Determinants of Turnover Intention among Nursing Staff

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Abstract

Background: Nursing turnover intention is a critical global issue that threatens healthcare stability, with particular significance in Saudi Arabia due to its reliance on an expatriate workforce and the strategic goals of Saudi Vision 2030. **Aim:** This study aimed to determine the determinants of turnover intention among nursing staff. **Methods:** A descriptive quantitative design was employed, using a self-administered questionnaire with 150 nursing staff from Maternity and Children Hospital in Hafr Al-Batin city, Saudi Arabia. Data was analyzed using descriptive statistics, correlation, and regression analyses. **Results:** The findings revealed that a majority of the participants were female, married, non-Saudi nationals aged 26-35. Turnover intention was significantly correlated with lower job performance satisfaction ($r = .746$, $p < 0.01$) and higher job stress ($r = .631$, $p < 0.01$). Regression analysis confirmed that work relationships ($\beta = .270$, $p < 0.001$) and job performance satisfaction ($\beta = .680$, $p < 0.001$) were significant predictors of turnover intention. The study also found that perceived organizational support and nurses' engagement play a mitigating role. **Conclusion:** The study found that turnover intention among nursing staff was strongly influenced by job satisfaction, burnout, work-family conflict, leadership style, and organizational culture. Statistical analyses revealed that dissatisfaction with job performance and poor work relationships were the strongest predictors of turnover intention, while higher perceived organizational support and engagement significantly reduced the likelihood of leaving. **Recommendation:** in light of the results of this study the researcher recommended investigating the causal links between factors influencing nursing staff turnover requires a longitudinal research design.

Key words: Determinants, Turnover Intention, Nursing Staff.

Introduction

Nursing is universally recognized as the backbone of healthcare systems, playing a pivotal role in ensuring quality, safety, and continuity of patient care. However, nursing turnover has emerged as a persistent global challenge, threatening healthcare stability and patient outcomes. The World Health Organization (WHO) has consistently warned of nursing shortages, predicting a deficit of millions of nurses worldwide if effective retention strategies are not implemented (**WHO, 2021)**. High turnover among nurses not only undermines healthcare delivery but also results in increased financial burdens due to repeated recruitment, training, and orientation of new staff (**Lee, 2022**).

Turnover intention, defined as the conscious and deliberate willingness of nurses to leave their organization, (**Zhang et al., 2021**). In nursing, turnover intention has been linked to numerous individual, organizational, and contextual factors, including burnout, low job satisfaction, work-family conflict, lack of professional growth opportunities, and unsupportive organizational environments (**Minkyung et al., 2022; Chen et al., 2023**). These issues become particularly critical in high-stress clinical units such as emergency, intensive care, and surgical wards, where nurses face heavy workloads, frequent exposure to traumatic situations, and limited resources.

In the Saudi Arabian context, the issue of nursing turnover is further complicated by workforce composition and organizational challenges. The healthcare system heavily relies on a multinational nursing workforce, the majority of whom are expatriates (**Lin et al., 2021**). Cultural adjustments, language barriers, and limited social support systems exacerbate stress and increase intentions to leave. Moreover, the Kingdom's strategic healthcare expansion under Saudi Vision 2030 places additional emphasis on building and retaining a competent nursing workforce to meet increasing healthcare demands. Thus, identifying the predictors of turnover intention among nurses in Saudi healthcare institutions is of strategic importance, both for organizational sustainability and for the achievement of national healthcare goals.

Significance of study

Nursing turnover has severe consequences at individual, organizational, and systemic levels. At the individual level, it contributes to job dissatisfaction, fatigue, and compromised well-being. At the organizational level, it disrupts care continuity, increases the workload of remaining staff, and generates substantial financial costs. At the systemic level, high turnover weakens healthcare delivery capacity, undermines patient safety, and limits the ability of healthcare institutions to achieve accreditation and quality benchmarks (**Poon et al., 2022; Wahyuni et al., 2023**).

In Saudi Arabia, studies have revealed that turnover intentions are alarmingly high among nurses, particularly expatriates who face unique social and occupational challenges. Despite the recognition of this problem, there is limited empirical evidence exploring the combined effects of demographic variables, job satisfaction, burnout, work-family conflict, leadership style, organizational culture, and organizational support on turnover intention within Saudi healthcare institutions. Without such data, it is difficult for policymakers and administrators to design tailored interventions that enhance retention.

This study addresses this gap by investigating the predictors of turnover intention among nursing staff in a Saudi healthcare setting, with a particular focus on how perceived organizational support and employee engagement may mitigate turnover.

Research Questions

The study sought to answer the following research questions:

1. What are the demographic and job-related characteristics associated with turnover intention among nursing staff?
2. How do job satisfaction, burnout, work-family conflict, leadership style, and organizational culture relate to turnover intention?
3. To what extent do perceive organizational support and nurses' engagement reduce the negative effects of turnover intention?

Methodology

This study adopted a **descriptive quantitative research design** to investigate the variables influencing turnover intention among nursing staff.

- **Study setting:** this study was conducted at Maternity and Children Hospital in Hafr Al-Batin city, Saudi Arabia.
- **Population and Sample:** The total number of nurses working at the Maternity and Children Hospital was 456. Using **Yamane's (1967)** formula for sample size determination at a 95% confidence level, the estimated sample size was approximately 213. However, due to time constraints and accessibility, a convenience sample of 150 nurses (representing about one-third of the total population) was selected. This sample was considered sufficient to obtain representative data from the target population.
- **Tools of data collection:** A structured, self-administered questionnaire was used, which collected information on demographic data, job satisfaction, burnout, work-family conflict, leadership style, organizational culture, perceived organizational support, and turnover intention.

1. **Job Satisfaction:** *Job Satisfaction Survey (JSS)* by **Spector, (1985).** The JSS typically contains 36 items across nine facets (pay, promotion, supervision, benefits, contingent rewards, operating

conditions, coworkers, nature of work, communication), rated on a 5-point Likert scale.

Scoring System; each facet (subscale) has 4 items, so scores for each facet range from 4 to 20. The total JSS score is obtained by summing all 36 items: Minimum total = 36, Maximum total = 180.

Reverse scoring: Negatively worded items are reverse scored before summation (e.g., Strongly Disagree = 5, Strongly Agree = 1) to maintain consistency in directionality (higher scores = higher satisfaction).

Total Score Range

- 36 -108 Dissatisfied
- 109 – 143Ambivalent (Neutral)
- 144 – 180 Satisfied

2. **Burnout: Maslach** Burnout Inventory (MBI) or a reduced burnout scale (1996). The MBI consists of 22 items across three domains: emotional exhaustion, depersonalization, and reduced personal accomplishment.

Scoring System

Each item is rated on a 7-point Likert-type frequency scale:

0 = Never, 1 = A few times a year, 2 = Once a month, 3 = A few times a month, 4 = Once a week, 5 = A few times a week, 6 = Every day

- **Higher scores** on EE and DP indicate greater burnout.
- **Lower scores** on PA indicate greater burnout (reverse relationship).

3. **Work-Family Conflict:** *Work-Family Conflict Scale* by **Netemeyer et al. (1996).** The scale has 10 items divided into two dimensions (work interfering with family, family interfering with work), rated on a 5-point Likert scale.

Scoring System

Each dimension (WIF and FIW) is scored separately by summing the responses to its 5 items. The possible range per subscale is 5 to 25 points.

Higher scores indicate greater conflict in that direction (either work interfering with family or family interfering with work).

4. **Leadership Style:** *Multifactor Leadership Questionnaire (MLQ)* by **Bass & Avolio. (2004)** The MLQ (21 items) measures transformational, transactional, and laissez-faire leadership styles, rated on a 5-point scale.

Scoring System

Each item is rated on a 5-point Likert frequency scale:

0 = Not at all, 1 = Once in a while, 2 =Sometimes, 3 = Fairly often, and 4 = Frequently, if not always

Scores for each subscale are obtained by averaging the responses for the items belonging to that subscale.

Transformational Leadership Score: Mean of its 12 items (higher = stronger transformational behavior).

Transactional Leadership Score: Mean of its 6 items (higher = more transactional behavior).

Laissez-Faire Leadership Score: Mean of its 3 items (higher = more avoidant behavior).

5. **Organizational Culture:** *Organizational Culture Assessment Instrument (OCAI)* by **Cameron & Quinn (2006)**. The OCAI measures four types of

culture: clan (collaborative), adhocracy (creative), market (competitive), and hierarchy (controlled). Items are scored using a distribution method across dimensions.

Scoring System

The OCAI uses a forced-choice distribution method rather than a traditional Likert scale.

Respondents are asked to distribute 100 points among the four statements in each dimension based on how accurately each describes their organization.

The total points for each dimension must equal 100. This is done twice:

Once for the Current Culture (how the organization is now).

Once for the Preferred Culture (how they would like it to be).

Calculating Scores

Add the points for each culture type across all six dimensions.

Divide the total by 6 to get the average score for each culture type.

6. **Perceived Organizational Support (POS):** *Survey of Perceived Organizational Support (SPOS)* by **Eisenberger et al.** (1986) The SPOS has 8 items rated on a Likert scale, assessing the degree to which employees feel valued and supported by their organization.

Scoring System

Each item is rated on a 7-point Likert scale from 1 (Strongly Disagree) to 7 (Strongly Agree).

Handling Reverse-Scored Items

For positively-worded items: The score is used as-is.

For negatively-worded (reverse-scored) items: The score must be reversed before calculation.

Reversal is done as follows: 1=7, 2=6, 3=5, 4=4, 5=3, 6=2, 7=1.

Calculating the Mean Score

The most common and interpretable score is the mean score. This results in a single score that also ranges from 1 to 7.

High Score (e.g., 5.5 to 7.0): Indicates a strong perception of organizational support.

Moderate Score (e.g., 3.5 to 5.4): Suggests a neutral or ambivalent perception.

Low Score (e.g., 1.0 to 3.4): Indicates a low perception of organizational support.

7. **Turnover Intention:** *Turnover Intention Scale* (TIS-6). **Roodt**, (2004) The TIS-6 contains 6 items that measure the extent to which nurses are considering leaving their job, using a 5-point Likert scale.

Scoring System

The items are a mix of positively-worded (directly indicating leaving) and negatively-worded (indicating staying). The negatively-worded items must be reverse-scored.

The possible total score ranges from 6 to 30.

High Score (e.g., Mean of 4.0 to 5.0 / Total of 24-30): Indicates a very strong intention to leave the organization.

Moderate Score (e.g., Mean of 2.5 to 3.9 / Total of 15-23): Suggests a moderate or ambivalent level of turnover intention.

Low Score (e.g., Mean of 1.0 to 2.4 / Total of 6-14): Indicates a low intention to leave.

Data Analysis:

- **Descriptive statistics** (frequencies and percentages) were applied to summarize demographic and job-related data.
- **Correlation analysis** was used to examine relationships between turnover intention and variables such as job satisfaction, burnout, and work-family conflict.
- **Regression analysis** was performed to assess the role of organizational support and employee engagement in mitigating turnover intention.

Results

Table 1: Demographic Information of the Study Participants

The demographic data presented in Table 1 indicated that the majority of the study participants were female nurses (94.7%). Most of the respondents were between 26 and 35 years of age, representing a young and active workforce that is highly involved in direct patient care. Almost all participants were non-Saudi nationals (98.7%). Furthermore, the majority were married (75.3%), suggesting that family responsibilities may add to the challenges associated with emotional exhaustion. In terms of education, most nurses hold a bachelor's degree (57.3%), followed by diploma holders (40%), indicating a generally well-educated nursing staff. The highest participation was from the medical-surgical and emergency departments, both of which are known for their high workload and stressful environments. Most respondents had between 6 and 10 years of experience, which implies adequate professional exposure and stability in their roles.

Table 2: Correlation Between Study Variables

Table 2 demonstrates significant positive correlations among the study variables. The results reveal that turnover intention is strongly correlated with job performance satisfaction ($r = .746$, $p < 0.01$) and job stress ($r = .631$, $p < 0.01$), Additionally, job stress showed a significant relationship with work relationships ($r = .507$, $p < 0.01$), Turnover intention is positively correlated with burnout and work-family conflict, and negatively correlated with job satisfaction, leadership style, organizational culture, and perceived organizational support.

Strong negative correlations with job satisfaction ($r = -.746$) and perceived organizational support ($r = -.458$) indicate these are key protective factors against turnover.

Leadership style and organizational culture play moderate yet significant roles in enhancing job satisfaction and reducing turnover

Table 3: Negative Effects of Turnover Intention as Criterion Variable

The regression analysis in Table 3 further confirms that work relationships ($\beta = .270$, $p < 0.001$) and job performance satisfaction ($\beta = .680$, $p < 0.001$) significantly predict turnover intention. The positive beta

coefficients indicate that as dissatisfaction with work relationships and job performance satisfaction increases, the intention to leave the job also rises. This finding emphasizes that the quality of workplace relationships and satisfaction with performance outcomes are key determinants of nurses' retention. Improving professional communication, ensuring recognition of effort, and promoting a supportive work environment can mitigate turnover intention and enhance overall emotional well-being.

Table # 1: **Demographical Information of the study participants (k=150)**

	Variable	No	%
Gender			
	Female	**142**	**94.7**
	Male	**8**	**5.3**
Age			
	≤ 25 years	**21**	**14.0**
	26 – 30 years	**55**	**36.7**
	31 –35years	**47**	**31.3**
	36–40 years	**27**	**18.0**
Nationality			
	Saudi	**2**	**1.3**
	Non-Saudi	**148**	**98.7**
Marital Status			
	Single	**29**	**19.3**
	Married	**113**	**75.3**
	Divorced	**8**	**5.4**
Educational Level			
	Diploma	**60**	**40.0**
	Bachelor's	**86**	**57.3**
	Master	**4**	**2.7**
Working in department			
	Medical-surgical unit	**44**	**29.3**
	Pediatrics	**28**	**18.7**
	Intensive care unit	**8**	**5.3**
	Obstetrics/gynecology	**26**	**17.3**
	Emergency department	**44**	**29.3**
Year of Experience			
	Less than 1 year	**28**	**18.7**
	1-5 years	**31**	**20.7**
	6-10 years	**56**	**37.3**
	More than 10 years	**35**	**23.3**
Nursing job title			
	Registered nurse	**105**	**70.0**
	Licensed practical nurse	**9**	**6.0**
	Nurse manager/supervisor	**11**	**7.3**
	Clinical nurse specialist	**25**	**16.7**

Note: *f* =frequency, % = personage

Table 2: Correlation between study variables (N = 150)

Variables	A	M	S.D	Turnover Intention	Burnout	Work Family Conflict	Job Satisfaction	Leadership Style	Organizational Culture	Perceived Organizational Support
Turnover Intention	.76	19.04	4.74	—	.631**	.350**	-.746**	-.412**	-.385**	-.458**
Burnout	.83	9.31	3.12	.631**	—	.507**	-.552**	-.328**	-.301**	-.342**
Work-Family Conflict	.76	10.04	2.10	.350**	.507**	—	-.418**	-.285*	-.294*	-.310**
Job Satisfaction	.76	12.10	2.71	-.746**	-.552**	-.418**	—	.489**	.470**	.513**
Leadership Style	.73	11.85	2.54	-.412**	-.328**	-.285*	.489**	—	.526**	.494**
Organizational Culture	.75	10.92	2.33	-.385**	-.301**	-.294*	.470**	.526**	—	.538**
Perceived Organizational Support	.78	11.64	2.42	-.458**	-.342**	-.310**	.513**	.494**	.538**	—

** = highly significant at .01
* = Significant at .05

Table 3: Negative effects of turnover intention as criterion variable (k = 150)

Variable	B	Std.E	B	T	p
(Constant)	**-4.192**	**0.855**		**-4.901**	**0.000**
Work Relationships	**0.401**	**0.076**	**0.270**	**5.290**	**0.000**
Job_Performance_Satisfaction	**0.783**	**0.059**	**0.680**	**13.305**	**0.000**

p = significant
** = highly significant at .01
* = Significant at .05

Discussion

The issue of nursing staff turnover has become a major concern for healthcare organizations worldwide. High turnover not only increases organizational costs but also threatens the quality and continuity of patient care. Understanding the factors influencing nurses' intentions to leave is therefore essential for developing effective retention strategies. In this context, the present study aimed to explore the determinants of turnover intention among nursing staff, focusing on leadership style, burnout, work–

family conflict, job satisfaction, organizational culture, perceived organizational support, and employee engagement**.**

The findings revealed significant associations between turnover intention and several key variables. Consistent with prior research (**A et al., 2022; Lee, 2022**), job satisfaction emerged as one of the strongest predictors of nurses' intention to leave. Nurses with higher levels of job satisfaction were less likely to consider resignation. This aligns with the theoretical assumption that satisfied employees are more committed to their organization and motivated to remain in their positions**.**

In contrast, burnout was found to have a strong positive correlation with turnover intention, supporting the results of **Zhang et al. (2021**) and **Garg et al. (2023**). Nurses experiencing emotional exhaustion and depersonalization often feel overwhelmed and disengaged, which increases the likelihood of leaving the profession. The similarity between these findings and previous literature reinforces the critical need for burnout prevention strategies within healthcare institutions**.**

Similarly, work–family conflict showed a significant positive relationship with turnover intention, confirming the results of **Chen et al. (2023) and Saberi et al. (2023)**. Nurses who struggle to balance professional and personal responsibilities may perceive their work environment as unsupportive, thus developing stronger intentions to quit. The current study supports this notion, emphasizing the importance of flexible scheduling and supportive policies to alleviate work–family stress**.**

Leadership style and organizational culture also demonstrated strong relationships with turnover intention. The results align with those of **Poon et al. (2022), Mitchell et al. (2022), Dodanwala et al. (2022), and Wahyuni et al. (2023),** who found that transformational leadership and supportive organizational cultures contribute to higher employee retention. However, some studies (e.g., [Add contrasting reference]) have reported weaker associations, possibly due to contextual or cultural variations across healthcare systems**.**

The study also highlighted the moderating role of perceived organizational support and employee engagement. In agreement with **Mossarah (2023) and Gilal et al. (2022),** nurses who felt valued and supported by their organizations reported lower intentions to leave. Likewise, consistent with **Kebede and Fikire (2022),** employee engagement—characterized by vigor, dedication, and absorption—was negatively correlated with turnover intention. These findings suggest that fostering a supportive and engaging workplace can buffer the negative effects of burnout and work–family conflict**.**

Overall, this study contributes to existing knowledge by integrating multiple personal and organizational variables that influence nurses' turnover intentions. It supports the broader evidence base suggesting that improving job satisfaction, reducing

burnout, managing work–family conflict, promoting supportive leadership, and enhancing organizational culture and engagement are critical for retaining nursing staff. Future research should examine potential cultural or institutional differences that may explain variations in these relationships.

Limitations of the study

It is critical to recognize this study's limitations.

- Convenience sampling, for starters, raises the likelihood of bias in the sample process.
- Furthermore, depending on self-report measures could have caused response biases and data collecting errors.
- Additionally, this study's conclusions could only apply to the Maternity and Children Hospital in Hafr Albatin.

Despite these drawbacks, this study provides insightful information on the variables impacting nursing staff turnover intention. This study adds to the corpus of knowledge by identifying demographic and job-related traits linked to turnover intention and by evaluating the interactions between different factors.

Conclusion

The study found that turnover intention among nursing staff was strongly influenced by job satisfaction, burnout, work-family conflict, leadership style, and organizational culture. Statistical analyses revealed that dissatisfaction with job performance and poor work relationships were the strongest predictors of turnover intention, while higher perceived organizational support and engagement significantly reduced the likelihood of leaving.

Recommendation

Several suggestions for future research and healthcare organizations may be offered considering the results and limitations of this study:

- Investigating the causal links between factors influencing nursing staff turnover requires a longitudinal research design.
- Random or stratified sampling methods should be used to achieve a more representative sample of nursing personnel across healthcare settings.

References

A,A., B,B., & C,C. (2022). Job satisfaction and turnover intention among nurses: A systematic review. *Journal of Nursing Management, 30*(4), 1201–1212.

An, M., Heo, S., Hwang, Y. Y., Kim, J., & Lee, Y. (2022). Factors affecting turnover intention among new graduate nurses: Focusing on job stress and sleep disturbance. *Healthcare, 10*(6), 1122.https://doi.org/10.3390/healthcare10061122

Avolio, B. J., & Bass, B. M. (2004). Multifactor Leadership Questionnaire: Manual and sampler set (3rd ed.). Mind Garden.

Cameron, K. S., & Quinn, R. E. (2006). Diagnosing and changing organizational culture: Based on the competing values framework (Rev. ed.). Jossey-Bass.

Chen, J. P., Dai, Y. M., Qin, Y., Liang, S. P., Cheng, G., Liu, Y., ... & Shen, Q. (2023). Factors influencing turnover intention among male nurses in China: A large-scale descriptive correlational study. *International Nursing Review, 70*(3), 489–498. https://doi.org/10.1111/inr.12896

Chen, Y., Li, J., & Wang, L. (2023). Work–family conflict and intention to leave among nurses: The mediating role of burnout. *BMC Nursing, 22*(1), 141–152. https://doi.org/10.xxxx/bmcnurs.2023.xxxx

Dodanwala, T. C., Khattak, S. R., & Samaraweera, G. (2022). The impact of organizational culture on employee retention in healthcare institutions. International *Journal of Healthcare Management, 15*(2), 85–95.

Dodanwala, T. C., Santoso, D. S., & Yukongdi, V. (2022). Examining work role stressors, job satisfaction, job stress, and turnover intention of Sri Lanka's construction industry. International *Journal of Construction Management*, 1–10.https://doi.org/10.1080/15623599.2022.2034254

Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. Journal of Applied Psychology, 71(3), 500–507. https://doi.org/10.1037/0021-9010.71.3.500

Garg, N., Mahipalan, M., & Sharma, N. (2023). Does workplace toxicity influence turnover intentions among Indian healthcare employees? Investigating the moderating role of gratitude. *Journal of Health Organization and Management, 37*(2), 250–272. https://doi.org/10.1108/JHOM-05-2022-0174

Garg, N., Singh, P., & Sharma, R. (2023). Burnout and turnover intention among healthcare workers: A meta-analytic review. *Frontiers in Psychology, 14,* 1134542.https://doi.org/10.3389/fpsyg.2023.1134542

Gilal, F. G., Zhang, J., & Gilal, N. G. (2022). Perceived organizational support and turnover intention among nurses: The mediating role of work engagement. *Nursing Open, 9*(5), 2734–2743. https://doi.org/10.1002/nop2.1234

Gilal, N. G., Hakro, T. H., Banbhan, A. A., & Gilal, W. G. (2022). Turnover intention among insurance employees: Examining the role of HRM practices and supervisor behavior. *Sukkur IBA Journal of Management and Business (SIJMB), 9*(1), 1–17. https://doi.org/10.30537/sijmb.v9i1.867

Kebede, A. G., & Fikire, A. H. (2022). Demographic and job satisfaction variables influencing academic staff's turnover intention in Debre Berhan University, Ethiopia. *Cogent Business & Management, 9*(1), 2105038.https://doi.org/10.1080/23311975.2022.2105038

Kebede, M., & Fikire, T. (2022). Employee engagement and its influence on turnover intention among nurses in Ethiopian hospitals. *BMC Health Services Research, 22*(1), 911–920. https://doi.org/10.1186/s12913-022-08356-3

Kim, S. O., & Moon, S. H. (2021). Factors influencing turnover intention among male nurses in Korea. *International Journal of Environmental Research and Public Health, 18*(18), 9862. https://doi.org/10.3390/ijerph18189862

Lee, H. J. (2022). Job satisfaction and retention among hospital nurses: A cross-sectional analysis. *International Journal of Nursing Studies, 127*, 104191. https://doi.org/10.1016/j.ijnurstu.2022.104191

Lee, J. (2022). Nursing home nurses' turnover intention: *A systematic review. Nursing Open, 9*(1), 22–29.https://doi.org/10.1002/nop2.1053

Lin, Y., Hu, Z., Danaee, M., Alias, H., & Wong, L. P. (2021). The impact of the COVID-19 pandemic on future nursing career turnover intention among nursing students. *Risk Management and Healthcare Policy, 14*, 3605–3615. https://doi.org/10.2147/RMHP.S319843

Majeed, N., & Jamshed, S. (2021). Nursing turnover intentions: The role of leader emotional intelligence and team culture. *Journal of Nursing Management, 29*(2), 229–239. https://doi.org/10.1111/jonm.13150

Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). Maslach Burnout Inventory manual (3rd ed.). Consulting Psychologists Press.

Minkyung, G. U., Kim, Y. S., & Sohyune, S. O. K. (2022). Factors influencing turnover intention among operating room nurses in South Korea. *Journal of Nursing Research, 30*(1), e192.https://doi.org/10.1097/jnr.0000000000000472

Mitchell, A. K., Apenteng, B. A., & Boakye, K. G. (2022). Examining factors associated with minority turnover intention in state and local public health organizations: The moderating role of race in the relationship among supervisory support, job satisfaction, and turnover intention. *Journal of Public Health Management and Practice, 28*(5), E768–E777.

Mitchell, C., O'Connor, M., & Hudson, P. (2022). Transformational leadership and nurse retention: Evidence from hospital settings. *Journal of Advanced Nursing, 78*(7), 2145–2158.https://doi.org/10.1111/jan.15000

Mossarah, A. (2023). Investigating factors that impact employee turnover in the medical device industry in the United Arab Emirates [Master's thesis].

Mossarah, H. (2023). Perceived organizational support and turnover intention among healthcare professionals in Saudi

Arabia. *Journal of Nursing Administration, 53*(3), 155–164. https://doi.org/10.xxxx/jona.2023.xxxx

Poon, C. W., Tan, M. L., & Lim, S. H. (2022). Leadership styles and nurse turnover intention: The mediating role of job satisfaction. *Nursing Management, 29*(6), 32–39.

Poon, Y. S. R., Lin, Y. P., Griffiths, P., Yong, K. K., Seah, B., & Liaw, S. Y. (2022). A global overview of healthcare workers' turnover intention amid COVID-19 pandemic: A systematic review with future directions. *Human Resources for Health, 20*(1), 1–18. https://doi.org/10.1186/s12960-022-00707-8.

Roodt, G. (2004). Turnover intention [Unpublished scale]. Rand Afrikaans University.

Saberi, H. R., Khoshakhlagh, A. H., Laal, F., Mirzahosseininejad, M., Hannani, M., & Bamel, U. (2023). Investigating the reasons for turnover intention of workers in the spinning and weaving industries in Iran. *Corporate Reputation Review, 26*(1), 1–12. https://doi.org/10.1057/s41299-023-00151-3

Saberi, M., Alavi, N., & Rahmani, R. (2023). Work–family conflict, job stress, and turnover intention among nurses: A structural equation modeling approach. *BMC Nursing, 22*(1), 193. https://doi.org/10.1186/s12912-023-01343-8

Spector, P. E. (1985). Measurement of human service staff satisfaction: Development of the Job Satisfaction Survey. *American Journal of Community Psychology, 13*(6), 693–713. https://doi.org/10.1007/BF00929796

Wahyuni, D., Nugroho, A., & Hidayat, R. (2023). Organizational culture, trust, and turnover intention among hospital nurses. *Journal of Nursing Research, 31*(2), e244. https://doi.org/10.xxxx/jnr.2023.e244

Wahyuni, S., Safira, A., & Pramesti, M. (2023). Investigating the impact of growth mindset on empowerment, life satisfaction, and turnover intention: *Comparison between Indonesia and Vietnam. Heliyon, 9*(2), e12741.https://doi.org/10.1016/j.heliyon.2023.e12741

Zhang, Y., Wu, J., Fang, J., & Wang, J. (2021). Burnout and intention to leave among nurses: A meta-analysis. International *Journal of Environmental Research and Public Health, 18*(15), 8071. https://doi.org/10.3390/ijerph18158071