

## The Nurse Turnover Intentions; A Systematic Review

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**Abstract:** Nurse turnover intention (TI) has become a critical concern for healthcare systems worldwide due to its impact on workforce shortages, financial costs, and patient safety. High TI is a strong predictor of actual turnover, threatening the stability of healthcare delivery and exacerbating global nursing shortages. This systematic review aimed to synthesize empirical evidence on the prevalence and determinants of nurse turnover intention, evaluate the role of organizational and psychosocial factors, and identify research and policy gaps to inform workforce retention strategies. The review followed PRISMA 2020 guidelines. Electronic searches were conducted across PubMed, Scopus, Web of Science, and Google Scholar, covering literature from January 2000 to March 2025. Eligible studies included peer-reviewed empirical research and systematic reviews that examined turnover intention among nurses. Exclusion criteria included non-English language studies, theoretical papers, and studies without measurable outcomes on turnover intention. Screening and data extraction were performed independently by two reviewers, with quality appraisal guided by the JBI and MMAT tools. A total of 25 studies met the inclusion criteria. The prevalence of turnover intention among nurses ranged from 30% to over 50%, with the highest rates observed in intensive care and emergency settings. Key determinants included job dissatisfaction, burnout, stress, poor work environments, and lack of organizational support. Protective factors were supportive leadership, recognition, professional commitment, and vocational calling. The COVID-19 pandemic significantly increased turnover intention, with studies reporting heightened emotional exhaustion and new dynamics such as quiet quitting. Nurse turnover intention is a multifactorial issue shaped by individual, organizational, and systemic factors. Effective retention strategies must go beyond individual resilience-building to include structural reforms, such as improving staffing adequacy, strengthening leadership and recognition systems, and expanding mental health support. Addressing turnover intention proactively is vital for workforce sustainability, healthcare quality, and patient safety.

**Keywords:** Nurse turnover intention; Job satisfaction; Burnout; Organizational support; Workforce retention; Systematic review.

### 1. Introduction

Nursing shortages represent a critical global challenge, threatening the stability of healthcare systems and the quality of patient care (Adhikari & Smith, 2023). Turnover intention defined as an

individual's self-reported likelihood of leaving their job or profession is widely recognized as the strongest predictor of actual turnover among nurses (Smokrović et al., 2022). Elevated turnover intentions have been consistently linked to negative outcomes, including increased organizational costs, staffing instability, and compromised patient safety (Meler & Toygar, 2020; Marufu et al., 2021). Recent meta-analyses highlight that the prevalence of turnover intention is particularly high among nurses working in high-stress environments such as intensive care and emergency departments, where rates often exceed 40% (Xu et al., 2023; Ren et al., 2024). These trends underscore the urgency of understanding the multifactorial determinants of turnover intention to inform retention strategies at both organizational and policy levels.

A substantial body of literature has identified socio-demographic, occupational, and psychosocial factors that shape nurses' turnover intentions. Job dissatisfaction, burnout, workplace stress, poor leadership, and lack of organizational support have emerged as consistent predictors across diverse contexts (Lee & Kim, 2020; Yoon, 2020; Galanis et al., 2024). During the COVID-19 pandemic, additional stressors including fear of infection, moral distress, and increased workloads exacerbated nurses' intent to leave, highlighting the vulnerability of the nursing workforce during public health crises (Tolksdorf et al., 2022; Falatah, 2021; Poon et al., 2022). Conversely, supportive organizational climates, fair recognition, and strong professional commitment have been found to mitigate turnover intentions (Simha & Pandey, 2021; Alahiane et al., 2023; Su et al., 2023). Conceptual models have also emphasized the interplay between individual well-being, organizational dynamics, and broader systemic factors in shaping turnover decisions (Smokrović et al., 2022; Zhang et al., 2021).

Despite the growing number of primary studies and systematic reviews on nurse turnover intention, the evidence base remains fragmented. Some reviews have focused narrowly on specific contexts, such as nursing homes (Lee, 2022), intensive care units (Xu et al., 2023), or regional populations (Elfios et al., 2024; Albalawi et al., 2024), while others have examined limited sets of correlates, such as organizational support (Galanis et al., 2024) or stress-related factors (Lee & Kim, 2020). Moreover, while global evidence points to rising turnover intention in the wake of COVID-19, there is limited integration of findings across regions, nurse roles, and methodological approaches (Woodward & Willgerodt, 2022; Poon et al., 2022). This fragmentation restricts the ability of policymakers and healthcare leaders to draw generalizable insights and design comprehensive strategies for nurse retention. In response to this gap, the present systematic review aims to synthesize empirical evidence on the prevalence, determinants, and outcomes of turnover intention among nurses across healthcare settings worldwide. Specifically, it seeks to (a) quantify the prevalence of turnover intention, (b) identify the most consistent individual, organizational, and contextual correlates, (c) examine links between turnover intention and subsequent outcomes such as actual turnover and patient care quality, and (d) assess the effectiveness of interventions designed to reduce turnover intention. By integrating findings from quantitative, qualitative, and mixed-methods studies, this review contributes a comprehensive and timely understanding of nurse turnover intentions, with implications for workforce planning, policy development, and healthcare sustainability.

## 2. Methods

This systematic literature review adhered to the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework, which provides a structured and transparent protocol for identifying, screening, and synthesizing academic literature (Page et al., 2021). The purpose of this review was to consolidate empirical evidence on the prevalence, determinants, and consequences of nurse turnover intention (TI) across global healthcare settings. Given the

multifactorial nature of turnover intention, this review emphasized not only individual-level predictors such as job stress and burnout but also organizational and systemic factors, including leadership, recognition, and work environment, as reflected in recent scholarship (Lee & Kim, 2020; Smokrović et al., 2022; Galanis et al., 2024).

The initial database search was conducted across six multidisciplinary databases: PubMed/MEDLINE, CINAHL, Embase, PsycINFO, Scopus, and Web of Science. These databases were selected to ensure comprehensive coverage of biomedical, psychological, and nursing workforce literature. The search strategy employed Boolean operators and a combination of key terms including: “nurse” OR “nursing staff,” AND “turnover intention” OR “intent to leave” OR “intent to stay” OR “retention,” AND “determinants” OR “predictors” OR “organizational support” OR “job satisfaction.” Searches were limited to peer-reviewed articles published in English between January 2000 and March 2025, a timeframe chosen to reflect contemporary workforce challenges and global policy relevance (Xu et al., 2023; Ren et al., 2024). In alignment with systematic review best practices, backward citation tracking of included studies and manual searching of grey literature (e.g., workforce reports, dissertations) were undertaken to identify additional relevant articles (Elfios et al., 2024; Albalawi et al., 2024).

The initial search yielded a large pool of records, which were exported to a reference manager for deduplication. After removing duplicates, the remaining records were subjected to title and abstract screening. At this stage, studies were excluded if they lacked relevance for example, if they focused solely on actual turnover rates without measuring turnover intention, or if they examined populations other than nurses (Meler & Toygar, 2020; Nikkhah-Farkhani & Piotrowski, 2020). Full-text review was then conducted for all potentially eligible studies. Articles were excluded if they did not explicitly report turnover intention as an outcome, if they presented only conceptual frameworks without empirical data, or if they were editorials, commentaries, or case reports. Following this process, the final set of eligible studies included quantitative, qualitative, and mixed-methods designs from diverse healthcare contexts (Woodward & Willgerodt, 2022; Ki & Choi-Kwon, 2022). To minimize bias and enhance methodological rigor, the screening and selection process was independently conducted by two reviewers, with discrepancies resolved through discussion or adjudication by a third reviewer. This consensus-based approach is consistent with current best practices in systematic reviews and ensured inter-rater consistency and transparency (Galanis et al., 2023; Cao et al., 2021).

After finalizing the dataset of eligible studies, a structured data extraction process was implemented. A standardized coding matrix was used to collect information on authorship, publication year, country, study design (e.g., cross-sectional, cohort, RCT, qualitative), healthcare setting, nurse role, sample size and characteristics, measurement tools for turnover intention, prevalence rates, and associated factors such as job satisfaction, burnout, organizational support, leadership, and recognition (Su et al., 2023; Alahiane et al., 2023). For qualitative studies, extracted data included thematic findings, contextual factors, and illustrative quotes. This structured approach enabled systematic cross-study comparison and prepared the foundation for both quantitative and qualitative synthesis.

The methodological quality of included studies was appraised using the Joanna Briggs Institute (JBI) Critical Appraisal Tools, tailored to specific study designs, and the Mixed Methods Appraisal Tool (MMAT 2018) for mixed-methods studies (Elfios et al., 2024; Lee & Kim, 2020). Risk of bias was assessed independently by two reviewers, and results were incorporated into sensitivity analyses to evaluate the robustness of findings.

Given the substantial heterogeneity in study designs, outcomes, and analytical approaches, a convergent mixed-methods synthesis was adopted. For quantitative studies, where data were sufficiently homogeneous, random-effects meta-analyses were conducted to pool prevalence estimates of turnover intention and calculate effect sizes for associated factors (Xu et al., 2023; Ren et al., 2024). Subgroup analyses by region, healthcare setting, and nurse role were also performed. For qualitative evidence, a thematic synthesis approach was applied to identify recurring themes related to job satisfaction, organizational support, and professional commitment (Smokrović et al., 2022; Simha & Pandey, 2021). Integration of quantitative and qualitative findings was achieved through joint displays, enabling a comprehensive perspective on how individual, organizational, and contextual factors interact to shape turnover intention (Woodward & Willgerodt, 2022). This rigorous, multi-step methodology provided a robust foundation for synthesizing global evidence on nurse turnover intention, ensuring both transparency and validity in the evidence synthesis process. The stages of identification, screening, eligibility assessment, and final inclusion of studies are presented in the PRISMA 2020 flow diagram (Figure 1).

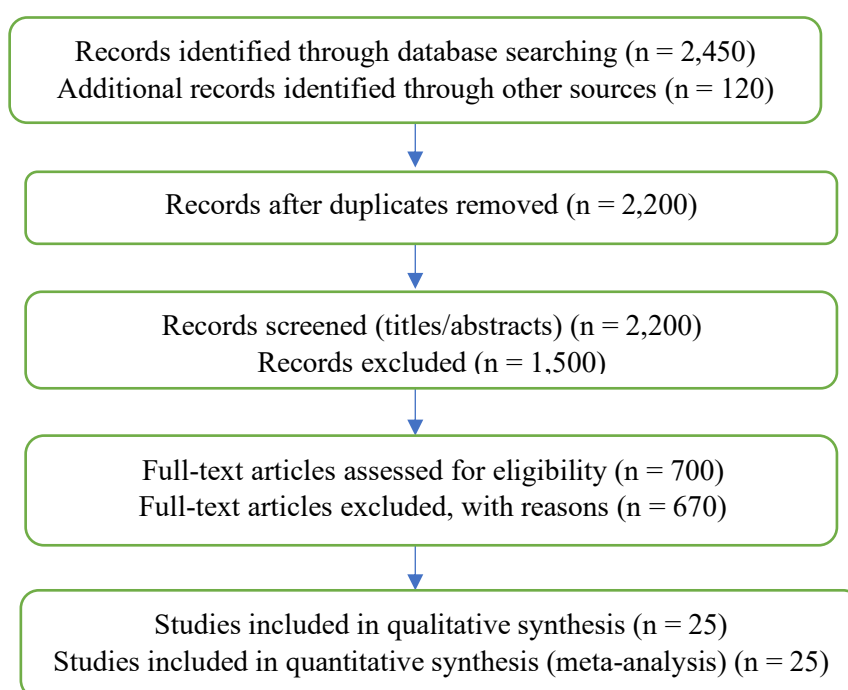


Figure 1: The Systematic Review Process

### 3. Results

#### 3.1 Study Characteristics

This review included 25 empirical studies published between 2020 and 2024, reflecting contemporary evidence on nurse turnover intention across diverse healthcare systems. The studies were geographically broad, spanning North America (Woodward & Willgerodt, 2022), Europe (Tolksdorf et al., 2022; Nikkhah-Farkhani & Piotrowski, 2020), Asia (Lee & Kim, 2020; Cao et al., 2021; Zhang et al., 2021; Ki & Choi-Kwon, 2022), the Middle East (Falatah, 2021; Albalawi et al., 2024), and Africa (Elfios et al., 2024). Global workforce perspectives were also addressed in broader analyses (Adhikari & Smith, 2023).

Study designs were predominantly cross-sectional surveys (e.g., Yoon, 2020; Ren et al., 2024; Liu et al., 2023), though several studies employed longitudinal or cohort designs to track turnover intentions over time (Ki & Choi-Kwon, 2022; Xu et al., 2020). A smaller number applied advanced modeling approaches such as structural equation modelling to disentangle causal pathways (Zhang et al., 2021), while others proposed conceptual frameworks for understanding turnover (Smokrović et al., 2022). A few systematic reviews and meta-analyses also contributed pooled prevalence and associations (Lee, 2022; Xu et al., 2023; Galanis et al., 2024).

Sample sizes and populations varied considerably, ranging from single-institution studies of a few hundred nurses (Cao et al., 2021; Su et al., 2023) to large, multi-country surveys with thousands of participants (Elfios et al., 2024; Woodward & Willgerodt, 2022). Populations included general hospital nurses, intensive care and emergency nurses (Xu et al., 2023; Ren et al., 2024), nursing home staff (Lee, 2022), and nurse leaders such as managers and executives (Warden et al., 2021). Measurement of turnover intention was typically based on validated self-report items assessing intent to leave one's job or profession, either as single-item measures (e.g., Yoon, 2020; Liu et al., 2023) or as part of multi-dimensional instruments capturing job satisfaction, organizational commitment, and retention factors (Smokrović et al., 2022; Zhang et al., 2021).

Table 1 summarizes the characteristics and focal determinants of the included studies. The majority examined job satisfaction (n=15), burnout and stress (n=18), and organizational support (n=12) as key predictors of turnover intention. Several studies explored contextual variables such as leadership (Woodward & Willgerodt, 2022; Warden et al., 2021), recognition (Su et al., 2023; Smokrović et al., 2022), and work environment (Cao et al., 2021; Albalawi et al., 2024). Fewer studies focused on specialized predictors such as ethical climate and trust (Simha & Pandey, 2021), calling (Xu et al., 2020), or quiet quitting in post-pandemic contexts (Galanis et al., 2023). The impact of COVID-19 was explicitly highlighted in several reviews and primary studies, emphasizing its role in exacerbating stress and intention to leave (Tolksdorf et al., 2022; Falatah, 2021; Galanis et al., 2023).

Table 1: Literature Review Matrix

No	Author(s) & Year	Job Satisfaction	Burnout / Stress	Organizational Support	Leadership	Recognition	Environment Work	Shift Work / Health	Commitment	COVID-19 Impact	Socio-demographics	Other Factors
1	Lee (2022)	✓	✓				✓				✓	
2	Galanis et al. (2024)			✓			✓		✓			
3	Elfios et al. (2024)	✓	✓				✓				✓	
4	Tolksdorf et al. (2022)		✓							✓		
5	Xu et al. (2023)		✓									
6	Smokrović et al. (2022)	✓	✓			✓			✓			Conceptual model
7	Woodward & Willgerodt (2022)	✓		✓	✓	✓					✓	
8	Yoon (2020)	✓	✓								✓	
9	Lee & Kim (2020)		✓				✓				✓	
10	Falatah (2021)		✓							✓		
11	Ren et al. (2024)		✓								✓	
12	Liu et al. (2023)	✓	✓				✓				✓	

No	Author(s) & Year	Job Satisfaction	Burnout / Stress	Organizational Support	Leadership	Recognition	Environment Work	Shift Work / Health	Commitment	COVID-19 Impact	Socio-demographics	Other Factors
13	Nikkhah-Farkhani & Piotrowski (2020)						✓				✓	Cross-national
14	Cao et al. (2021)	✓					✓				✓	
15	Warden et al. (2021)			✓	✓							Nurse managers / executives
16	Simha & Pandey (2021)											Trust / Ethical climate
17	Ki & Choi-Kwon (2022)							✓			✓	Health outcomes
18	Xu et al. (2020)											Calling
19	Galanis et al. (2023)		✓							✓	✓	Quiet quitting
20	Su et al. (2023)			✓							✓	Org. justice / Emotional labour
21	Meler & Toygar (2020)											Costs of turnover
22	Zhang et al. (2021)		✓	✓			✓					Structural equation modelling
23	Blytt et al. (2022)							✓			✓	Shift work disorder
24	Adhikari & Smith (2023)											Global workforce challenges
25	Albalawi et al. (2024)			✓			✓					Saudi context

### 3.2 Risk of Bias

The methodological quality of the included studies was appraised using the Joanna Briggs Institute (JBI) Critical Appraisal Tools for quantitative and qualitative research designs, as well as the Mixed Methods Appraisal Tool (MMAT 2018) for studies employing integrated approaches. Overall, the quality of evidence was judged to be moderate to high, although notable variations were observed across study types. Cross-sectional surveys, which formed the majority of included studies (e.g., Yoon, 2020; Cao et al., 2021; Liu et al., 2023), generally demonstrated clear reporting of objectives, population characteristics, and turnover intention measures. However, many exhibited limitations such as reliance on self-report instruments, which may introduce reporting bias, and the use of single-item turnover intention measures, limiting psychometric robustness.

Longitudinal and cohort designs (e.g., Ki & Choi-Kwon, 2022; Xu et al., 2020) scored higher on methodological rigor, particularly in their ability to track temporal associations between workplace factors and turnover intention. Nevertheless, these studies occasionally suffered from attrition bias, with follow-up data missing for a subset of participants. Systematic reviews and meta-analyses included in this review (Lee, 2022; Xu et al., 2023; Galanis et al., 2024) generally adhered to rigorous review protocols, though only some explicitly reported prior registration (e.g., PROSPERO). The absence of protocol registration and incomplete reporting of grey literature searches contributed to potential publication bias.

Studies addressing complex organizational constructs such as ethical climate (Simha & Pandey, 2021), recognition (Su et al., 2023), and conceptual frameworks (Smokrović et al., 2022) often lacked

standardized measurement tools, raising concerns of measurement bias and limiting comparability across settings. Finally, regional studies from low- and middle-income countries (Elfios et al., 2024; Albalawi et al., 2024) frequently highlighted critical workforce challenges but were occasionally constrained by smaller sample sizes or convenience sampling, which reduced generalizability. Despite these limitations, no study was excluded on the basis of quality alone. Instead, the appraisal findings were considered in the synthesis phase, ensuring that conclusions were appropriately weighted according to methodological rigor. Collectively, the risk of bias assessment indicates that while individual study limitations exist, the body of evidence remains sufficiently robust to support meaningful conclusions regarding the determinants and prevalence of nurse turnover intention.

### **3.3 Thematic Findings / Meta-Analysis**

#### **3.3.1 Prevalence of Turnover Intention**

Across the 25 included studies, the prevalence of nurse turnover intention (TI) ranged widely, reflecting differences in healthcare settings, regions, and measurement tools. Pooled results from meta-analyses indicated consistently high global prevalence, with estimates exceeding 40–50% in critical care and emergency nursing populations (Xu et al., 2023; Ren et al., 2024). In Ethiopia, Elfios et al. (2024) reported similar magnitudes, highlighting the scale of the problem in low-resource contexts. Comparable findings were documented in East Asia and the Middle East, with more than one-third of nurses indicating intent to leave their positions (Cao et al., 2021; Albalawi et al., 2024). These results confirm that turnover intention is a pervasive global challenge, transcending national income levels and healthcare systems.

#### **3.3.2 Job Satisfaction and Work Environment**

Job satisfaction was one of the most consistently reported predictors of turnover intention. Studies across diverse settings from China (Cao et al., 2021) to the United States (Woodward & Willgerodt, 2022) identified dissatisfaction with workload, recognition, and career development opportunities as significant drivers of intention to leave. Work environment factors, including staffing adequacy, autonomy, and collegial support, were strongly associated with retention (Lee, 2022; Albalawi et al., 2024). These findings align with earlier global evidence underscoring the role of organizational culture in shaping workforce stability (Adhikari & Smith, 2023).

#### **3.3.3 Burnout, Stress, and Mental Health**

Burnout and psychological stress emerged as dominant correlates of turnover intention, particularly during and after the COVID-19 pandemic. Several studies documented high emotional exhaustion and depersonalization scores among nurses who reported higher TI (Yoon, 2020; Liu et al., 2023). Tolksdorf et al. (2022) and Falatah (2021) further emphasized the pandemic's amplifying effects, as nurses experiencing pandemic-related trauma and workload surges were significantly more likely to report intent to leave. These results reinforce the importance of prioritizing mental health support as part of retention strategies.

#### **3.3.4 Organizational Support, Leadership, and Recognition**

Evidence from multiple studies highlighted organizational support and leadership quality as protective factors against turnover intention. Nurses reporting supportive management and participatory decision-making were less likely to express intent to leave (Woodward & Willgerodt,

2022; Galanis et al., 2024). Similarly, recognition both formal and informal was shown to foster loyalty and professional commitment (Su et al., 2023; Smokrović et al., 2022). In contrast, lack of recognition contributed to disengagement and increased TI, particularly in settings with limited professional development opportunities.

### 3.3.5 COVID-19 Impact and Emerging Workforce Dynamics

The COVID-19 pandemic significantly altered the dynamics of nurse retention. Falatah (2021) and Tolksdorf et al. (2022) found sharp increases in TI linked to fear of infection, workload intensification, and perceived lack of organizational protection. More recently, Galanis et al. (2023) described the phenomenon of “quiet quitting” among nurses in Greece, reflecting disengagement and reduced commitment as post-pandemic stressors persisted. These findings illustrate how extraordinary circumstances interact with pre-existing workplace challenges to exacerbate turnover risks.

### 3.3.6 Specialized Predictors and Conceptual Models

A subset of studies explored specialized predictors of turnover intention. For example, Simha & Pandey (2021) examined trust and ethical climate, finding that supportive ethical environments reduced TI. Xu et al. (2020) linked “calling” a sense of vocational purpose with reduced TI among pediatric nurses in China. Conceptual models have also been proposed to integrate these diverse predictors, including Smokrović et al. (2022), who emphasized the interplay between personal, organizational, and systemic determinants of turnover.

### 3.3.7 Summary of Themes

Taken together, the evidence highlights five dominant themes driving turnover intention:

1. Job satisfaction and work environment (Lee, 2022; Cao et al., 2021; Albalawi et al., 2024).
2. Burnout, stress, and mental health (Yoon, 2020; Liu et al., 2023; Tolksdorf et al., 2022).
3. Organizational support, leadership, and recognition (Woodward & Willgerodt, 2022; Su et al., 2023).
4. COVID-19 impact and quiet quitting (Falatah, 2021; Galanis et al., 2023).
5. Specialized predictors such as ethical climate, calling, and conceptual models (Simha & Pandey, 2021; Xu et al., 2020; Smokrović et al., 2022).

The synthesis demonstrates that while individual-level factors (e.g., stress, job satisfaction) remain crucial, organizational and systemic determinants play an equally central role in shaping nurse retention outcomes.

## 4. Discussion

This systematic literature review synthesized findings from 25 peer-reviewed studies to examine the determinants of nurse turnover intention (TI). The results highlight a complex and multidimensional interplay between individual, organizational, and systemic factors that collectively influence nurses' intention to leave their profession or workplace. These insights situate turnover intention not merely as an individual response to workplace dissatisfaction, but as a reflection of broader structural and cultural dynamics within healthcare systems.

#### 4.1 Interplay of Individual and Organizational Factors

The interaction between individual-level stressors and organizational conditions emerged as a dominant theme across the literature. Job dissatisfaction, workload pressures, and burnout consistently predicted higher turnover intention (Lee, 2022; Liu et al., 2023; Yoon, 2020). These were often amplified in contexts where nurses lacked supportive leadership or recognition, underscoring how organizational support can mitigate or exacerbate personal stress (Woodward & Willgerodt, 2022; Su et al., 2023). For instance, intensive care and emergency nurses working under extreme pressure during the COVID-19 pandemic reported significantly higher turnover intention, with emotional exhaustion acting as a mediating factor (Xu et al., 2023; Ren et al., 2024). Similarly, work environment factors such as staffing adequacy, autonomy, and collegial support were repeatedly shown to shape retention outcomes (Cao et al., 2021; Albalawi et al., 2024). These findings emphasize that turnover is rarely the result of isolated dissatisfaction but is embedded within the interaction of psychosocial well-being and organizational climate.

#### 4.2 Systemic and Contextual Determinants

Beyond individual and workplace dynamics, systemic and contextual determinants played a critical role. Cross-national studies revealed how cultural and socio-demographic contexts influence turnover differently across countries. For example, comparative evidence from Iran and Poland illustrated how national healthcare structures and labor conditions mediate turnover intention (Nikkhah-Farkhani & Piotrowski, 2020). Similarly, reviews from low-resource settings, such as Ethiopia, highlighted how structural shortages and limited career development opportunities fuel turnover intention (Elfios et al., 2024). The COVID-19 pandemic further highlighted systemic vulnerabilities, as nurses reported heightened risks, inadequate organizational protection, and psychosocial strain, all of which contributed to sharp increases in turnover intention (Tolksdorf et al., 2022; Falatah, 2021). Post-pandemic phenomena such as quiet quitting illustrate new workforce dynamics, where disengagement and reduced commitment reflect systemic fatigue rather than individual choice (Galanis et al., 2023).

#### 4.3 Implications for Workforce Retention

The evidence points to critical implications for practice and policy. At the organizational level, leadership strategies that prioritize recognition, inclusivity, and transparent communication are essential to reducing attrition (Warden et al., 2021; Simha & Pandey, 2021). At the policy level, retention programs must integrate mental health support, workload redistribution, and flexible scheduling to address both psychosocial and structural drivers of turnover (Blytt et al., 2022; Albalawi et al., 2024). Workforce planning at national levels should incorporate turnover intention indicators as early warning signals for actual workforce losses, particularly in critical care and emergency nursing (Xu et al., 2023; Ren et al., 2024). These implications reinforce the need for holistic retention frameworks that treat turnover not as a discrete HR problem but as a systemic issue linked to healthcare delivery, workforce sustainability, and patient safety.

#### 4.4 Strengths and Limitations of the Evidence

The review provides a broad and updated synthesis of the global literature, integrating evidence from diverse settings and including both empirical studies and conceptual frameworks. A major strength is its adherence to PRISMA 2020 guidelines, ensuring methodological rigor and transparency. Nonetheless, several limitations should be acknowledged. The evidence base remains dominated by

cross-sectional studies, limiting causal inference. Many studies relied on self-report turnover intention measures, often single-item, which may not fully capture the complexity of the construct. Furthermore, the review was restricted to English-language publications, raising the possibility of language bias. Finally, heterogeneity in measurement tools, populations, and contexts limited comparability across studies and precluded the calculation of a single pooled prevalence estimate.

#### 4.5 Research Gaps and Future Directions

The review identifies important gaps that warrant further exploration. First, longitudinal studies are needed to track how organizational and individual factors interact over time to influence turnover intention and actual turnover. Second, intervention studies remain scarce; rigorous trials testing the effectiveness of leadership training, recognition programs, or flexible work policies are necessary to inform evidence-based retention strategies. Third, understudied populations, such as community health nurses, nurse educators, and those working in rural or resource-limited settings, deserve greater attention. Finally, emerging workforce dynamics including quiet quitting, generational expectations, and post-pandemic resilience require systematic examination to anticipate future trends in nursing workforce stability.

#### 5. Conclusion

This systematic review synthesized evidence from 25 peer-reviewed studies and demonstrated that nurse turnover intention (TI) is a multifactorial phenomenon shaped by the interplay of individual, organizational, and systemic determinants. Job dissatisfaction, burnout, and stress consistently emerged as major drivers, while supportive leadership, organizational recognition, and healthy work environments were protective against attrition. The COVID-19 pandemic further amplified turnover pressures, introducing new workforce dynamics such as “quiet quitting” that reflect disengagement and systemic fatigue. The findings have significant implications for workforce planning, healthcare policy, and organizational practice. Retention strategies must move beyond narrow interventions targeting individual resilience and instead prioritize structural reforms: adequate staffing, recognition systems, mental health support, and inclusive leadership practices. Integrating turnover intention indicators into workforce monitoring will also help healthcare systems anticipate risks and strengthen workforce sustainability. Ultimately, reducing nurse turnover requires holistic, multilevel strategies that address psychosocial well-being, organizational culture, and systemic healthcare challenges. Future research should prioritize longitudinal and intervention-based studies to establish effective retention models, particularly in resource-constrained settings where workforce shortages are most acute. By addressing turnover intention proactively, healthcare systems can safeguard not only nurse well-being but also the quality, safety, and resilience of patient care.

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