

## Determinants of Nurses' Turnover Intention: A Systematic Literature Review

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### ABSTRACT

**Background:** Nurses play a pivotal role in ensuring healthcare quality and patient safety. However, many healthcare systems worldwide are struggling with high levels of nurse turnover. Turnover intention, defined as the cognitive process leading to the decision to leave a job, has been identified as the most immediate antecedent of actual turnover behavior, which can negatively impact healthcare delivery and organizational stability.

**Objective:** To explore and synthesize the current empirical literature on the determinants of turnover intention among nurses, with the goal of identifying key contributing factors and informing effective nurse retention strategies.

**Methods:** A systematic literature review was conducted using five major academic databases PubMed, Scopus, ScienceDirect, ProQuest, and Google Scholar. The search targeted peer-reviewed articles published between 2014 and 2024, in English or Indonesian, which investigated turnover intention among nurses. After screening 53 retrieved articles, 27 met the inclusion criteria and were analyzed thematically.

**Results:** Six major determinants of turnover intention among nurses were identified: (1) job satisfaction, (2) occupational stress and burnout, (3) workload and working conditions, (4) organizational and peer support, (5) leadership style, and (6) demographic or individual characteristics. These factors often interact dynamically, forming a complex psychosocial and organizational environment that shapes nurses' intention to stay or leave.

**Conclusion:** Turnover intention is a multifaceted phenomenon, and addressing it requires integrated strategies targeting structural, managerial, and personal dimensions. Healthcare organizations must focus on improving working conditions, promoting effective leadership, supporting emotional well-being, and recognizing demographic differences to mitigate nurse attrition.

**Keywords:** Turnover Intention, Nurse Retention, Job Satisfaction, Workload, Organizational Support.

### INTRODUCTION

The issue of nurse turnover has long been recognized as a major challenge across global healthcare systems, significantly impacting both the quality and continuity of patient care, as well as the economic and operational efficiency of healthcare organizations (Hayes et al., 2012). Among the various constructs used to measure potential workforce attrition, **turnover intention** defined as a conscious and deliberate desire or plan to leave one's current job in the near future has been consistently shown to be the most immediate and reliable predictor of actual turnover behavior (Mobley, 1977; Lu, Zhao, & While, 2019). This psychological disposition often develops over time due to a complex interplay of organizational dissatisfaction, emotional fatigue, and unmet personal or professional needs.

According to Boamah & Laschinger, (2016), nurses who experience dissatisfaction with their roles are more likely to disengage emotionally and cognitively from their organizations, a process that eventually culminates in withdrawal behaviors such as absenteeism or resignation. The ripple effects of high turnover are far-reaching: when experienced nurses leave, institutions not only incur financial losses related to recruitment and training, but also suffer declines in morale, cohesion, and clinical

performance among remaining staff (Yeun, 2014; Tourangeau & Cranley, 2006). These outcomes are especially detrimental in settings already facing shortages of qualified personnel.

Furthermore, evidence suggests that turnover intention is not caused by a single variable, but rather emerges from a matrix of interrelated personal, interpersonal, and organizational factors, including but not limited to job satisfaction, leadership style, burnout, workload, and demographic considerations (Lim, Kim, & Kim, 2022; Lee, 2022). While many individual studies have examined these aspects in isolation or within specific contexts, there remains a lack of comprehensive synthesis that integrates these findings to offer a holistic understanding of the phenomenon (Restika et al, 2023)

This literature review was therefore conducted with the aim of consolidating recent empirical evidence regarding the key determinants of nurses' turnover intention. By analyzing and interpreting common themes across multiple studies from various regions and healthcare contexts, this paper seeks to offer actionable insights for hospital administrators, nurse leaders, and health policy makers interested in designing effective strategies for nurse retention. The ultimate goal is to reduce the burden of voluntary nurse turnover and enhance the sustainability of

healthcare systems through evidence-informed interventions.

## METHODS

To ensure methodological rigor and academic transparency in synthesizing evidence related to nurses' turnover intention, this review was designed and implemented following the framework of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, which are widely acknowledged in health research for enhancing the completeness and reliability of literature reviews (Moher et al., 2009). The review process involved five distinct phases: identification, screening, eligibility assessment, thematic analysis, and synthesis.

The literature search was conducted systematically across five electronic databases, namely PubMed, Scopus, ScienceDirect, ProQuest, and Google Scholar, which were selected based on their accessibility, credibility, and extensive indexing of peer-reviewed healthcare and nursing research. The search strategy employed Boolean operators and keyword combinations such as: *"nurse turnover intention" AND ("job satisfaction" OR "burnout" OR "leadership" OR "workload" OR "organizational support")*. Additional filters were applied to limit the results to articles published between January 2014 and March 2024, written in English or Indonesian, and specifically focusing on nursing professionals within various clinical or community healthcare settings.

The inclusion criteria for article selection were as follows: (1) studies that examined turnover intention as either a primary or secondary research variable; (2) studies employing quantitative, qualitative, or mixed-methods research designs; and (3) studies published in peer-reviewed journals with accessible full-text versions. Articles were excluded if they were (1) conceptual or theoretical without empirical data, (2) targeted at healthcare workers other than nurses, or (3) non-peer-reviewed opinion pieces or editorials.

The initial search yielded 53 articles. After duplicate removal and title-abstract screening, 39 articles proceeded to full-text review. Based on the application of eligibility criteria, a total of 27 empirical studies were finally selected for inclusion. The selected articles were then subjected to a thematic content analysis, which involved careful reading, coding, and categorization of findings into core themes based on the frequency and depth of discussion regarding each determinant of turnover intention. This process allowed for the identification of patterns and recurring constructs, while also preserving the contextual richness and methodological diversity across the studies.

## RESULT

The thematic synthesis of the 27 selected articles revealed six dominant factors that consistently influence nurses' turnover intention across diverse clinical settings and geographic regions. These factors although often discussed individually in existing studies were found to interact in synergistic

ways that compound or mediate their effects. The results are summarized as follows:

### Job Satisfaction

A total of 21 studies (77.8%) reported job satisfaction as a key determinant of turnover intention. Aspects contributing to low job satisfaction included inadequate compensation, lack of promotion opportunities, limited autonomy in clinical decision-making, minimal recognition from leadership, and inconsistency between institutional values and personal or professional ideals (Ocho et al., 2020; Liu & Leeniwa, 2024)

### Occupational Stress and Burnout

Nineteen studies (70.3%) identified burnout and work-related stress as major contributors. Factors such as emotional exhaustion, depersonalization, role conflict, and moral distress especially in high-acuity settings like emergency or intensive care units were strongly associated with intentions to resign (Gómez Urquiza et al., 2017; E.-K. Lee & Kim, 2020).

### Workload and Working Conditions

Reported in 17 studies (62.9%), excessive workload was often cited in relation to long working hours, staffing shortages, unfavorable nurse-patient ratios, and administrative overload. Poor physical and psychosocial working conditions were also found to increase turnover risk (Wendsche, Hacker, & Wegge, 2017; Van Bogaert, Clarke, Willems, & Mondelaers, 2013)

### Organizational and Peer Support

Fifteen studies (55.5%) emphasized the importance of supportive institutional culture. Nurses who felt valued by management, received clear communication, and experienced mutual respect among colleagues were more likely to remain committed to their jobs (Arshadi, 2011; Galanis et al., 2024)

### Leadership Style

Fourteen studies (51.8%) highlighted the influence of leadership approaches on retention. Transformational leadership characterized by encouragement, vision-sharing, and staff empowerment was associated with reduced turnover intention, while authoritarian and passive leadership styles were linked to higher resignation rates (Zaheer et al., 2021).

### Demographic and Individual Factors

Eleven studies (40.7%) explored the role of demographic variables, such as age, marital status, education level, tenure, and family responsibilities. For instance, younger nurses and those in early-career stages tended to report higher turnover intention compared to their older or more experienced counterparts (Zaheer et al., 2021; Tourangeau & Cranley, 2006).

## DISCUSSION

The findings from this systematic literature review emphasize that nurses' turnover intention is not driven by a singular, isolated factor, but rather results from the convergence of multiple, interdependent variables operating within both individual and organizational domains. These determinants, while categorized separately, are

interconnected and frequently reinforce one another in shaping a nurse's decision-making process related to job continuity or departure.

Among the most influential is job satisfaction, which functions as a psychological anchor in the professional experience of nurses (Quesada-Puga et al., 2024). When satisfaction is compromised due to uncompetitive compensation, insufficient career progression, or lack of recognition nurses are likely to experience disengagement and a declining sense of organizational loyalty (Heidari, Parizad, Goli, Mam-Qaderi, & Hassanpour, 2022). Furthermore, dissatisfaction can exacerbate vulnerability to burnout, especially in environments where emotional demands are high and recovery support is limited.

The phenomenon of burnout, which has been widely documented in critical care and high-intensity hospital units, manifests not only as physical and emotional exhaustion, but also as a cognitive state of detachment and loss of professional identity. These symptoms directly impair clinical judgment and contribute to a self-perpetuating cycle of low morale, reduced patient engagement, and increasing turnover intention (Gómez-Urquiza et al., 2017; Vargas-Benítez et al., 2023)

The issue of excessive workload, often structural in origin, serves as both a direct and indirect cause of turnover intention. When nurses are consistently overwhelmed by administrative tasks, unpredictable scheduling, and poor nurse-to-patient ratios, they are more likely to suffer from work-life imbalance, chronic fatigue, and occupational dissatisfaction (Zhang, Huang, Zhao, Li, & Du, 2025). These stressors not only affect their health but also diminish their commitment to the institution.

Support from organizations and peers, as described in the concept of perceived organizational support (POS), has been identified as a critical protective factor. Nurses who feel emotionally and professionally supported by their institutions are more likely to demonstrate resilience, remain engaged in their roles, and develop a sense of belonging (Pertiwi, Zamralita, & Saraswati, 2020). Similarly, healthy peer relationships serve to buffer against occupational stressors and foster collaborative work environments.

Leadership style, particularly when rooted in transformational and participatory principles, emerged as a major modifiable variable. Leaders who offer clear communication, show empathy, encourage innovation, and involve staff in decision-making processes contribute to higher job satisfaction and lower turnover intention (Ystaas et al., 2023). Conversely, leadership voids or authoritarian styles have been linked to feelings of powerlessness and alienation.

Finally, individual demographic characteristics provide essential contextual understanding. Younger nurses, those in dual-career households, or those with dependent care responsibilities may perceive

institutional inflexibility as a barrier, which increases their intent to seek alternative employment (Hu et al., 2025). Hence, retention strategies must be sensitive to generational and situational diversity.

## CONCLUSION

Turnover intention among nurses is a complex and multifaceted issue shaped by a combination of organizational, psychological, and individual factors. This review identifies six key determinants job satisfaction, burnout, workload, support systems, leadership style, and demographic characteristics as the most influential predictors. These factors are not isolated but interrelated, often reinforcing one another.

Effective retention strategies must therefore be comprehensive and context-sensitive, focusing on improving working conditions, fostering supportive leadership, enhancing recognition, and addressing personal needs. Without integrated and evidence-based interventions, turnover intention will continue to challenge healthcare systems and compromise patient care quality..

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