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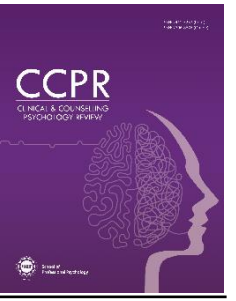

Title:	**Perceived Chronic Workplace Discrimination, Harassment, and Emotional Self-efficacy as Predictors of Nurses' Turnover: A Regression Study in Sialkot District**
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Perceived Chronic Workplace Discrimination, Harassment, and Emotional Self-efficacy as Predictors of Nurses Turnover: A Regression Study in Sialkot District

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Abstract

Discrimination and harassment are common stressors in healthcare occupational settings, which negatively affect the mental health of nurses and intensify their intention of leaving the job. In Pakistan, cultural values, social stigmas, hierarchies in organizations, and limited resources for reporting usually prevent nurses from sharing mistreatment in occupational settings, consequently increasing the intensity of negative influence. Regardless of increasing research on occupational mistreatment, empirical findings regarding the role of Emotional Self-efficacy (ESE) in association with perceived workplace discrimination and harassment and turnover intention remain minimal. Thus, the purpose of the current study was to investigate the predictive role of perceived workplace discrimination and perceived workplace harassment and ESE on turnover intentions among nurses of Sialkot District. A cross-sectional research design was used. Data was collected from 200 registered nurses (80 male and 120 female), working in government and private healthcare settings, through purposive sampling. Chronic Workplace Discrimination and Harassment (CWDH) Scale, Emotional Self-efficacy Scale (ESES), and Turnover Intention Scale (TIS) were used for data collection, along with a consent form. Correlation, regression, and t-test were conducted through SPSS 24. The findings provided critical insights into the dynamics of the workplace environment in the collectivistic culture of Pakistan and its impact on nurses' emotional self-confidence and turnover intention. Since workplace discrimination and workplace harassment were found to be the positive significant predictors of turnover intentions, although ESE did not predict turnover intentions. Moreover, a significant gender difference was found in perceived chronic discrimination and harassment, whereas no significant gender difference was found in ESE and turnover intentions. The results highlighted the importance of implementing policies in organizations that can prevent

discrimination and harassment to reduce the rate of turnover and to promote a healthy and supportive occupational environment.

Keywords: emotional self-efficacy, nurses, turnover intentions, workplace discrimination

Introduction

Employee turnover is one of the most serious challenges faced by organizations, particularly in high-pressure professions, such as nursing, and it is increasing rapidly due to structural, economic, emotional, and social changes. Their intensive and emotionally demanding roles heighten vulnerability to mistreatment (Mukhtar et al., 2026). In Pakistans collective culture, strong interpersonal and relational values, teamwork, obedience to group norms, acceptance of authority figures power, and the organizations reputation are so important that an individuals voice is easily ignored (Shafique et al., 2025). Among many factors, workplace harassment and chronic discrimination have emerged as significant predictors. According to the current literature, 57.3% of nurses reported abuse on a verbal level, 53.4% reported abuse on a physical level, and 26.9% of nurses reported sexual abuse, which is alarming (Novianti & Budiyanto, 2025). Moreover, organizational obedience and power discourage reporting cases of harassment, which has increased, as, according to previous studies, around 62% of people reported harassment at their workplaces, and only 18% were formally reported and handled; even victims avoid reporting because of the judgment of society (Getie et al., 2025).

Gender-based and discriminatory harassment has also been strongly linked with turnover intention, mediated by career satisfaction. These studies emphasize that harassment rooted in gender or social identity significantly undermines organizational attachment and stability (Li et al., 2024). Systematic review results of Pakistan of 24 studies, having 16070 practitioners from healthcare settings, showed that female employees face more emotional and verbal abuse (Feruglio et al, 2025). Males also face occupational discrimination and harassment, and in contrast to females, males report more aggression and physical abuse by the authorities, coworkers, and patients. This highlights that both genders are affected by the influence of discrimination and harassment (Rehan et al., 2023). It damages employees' psychological well-being and occupational identity, reduces job satisfaction, and weakens organizational commitment. In

emotionally demanding environments, such as healthcare, repeated exposure to these stressors can intensify strain and increase employees' desire to leave (Lu et al., 2023).

Workplace harassment refers to repeated, uninvited behaviors that create a hostile, intimidating, or offensive work environment, including verbal abuse, bullying, discrimination, humiliation, or social exclusion (Rehan et al., 2023). It negatively affects individuals' sense of safety and work performance. In healthcare, nurses may experience harassment from supervisors, colleagues, or even patients (Khalil, 2025). Racial harassment significantly reduces job satisfaction and increases nurses' intention to resign (Li et al., 2024). Such experiences not only affect professional performance but also undermine emotional stability, self-confidence, and the capacity to regulate emotions effectively, highlighting the role of ESE in moderating these outcomes (Ashraf et al., 2023). Whereas, emotional intelligence and positive self-concept help to reduce the adverse effects of harassment, bullying, and discrimination and enhance the ability to cope with stress (Nazir et al., 2022).

ESE, defined as an individual's belief in their ability to manage and regulate emotional responses under stress (Novianti & Budiyanto, 2025), plays a critical role in this context. Nurses with higher ESE are better equipped to cope with harassment and discrimination, buffering the negative psychological impact and potentially reducing turnover intention (Mujahid et al., 2023). Consequently, ESE is linked with mental resilience, satisfactory job performance, and reduced emotional exhaustion. It helps in emotional regulation and conflict resolution. Nevertheless, previous literature regarding its association with turnover intention is still undefined. Contrastingly, some researches highlight ESE as a protective factor that reduces employees' turnover intentions. Few studies point out its non-significant or weak impact when discrimination, harassment, or justice in organizations are considered. These contradictions show that the workplace environment greatly influences turnover intentions more than a person's emotional confidence (Warma & Kee, 2026).

The theory of planned behavior explains that intentions regarding behavior are molded by the person's attitude, subjective norms, and perceptions of behavioral control. This further explains how negative workplace experiences shape behavioral intentions (Yang et al., 2024). In the context of a healthcare setting, persistent exposure to harassment and

discrimination forms negative attitudes towards the job, reduces perceived control, and alters social perceptions about staying in the organization (Khalil, 2025). The ESE works as a protective factor or increases it, influencing this process by determining how nurses regulate stress, handle emotionally critical situations, and decide on coping strategies, including whether leaving the organization seems necessary. However, continuous exposure to harassment and discrimination reduces the effect of ESE (Richemond et al., 2022).

Turnover intention, defined as an employee's conscious plan or desire to leave an organization in the near future, is widely recognized as the strongest predictor of actual turnover behavior (Li et al., 2024). Employees are more likely to feel burnout and develop turnover intensions when they perceive injustice, dissatisfaction, or lack of support in the workplace (Shafique et al., 2025). Harassment and discrimination contribute directly to these negative perceptions by increasing feelings of disrespect, unfair treatment, and emotional exhaustion (Navarro et al., 2025). Workplace support may either mitigate or intensify these effects depending on an individual's confidence in managing emotional challenges (Li et al., 2024). Organizational justice theory highlights that employees perceive fairness in practice in occupational settings, and communication and relationship in employee and with higher authorities. It suggests that perceived unfair treatment leads to dissatisfaction, emotional distress, and withdrawal behaviors (Greenberg, 1987). Additionally, Britton (2024) states that harassment and discrimination violate interactional and procedural justice and are a critical organizational issue. This adversely affects psychological safety, causes employees to feel undervalued and mistreated, and pushes employees towards disengagement and eventual exit (Weldesenbet et al, 2022). Nurses with lower ESE may emotionally disconnect from the organization more rapidly, increasing turnover intention, which ultimately increases mental health issues in workers (Lu et al.,2023).

Collectivistic culture is so deeply rooted in the united family system and the importance of interpersonal relationships that, at times, the personal and emotional factors become recessive. Especially, in the state of high stress and demand, a person's self-confidence stops influencing performance at the workplace (Nazir et al., 2022). However, self-efficacy may influence indirectly instead of affecting directly, as job security, power, and hierarchy have an immense effect that do not influence the decision of continuing or

quitting the job directly (Mujahid et al., 2023).

Although previous research has extensively examined workplace harassment, discrimination, and turnover intention, several important gaps still exist in the literature. Many studies have explored harassment and turnover intention separately. However, limited research has integrated ESE as a psychological mechanism linking workplace discrimination and withdrawal intentions, particularly among nurses. While general self-efficacy has been studied, the specific role of ESE in managing negative emotional responses resulting from chronic discrimination and harassment remains underexplored.

Furthermore, most studies have been conducted in Western or non-healthcare contexts, with comparatively fewer investigations focusing on nurses in developing countries, such as Pakistan, where collectivistic cultural values and strong interpersonal norms may intensify the emotional consequences of workplace mistreatment (Novianti & Budiyanto, 2025). Existing literature also tends to examine isolated forms of discrimination, such as gender bias or bullying, rather than assessing chronic workplace discrimination and harassment (CWDH) as a combined and persistent experience. Moreover, limited research has simultaneously tested socio-demographic variables alongside workplace discrimination and ESE within a single predictive framework. Therefore, the current study attempted to bridge these gaps by examining the relationship between perceived workplace discrimination, ESE, and turnover intensions. The study was conducted within the Pakistani nursing context, to provide a more holistic, comprehensive, and culturally relevant understanding of turnover intention in healthcare settings.

Organizational justice theory provides the occupational explanation of turnover. Whereas, theory of planned behavior elaborates how these occupational experiences affect the behavioral intention of nurses. These theories provide the conceptual base for the proposed hypothesis.

Hypotheses

- There would be a positive relationship between perceived workplace discrimination and harassment, low ESE, and turnover intensions among nurses.
- Perceived workplace discrimination and harassment, ESE, age, gender,

rank, qualification, and experience would be predictors of turnover intensions among nurses.

- It was hypothesized that females would perceive more discrimination and harassment, have lower self-efficacy, and higher turnover intention than males.

Method

The study employed a cross-sectional research design along with purposive sampling, where the researcher selected the sample according to the inclusion criteria of the research and to get appropriate information about study variables (Nikolopoulou, 2022). The study involved 200 participants: 120 female and 80 male nurses, aged 20 to 50 years. The research was conducted in healthcare settings, such as government and private hospitals and clinics of Sialkot District.

Inclusion Criteria

Nurses currently registered and employed in government and private healthcare settings of Sialkot District (hospitals, clinics) with at least 6 months of professional experience in their current role were part of the research. Participants with an age range of 20 to 59 years and a diploma or degree in nursing were selected.

Exclusion Criteria

Nurses on temporary contracts, internees, and administrative officers were not part of the research. Participants with a degree other than nursing or with an age below 20 or more than 50 years were excluded from the sample.

Instruments

Demographic and-Consent Form

Informed consent was obtained from all the participants before conducting the study. Additionally, a demographic form for collecting personal and social details, such as age, gender, qualifications, rank, and experience, was given.

Chronic Workplace Discrimination and Harassment Scale

It is an abbreviated version consisting of 6 items and aims to identify experiences of persistent workplace discrimination and harassment based

on factors like race, gender, and ethnicity (CWDH; Sternthal et al., 2011). The subscales included were discrimination and harassment. This scale is particularly valuable for studies on workplace equity and organizational climate. Participants rate their experiences on a 5-point Likert scale in which 1= *once a week or more*, 2= *a few times a month*, 3= *a few times a year*, 4= *less than once a year*, and 5= *never*. Cronbach's alpha value of the scale was .72.

The Emotional Self-Efficacy Scale

It has 32 questions that measure the level of confidence that an individual has in terms of handling and controlling their emotions in a given or particular situation (ESES; Kirk et al., 2008). This is an emotional awareness and expression as well as abilities' regulation scale, which is applicable in analyzing the emotional competence of individuals, both at the personal and professional levels. The responses were rated on a 5-point Likert scale, in which 1= *not at all confident*, 2= *a little confident*, 3= *moderately confident*, 4= *quite confident*, and 5= *very confident*. The Cronbach's alpha for ESE ranged from .77 to .96.

Turnover Intention Scale

It includes 6 items measuring employee intention to leave their current job (TIS; Bothma & Roodt, 2013). It deals with matters, such as job satisfaction, organizational commitment, and career orientations. The responses were recorded based on a 5-point Likert scale. The scale ranges from 1=*Never* (very satisfying, highly unlikely) to 5= *Always* (totally dissatisfying, highly likely). The Cronbach's alpha for turnover intention was .80.

Procedure

The research began by obtaining topic approval from the institutional review board. The first list comprised government and private hospitals and clinics. Informed consent was obtained from hospitals and clinics. Participants were selected by using a purposive sampling technique from healthcare settings, such as hospitals and clinics. After obtaining informed consent, participants were informed about all the ethics and the main purpose of the study. They were ensured confidentiality and anonymity, and their right to leave the research at any time. They were requested to fill out the forms, and guidance was provided on how to fill these forms. Participants completed a structured questionnaire that included valid data

that was collected over a set period. Once data collection was completed, it was analyzed by using statistical software (SPSS- version 24) to conduct descriptive and inferential analysis of correlation, regression, and t-test. The findings were then interpreted without any bias, and the results were shared with the participants and other researchers after obtaining permission from the participants.

Results

The sample contained 200 participants; most of them were females (*n*= 120, 60%) compared to males (*n*=80, 40%). The majority of the sample had an age range within 20-29 (*n*=150, 75%) as compared to 30 to 50 (*n*=50, 25%). Furthermore, it was concluded that the majority had a diploma degree in nursing (*n*=117, 59%), followed by Bachelor's and Master's degrees in nursing (*n*=83, 41%), and the majority of participants had experience of 1-5 years (*n*=84, 42%), followed by 6-16+ years (*n*=77, 39%), while only n=39, 19% had less than one year of experience. Moreover, participants were with the rank of staff nurse (*n*=136, 68%) more than senior, charge nurse, and nurse manager (*n*=64, 32%).

The reliability of all the variables used in the study was analyzed, and all variables showed a sound reliability in the current sample, as CWDH Scale had an alpha value of .80, which is acceptable. Moreover, ESES showed an alpha value of .84, which sounds good, and the TIS showed an alpha value of .97, which is excellent reliability.

Table 1

Correlation between Chronic Workplace Discrimination and Harassment, Emotional Self-Efficacy, and Turnover Intentions among Nurses (N=200)

Variables	*M*	*SD*	CWDH	DISC	HAR	ESE	TI
CWDH	4.47	1.58	-	1.00**	.58**	.04	.67**
DISC	7.44	2.63	-	-	.58**	.04	.67**
HAR	5.11	1.68	-	-	-	.04	.74**
ESE	133.08	20.99	-	-	-	-	.08
TI	9.23	2.77	-	-	-	-	-

Note. CWDH= Chronic Workplace Discrimination and Harassment, DISC= Discrimination, HAR= Harassment, ESE= Emotional Self-Efficacy, TI= Turnover Intention. $p>.05$. $^{**}p<.01$.

The results showed that CWDH and its subscales, discrimination and

harassment, had a significant positive relationship with turnover intensions and a non-significant relationship with ESE. Additionally, turnover intention showed a non-significant correlation with ESE.

Hierarchical multiple regression analysis was aimed at determining the extent to which gender, age, qualification, experience, rank, perceived workplace discrimination and harassment, and ESE accounted for the variance in turnover intention. Analysis had 3 steps: step I consisted of personal and social demographics of the participants, namely, gender, age, qualification, experience, and rank; step II consisted of subscales of perceived workplace discrimination and harassment, and step III contained ESE in nurses.

Initial analysis was conducted to confirm that there should not be a violation of the assumption of linearity, normality, absence of collinearity, and homoscedasticity.

Table 2

Hierarchical Multiple Regression Analysis Predicting Turnover Intentions Following Chronic Workplace Discrimination and Harassment, Emotional Self-Efficacy, and Demographic Variables among Nurses (N= 200)

Variables	*B*	SE	β	95% *CI*		R^2	ΔR^2
				LL	*UL*		
Step I						0.02	0.02
Age	-820	.51	-.12	-1.83	.19		
Gender	-.68	.41	-.12	-1.50	.14		
Rank	.32	.48	.05	-.63	1.28		
Qualification	.00	.43	.00	-.85	.86		
Experience	.03	.30	.01	-.57	.64		
Step II						0.65	0.62***
Age	-.15	.31	-.02	-.77	.45		
Gender	.29	.26	.05	-.22	.82		
Rank	.07	.29	.01	-.50	.65		
Qualification	-.42	.26	-.07	-.94	.09		
Experience	-.06	.18	-.01	-.43	.30		
DISC	.40	.06	.38***	.28	.52		
HAR	.86	.08	.52***	.68	1.04		
Step III						0.65	0.00
Age	-.17	.31	-.02	-.79	.44		
Gender	.26	.26	.04	-.26	.79		

Variables	*B*	SE	β	95% *CI*		R^2	ΔR^2
				LL	*UL*		
Rank	.09	.29	.01	-.48	.66		
Qualification	-.39	.26	-.07	-.91	.13		
Experience	-.09	.19	-.02	-.46	.28		
DISC	.40	.06	.38***	.28	.52		
HAR	.86	.08	.52***	.68	1.03		
ESE	.00	.00	.04	-.00	.01		

Note. DISC= Chronic Workplace Discrimination, HAR= Chronic Workplace Harassment, ESE= Emotional Self-Efficacy, TI= Turnover Intention. ****p*<.001.

The hierarchical multiple regression analysis was conducted in three steps to examine the predictive role of socio-demographics, CWDH subscales (Discrimination & Harassment), and ESE on turnover intensions among nurses.

In step I, demographic variables, that is, age, gender, rank, qualification, and experience were included as predictors of turnover intention, which was not significant, F (5,194) = 1.10, p = .35, and these variables accounted for 2.8% variance in turnover intention scores. None of the demographic predictors emerged as significant individual predictors of turnover intensions.

In step II, subscales of CWDH, discrimination, and harassment were included as predictors of turnover intention, and it was a significant F (7,192) = 51.32, p < 0.001, and these variables accounted for 62.4% variance in turnover intention scores. Among the new predictors, discrimination and harassment emerged as significant predictors of turnover intentions. This indicated that this specific subdimension, discrimination, and harassment in the workplace was associated with higher turnover intentions among nurses, as a higher perception of discrimination and harassment was associated with higher turnover rate. The rest of the predictors, including gender, age, rank, qualification, and experience, did not emerge as predictors of turnover intensions.

In step III, ESE was included as a predictor of turnover intention, which was overall statistically significant, F (8,191) =44.97, p < 0.01. However, ESE did not significantly predict turnover intention β=.04, p=.36, and these variables accounted for 0.2% variance in turnover intention scores. Again, the discrimination and harassment subscales of workplace discrimination

and harassment emerged as significant predictors of turnover intensions among nurses. However, gender, age, rank, qualification, experience, and ESE did not emerge as predictors of turnover intensions.

Overall sociodemographic, perceived workplace discrimination and harassment, and ESE produced 65.3% variability in scores of turnover intensions in nurses.

Table 3

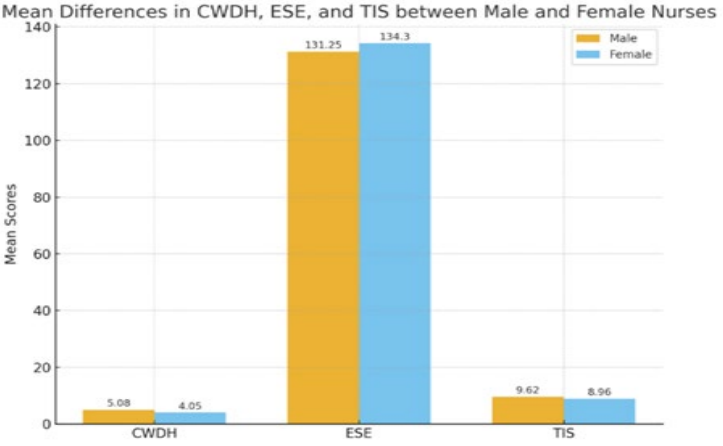
Mean Differences in Chronic Workplace Discrimination and Harassment, Emotional Self-Efficacy, and Turnover Intentions between Male Nurses and Female Nurses (N= 200)

Variables	Males (*n*= 80)		Females (*n*= 120)		*t*	Cohen's *d*
	M	*SD*	*M*	*SD*		
CWDH	5.08	1.53	4.05	1.47	4.74***	0.68
ESE	131.25	24.05	134.30	18.67	-1.01	0.14
TI	9.62	2.91	8.96	2.65	1.62	0.23

Note. CWDH=Chronic Workplace Discrimination and Harassment, ESE=Emotional Self-Efficacy, TI=Turnover Intention. ****p*<.001.

Figure 1

Mean Differences in Chronic Workplace Discrimination and Harassment, Emotional Self-Efficacy, and Turnover Intentions between Male and Female Nurses (N= 200)



The gender groups (male nurses) and (female nurses) constituted independent samples, and the data was normally distributed, enabling the conduct of an independent sample t-test. Therefore, it was carried out to investigate gender group differences in CWDH, ESE, and turnover intensions. The table below explains how the mean scores differ among male and female nurses on the variables of study. The findings obtained demonstrated that the difference between the total scores of CWDH was significant in gender demographics. This finding indicates that female nurses are more chronically discriminated and harassed at the workplace as compared to their male counterparts. Nevertheless, no significant gender difference was observed in the total score of ESE and turnover intensions.

Discussion

The concern of the research was to address the significant issue of nurse turnover and whether the demographics, workplace discrimination, and ESE predict the chance of turnover in nurses. The results of the current study supported the correlational hypothesis, revealing a significant positive relationship between perceived workplace discrimination and harassment and its subscales with turnover intensions. These findings were closely aligned with the study on discrimination and turnover rate conducted in Pakistan, which examined the effects of discrimination at the workplace on job satisfaction and turnover intention. It revealed that females as well as males faced gender discrimination at their workplace, which lowers their interest in their jobs, affects their performance, and promotes turnover and mental health issues (Husain, 2022). Whereas both perceived workplace discrimination and harassment and its subscales and turnover intensions had a non-significant relationship with ESE, which rejected the hypothesis. In developing countries, a stressful workplace environment is so common that the traumatic environment represses the effect of ESE (Gull et al., 2022). A Pakistani collectivistic culture is related to dependency on others for identity building, praise, and acceptance, where people ignore their needs, feelings, and emotions to get approval from others, even though they do not focus on their ESE while making decisions, as they are more dependent on social self-efficacy (Abdulah et al., 2026; Bruschini et al., 2023).

The current study showed that workplace discrimination and workplace harassment were significant positive predictors of turnover intention among nurses, while ESE did not significantly predict turnover intention. These findings depicted that occupational factors, specifically facing

discrimination and harassment, have a stronger impact on nurses turnover intention than personal emotional factors. According to the theory of organizational justice, workers who perceive unfair decisions by the authority, mistreatment in interaction and communication, and discrimination in workplace practices are more into experiencing reduced occupational commitment and increased avoidant behaviors, including the intention of leaving the job (Zeighami et al., 2022). The present results are consistent with existing studies showing that injustice in organizations and mistreatment significantly impact the rate of turnover intensions by creating mental unsafe environment at the workplace and reducing satisfaction (Nazir et al., 2022).

The significant predictive role of workplace discrimination and harassment observed in the current research further explained that persistent exposure to inequity and aggressive interactions may adversely affect nurses mental health and commitment to their profession. In healthcare, discrimination and harassment cause emotional exhaustion, decrease trust in the authority, lower job satisfaction, and motivate them to leave the job. These results are specifically relevant to the Pakistani healthcare system, where the hierarchy in organizations, limited resources, and cultural values do not allow nurses to share their negative experiences, and it eventually increases mistreatment. Recent research shows that workplace bullying significantly motivates nurses to quit their jobs, whereas an improved environment depicts the implementation of important policies to retain their staff (Bruschini et al., 2025; Natan & Hazanov, 2026).

Opposite to the proposed hypothesis, ESE did not emerge as a significant predictor of turnover intention. ESE helps employees to regulate their emotional state and handle critical situations at the workplace. It may not be sufficient to balance the negative influence of consistent occupational mistreatment. When employees consistently face discrimination and harassment, occupational stressors may hide the positive influence of a person's emotional confidence. This interpretation is aligned with the existing research explaining that self-efficacy enhances resilience and handling ability. However, its impact becomes less significant under the influence of occupational stressors that affect turnover (Novianti & Budiyanto, 2025).

Moreover, the research showed a significant gender difference in workplace discrimination and harassment. Female nurses are facing more

workplace discrimination and harassment than males, according to the scoring of the scale; lower scores mean consistent exposure to workplace stressors. This result depicts the effect of gender bias and inequality at the workplace, traditional cultural rules, and hierarchy at the workplace that adversely affect female nurses more than male nurses. In Pakistan, female nurses are discouraging to report their problems because of the reputation of the organization, social taboo, and silence by the organizational authorities (Gull et al., 2022). As a result, discrimination, bias, and harassment may not be reported, which continues to affect the mental health of nurses and their commitment to the job. These results highlight the need to establish proper policies for equal treatment with both genders, a system of reporting that should be confidential. Furthermore, occupational interventions should be introduced to prevent workplace discrimination and harassment in order to improve nurses commitment and to promote a healthy workplace environment (Valdez, 2024).

Limitations

Several limitations were encountered while conducting this study and these are mentioned as following:

- Firstly, due to the cross-sectional nature of the study, the causal relationships among workplace discrimination and harassment, ESE, and turnover intensions cannot be inferred. A longitudinal design could not be employed due to the unavailability of participants for long-term follow-up.
- Secondly, all the data was collected through self-reported questionnaires, which increased the risk of response bias, such as social desirability.
- Thirdly, the study was conducted in a specific region of Pakistan, and the study results may not be generalized to other regions or countries with a different culture of the workplace or health system.
- Lastly, although the sample was sufficient, it was not large enough to provide a high statistical power to identify more complex group differences or interactions, particularly across demographic subgroups.

Future Directions

Based on the findings and limitations of this study, the following future

directions were recommended:

- Firstly, causal relationships between workplace discrimination and ESE and turnover intensions are to be studied in the form of longitudinal studies. It would allow determining changes over time and may make cause-and-effect dynamics more evidence-based.
- Secondly, there is a need to use multiple sources for collecting data to avoid issues related to a higher level of self-report measures. The iterative procedures and a mixture of self-reports, observations, and objective ratings would improve the reliability and generalizability of the results.
- Thirdly, to facilitate generalizability of the results to various cultural and organizational settings, studies need more diverse samples across greater regions, hospitals, and healthcare systems.
- Lastly, further research should be conducted to explore gender-specific experiences, as the current study indicated differences in views of discrimination and harassment at the workplace between male and female nurses. Understanding these differences in a more profound way can guide interventions.

Conclusion

The results revealed that a higher level of perceived workplace discrimination and harassment is significantly associated with increased turnover intensions, which was more highly reported by female nurses than male nurses. These findings confirm and suggest promoting respect in the environment of an organization to achieve emotional confidence in one's self. This would promote inclusive and supportive environments, reduce turnover among nursing staff, and enhance the overall quality of healthcare.

Author Contribution

Maria Arslan: conceptualization, methodology, supervision. **Maryam Muhammad Rafique:** data curation, formal analysis, writing – original draft. **Amna Saleem Khan Lodhy:** writing – review & editing.

Conflict of Interest

The authors of the manuscript have no financial or non-financial conflict of interest in the subject matter or materials discussed in this manuscript.

Data Availability Statement

The data associated with this study will be provided by the corresponding author upon request.

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Generative AI Disclosure Statement

The authors did not used any type of generative artificial intelligence software for this research.

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