www.proquest.com/openview/218b400f026e6cfb373acbf1b08c348/1.pdf?pq-origsite=gscholar&cbl=18750
- Uğurlu Z, Karahan A, Ünlü H, Abbasoğlu A, Özhan Elbaş N, Avcı Işık S et al. The effects of workload and working conditions on operating room nurses and technicians [Internet]. Workplace Health Saf. 2015[cited 12 May 2024];63(9):399–407. DOI: 10.1177/2165079915592281
- Celikkalp U, Sayilan AA. Qualitative determination of occupational risks among operating room nurses [Internet]. Australian Journal of Advanced Nursing. 2020[cited 12 May 2024];38(1):27–35. DOI: 10.37464/2020.381.104
- Björn C, Lindberg M, Rissén D. Significant factors for work attractiveness and how these differ from the current work situation among operating department nurses [Internet]. J Clin Nurs. 2016[cited 12 May 2024];25(1):109–16. DOI: 10.1111/jocn.13003
- Zahednezhad H, Hoseini MA, Ebadi A, Farokhnezhad Afshar P, Ghanei Gheshlagh R. Investigating the relationship between organizational justice, job satisfaction, and intention to leave the nursing profession: A cross-sectional study [Internet]. J Adv Nurs. 2021;77(4):1741–50. DOI: 10.1111/jan.14717
- Dall'Ora C, Ball J, Reinius M, Griffiths P. Burnout in nursing: A theoretical review [Internet]. Hum Resour Health. 2020[cited 12 May 2024];18(1):41. DOI: 10.1186/s12960-020-00469-9
- Smith S, Lapkin S, Halcomb E, Sim J. Job satisfaction among small rural hospital nurses: A cross-sectional study [Internet]. J Nurs Scholarsh. 2023[cited 12 May 2024];55(1):378–87. DOI: 10.1111/jnu.12800
- Zhang L-f, You L-m, Liu K, Zheng J, Fang J-b, Lu M-m et al. The association of Chinese hospital work environment with nurse burnout, job satisfaction, and intention to leave [Internet]. Nurs Outlook. 2014[cited 12 May 2024];62(2):128–37. DOI: 10.1016/j.outlook.2013.10.010
- Li H, Sun D, Wan X, Chen J, Sun J. The perceptions of older nurses regarding continuing to work in a nursing career after retirement: A qualitative study in two Chinese hospitals of different levels [Internet]. Int J Nurs Stud. 2020[cited 12 May 2024];105:103554. DOI: 10.1016/j.ijnurstu.2020.103554
- Wang J, Mao F, Wu L, Yang X, Zhang X, Sun Y et al. Work-related potential traumatic events and job burnout among operating room nurses: Independent effect, cumulative risk, and latent class approaches [Internet]. J Adv Nurs. 2022[cited 12 May 2024];78(7):2042–54. DOI: 10.1111/jan.15114
- Ahmed I. Staff well-being in high-risk operating room environment – definition, facilitators, stressors, leadership, and team-working: A case-study from a large teaching hospital [Internet]. Int J Healthc Manag. 2019[cited 12 May 2024];12(1):1–17. DOI: 10.1080/20479700.2017.1298228

25. Beitz JM. Addressing the perioperative nursing shortage through education: A perioperative imperative [Internet]. AORN J. 2019[cited 12 May 2024];110(4):403–14. DOI: 10.1002/aorn
26. Gorgone PD, Arsenault L, Milliman-Richard YJ, Lajoie DL. Development of a new graduate perioperative nursing program at an urban pediatric institution [Internet]. AORN J. 2016[cited 12 May 2024];104(1):23–9. DOI: 10.1016/j.aorn.2016.05.006
27. Lee SE, MacPhee M, Dahinten VS. Factors related to perioperative nurses' job satisfaction and intention to leave [Internet]. Jpn J Nurs Sci. 2020[cited 12 May 2024];17(1):e12263. DOI: 10.1111/jjns.12263
28. Brinster CJ, Escouse GT, Hayson A, Sternbergh WC, Money SR. Severe increase in nursing labor cost and effect on surgical department financial margins at an academic, tertiary medical center [Internet]. J Am Coll Surg. 2023[cited 12 May 2024];236(4):816–22. DOI: 10.1097/XCS.0000000000000643
29. Asimah Ackah V, Adzo Kwashie A. Exploring the sources of stress among operating theatre nurses in a Ghanaian teaching hospital [Internet]. International Journal of Africa Nursing Sciences. 2023[cited 12 May 2024];18:100540. DOI: 10.1016/j.ijans.2023.100540
30. Lang M, Jones L, Harvey C, Munday J. Workplace bullying, burnout and resilience amongst perioperative nurses in Australia: A descriptive correlational study [Internet]. J Nurs Manag. 2022[cited 12 May 2024];30(6):1502–13. DOI: 10.1111/jonm.13437
31. Lögde A, Rudolfsson G, Broberg RR, Rask-Andersen A, Wålinder R, Arakelian E. I am quitting my job. Specialist nurses in perioperative context and their experiences of the process and reasons to quit their job [Internet]. Int J Qual Health Care. 2018[cited 12 May 2024];30(4):313–20. DOI: 10.1093/intqhc/mzy023
32. Bacon DR, Stewart KA. Results of the 2015 AORN salary and compensation survey [Internet]. AORN J. 2015[cited 12 May 2024];102(6):561–74. DOI: 10.1016/j.aorn.2015.10.008
33. Chippis E, Stelmaschuk S, Albert NM, Bernhard L, Holloman C. Workplace bullying in the OR: Results of a descriptive study [Internet]. J Nurs Manag. 2013[cited 12 May 2024];98(5):479–93. DOI: 10.1016/j.aorn.2013.08.015
34. Gu M, Kim YS, Sok S. Factors influencing turnover intention among operating room nurses in South Korea [Internet]. J Nurs Res. 2021[cited 12 May 2024];30(1):e192. DOI: 10.1097/jnr.0000000000000467
35. Kwak C. An exploration of certified registered nurse anesthetists' experiences with workplace incivility: Prevalence and impact on job satisfaction [Internet]. Doctoral project. Washington DC: Georgetown University; 2020 [cited 12 May 2024]. Available from: https://repository.library.georgetown.edu/bitstream/handle/10822/1059698/Kwak_georgetown_0076D_14676.pdf?sequence=1
36. Lunsford EH. Perception of fatigue, stress, dissatisfaction, and burnout in preoperative nurses [Internet]. ProQuest Dissertations Publishing; 2023. Available from: www.proquest.com/dissertations-theses/perception-fatigue-stress-dissatisfaction-burnout/docview/2659547242/se-2?accountid=13380
37. Işık I, Gümüşkaya O, Şen S, Arslan Özkan H. The elephant in the room: Nurses' views of communication failure and recommendations for improvement in perioperative care [Internet]. AORN J. 2020[cited 12 May 2024];111(1):e1–e15. DOI: 10.1002/aorn.12899
38. Cumpsty-Fowler C, Saletnik L. Influencing well-being in perioperative nursing: The role of leaders [Internet]. AORN J. 2021[cited 12 May 2024];114(5):426–9. DOI: 10.1002/aorn.13548
39. Bonde JP, Gullander M, Hansen ÅM, Grynderup M, Persson R, Hogh A et al. Health correlates of workplace bullying: A 3-wave prospective follow-up study [Internet]. Scand J Work, Environ Health. 2016[cited 12 May 2024];42(1):17–25. DOI: 10.5271/sjweh.3539
40. Einarsen S, Nielsen MB. Workplace bullying as an antecedent of mental health problems: A five-year prospective and representative study [Internet]. Int Arch Occup Environ Health. 2015[cited 12 May 2024];88(2):131–42. DOI: 10.1007/s00420-014-0944-7
41. Lahelma E, Lallukka T, Laaksonen M, Saastamoinen P, Rahkonen O. Workplace bullying and common mental disorders: A follow-up study [Internet]. J Epidemiol Community Health. 2012[cited 12 May 2024];66(6):e3. DOI: 10.1136/jech.2010.115212
42. Laflamme K, Leibing A, Lavoie-Tremblay M. Operating room culture and interprofessional relations: Impact on nurse's retention [Internet]. Health Care Manag. 2019[cited 12 May 2024];38(4):301–10. DOI: 10.1097/HCM.0000000000000280
43. Sillero-Sillero A, Zabalegui A. Analysis of the work environment and intention of perioperative nurses to quit work [Internet]. Rev Lat Am Enfermagem. 2020[cited 12 May 2024];28:1–10. DOI: 10.1590/1518-8345.3239.3256
44. Reyka ME. The impact of disruptive behavior on operating room nurse satisfaction: ProQuest Dissertations Publishing; 2015. Available from: www.proquest.com/dissertations-theses/impact-disruptive-behavior-on-operating-room/docview/1681641492/se-2?accountid=13380
45. Jones AL. Experience of protagonists in workplace bullying: An integrated literature review [Internet]. Int J Nurs Clin Pract. 2017[cited 12 May 2024];4:246. DOI: 10.15344/2394-4978/2017/246
46. Hutchinson M, Jackson D, Wilkes L, Vickers MH. A new model of bullying in the nursing workplace organizational characteristics as critical antecedents [Internet]. Adv Nurs Sci. 2008[cited 12 May 2024];31(2):E60–E71. DOI: 10.1097/01.ANS.0000319572.37373.0c
47. Kinman G, Teoh KRH, Harriss A. The mental health and wellbeing of nurses and midwives in the United Kingdom [Internet]. London: Society of Occupational Medicine; 2020[cited 12 May 2024]. Available from: www.som.org.uk/sites/som.org.uk/files/The_Mental_Health_and_Wellbeing_of_Nurses_and_Midwives_in_the_United_Kingdom.pdf
48. Martland RN, Ma R, Paleri V, Valmaggia L, Riches S, Firth J et al. The efficacy of physical activity to improve the mental wellbeing of healthcare workers: A systematic review [Internet]. Ment Health Phys Act. 2024[cited 12 May 2024];26:100577. DOI: 10.1016/j.mhpa.2024.100577
49. Harris LT. Caring and coping: Exploring how nurses manage workplace stress [Internet]. J Hosp Palliat Nurs. 2013[cited 12 May 2024];15(8):446–54. Available from: www.nursingcenter.com/journalarticle?Article_ID=1626315&Journal_ID=260877&Issue_ID=1626171
50. Hevezi JA. Evaluation of a meditation intervention to reduce the effects of stressors associated with compassion fatigue among nurses [Internet]. J Holist Nurs. 2016[cited 12 May 2024];34(4):343–50. DOI: 10.1177/0898010115615981
51. Gärtner FR, Ketelaar SM, Smeets O, Bolier L, Fischer E, van Dijk FJH et al. The mental vitality @ work study: Design of a randomized controlled trial on the effect of a workers' health surveillance mental module for nurses and allied health professionals [Internet]. BMC Public Health. 2011[cited 12 May 2024];11(1):290. DOI: 10.1186/1471-2458-11-290
52. Xu J, Liu X, Xiao Y, Fang X, Cheng Y, Zhang J. Effect of EAP psychological intervention on improving the mental health of medical workers under the novel coronavirus epidemic in China [Internet]. Front Public Health. 2021[cited 12 May 2024];9:649157. DOI: 10.3389/fpubh.2021.649157

53. Doran M. Employee assistance programs: A misunderstood and underused resource for nurses [Internet]. *J Nur Adm.* 2022[cited 12 May 2024];52(11):625–7. DOI: 10.1097/NNA.0000000000001200
54. Manganyi PS, Mogorosi LD. The utilisation of employee assistance programme: The case of a tertiary hospital in Limpopo Province, South Africa [Internet]. *Gend Behav.* 2021[cited 12 May 2024];19(1):17384–99. Available from: www.ajol.info/index.php/gab/article/view/210206
55. Wang IA, Lin H-C, Lin S-Y, Chen P-C. Are employee assistance programs helpful? A look at the consequences of abusive supervision on employee affective organizational commitment and general health [Internet]. *Int J Contemp Hosp Manag.* 2022[cited 12 May 2024];34(4):1543–65. DOI: 10.1108/IJCHM-06-2021-0765
56. Chen YC, Chu HC, Wang PT. Employee assistance programs: A meta-analysis [Internet]. *J Employ Couns.* 2021[cited 12 May 2024];58(4):144–66. DOI: 10.1002/joec.12170
57. Joseph B, Walker A. Employee assistance programs in Australia: The perspectives of organisational leaders across sectors [Internet]. *Asia Pac J Hum Res.* 2017[cited 12 May 2024];55(2):177–91. DOI: 10.1111/1744-7941.12124
58. Covell CL, Sands SR, Ingraham K, Lavoie-Tremblay M, Price SL, Reichert C et al. Mapping the peer-reviewed literature on accommodating nurses' return to work after leaves of absence for mental health issues: A scoping review [Internet]. *Hum Resour Health.* 2020[cited 12 May 2024];18. DOI: 10.1186/s12960-020-00478-8
59. Shanafelt T, Swensen SJ, Woody J, Levin J, Lillie J. Physician and nurse well-being: Seven things hospital boards should know [Internet]. *J Healthc Manag.* 2018[cited 12 May 2024];63(6):363–9. DOI: 10.1097/JHM-D-18-00209
60. Traynor M. Guest editorial: What's wrong with resilience [Internet]. *J Res Nurs.* 2018[cited 12 May 2024];23(1):5–8. DOI: 10.1177/1744987117751458
61. Eva GF, Amo-Setièn F, César LC, Concepción SS, Roberto MM, Jesús MM et al. Effectiveness of intervention programs aimed at improving the nursing work environment: A systematic review [Internet]. *Int Nurs Rev.* 2024[cited 12 May 2024];71(1):148–59. DOI: 10.1111/inr.12826
62. Work Safe Victoria. WorkWell Mental Health Improvement Fund 2024 [Internet]. Geelong: Work Safe Victoria; [updated 2023 Dec 12, cited 12 May 2024]. Available from: <https://www.worksafe.vic.gov.au/workwell-mental-health-improvement-fund>