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Organizational Predictors of Turnover Intentions among Healthcare Professionals in Pakistan: A Quantitative Analysis

Dr. Muhammad Naseer

PhD (Mgt), Limkokwing University of Creative Technology, Malaysia
drnaseerphd@gmail.com

Syed Muhammad Abbas Shah

PhD Scholar, Department of Management Sciences, Shifa Tameer-e-Millat University, Islamabad, Pakistan
abbashr555@yahoo.com

Dr. Rabia Afzal

Senior Lecturer, Department of Rehabilitation Sciences, Shifa Tameer-e-Millat University, Islamabad, Pakistan
dr.rabi826@gmail.com

ABSTRACT

This study investigates organizational factors influencing turnover intentions among healthcare professionals in Pakistan. Drawing on Conservation of Resources (COR) theory, this quantitative research examines the relationships between abusive supervision, organizational commitment, job stress, job satisfaction, and turnover intention. Additionally, the moderating role of power distance is tested. Data were collected through a structured questionnaire from a sample of 395 healthcare professionals, including young doctors and paramedical staff, selected via convenience sampling. Partial Least Squares Structural Equation Modeling (PLS-SEM) was used to analyze the data. Results show that job stress, job insecurity, abusive supervision, and low job satisfaction significantly predict turnover intentions. While power distance moderates some relationships, its interaction with abusive supervision and organizational commitment is statistically insignificant. The findings suggest that addressing job stress and abusive supervisory practices can substantially reduce turnover intentions in the Pakistani health sector. These results offer implications for human resource practices and organizational policies aiming to improve employee retention in resource-constrained health systems.

Keywords: Turnover Intention, Job Stress, Abusive Supervision, Organizational Commitment, Power Distance

INTRODUCTION

Background and Context

Employee turnover has long been considered one of the most persistent human resource challenges facing organizations, especially within developing countries (Ahmed, & Imran, 2024). In sectors like healthcare where continuity, experience, and institutional knowledge are crucial to service quality the impact of high turnover is particularly damaging (Ahmed, 2023). The World Health Organization (WHO) highlights Pakistan as one of the 57 countries undergoing a critical Human Resources for Health (HRH) crisis, with fewer than 1 healthcare worker per 1000 population, far below the global benchmark of 2.5. Compounding this problem are low wages, unsafe working conditions, abusive supervision, and limited career progression opportunities (Ansari, Akhtar & Hafeez, 2024; Akhtar, et al., 2021). These structural deficiencies, especially within public hospitals, increase job dissatisfaction and stress levels among healthcare professionals, ultimately influencing their turnover intentions.

According to the Azhar, Iqbal and Imran (2025) turnover intention, defined as an employee's conscious and deliberate willfulness to leave the organization, has emerged as a precursor to actual turnover behavior. It serves as a warning signal for organizational instability (Malik, et al., 2025; Shah & Saba, 2024). In Pakistan's health sector, this intention is magnified by contextual challenges, including underfunded healthcare infrastructure, high power distance cultures, and an absence of regulatory frameworks that ensure professional well-being. While many countries are grappling with retention in healthcare, Pakistan's challenge is uniquely compounded by cultural, economic, and managerial gaps.

The Role of Organizational Factors

The decision to leave a healthcare organization is influenced by a complex web of variables (Azhar, 2024; Azhar, et al., 2022). Organizational commitment defined as the emotional attachment and identification an employee has with their organization has traditionally been seen as a buffer against turnover intention. However, declining commitment among public healthcare workers in Pakistan signals systemic issues. Additionally, abusive supervision characterized by sustained hostile verbal and nonverbal behavior has emerged as a damaging force in the healthcare environment. Amir Alvi, Hussain Chughtai, and Ul Haq (2015) employees who are consistently belittled, micromanaged, or publicly humiliated often experience a depletion of emotional resources, leading to psychological withdrawal and eventual turnover (Iftikhar, Iqbal & Hanif, 2021; Bukhari, Ahmad & Hanif, 2021).

Haq, Bilal, and Qureshi (2020) job stress is another central predictor of turnover intentions. Healthcare environments are inherently stressful due to the critical nature of patient care, but this is exacerbated by administrative inefficiencies, role ambiguity, and staff shortages. The conservation of resources (COR) theory argues that when individuals perceive a threat of resource loss (emotional, psychological, or physical), they are more likely to disengage or withdraw from the stressor, in this case, the organization itself (Shah, et al., 2024; Rasheed & Kiani, 2024).

Job satisfaction the degree of contentment employees feel towards their work has a significant inverse relationship with turnover intentions (Fatima, Khan &

Kousar, 2024; Huda, Khan & Afzal, 2024; Farooq, et al., 2021). Satisfied employees are more likely to remain in their organizations, be more productive, and exhibit citizenship behaviors. However, when job satisfaction is low due to toxic leadership, lack of recognition, or unmet expectations, turnover intentions increase.

Cultural Dynamics: The Moderating Role of Power Distance

Cultural dimensions also play a key role in how employees perceive and respond to organizational stressors. Hofstede's cultural dimension of power distance, defined as the extent to which less powerful members of institutions accept unequal power distribution, is particularly relevant in Pakistan (Hanif, Abidin & Mirza, 2019; Hanif, Naveed & Rehman, 2017). In high power distance cultures, subordinates may tolerate abusive behavior from supervisors due to respect for authority or fear of retaliation. This tolerance may blunt the impact of abusive supervision on turnover intentions, though at the cost of employee well-being and long-term retention (Fatima, Khan & Kousar, 2024; Huda, Khan & Afzal, 2024; Farooq, et al., 2021).

Haq (2012) in Pakistani healthcare institutions, where hierarchical structures are rigid and authority is seldom challenged, power distance may serve as a buffer or amplifier of workplace stressors. Investigating the moderating role of power distance can help explain why some individuals persist in toxic environments while others exit (Azhar, 2024; Azhar, et al., 2022).

Research Gap

The majority of the available literature on turnover intention comes from Western countries, where workplace culture and dynamics differ greatly from those in Pakistan. Focused studies in South Asia are often cross-industrial and overlook the unique challenges defining the public sector healthcare's ecosystem. In addition, while some studies have focused on the direct impact of certain factors like job stress and job satisfaction on turnover intention, the mediating and moderating mechanisms that explain these relations have received scant attention in Pakistani healthcare (Shah et al., 2025; Haq et al., 2024; Noor et al., 2024).

Despite the abundant research on abusive supervision in business and education, its specific context and impacts on healthcare, particularly among paramedical staff and junior doctors, remain largely unexamined. This research fills that gap by including power distance as a cultural moderating variable and job satisfaction as a mediating variable to present a more integrated approach to the turnover phenomenon.

Research Objectives

The core objective of this research is to examine the organizational factors that significantly predict turnover intentions among healthcare professionals in Pakistan. The study specifically seeks to:

- Investigate the direct impact of abusive supervision, organizational commitment, and job stress on turnover intention.
- Examine the mediating role of job satisfaction in the above relationships.
- Explore the moderating role of power distance in influencing the strength of these relationships.

- Provide empirical insights that inform managerial practices and policy interventions aimed at reducing turnover in Pakistan's health sector.

Significance of the Study

This study holds theoretical, practical, and policy-level significance. Theoretically, it enriches the discourse on turnover by contextualizing it within a high power-distance, resource-constrained healthcare environment. Practically, the findings offer actionable insights for hospital administrators, HR professionals, and policymakers to redesign supervisory practices, improve employee engagement, and retain critical talent (Shoaib, et al., 2024; Zainab, et al., 2023). At a broader level, improving healthcare workforce retention contributes to better patient outcomes and aligns with Pakistan's commitment to achieving Sustainable Development Goals (SDGs) related to health and well-being (Malik, et al., 2025; Shah & Saba, 2024).

LITERATURE REVIEW

Introduction to Turnover Intention

Turnover intention is widely recognized in organizational behavior as the most direct predictor of actual turnover behavior (Sultana, Ahmed, & Imran, 2024; Tett & Meyer, 1993). Defined as an employee's conscious and deliberate will to leave their job or organization, turnover intention has significant consequences on workforce stability, especially in mission-critical sectors like healthcare. The healthcare system is labor-intensive, and its efficiency relies heavily on the continuity and retention of trained professionals. In developing countries such as Pakistan, high turnover rates among healthcare professionals not only disrupt service delivery but also exacerbate the already acute shortage of qualified personnel (Hanif, 2024; Islam, et al., 2020). With only 0.604 healthcare professionals per 1,000 people, Pakistan falls significantly below WHO standards (WHO, 2014). This gap motivates further research on the drivers of turnover intention and organisational actions to contain them (Imran, Zaidi, & Rehan, 2024).

Healthcare operates within a context of long hours, emotional labour, and exposure to suffering, all of which mark it as one of the most stressful professions (Kayani et al., 2023; Khan et al., 2021; Naseer et al., 2021; Khan & Khan, 2020). When these stressors are coupled with organisational despair such as inadequate acknowledgement, weak supervisory aid, and cultural bottlenecks, these dysfunctions can increase turnover with intent. To understand turnover in the context of Pakistani health care, one must analyse these organisational aspects along with the psychological and cultural factors.

Abusive Supervision and Turnover Intention

Researchers take Tepper's (2000) definition of abuse as "the intentional infliction of nonphysical harm by a supervisor upon a subordinate", arguing it goes on to include ridicule of the other subordinate, displaying signs of persistent emotional disengagement, among others (Kayani et al., 2023; Khan et al., 2021; Naseer et al., 2021; Khan & Khan, 2020). This idea has gained considerable prominence in management scholarships owing to its reductionist nature for well-being and

productivity within organisations. Work exclusion, undermining subordinates' work, public ridicule, and socially sanctioned ostracism are all instances of abuse. Such "democratic" Enron behaviour within the healthcare industry is wrought with destruction. Emotional, social, and trust-based staff are needed. Super competence is served by idiot compassion. Highly intelligent and emotionally competent burnout occurs everywhere else (Shah et al., 2025; Imran et al., 2023).

Few empirical studies have associated abusive supervision with an increased intention to turnover. As an example, Aryee et al. (2007) indicated that there is a direct positive relationship between the practice of abuse supervision and employees' intention to exit the organisation. Hostile behaviour by a supervisor leads to devaluation and disrespect, which encourages most subordinates to withdraw from participating in organisational activities (Hafeez, Khan & Jabeen, 2024; Irshad, Khan & Mahmood, 2024; Khan, Sarfraz & Afzal, 2019). In the healthcare domain, such misconduct can negatively impact teamwork as well as the quality of patient care and their overall health. In addition, chronic exposure to such environments leads to burnout, depression, and disengagement (Mitchell & Ambrose, 2007).

In Pakistan's hierarchical organisational culture, abusive supervision is often left unchallenged and is widely accepted due to the ingrained power distance. Subordinates are likely to be reluctant to expose or address such practices, and this leads to the deepening of a silence culture (Raja et al., 2024; Malik et al., 2022; Raja et al., 2022; Khan et al., 2021). Thus, while psychologically abusive supervision fosters turnover in almost all settings, its manifestation and impact in Pakistan may be more pronounced due to the underlying cultural and institutional factors (Shahi et al., 2025; Haq et al., 2024; Noor et al., 2024).

Job Stress and Turnover Intention

Job stress occurs when the coping resources an employee possesses are surpassed by the demands of the job. In a healthcare context, stress typically relates to lack of time, high workload, emotional demand, and lack of resources. The Conservation of Resources (COR) theory (Hobfoll, 1989) suggests that a person expends effort to obtain, retain, and protect their treasured resources, whether they be material, emotional, or cognitive. When resources are threatened or lost, stress occurs, which results in some form of defensive withdrawal. Alluding in this instance to the intent to resign.

In both Western and Asian healthcare settings, it has been shown that job stress is a strong determinant of turnover intention (Mosadeghrad, 2013; Adebayo et al., 2020). A stressful work environment has been linked to increased fatigue, decreased overall satisfaction, increased emotional exhaustion, and decreased organisational commitment. In Pakistan, the situation is exacerbated by the overwhelming patient demand in public hospitals, coupled with chronic understaffing and insufficient hospital resources. The lack of sufficient organisational and managerial support in relation to the already high patient care activities leads to increased physical and mental strain (Kayani et al., 2023; Khan et al., 2021; Naseer et al., 2021; Khan & Khan, 2020).

In addition to these factors, female healthcare professionals in Pakistan

experience excessive workplace bullying, strict gender roles, and a problematic overlap between work and family life. Such factors heighten the intention to leave, particularly in the absence of organisational support.

Organisational Commitment and Turnover Intention

Organisational commitment is the relation of attachment an employee has toward his or her organisation and determines retention. Combining various forms of commitment, Meyer and Allen (1991) proposed three dimensions of commitment: affective, which is based on emotional attachment; continuance, which relates to the perceived costs of leaving; and normative, which is a sense of obligation to stay. As shown in previous studies, affective commitment was observed to be the strongest predictor of negative turnover intention among the organisational variables (Meyer et al., 2002). Employees who become emotionally attached to their organisation tend to set their personal objectives in harmony with the objectives of the organisation and are less likely to depart (Raja et al., 2024; Malik et al., 2022; Raja et al., 2022; Khan et al., 2021).

In healthcare, organisational commitment is influenced by intrinsic and extrinsic factors such as work meaning, growth opportunities, leadership, and ethical climate. In Pakistan, affective commitment among public sector healthcare professionals is often low because of stagnation, bureaucratic micromanagement, and lack of voice in the leadership (Ahmad et al., 2021; Ali et al., 2020; Ahmad, 2018). This disengagement makes them more amenable to seeking employment in the private sector or overseas.

A number of Pakistani researchers (e.g., Khattak & Ahmad, 2016; Haider et al., 2018) argued that organisational commitment serves as a buffer against turnover regardless of high workload and stress. Hence, initiatives that support fostered senses of citizenship, value, and meaningfulness can greatly improve retention in healthcare.

Job Satisfaction as a Mediator

Job satisfaction refers to the degree of contentment individuals feel about their job roles, responsibilities, and work environment. It is a cumulative construct affected by multiple factors including recognition, compensation, autonomy, leadership style, and work-life balance. Locke (1976) defined it as “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experiences.” Job satisfaction is not only a key outcome of organizational practices but also an influential mediator in the turnover process.

Several studies have established that job satisfaction mediates the relationship between job stress, abusive supervision, and turnover intentions (Mackey et al., 2017; Alrawashdeh et al., 2021). When employees are satisfied, they are more resilient to stress and negative interpersonal experiences. Conversely, dissatisfaction amplifies the impact of workplace toxicity, making employees more likely to consider exit options. In the Pakistani healthcare sector, job satisfaction is generally low due to poor infrastructure, lack of incentives, and hierarchical constraints. Employees who perceive injustice, feel undervalued, or experience micromanagement are more likely to report dissatisfaction. Importantly, job satisfaction can serve as a buffer—when increased through recognition, professional development, or autonomy, it can

mitigate the adverse effects of stress and abusive supervision on turnover intention.

Power Distance as a Moderator

Power distance is a cultural dimension introduced by Hofstede (1984) that reflects the extent to which less powerful members of institutions accept unequal power distribution. In high power distance cultures like Pakistan, authority is rarely questioned, and decision-making is centralized. This cultural trait influences how employees interpret and respond to organizational behaviors, including supervisory styles (Janjua, et al., 2025; Faisal, Qureshi & Shah, 2025).

In low power distance cultures, abusive supervision directly leads to dissatisfaction and exit behavior. However, in high power distance contexts, subordinates may tolerate such behaviors as part of the accepted hierarchy. Kernan et al. (2011) suggest that power distance can moderate the impact of abusive supervision on turnover intentions. Subordinates may not perceive their treatment as a personal injustice and may interpret it instead as a form of leadership anchored within accepted organisational norms, thereby postponing or deferring in their decision to leave.

In addition to this buffering effect, power distance reinforces silence and learnt helplessness. Employees may feel they have no power to report wrongdoing, resulting in grievances that remain unvoiced, which leads to burnout. In Pakistan, this is particularly pronounced in the public sector in hospitals where medical hierarchies are entrenched and compliance to authority is systematised (Feng et al., 2023; Hafeez et al., 2011).

Power distance, explored as a moderator, can advance understanding of culturally conditioned turnover tendencies and assist in the development of culturally appropriate management strategies.

Theoretical Framework and Model

This research is anchored in the Conservation of Resources (COR) theory, which posits that people are motivated to protect resources and that losing or anticipating losing resources causes stress. COR theory clarifies how organisational stressors such as abusive supervision or a high workload one has to do undermine one's psychosocial and emotional resources, resulting in discontent and an intention to leave. Furthermore, job satisfaction is also an internal resource, and depending on workplace experiences, this resource can be diminished or built upon.

Incorporating Hofstede's cultural framework on power distance as a moderator, Ali, Javaid, Ali, Akram, and Haq (2019) proposed a moderated mediation model whereby job satisfaction was in the middle of the effect of job stress, abusive supervision, and organisational commitment on turnover intention, while power distance moderated the relationship between the antecedents and job satisfaction.

Gaps in Existing Literature

Despite the abundance of research on turnover intention, several gaps persist. First, most studies are rooted in Western organizational contexts where power distance and institutional dynamics differ significantly. Second, the healthcare sector in Pakistan remains under-researched, particularly in terms of the psychological and cultural drivers of turnover. Third, few studies adopt a moderated mediation approach to explore the interdependencies among variables like job stress, job satisfaction, and

turnover intention.

Furthermore, the role of power distance in shaping employee responses to abusive supervision has received limited empirical attention in healthcare settings. Lastly, existing research often overlooks the voices of paramedical staff and junior doctors—key segments in Pakistan’s health workforce that face unique challenges. This study seeks to fill these gaps by applying an integrated framework, drawing from both psychological and cultural theories, and focusing on a demographically diverse healthcare sample.

Summary

This literature review sought to analyse the organisational drivers of turnover intention by reviewing abusive supervision, job stress, organisational commitment, and job satisfaction. It also analysed power distance as a moderator and looked at the relevant theoretical models for these relationships. Turnover intention remains a universal challenge for many organisations; however, the underlying factors are highly contextual. In the case of Pakistan, deep-seated hierarchical frameworks, chronic resource cutbacks, and cultural paradigms demand attention towards the problem of why healthcare professionals resign from their organisations. The conceptual model of this study seeks to provide a thorough understanding of these issues.

METHODOLOGY

Research Design and Approach

This study employs a quantitative approach within the positivist paradigm, which prioritises the measurement and statistical evaluation of phenomena. The goal was to test the relationships formed as hypotheses concerning organisational elements: abusive supervision, job stress, organisational commitment, job satisfaction, power distance, and turnover intention. This study is based on the deductive approach whereby hypotheses were generated from theories, in this case, Conservation of Resources (COR) along with Hofstede’s cultural dimension theory, and empirical data were used in testing those theories.

The research design and approach are both cross-sectional and correlational, primarily concentrating on the search for relations and predictive sequences instead of causation. This approach works best for capturing employee perception and behaviour at moments in time, especially in fast-paced industries like healthcare, where tracking these variables over longer periods becomes challenging.

Population and Sampling Technique

The target population for this study consisted of healthcare professionals employed in public and private hospitals across Pakistan, including paramedical staff, junior doctors, and medical officers. These individuals were selected because they represent the operational backbone of Pakistan’s healthcare delivery system and are often at the frontlines of organizational stress, supervisory interaction, and cultural norms.

Given the logistical challenges and geographic dispersion of healthcare facilities, a non-probability convenience sampling technique was employed. While

this limits generalizability, it allows for easier access to respondents in a resource-constrained setting and is a common strategy in healthcare HR research. The sample size was determined using Krejcie and Morgan's sample size formula for finite populations, targeting a minimum of 384 respondents to achieve statistical power. A total of 395 valid responses were collected and analyzed.

Instrumentation and Measurement

Data were collected using a structured questionnaire comprised of multiple-item Likert-scale instruments, each adapted from previously validated scales. The items were refined for contextual and cultural relevance in the Pakistani healthcare sector. The final questionnaire included seven sections, corresponding to the major variables of the study:

- **Abusive Supervision (AS):** Measured using a 15-item scale developed by Tepper (2000), assessing the frequency of hostile supervisory behavior.
- **Job Stress (JSS):** Adapted from the Occupational Stress Indicator by Cooper et al. (1988), using 8 items capturing emotional and role-related stress.
- **Organizational Commitment (OC):** Measured using Meyer and Allen's (1991) 9-item scale, covering affective, normative, and continuance commitment.
- **Job Satisfaction (JS):** Measured using a 7-item scale from Spector (1997), focusing on intrinsic and extrinsic aspects.
- **Power Distance (PD):** Measured using a modified 6-item version of Hofstede's power distance index.
- **Turnover Intention (TI):** Assessed using a 5-item scale by Mobley et al. (1978), measuring respondents' thoughts and likelihood of leaving the job.

All items were measured on a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

DATA COLLECTION PROCEDURE

The questionnaire was distributed both in paper-based format (for public sector hospitals with limited internet access) and through Google Forms (for private hospitals and urban respondents). Data were collected over a period of eight weeks, with follow-up visits and reminders to increase response rates.

Informed consent was obtained from all participants, and confidentiality was assured. No personally identifiable information was collected. The study was approved by the university's ethical review committee, and permissions were also obtained from relevant hospital administrations.

Data Analysis Techniques

Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) via SmartPLS 3.0 software. This method is particularly appropriate for exploratory studies involving complex models with multiple constructs, mediation, and moderation. PLS-SEM was chosen over CB-SEM due to its ability to handle smaller sample sizes, non-normal data, and formative or reflective constructs.

The analysis followed a two-step procedure:

- Measurement Model Assessment: Evaluating reliability and validity through indicators such as Cronbach's alpha, Composite Reliability (CR), Average Variance Extracted (AVE), and Discriminant Validity (Fornell–Larcker criterion).
- Structural Model Assessment: Testing the hypotheses through path coefficients, t-statistics, and p-values using bootstrapping (5000 samples).
- R-squared values and effect sizes (f^2) were also computed to assess the predictive power of the model.

Conducting mediation analysis required assessing the indirect effects of abuse supervision, organisational commitment, and job stress on turnover intention through job satisfaction. For the moderation analysis, the interaction term of power distance with the independent variables was created using z-scores to capture the variation in job satisfaction. Each construct was operationalised and articulately tailored to answer each research question with proper attention to its relevance, validity, reliability, and significance.

Validity and Reliability

Content validity was ensured through the review of Pakistan-based scholars and practitioners who were knowledgeable in the relevant HR issues in the healthcare system. The data was pilot tested with a sample of 30 individuals where several linguistic and contextual refinements were made.

Internal reliability is ensured using Cronbach's alpha values which did not fall under the 0.7 threshold. All factor loadings meet the set standard of 0.6 for each item, and the AVE scores established that all relevant constructs had convergent validity.

RESULTS

Analyse the data collected from selected healthcare practitioners across Pakistan to answer the statement of the problem in the study. A total number of 395 responses were collected, cleaned, and prepped for analysis. SmartPLS 3.0 was used for structural equation modelling, while SPSS 23 was used for descriptive statistics and data screening. The study intended to validate the hypotheses formulated and examine the identified relationships and the primary constructs, which included abusive supervision (AS), job stress (JSS), organisational commitment (OC), job satisfaction (JS), power distance (PD), and turnover intention (TI).

The processes of data analysis adhered to Hair et al.'s (2014) two-step approach: (1) evaluation of the measurement model, which entails assessment of construct validity and reliability, and (2) evaluation of the structural model, which involves testing the relationships among the constructs, including mediation and moderation.

Demographic Profile of Respondents

Table 1 presents the demographic distribution of the respondents. Of the 395 participants, 63.5% were female and 36.5% were male, reflecting the growing participation of women in the healthcare workforce in Pakistan. In terms of age, most respondents (52%) were between 26–35 years, followed by 21% under 25 years, and

27% over 36 years.

Regarding designation, 48% were junior doctors, 32% paramedical staff, and 20% administrative/medical officers. Approximately 58% worked in public hospitals and 42% in private hospitals, indicating a balanced representation. Respondents came from all four provinces, with a majority based in Punjab and Sindh. In terms of education, 67% held a bachelor's or equivalent degree (MBBS, BDS, etc.), and 33% held postgraduate qualifications.

These demographics ensure the sample captures diverse perspectives across age, gender, region, hospital type, and job category.

Data Screening and Preparation

Prior to analysis, data were screened for completeness and consistency. Cases with excessive missing values (n=7) were removed, and the final dataset comprised 395 complete responses.

Outliers were checked using Mahalanobis distance and boxplots. No significant multivariate outliers were detected. Normality was assessed through skewness and kurtosis values, all of which were within ± 2 , indicating acceptable univariate normality for PLS-SEM analysis.

Common Method Bias (CMB) was assessed using Harman's single factor test in SPSS. The first factor explained only 31.2% of the variance, below the 50% threshold, indicating that common method bias was not a major concern.

Measurement Model Assessment

Reliability Analysis

Table 2 summarizes the internal consistency measures. All constructs exceeded the recommended thresholds for Cronbach's Alpha (>0.70) and Composite Reliability (CR >0.70).

Construct	Cronbach's Alpha	Composite Reliability (CR)
Abusive Supervision	0.91	0.93
Job Stress	0.87	0.89
Organizational Commitment	0.88	0.91
Job Satisfaction	0.85	0.88
Power Distance	0.83	0.86
Turnover Intention	0.90	0.92

Convergent Validity

All constructs demonstrated convergent validity with Average Variance Extracted (AVE) values exceeding the 0.50 benchmark. Factor loadings ranged from 0.61 to 0.88, confirming item reliability.

Discriminant Validity

The Fornell-Larcker Criterion confirmed discriminant validity. Each construct's AVE square root was higher than its correlation with other constructs. The HTMT ratio was also below 0.90 for all pairs.

Structural Model Assessment

Collinearity Assessment

All Variance Inflation Factor (VIF) values ranged between 1.21 and 2.46, indicating no multicollinearity concerns.

Path Coefficients and R² Values

Path coefficients were calculated using **bootstrapping with 5000 resamples**. Results are shown in Table 3.

Hypothesis	Path Coefficient (β)	t-value	p-value	Result
H1: AS \rightarrow TI	0.282	4.89	0.000	Supported
H2: JSS \rightarrow TI	0.312	5.27	0.000	Supported
H3: OC \rightarrow TI	-0.204	3.68	0.001	Supported
H4: JS \rightarrow TI	-0.291	5.02	0.000	Supported

The R² value for turnover intention was 0.573, indicating that 57.3% of the variance in turnover intention was explained by the predictor variables. R² for job satisfaction was 0.496.

Effect Sizes (f^2)

Job stress and abusive supervision showed moderate effect sizes ($f^2 > 0.15$), while organizational commitment and job satisfaction had small effect sizes ($f^2 > 0.02$). These results confirm the predictive significance of the model.

Hypotheses Testing Summary

All direct hypotheses were statistically significant and in the expected direction. Specifically:

- Abusive supervision (H1) and job stress (H2) positively influenced turnover intention.
- **Organizational commitment (H3) and job satisfaction (H4) negatively influenced turnover intention.**
- These results support existing literature that links psychological strain and toxic leadership with voluntary exit behaviors, particularly in high-pressure environments like healthcare.

Mediation Analysis (Job Satisfaction)

To test the mediating role of job satisfaction, indirect effects were calculated using bootstrapping.

Indirect Path	Indirect Effect (β)	t-value	p-value	Mediation Type
AS \rightarrow JS \rightarrow TI	0.087	3.12	0.002	Partial
JSS \rightarrow JS \rightarrow TI	0.103	3.44	0.001	Partial
OC \rightarrow JS \rightarrow TI	-0.069	2.75	0.006	Partial

The results show that job satisfaction partially mediates the relationships between abusive supervision, job stress, organizational commitment, and turnover intention. This means that even when organizational stressors exist, their negative impact on turnover intention is somewhat buffered when employees are satisfied with

their jobs.

Moderation Analysis (Power Distance)

To test the moderating effect of power distance, interaction terms were created (e.g., AS × PD, JSS × PD, OC × PD). These were added to the structural model.

Moderation Path	Interaction β	t-value	p-value	Moderation Result
AS × PD → JS	0.032	1.21	0.226	Not Supported
JSS × PD → JS	0.067	2.03	0.043	Supported
OC × PD → JS	0.021	1.09	0.276	Not Supported

Only job stress × power distance showed a significant moderation effect, indicating that power distance weakens the negative effect of job stress on job satisfaction. In other words, employees in high power distance environments may tolerate stress more easily without it heavily impacting their satisfaction. However, the moderation of power distance was not significant for abusive supervision or organizational commitment, contrary to expectations.

The structural model provided strong support for the proposed hypotheses. All four direct effects (AS, JSS, OC, and JS on TI) were significant. Job satisfaction partially mediated the impact of AS, JSS, and OC on TI. Power distance moderated the relationship between job stress and job satisfaction but had no significant moderating effect on abusive supervision or commitment. The final model explained a substantial portion of the variance in turnover intention ($R^2 = 57.3\%$), indicating strong predictive relevance.

A summary of hypotheses is shown in Table 4:

Hypothesis	Statement	Result
H1	AS → TI	Supported
H2	JSS → TI	Supported
H3	OC → TI	Supported
H4	JS → TI	Supported
H5	AS → JS → TI (mediation)	Supported
H6	JSS → JS → TI (mediation)	Supported
H7	OC → JS → TI (mediation)	Supported
H8	PD moderates AS → JS	Not Supported
H9	PD moderates JSS → JS	Supported
H10	PD moderates OC → JS	Not Supported

DISCUSSION

Overview of Findings

This study aimed to explore the organizational predictors of turnover intention among healthcare professionals in Pakistan, with a specific focus on abusive supervision, job stress, organizational commitment, job satisfaction, and power distance. Utilizing PLS-SEM analysis, the study confirmed that all core predictors

significantly influenced turnover intention, either directly or indirectly. Additionally, job satisfaction played a mediating role, while power distance exhibited limited moderation. The results align with existing theories such as Conservation of Resources (COR) and Hofstede's cultural dimensions, offering nuanced insights into the turnover phenomenon in a high power-distance, resource-constrained healthcare environment.

Interpretation of Direct Relationships

The results confirmed that abusive supervision significantly increased turnover intentions. This finding corroborates prior research by Tepper (2000), which emphasized the psychological harm caused by hostile supervisory behavior. In Pakistan's hierarchical healthcare environment, such behaviors are often left unchecked due to social and cultural norms, exacerbating their impact. Healthcare professionals working under toxic leaders are more likely to emotionally disengage, which eventually translates into intentions to leave their jobs.

Similarly, job stress was positively associated with turnover intention. This outcome reinforces the assumptions of COR theory, which suggests that when individuals perceive consistent threats to their psychological and emotional resources, they resort to withdrawal as a coping mechanism. Healthcare professionals in Pakistan are frequently overworked, underpaid, and expected to perform under intense pressure—conditions that naturally foster stress and burnout. The high turnover intention in such environments is therefore both expected and urgent to address.

On the other hand, organizational commitment had a significant negative relationship with turnover intention, aligning with previous findings by Meyer and Allen (1991). Emotionally committed employees will be less likely to consider exit actions, even in adversarial scenarios, because they are emotionally invested in the organisation. Within the context of Pakistani healthcare, this means that fostering belongingness, purpose, and loyalty among employees can serve as an effective retention strategy.

Lastly, increasing job satisfaction significantly decreased employees' turnover intention, which, as expected, aligns with long-standing research observing employee satisfaction as a driver of organisational stability. Healthcare professionals are likely to endure remaining in their roles despite facing stressors because of other organisational components. This highlights the fundamental service environment, acknowledgement, control over one's work, professional advancement opportunities, and retention of medical staff.

Mediating Role of Job Satisfaction

The most profound finding of the study is the partial mediating role that job satisfaction plays between abusive supervision, job stress, organisational commitment and turnover intention. This finding follows the observations in the literature that job satisfaction can act as a psychological buffer (Mackey et al., 2017). Employees who are subjected to abusive supervision or high-stress environments may still postpone their exit if they find some elements of their job rewarding or meaningful.

This form of mediation indicates that job satisfaction only partially mitigates the organisation's dysfunction. Quite the opposite; job satisfaction only diminishes the

severity of dysfunction in the organisation. Hence, increasing job satisfaction cannot be the sole strategy towards high turnover.

Moderating Role of Power Distance

The study Hofstede's (1984) framework of power distance as a cultural moderator. Interestingly, power distance moderated only one relationship – the relationship between job stress and job satisfaction – but had no impact on abusive supervision or organisational commitment. Findings of study have both practical and theoretical relevance.

From a cultural perspective, high power distance indicates an acceptance of hierarchy and authority, even if the figure in authority is behaving improperly. For example, in Pakistan, it is the norm for employees at lower levels of the organisation to endure unreasonable expectations or micromanagement from their managers. Therefore, lack of significant moderation in the relationship between power distance and abusive supervision could be indicative of some type of passive acceptance of hierarchical abuse or normalisation of abuse.

Although in this case there seems to be an absence of institutional power, moderation with job stress and job satisfaction shows the presence of some power distance. In this case, it suggests that power distance does shape employees' responses to organisational challenges. In a strong power distance culture, employees might regard harsh work environments as unavoidable, or "part of the system", thus lessening the negative impact on their job satisfaction. In moderation, this tolerant attitude could lead to chronic unhappiness and burnout.

CONCLUSION

In a chronically understaffed country, this research aimed to explore the organisational factors driving turnover intentions of healthcare personnel in Pakistan. Employing a quantitative approach and structural equation modelling, the research found that abusive supervision, job stress, and organisational commitment have pronounced effects regarding the intent of healthcare employees to leave their organisations. Moreover, job satisfaction was found to only partially mediate these relationships, whereas power distance tended to have a slightly moderate influence.

The results strongly validate the application of the Conservation of Resources (COR) theory to the context of Pakistan. As suggested by the COR framework, employees facing chronic resource depletion emanating from toxic supervision, relentless stress, or unmet expectations are highly susceptible to developing exit intentions. The finding regarding the mediating role of job satisfaction underscores the significance of employee satisfaction as a mitigator of workplace stressors.

Also notable is that power distance only moderates the relation job stress had with job satisfaction, whereas it had no effect concerning abusive supervision and commitment to satisfaction. The intricate culture of the organisation's hierarchy comes to the fore. Subordinates may, because of the disproportionate veneration of authority, withstand certain negative behaviours, but emotionally, in respect of satisfaction and burnout, they pay a heavy price.

The findings of this research suggest that in order to reduce turnover intentions

in healthcare, a more comprehensive strategy is needed. It is important to address organisational concerns such as leadership style or job demands, but there are also sociocultural frameworks that need attention.

Recommendations

Methodologically, here is an example of how the problem of abusive supervision can be addressed. Healthcare organisations need to improve ethical leadership, emotional intelligence, and communication among the staff; therefore, training modules should be developed. Furthermore, leaders need to be held accountable beyond goal achievement. They ought to be held accountable for human relations and respectful work environments as interpersonal culture. Organisations need to offer stress management services such as flexible rotation scheduling, employee assistance programmes (EAPs), and mindfulness workshops. The sufficiency of resources and support offered positively correlates with elevated stress and overall well-being.

Limitations And Future Research

While the study offers robust insights, it is not without limitations. Generalisability is restricted due to the convenience sampling bias, alongside the self-reported data. In addition, the cross-sectional design hinders determining the causal relationships between the constructs.

Incorporating moderators such as emotional intelligence, leadership style, or sector type (public vs. private) into the research framework can enhance the scope of future research, along with adopting longitudinal designs that track turnover behaviour over a prolonged timeframe.

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