

Mediation Role of Social Support and Burnout Between Financial Satisfaction and Turnover Intention in Primary Care Providers: A Cross-Sectional Study

Huosheng Yan

Anhui Medical University

Lingzhi Sang

Anhui Medical University

Hongzhang Liu

Anhui Medical University

Cancan Li

Anhui Medical University

Zijing Wang

Anhui Medical University

Ren Chen

Anhui Medical University

Hong Ding

Anhui Medical University

Zhi Hu

Anhui Medical University

Guimei Chen (✉ cgm801@126.com)

Anhui Medical University

Research article

Keywords: Social support, Burnout, Financial satisfaction, Turnover intention, Structural equation modeling.

Posted Date: October 29th, 2020

DOI: <https://doi.org/10.21203/rs.3.rs-97444/v1>

License:   This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Version of Record: A version of this preprint was published on March 19th, 2021. See the published version at <https://doi.org/10.1186/s12913-021-06270-1>.

Abstract

Background: Turnover intention is a major cause of reduced team morale and low work efficiency. It hinders work performance and reduces the quality of medical services. This study aimed to investigate the relationship between financial satisfaction and turnover intention and its mediators among primary care providers.

Methods: Stratified sampling was used to select 1241 participants from three counties in Anhui province, China. Data were collected using self-administered questionnaire. Turnover intention was assessed with a turnover intention assessment scale. Social support and burnout were measured with the 12-item Perceived Social Support Scale and the Chinese version of the Maslach Burnout Inventory, respectively. Structural equation modeling was used for data analysis.

Results: The findings showed high turnover intention among primary care providers (mean score 14.16 ± 4.337), and most providers reported low financial satisfaction (mean score 2.49 ± 0.990). The mean social support score was 64.93 ± 13.229 , and only 6.1% of primary care providers reported no burnout. Compared with participants with high financial satisfaction, those with low financial satisfaction were more likely to report higher turnover intention ($\beta = -0.216$, $p < 0.001$), more social support ($\beta = 0.181$, $p < 0.001$), and more severe burnout ($\beta = -0.123$, $p < 0.05$). Turnover intention may be related to social support ($\beta = -0.147$, $p < 0.001$) and burnout ($\beta = 0.239$, $p < 0.001$). Furthermore, the effect of financial satisfaction on turnover intention was significantly mediated by social support ($\beta = -0.027$, $p < 0.001$) and burnout ($\beta = -0.029$, $p < 0.05$).

Conclusions: Turnover intention is associated with financial satisfaction, with this association mediated by social support and burnout. A reasonable mechanism needs to be established to improve the financial satisfaction and social support and reduce burnout among primary care providers.

Background

Strengthening the primary healthcare system is one of the five key targets of China's healthcare reform, which started in 2009 [1]. This healthcare reform substantially improved access to and affordability of primary healthcare, and reduced the disease burden [2]. However, primary healthcare providers face tremendous pressure caused by low levels of training and income. Although the Chinese government has invested many resources in healthcare reform, the reform of the drug system resulted in financial losses for primary care providers, and incentives for primary care providers may be lacking [3]. Over the past decade, the number of primary care providers increased from 3.3 million to 3.8 million because of the continuing increase in demand for health services, but the proportion of primary care providers among all health workers declined from 40.0–32.6% [4]. The shortage of qualified primary care providers remains a critical challenge in healthcare, and hinders the further development of the primary care system. Given the long time needed to train qualified health workers, strategies that can be implemented to reduce burnout and turnover intention among primary care providers are key concerns in the current situation.

Financial incentives act as motivation that affects practice behaviors of primary care providers, and represents a policy option that can be introduced quickly to induce a behavioral response from primary care providers [5]. However, the same income level may be associated with differences in quality of life across different parts of China because of disparity in regional economic levels. Financial satisfaction is a subjective factor that can eliminate the differences associated with the level of regional economic development. Sufficient financial satisfaction can encourage primary care providers to provide better quality care to patients [6], and providers who provide the highest quality care may be those that are most likely to claim incentive payments [7]. Despite the increase in primary care providers' income in recent years, the salary gap between primary care providers and doctors in general hospitals has widened over the past decade, and primary care providers earn around half as much as general hospital doctors [8]. Higher income satisfaction may reduce turnover intention among primary care providers [9] and reduce the pressure from human resources shortages. However, the primary healthcare system cannot attract younger primary care providers because of the low wages and minimal benefits [2]. Resolving the shortage of doctors working in primary care resulting from financial dissatisfaction has become a problem for policymakers.

Turnover intention is a major challenge in the primary healthcare system, and is defined as the possibility of an employee resigning within a certain period [10]. Previous studies showed that the proportion of turnover intention among primary care providers in China ranged from 42.3–58.0% [11, 12]. This high turnover rate is associated with economic losses. It has been estimated that the recruitment, training and productivity costs associated with turnover may be more than 5% of the total annual operating budget of a major medical center [13]. Furthermore, a heavier workload, reduced team morale, and lower work efficiency are unavoidable in the context of high turnover intention, and subsequently hinder work performance [14]. Turnover intention is affected by various factors, such as job satisfaction, work pressure, and burnout [11]. In addition, financial dissatisfaction has frequently been associated with turnover intention. A study involving Chinese primary care providers found low financial satisfaction was associated with turnover intention (odds ratio [OR] = 0.43, $P < 0.001$) [15]. However, it remains unclear whether there are other factors that mediate the association between income and turnover.

Few studies have investigated the mechanism linking financial satisfaction with turnover intention among primary care providers. However, understanding this relationship is essential for developing effective measures to reduce turnover intention. Burnout is a prolonged response to chronic emotional and interpersonal job-related stressors, and is characterized by exhaustion, cynicism, and inefficacy [16]. A systematic review of the prevalence of burnout found that 67.0% of people had burnout [17]. As well as contributing to poor job performance, productivity decline, and high absence and turnover rates, burnout can exert a negative effect on a person's colleagues [18]. Furthermore, burnout also negatively impacts quality of sleep, job satisfaction, and coping strategies [19]. Many factors are known to contribute to burnout among primary care providers, including excessive workloads, clerical burdens, work-home conflicts, and financial dissatisfaction [20, 21]. Improving income levels can help reduce burnout. Social support is generally defined as individuals' perceptions of available material, emotional, or spiritual support from other individuals or groups of people [22]. A previous study showed that financial

satisfaction was associated with higher social support [23]. Social support has also been shown to be a predictor of burnout in Chinese healthcare providers [24]. In addition, social support was found to be a reason for turnover intention, and also acted as a partial mediator between job satisfaction, burnout, and turnover intention [25].

Therefore, this population-based study aimed to: a) explore the associations between financial satisfaction and turnover intention among primary care providers, and b) test the extent to which the association between financial satisfaction and turnover intention may be mediated by social support and burnout. Our findings will contribute to improving work efficiency and alleviating the shortage of primary care providers.

Methods

Study Design and Population

We conducted a cross-sectional study in three counties in Anhui province. Anhui province is a major province in the east of China with a large population. Anhui is divided into northern, central, and southern parts because of economic, cultural, and demographic differences. Anhui was the pilot province for the primary healthcare system in China. The primary care providers in this study included medical staff from community health service centers, township health centers, and village clinics.

A random sampling method was used to select one county from the northern, central, and southern areas of Anhui province (three counties in total). A questionnaire was conducted with primary care providers in the selected counties and towns. Each participant completed a self-administered questionnaire independently and anonymously, but research staff was available to address any questions. In each district, the questionnaires were collected by research staff immediately after they were completed by primary care providers. The exclusion criteria for our study were: a) worked for less than 1 year; b) selected the same option for all questions; and c) incomplete answers to the questionnaire. For the present analysis, we included 1214 participants with complete information for the variables analyzed.

Several training sessions were conducted for research staff before the investigation. The study was approved by research ethics committee, and all participants voluntarily participated in the survey after providing their informed consent.

Measures

Financial satisfaction

The independent variable was primary care providers' financial satisfaction. Financial satisfaction was measured using one item that was developed and used in a previous study [26]. Participants were asked:

“How satisfied are you with your financial situation?” Response options were: “very satisfied,” “satisfied,” “somewhat satisfied,” “dissatisfied,” and “very dissatisfied.”

Turnover intention

The dependent variable was primary care providers’ turnover intention. Turnover intention was measured with a modified version of a turnover intention assessment scale, which consisted of six items. The Chinese version of this scale was developed by Mickaeland et al. [27]. Responses were on a four-point Likert ranging from 1 = “never” to 4 = “always.” The total score of the six items was computed as the score for turnover intention, which ranged from 6 to 24; a higher score indicated a stronger turnover intention. A previous study conducted among general practitioners reported the Cronbach’s α for the scale was 0.740 [28], indicating that the scale had good internal consistency.

Social support

The 12-item Perceived Social Support Scale was used to measure perceived social support [29]. This instrument contains 12 items on three subscales: family (items 3, 4, 8, and 11), friends (items 6, 7, 9, and 12), and others (items 1, 2, 5, and 10). The items were rated with a seven-point Likert scale from 1 (“definitely disagree”) to 7 (“definitely agree”). The total score is an equally weighted sum of the 12 items, ranging from 12 to 84. A higher score indicates more social support. The Cronbach’s α was 0.940 in this study, which indicated that the questionnaire was applicable.

Burnout

Burnout was measured using the Chinese version of the Maslach Burnout Inventory [30], which was revised by Li et al. and used in a previous study [31]. This adapted version consists of 15 items grouped on three dimensions, each with five items: emotional exhaustion, cynicism, and efficacy. Responses were on a seven-point scale from 1 (never) to 7 (always), and total scores ranged from 15 to 105. Burnout was divided into four grades: no burnout, slight burnout, moderate burnout, and severe burnout. The Cronbach’s α for the scale was 0.816 [31].

Covariables

To control for potential confounding variables, age (years), gender, and marital status were examined as adjustment variables.

Statistical Analysis

Descriptive statistics were used to summarize the distribution of participant characteristics, the frequency of occurrence of categorical variables (percentages), and the means and standard deviations (SD) of continuous variables.

Structural equation modeling (SEM) is an optimal statistical technique for evaluating a priori models, identifying mediators, and elucidating direct and indirect paths between variables. We used structural equation modeling to investigate the associations between financial satisfaction, turnover intention, and

potential mediator mechanisms. Mediation analysis, which is part of structural equation analysis, was used to analyze the relationships between exposure, outcome, and mediating variables. In Fig. 1, financial satisfaction was treated as an exogenous variable, estimating two latent variables (social support and burnout).

Maximum likelihood was used to estimate model parameters. The model fit was estimated by: a) ratio of chi-square value to degrees of freedom ($\chi^2/df \leq 3$); b) comparative fit index (CFI) ≥ 0.90 ; c) standardized root mean square residual (SRMR) < 0.05 ; and d) root mean square error of approximation (RMSEA) < 0.05 [32]. Descriptive analyses were performed using SPSS 25.0 Statistics for Windows, version 25.0 (IBM Corp, Armonk, NY, USA). Mplus, version 7.4 (Muthen & Muthen, Los Angeles, CA, USA) was used for the structural equation modeling.

Results

Characteristics of Study Participants

The mean age for the 1214 participants was 40.26 (SD = 8.614) years, 55.0% were women, and 91.3% were married (6.8% were unmarried, 1.3% were divorced, and 0.7% were widowed).

We found that 6.1% of participants had no burnout, 45.0% had slight burnout, 37.6% had moderate burnout, and 11.3% had severe burnout. The mean financial satisfaction score was 2.49 (SD = 0.990) out of a possible total score of 5. The mean score for turnover intention was 14.16 (SD = 4.337), indicating that participants had a moderate turnover intention. Furthermore, the mean social support score was 64.93 (SD = 13.229) (Table 1).

Table 1
Participants' characteristics at baseline

Variables	Mean (SD)	n (%)
Age	40.26(8.614)	
Gender		
Male		45.0
Female		55.0
Marital status		
Married		91.3
Unmarried		6.8
Divorced		1.3
Widowed		0.7
Financial satisfaction	2.49(0.990)	
Turnover intention	14.16(4.337)	
Social support	64.93(13.229)	
Burnout		
No		6.1
Slight		45.0
Moderate		37.6
Severe		11.3

Structural Equation Modeling

Models were built to estimate the relationships between financial satisfaction, turnover intention, social support, and burnout (Fig. 1). The model fit indices and standardized direct effects among four variables and indirect effects of two mediation variables are shown in Tables 2 and 3, after adjusting age, gender, and marital status. The model fit indices were evaluated as: $\chi^2/df = 2.909$, CFI = 0.978, SRMR = 0.039, RMSEA = 0.040 and 90% confidence interval (CI) = 0.033 to 0.046, which showed the model had good fit.

Table 2
Model fit indices

Model Fit	Home
χ^2/df	2.909
CFI	0.978
SRMR	0.039
RMSEA	0.040(0.033, 0.046)

Table 3
Standardized direct and indirect effects

Variables	Standardized coefficient
Direct effects	
Financial satisfaction	
Social support	-0.123(-0.210, -0.017) *
Burnout	0.181(0.125, 0.234) **
Turnover intention	-0.216(-0.279, -0.152) **
Social support	
Burnout	-0.270(-0.355, -0.178) **
Turnover intention	-0.147(-0.217, -0.080) **
Burnout	
Turnover intention	0.239(0.140, 0.328) **
Indirect effects	
Financial satisfaction → Social support → Turnover intention	-0.027(-0.042, -0.013) **
Financial satisfaction → Burnout → Turnover intention	-0.029(-0.059, -0.003) *
Financial satisfaction → Social support → Burnout → Turnover intention	-0.012(-0.019, -0.005) **
Total Indirect	-0.068(-0.100, -0.037) **
** $p < 0.001$, * $p < 0.05$; Adjusted for age, gender, and marital status.	

Relationships Among Variables

In the SEM, financial satisfaction had a significant direct effect on turnover intention ($\beta = -0.216$, 95% CI -0.279 to -0.152); participants with higher financial satisfaction were more likely to report low turnover intention. Financial satisfaction was significantly associated with two mediating variables. Higher

financial satisfaction was associated with an increased likelihood of having burnout ($\beta = -0.123$, 95% CI - 0.210 to - 0.017) compared with low financial satisfaction. In terms of social support, financial satisfaction often reflected higher social support ($\beta = 0.181$, 95% CI 0.125–0.234) for primary care providers.

Associations were also found between turnover intention and the two mediating variables. A higher social support score was associated with lower turnover intention ($\beta = -0.147$, 95% CI - 0.217 to - 0.080). In addition, turnover intention was significantly influenced by burnout ($\beta = 0.239$, 95% CI 0.140 to 0.328), and participants with higher burnout were more likely to report higher turnout intention.

Furthermore, the association between two the mediating variables (social support and burnout) was significant, with low social support indicating higher burnout ($\beta = -0.270$, 95% CI - 0.355 to - 0.178). The direct and indirect effects were significant before and after the covariates were added into the model. More details are shown in Table 2.

Mediation Role of Social Support and Burnout

The multi-serial mediator model demonstrated that social support played a potential mediating role in the association between financial satisfaction and turnover intention ($\beta = -0.027$, 95% CI - 0.042 to - 0.013). Burnout also displayed a mediator effect in the relationship between financial satisfaction and turnover intention ($\beta = -0.029$, 95% CI - 0.059 to - 0.003). In addition, the indirect effect on financial satisfaction and turnover intention, mediated by social support to burnout, was significant ($\beta = -0.012$, 95% CI - 0.019 to - 0.005). Overall, the three indirect pathways between financial satisfaction and turnover intention were not greater than the direct pathway. In terms of three potential mediating pathways, burnout was greater than the other two pathways.

Discussion

This study presented critical information regarding the current profile of financial satisfaction, turnover intention, social support, and burnout and their relationships among primary care providers in China. Our results showed that financial satisfaction was strongly related to turnover intention, and individuals who were dissatisfied with their financial situation had a higher risk for turnover intention. However, this correlation occurred through both direct and indirect effects. Financial satisfaction had a significant indirect effect on turnover intention mediated by social support and burnout. Moreover, the pathway from social support to burnout played a mediating role between financial satisfaction and turnover intention.

The results showed that primary care providers were generally dissatisfied with their financial situation. This finding was consistent with a previous study that found primary care providers were the least satisfied with their income [33]. Since 1980, primary care providers in China have been able to charge a 15% markup on drug sales, but this was abolished in 2017 because of over-prescribing of drugs. The government increased its subsidy for primary healthcare institutions, but this policy substantially reduced the incomes of primary care providers [2]. The mean score for turnover intention was 14.16, which was

similar to previous results for general practitioners [28]. The possible interpretation for the high-level turnover intention among Chinese primary care providers is their heavy workload, low income level, and few professional development opportunities [15]. Moreover, 11.3% of participants reported severe burnout, which was higher than that reported among Chinese primary care doctors [34] and primary care providers in the US [35]. The mean score for social support in this study was 64.93, which was lower than reported in a previous study involving Chinese physicians [25].

To our knowledge, this is the first population-based study among Chinese primary care providers that investigated the relationship of financial satisfaction and turnover intention as well as the mediating roles of social support and burnout. Prior studies observed correlations between financial satisfaction and turnover intention [9, 28]. However, those studies used different participant groups (e.g., specialist physicians) or analysis methods (e.g., traditional regressions and correlations). Although those studies differed from ours in terms of specific details, the results regarding the negative relationship between financial satisfaction and turnover intention were consistent, which confirms the results of our study.

This study found that financial satisfaction was associated with an increased likelihood of high social support among primary care providers. A study conducted among primary healthcare patients in Brazil suggested that people with a high income were more likely to receive more social support than those with a low income [36]. The workloads of primary care providers have surged since the introduction of the basic public health services program [37]. Furthermore, compared with workers with a low income, those with a high income may be able to get more support from coworkers [38]. However, income levels and workloads appear to be mismatched. Financial dissatisfaction may also reduce the desire for social intercourse, and increase pressure in family life. Support from social networks may therefore be reduced by financial dissatisfaction and lack of communication. We found a correlation between low social support and high risk for turnover intention, which was consistent with a previous survey of Chinese specialist physicians and emergency room nurses [25, 39]. Social relationships are established by primary care providers in daily life and also at work (e.g., physician–nurse, physician–leadership, and physician–patient relationships). Primary care providers can also receive encouragement and support from their daily life networks (e.g., family and friends) or from work networks (e.g., leaders and colleagues) when faced with increased workloads. These factors may explain the mediating role of social support in financial satisfaction and turnover intention observed in this study. Financial dissatisfaction may lead to decreased social support from family, friends, and colleagues because of lack of communication and increased life pressure, and turnover intention increases when there is a lack of social support.

Financial dissatisfaction means a higher level of burnout for primary care providers; although this has not been confirmed in primary care providers, it has been described in previous studies conducted among Korean doctors [9] and Chinese nurses [40]. Moreover, an association between burnout and turnover intention was observed in this study, which was consistent with earlier findings for physicians in the United States [41]. Factors predicting burnout include low reward, excessive workload, low organizational status, and low support [42]. Medical and basic public health services provided by primary care providers

that resulted in excessive workloads did not increase their income. Furthermore, there is no professional rank promotion system for primary care providers in China, which means it is difficult for them to gain a higher organizational status [43]. This may explain the associations between financial satisfaction, burnout, and turnover intention in primary care providers in this study. A mediating role of burnout between financial satisfaction and turnover intention was found in our study. Financial satisfaction was a predictor factor of burnout, and low financial satisfaction was reflected in a high level of burnout; that is, the higher level of burnout, the greater risk for turnover intention. In addition, we found a multi-serial mediation role of burnout through social support between financial satisfaction and turnover intention. Financial dissatisfaction may reduce social support through decreased social intercourse and increased family life pressure. Decreases in social support, especially support from colleagues, may increase the risk for burnout, thereby leading to increased turnover intention.

We selected age, gender, and marital status as covariables to control potential confounding variables in the SEM. The direct and indirect effects were significant before and after the covariates were added in the model.

The strengths of this research include the use of SEM, which is an analytical method suitable for evaluation and measurement that can eliminate measurement errors for variables that are difficult to measure, such as social support, burnout, and turnover intention. This study also showed a direct effect among four study variables and the mediation linking financial satisfaction with turnover intention, which is the first time this has been shown among primary care providers.

This study had several limitations. First, the measurements of financial satisfaction, turnover intention, social support, and burnout were obtained using self-administered questionnaires, meaning self-report bias might have impacted the results. Second, this study was a cross-sectional study, and the interpretation of causal inferences on the results is limited. Finally, the sample was selected from one province, so the extrapolation of conclusions to the national level could be challenged. These limitations need to be addressed in further research.

Conclusion

Our study indicates that financial dissatisfaction, low social support, and burnout can aggravate turnover intention. Furthermore, social support and burnout mediate the association between financial dissatisfaction and turnover intention. Our study offers an exploration of possible pathways between financial dissatisfaction and turnover intention, and may have implications for reducing turnover intention among primary care providers. Ultimately, our research findings may help to alleviate the shortage of primary care providers and improve the quality of medical services. First, remuneration mechanisms need to be established to increase the income of primary care providers; for example, income could be determined by workload or professional level. Second, suitable professional promotion and organizational management systems need to be established to encourage retention among primary

care providers. Finally, measures to improve social support and reduce burnout are needed, such as decreased workloads and improved organizational status for primary care providers.

Abbreviations

SEM

Structural equation modeling.

Declarations

Ethics approval and consent to participate

The study was approved by the Ethical Committee of Anhui Medical University (AMUREC:20170260). Written informed consent was provided by all participants prior to answering the questionnaire, including consent for de-identified data to be used in publications arising from the research.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

Funding

This study was funded by the Anhui Health Development Strategy Research Center (No.0503011216) and Major Project of Humanities and Social Sciences Research in Anhui Higher Education Institutions (No. SK2017A0169). The views expressed are those of the authors. The funder has no role in the conduct of the research or the decision to submit this report.

Authors' contributions

Study concept and design: GC and ZH; acquisition of data: LS and HL; analysis and interpretation of data: HY, CL and ZW; Drafting of the manuscript: HY; Critical revision of the manuscript for important intellectual content: GC, ZH, RC and HD. All authors have reviewed and approved the final manuscript for submission.

Acknowledgements

The authors are grateful to all participants who voluntarily agreed to complete the survey.

References

1. Chen Z. Launch of the health-care reform plan in China. *Lancet*. 2009;373:1322-4.
2. Li X, Lu J, Hu S, Cheng KK, De Maeseneer J, Meng Q, et al. The primary health-care system in China. *Lancet*. 2017;390:2584-94.
3. Yip WC, Hsiao WC, Chen W, Hu S, Ma J, Maynard A. Early appraisal of China's huge and complex health-care reforms. *Lancet*. 2012;379:833-42.
4. National Health Commission of China. *China Health Statistical Yearbook 2018*. Beijing, China: Peking Union Medical College Press; 2018.
5. Yip WC, Hsiao W, Meng Q, Chen W, Sun X. Realignment of incentives for health-care providers in China. *Lancet*. 2010;375:1120-30.
6. Hung LM, Shi L, Wang H, Nie X, Meng Q. Chinese primary care providers and motivating factors on performance. *Fam Pract*. 2013;30:576-86.
7. Kiran T, Victor JC, Kopp A, Shah BR, Glazier RH. The relationship between financial incentives and quality of diabetes care in Ontario, Canada. *Diabetes Care*. 2012;35:1038-46.
8. Ma X, Wang H, Yang L, Shi L, Liu X. Realigning the incentive system for China's primary healthcare providers. *Bmj*. 2019;365:l2406.
9. Oh S, Kim H. Turnover Intention and Its Related Factors of Employed Doctors in Korea. *Int J Environ Res Public Health*. 2019;16:2509.
10. Chao MC, Jou RC, Liao CC, Kuo CW. Workplace stress, job satisfaction, job performance, and turnover intention of health care workers in rural Taiwan. *Asia Pac J Public Health*. 2015;27: 1827-36.
11. Wen T, Zhang Y, Wang X, Tang G. Factors influencing turnover intention among primary care doctors: a cross-sectional study in Chongqing, China. *Hum Resour Health*. 2018;16:10.
12. Zhang M, Yan F, Wang W, Li G. Is the effect of person-organisation fit on turnover intention mediated by job satisfaction? A survey of community health workers in China. *BMJ Open*. 2017;7:e013872.
13. Waldman JD, Kelly F, Arora S, Smith HL. The shocking cost of turnover in health care. *Health Care Manage Rev*. 2010;35:206-11.
14. Tzeng HM. The influence of nurses' working motivation and job satisfaction on intention to quit: an empirical investigation in Taiwan. *Int J Nurs Stud*. 2002;39:867-78.
15. Gan Y, Jiang H, Li L, Yang Y, Wang C, Liu J, et al. A national survey of turnover intention among general practitioners in China. *Int J Health Plann Manage*. 2020;35:482-93.
16. Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Annu Rev Psychol*. 2001;52:397-422.
17. Rotenstein LS, Torre M, Ramos MA, Rosales RC, Guille C, Sen S, et al. Prevalence of Burnout Among Physicians: A Systematic Review. *Jama*. 2018;320:1131-50.

18. Panagioti M, Geraghty K, Johnson J, Zhou A, Panagopoulou E, Chew-Graham C, et al. Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis. *JAMA Intern Med.* 2018;178:1317-30.
19. Qiao Z, Chen L, Chen M, Guan X, Wang L, Jiao Y, et al. Prevalence and factors associated with occupational burnout among HIV/AIDS healthcare workers in China: a cross-sectional study. *BMC Public Health.* 2016;16:335.
20. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med.* 2018;283:516-29.
21. Pulcrano M, Evans SR, Sosin M. Quality of Life and Burnout Rates Across Surgical Specialties: A Systematic Review. *JAMA Surg.* 2016;151:970-8.
22. Sarason BR, Sarason IG, Pierce GR. Social support: An interactional view. 1990.
23. Ng W, Diener E. What matters to the rich and the poor? Subjective well-being, financial satisfaction, and postmaterialist needs across the world. *J Pers Soc Psychol.* 2014;107:326-38.
24. Liu Y, Aunguroch Y. Work stress, perceived social support, self-efficacy and burnout among Chinese registered nurses. *J Nurs Manag.* 2019;27:1445-53.
25. Duan X, Ni X, Shi L, Zhang L, Ye Y, Mu H, et al. The impact of workplace violence on job satisfaction, job burnout, and turnover intention: the mediating role of social support. *Health Qual Life Outcomes.* 2019;17:93.
26. Rautio N, Kautiainen H, Koponen H, Mäntyselkä P, Timonen M, Niskanen L, et al. Financial satisfaction and its relationship to depressive symptoms in middle-aged and older adults: results from the FIN-D2D survey. *Int J Soc Psychiatry.* 2013;59:239-46.
27. Michaels, Charles E, Spector, Paul E. Causes of employee turnover: A test of the Mobley, Griffeth, Hand, and Meglino model. *Journal of Applied Psychology.* 1982.
28. Gan Y, Gong Y, Chen Y, Cao S, Li L, Zhou Y, et al. Turnover intention and related factors among general practitioners in Hubei, China: a cross-sectional study. *BMC Fam Pract.* 2018;19:74.
29. Dahlem NW, Zimet GD, Walker RR. The Multidimensional Scale of Perceived Social Support: A confirmation study. *Journal of Clinical Psychology.* 1991;47:756-61.
30. Maslach C, Jackson S, Leiter M. The Maslach Burnout Inventory Manual. 31997. p. 191-218.
31. Zhou J, Yang Y, Qiu X, Yang X, Pan H, Ban B, et al. Relationship between Anxiety and Burnout among Chinese Physicians: A Moderated Mediation Model. *PLoS One.* 2016;11:e0157013.
32. Hu Lt, Bentler PM. Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling.* 1999;6:1-55.
33. Wang H, Jin Y, Wang D, Zhao S, Sang X, Yuan B. Job satisfaction, burnout, and turnover intention among primary care providers in rural China: results from structural equation modeling. *BMC Fam Pract.* 2020;21:12.
34. Gan Y, Jiang H, Li L, Yang Y, Wang C, Liu J, et al. Prevalence of burnout and associated factors among general practitioners in Hubei, China: a cross-sectional study. *BMC Public Health.*

2019;19:1607.

35. Edwards ST, Marino M, Balasubramanian BA, Solberg LI, Valenzuela S, Springer R, et al. Burnout Among Physicians, Advanced Practice Clinicians and Staff in Smaller Primary Care Practices. *J Gen Intern Med.* 2018;33:2138-46.
36. Azevedo C, Pessalacia JDR, Mata L, Zoboli E, Pereira MDG. Interface between social support, quality of life and depression in users eligible for palliative care. *Rev Esc Enferm USP.* 2017;51:e03245.
37. Sun Y, Luo Z, Fang P. Factors influencing the turnover intention of Chinese community health service workers based on the investigation results of five provinces. *J Community Health.* 2013;38:1058-66.
38. Hu SH, Yu YM, Chang WY, Lin YK. Social support and factors associated with self-efficacy among acute-care nurse practitioners. *J Clin Nurs.* 2018;27:876-82.
39. Bruyneel L, Thoelen T, Adriaenssens J, Sermeus W. Emergency room nurses' pathway to turnover intention: a moderated serial mediation analysis. *J Adv Nurs.* 2017;73:930-42.
40. Wang QQ, Lv WJ, Qian RL, Zhang YH. Job burnout and quality of working life among Chinese nurses: A cross-sectional study. *J Nurs Manag.* 2019;27:1835-44.
41. Willard-Grace R, Knox M, Huang B, Hammer H, Kivlahan C, Grumbach K. Burnout and Health Care Workforce Turnover. *Ann Fam Med.* 2019;17:36-41.
42. Lo D, Wu F, Chan M, Chu R, Li D. A systematic review of burnout among doctors in China: a cultural perspective. *Asia Pac Fam Med.* 2018;17:3.
43. Zhang M, Yang R, Wang W, Gillespie J, Clarke S, Yan F. Job satisfaction of urban community health workers after the 2009 healthcare reform in China: a systematic review. *Int J Qual Health Care.* 2016;28:14-21.

Figures

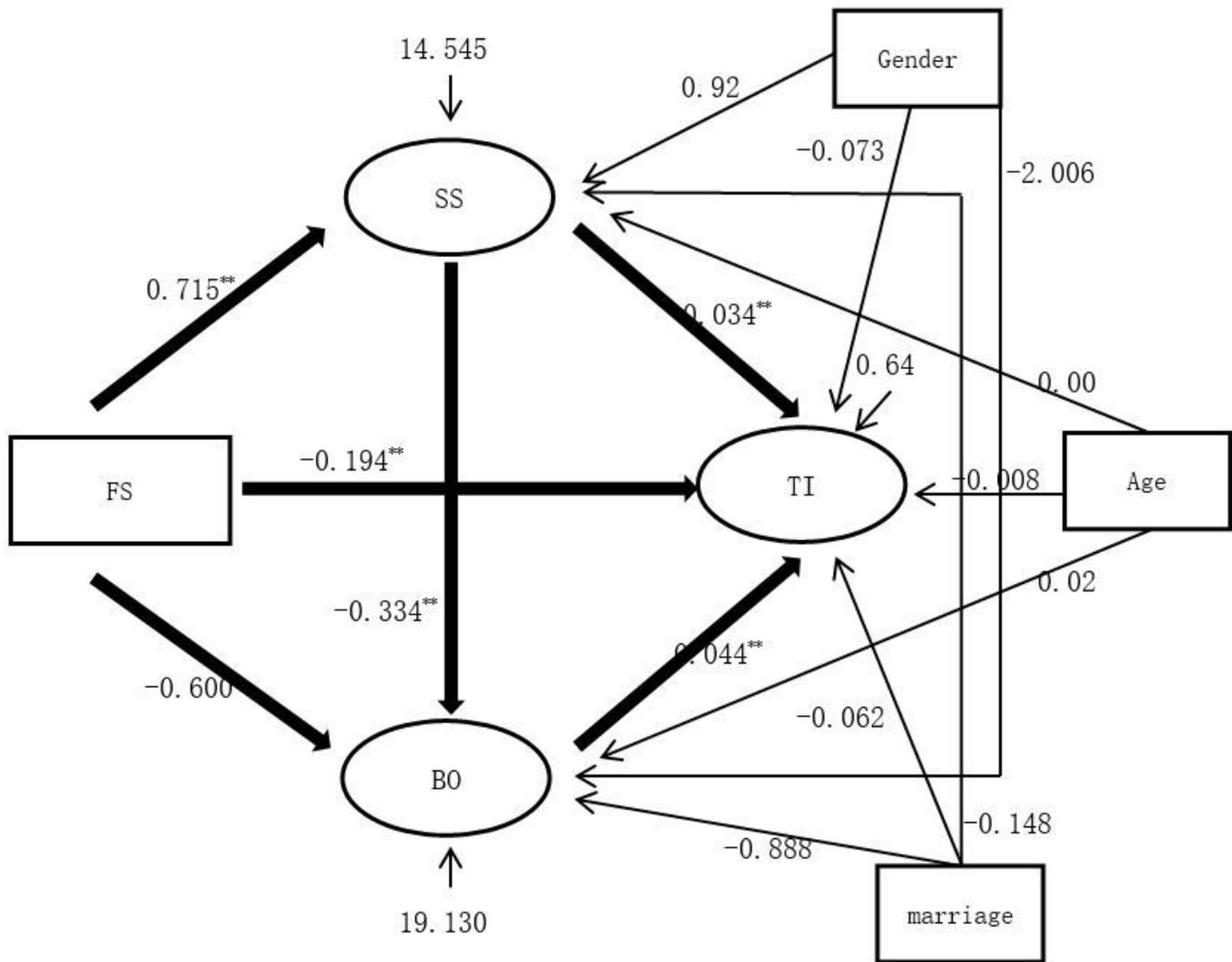


Figure 1

Results of the structural equation model. ** $p < 0.001$, * $p < 0.05$; Adjusted for age, gender, and marital status. IS: financial satisfaction, SS: social support, BO: burnout, TI: turnover intention.