

Study on the Relationship between Workplace Loneliness and Turnover Intention of Medical Staff Based on Emotion Theory

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Abstract: The turnover intention caused by the loneliness of medical staff in the workplace has become the focus of psychological research. From the perspective of emotional state theory, emotional cognition and satisfaction are the important support of workplace sense of gain. Due to the busy working state of medical staff and the high pressure of doctors and patients for a long time, it is easy to produce negative emotions. With the continuous accumulation of negative emotions, it will lead to the exclusion of the existing working state and environment, and resignation will become the outlet of emotional excretion. This paper will discuss the relationship between workplace loneliness and turnover intention of medical staff from the perspective of emotional state theory.

1. Introduction

This paper analyzes the multidimensional relationship between workplace loneliness and turnover intention of medical staff from the emotional state theory. The emotional state theory is a theory widely used in psychology. Its psychological views and theories are based on the emotional state, and the sense of well-being embodied in this state has become the core and main content of the theory. As a psychological interpretation of happiness, the emotional cognitive theory of psychology is added to deepen people's cognition and evaluation of their own psychological status.

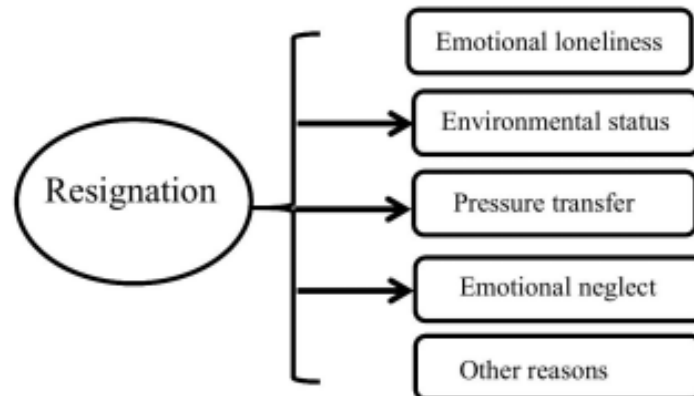
2. Formation of Workplace Loneliness of Medical Staff

There are several reasons for the loneliness of medical staff in the workplace. Firstly, it is caused by the workplace environment. In the environment of medical staff, the pace of work is very fast, and the emotional communication of medical staff is very few, especially when the contradiction between doctors and patients is easy to stimulate tension, the lack of security of medical staff is relatively large, which will naturally form workplace loneliness. Secondly, the personal emotional well-being of medical staff is weak, which is reflected in that medical staff often have difficult emotional problems due to their busy work. In particular, nurses do not have time to fall in love due to "three shifts", so they can't enjoy emotional communication like normal young people. Finally, facing people suffering from diseases every day has a certain impact on their mental health. For medical staff who are more sensitive to their own psychology will suffer greater pressure and more psychological negative energy for a long time. If they can't excrete in time, it is easy to affect their working state. Therefore, the formation of workplace loneliness of medical staff is mainly in the above aspects. In addition, for medical staff, the lack of sense of belonging will also form workplace loneliness^[1].

3. Analysis on the Relationship between Workplace Loneliness and Turnover Intention of Medical Staff

According to the statistics of the Health Care Commission, the turnover rate of medical staff is 3 per cent higher than the industry average. In addition to the normal job hopping and mobility of medical work, many medical staff choose to leave the medical industry and engage in other jobs.

From the turnover of medical staff in our hospital in recent two years, it has a great relationship with workplace loneliness, which is mainly reflected in the interaction in the following aspects, as shown in Figure 1.



Resignation: turnover

Environmental status: Environmental status

Emotional neglect: Emotional neglect

Emotional loneliness: Emotional loneliness

Pressure transfer: Pressure transfer

Other reasons: Other reasons

Figure 1 Relationship between turnover and workplace loneliness

It can be seen from the above figure that the reasons for resignation are related to emotional loneliness and emotional neglect, indicating that emotion accounts for a large proportion in the resignation process of medical staff. Especially when the emotional cognition of medical staff changes, it is easy to cause contradictions and conflicts in other cognitive fields. For example, emotional loneliness will also affect the sense of belonging to work. It will also have an impact on the environmental state, especially it will form compound pressure, resulting in the emergence of resignation decision [2].

In addition to the reasons for emotional loneliness, the turnover intention of medical staff will also be affected by other factors, which will aggravate the occurrence of emotional loneliness. For example, working in hospitals with high environmental state and doctor-patient contradiction pressure will further aggravate the emergence of turnover intention of medical staff. Therefore, the turnover intention of medical staff is interactive, as shown in Figure 2.

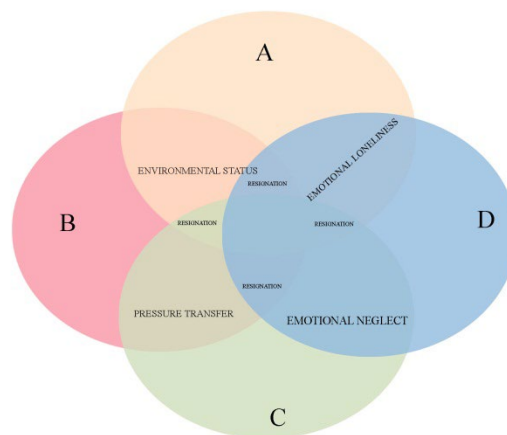


Figure 2 Reason interaction diagram of medical staff turnover

As can be seen from Figure 2, the state of the environment, emotional loneliness, emotional neglect and pressure transfer interact with each other and form a relationship with turnover.

4. Psychological Evolution of Workplace Loneliness and Turnover Intention of Medical Staff

The generation of workplace loneliness of medical staff means the synchronous generation of turnover intention, because the workplace loneliness is not determined by a single factor, but

formed by the superposition of multiple factors, and finally evolved into turnover intention and momentum. From the perspective of emotion theory, this is the motivation determined by the change of state to the difference of cognition. According to the author's investigation, there is a certain evolution process or cycle of workplace loneliness, which includes the initial cognition of medical staff on the workplace, the formation of cognitive model and the generation of evaluation. This evolution cycle varies from person to person. It takes a few years or a few months, so this evolution process also determines the degree of emotional investment. For example, some medical staff come to the hospital as soon as they graduate. They have no experience in other hospitals, which also reduces the differences in evaluation caused by comparison. However, over time, they will collect information from different channels to make evaluation. This process is relatively long. For those medical staff who have worked in different hospitals, their emotional factors are less, and the evaluation formation time is short. For these medical staff, they may come to the hospital for family reasons, such as being close to home, or because of income, they have less emotional investment. But for medical staff, regardless of the cycle of psychological evolution, there is a need for emotional satisfaction. When the degree of emotional satisfaction is not high, they will feel lonely.

5. Strategies to Improve the Workplace Well-being of Medical Staff

For medical staff, the acquisition of workplace happiness varies from person to person. Different individuals have different happiness indexes. They reflect different levels of Maslow's demand theory. From the emotional state theory, the happiness of medical staff is related to the five options in Figure 1. To improve their happiness, they need to improve these five options, and make the five options form a benign interaction.

First, improve the sense of emotional acquisition of medical staff. Emotional acquisition is an effective way to relieve emotional loneliness. Emotional acquisition has several aspects. Married medical staff need to care about their family life and family harmony. For unmarried and single medical staff, we should consider their mate selection and find a partner, put ourselves in their shoes, establish a bridge of normal communication with medical staff, and form a strong psychological support. Emotional loneliness can't be eliminated in a short time. It is necessary to measure the emotional loneliness of different medical staff and set up relief paths ^[3].

Second, the state of the environment is based on the state of the workplace. Therefore, the hospital should establish strategies to optimize the state of the environment from the perspective of protecting medical staff, such as improving the promotion channel of medical staff, optimizing the job evaluation path, and encouraging young medical staff to complete emotional compensation through continuous improvement of medical technology and ethics, and through the praise and good reputation of patients. The change of environmental state is positive and needs in-depth understanding, but at the same time, it also needs to establish a "people-oriented" maintenance path. Instead of blindly emphasizing the maximization of economic interests, it is positive and beneficial to establish a fair and orderly development space ^[4].

Third, the pressure of medical staff is great, whether it is work pressure, life pressure and the pressure of making friends. So how to compensate for the emotional pressure of medical staff is a very important point. If the pressure can't be relieved in time, it will lead to stress fatigue and pressure transfer. Many medical staff often choose to resign to seek help in the process of pressure transfer, which is also a method of self relief.

Fourth, emotional neglect is determined by the working environment and living state. Emotional neglect is manifested in too busy work and lack of emotional interaction. Second, emotional neglect is caused by no emotional life. No matter which reason will affect the physical and mental health of medical staff. From this point of view, it is necessary to establish the emotional care of medical staff, understand the causes of emotional neglect, so that medical staff can really feel they are a part of the big family of the hospital, and they are valued and respected by others.

Fifth, establish a psychological relief path for medical staff's emotional loneliness. For medical staff, the emergence of mental sub-health status is common. Although they are medical staff, their

ability of self-adjustment is weak after all, and they need to be further relieved by psychological counseling. Therefore, the establishment of psychological relief path for medical staff has become an urgent work. This will really enable medical staff to work at ease and have a stable emotional state, which is of positive significance to the acquisition of happiness.

6. Conclusion

There is a close relationship between workplace loneliness and turnover intention of medical staff. This paper analyzes it from four main dimensions, and carries out strategy optimization and suggestions according to these dimensions. Whether medical staff can really relieve workplace loneliness requires a systematic support and understanding, support and care of society, family and unit.

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