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Factors Influencing Nurse Intent to Leave Acute Care Hospitals

A Systematic Literature Review

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Professional nurses are leaving their current positions in acute care hospitals and, in some cases, the profession in greater numbers than ever. Nurse leaders must understand factors surrounding nurses' intent to leave to develop strategies to mitigate this phenomenon and retain nurses. This review of the literature seeks to synthesize studies on nurses' intent to leave. Themes include job satisfaction, resources and staffing impacting workloads, leadership, and burnout.

Dissatisfaction in the nursing profession is associated with higher rates of turnover, increased costs to healthcare organizations, decreased morale, and poor patient quality outcomes.[1-3] Hospital nursing shortages are concerning for patient and nurse well-being, whereas statistics indicate the need for nurses will increase faster than availability over the next 10 years.[4] Nurses are exiting hospitals and, in some cases, the profession because of increasing levels of dissatisfaction.[5] Intention to leave is defined as "an employee's plan to leave the current working institute to find an alternative job in the near future."[6(p1)] It is also described as "a set of decisions involved in the resolve to terminate employment" and as "the best predictor of leaving."[7(p6)] Inpatient staffing in acute care hospitals is reaching critical levels.[8,9]

There are more than 3 million nurses in the United States, and although the number is expected to grow by an additional 7% over the next decade, this will not be enough to fill nursing roles and meet the demand for nurses in acute care hospital organizations.[10] Nursing turnover, dissatisfaction with the work environment, and burnout are serious negative issues impacting the nursing labor pool that need critical consideration and action by leaders, clinicians, and policymakers.[11-13] Stopping the exodus of nurses from acute care must be a priority for chief nurses and executive leaders because a shortage of RNs will directly impact the quality of patient care and working conditions, both key factors impacting nurses' intentions to leave their organizations.[3,8] Aside from contributing to the growing shortage of nurses, turnover in nursing is expensive to organizations.[5] It is estimated that nurses leaving a typical hospital costs between $3.6 million and $6.5 million annually and that for every percent a hospital organization improves retention, it may decrease annual turnover costs by $270 800.[3]

As the population ages, there is an anticipated increased demand for healthcare. Nurses are also aging, and many are anticipating retirement.[14,15] Nursing turnover from acute care hospitals poses a significant threat to healthcare, nurse job satisfaction, and poor patient outcomes including errors, adverse events, increased mortality, and length of stay.[16] Not only are nurses essential for safe and high-quality care delivery, but they are also essential for mentoring future generations of nurses.[11] An adequate supply of nurses in the workforce is critical to meet the demand for patient care.[8,17]

Literature Search Strategies and Methods

An electronic search of the databases was conducted in 4 phases to identify sources studying factors that influence nurses' intent to leave acute hospitals. Initially, electronic databases including CINAHL, PubMed, EBSCO, ProQuest, and MEDLINE (full-text OVID) in English

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language were searched for articles published between January 2016 and June 2021. The search was conducted utilizing the following search terms: *intent to leave*, *intention to leave*, *retention*, *turnover*, *turnover intention work satisfaction*, *nurse job satisfaction*, *nurses*, *nursing*, *registered nurses*, and *hospitals*. MeSH terms included in this search were "turnover, employee," "turnover, personnel," and "job satisfaction," and "nurses." CINAHL headings and keywords are also used in this search including intent to leave, intention to leave, retention, turnover, turnover intention, work satisfaction, nurse job satisfaction, nurses, nursing, RNs, and hospitals. Words combined are "intent to leave" or "intention to leave" or "retention" or "turnover," and "work satisfaction" or "nurse job satisfaction," and "nurses" or "nursing."

A secondary review was completed in September 2021 for additional literature published between June and September 2021 including keywords, phrases, and themes identified from the initial literature review, resulting in a combined screening of 333 sources. The additional terms included "burnout, professional" and "intention" and "nurses," "workload," "shortage," "toxic" and "leadership" or "job control" or "occupational stress" and "intention." Three Google searches were conducted in September 2021 for the prior 5 years using all search terms with site:.org, site:.gov, and site:.edu. A final review of the literature was conducted in January 2022 of the previous databases, resulting in a combined total of 371 sources screened and duplicates excluded. Inclusion of studies in this search was limited to intent to leave among nurses in acute care hospitals (Figure 1). Exclusions included populations of nonnurses, nursing faculty, nurse managers, novice nurses, nurse practitioners, and locations outside of hospitals such as nursing homes and psychiatric hospitals (Supplemental Digital Content 1, http://links.lww.com/JONA/A952).

Results

After applying inclusion and exclusion criteria, a total of 22 studies and 5 literature reviews across 17 countries were included. Of the 22 studies included, 21 were quantitative, and 1 was qualitative.

The quantitative studies included a combined total of 70 304 participants, and the qualitative study included 9. The 5 literature reviews included 219 sources. Although research spanned across multiple countries and the percentage of nurses intending to leave their organizations varied among different countries, the themes that emerged were consistent.

Themes

Job Satisfaction/Dissatisfaction
The 2 most cited factors in the literature significantly related to nurses' intent to leave acute care hospitals are job satisfaction and staffing adequacy or workload.

Job satisfaction was consistently identified as a significant factor, with more satisfied nurses having decreased intentions to leave their positions and organizations.[4,5,11,13,14,17-20] Alharbi et al[1] concluded that staffing and resource adequacy and leadership support were not directly associated with intent to leave, but staffing and resource adequacy and leadership support were associated with job satisfaction, which in turn has a direct relationship with intent to leave.

A multicounty secondary analysis of the MISSCARE survey concluded that job satisfaction and staffing adequacy are significant factors leading to absenteeism and intent to leave and also that younger nurses with less experience were more likely to leave.[17] In a study of RNs with more than 2 years of nursing experience in New York hospitals, job satisfaction predicted intent to leave.[14] A study conducted in the southwestern United States reported a strong correlation between job satisfaction and career development with nurses' intent to leave.[19]

Staffing/Workload
Staffing ratios and resulting workloads were cited as frequently as job satisfaction as a factor for nurses' intent to leave acute care.[3,4,11,12,16-18,21-24] In 1 literature review, more than one-third of studies cited workload, such as staffing inadequacies and patient complexities, as being associated with burnout, which in turn leads to intent to leave.[3] Another literature review concluded that staffing and resource adequacy directly influence RN intent to leave and suggests that staffing and scheduling committees can have positive impacts on resource allocation.[21] A study in the United States and Italy found in the US sample that the workload was positively associated with coworker incivility and intent to leave.[22] Among clinical nurses in Korea, job satisfaction was the most significant factor for intent to leave, and job satisfaction was affected by workload.[18]

A study in Thailand among inpatient nurses with at least 2 years of bedside experience in 43 inpatient units concluded that inadequate staffing led to job dissatisfaction, burnout, and intent to leave.[13] Burmeister et al[17] reported that regardless of the country studied, even considering different nurse characteristics, staffing was a significant predictor of both intent to leave and absenteeism. A study of the association between average daily patient-to-nurse ratio in hospitals (ADPNR) and intent to leave reported that better staffing ratios reduce nursing workloads and concluded that higher ADPNRs predicted higher levels of burnout and job dissatisfaction, each of which resulted in higher levels of nurses' intentions to leave acute care.[11]

Three comprehensive literature reviews reported that staffing ratios and associated workloads significantly impacted intent to leave that included a
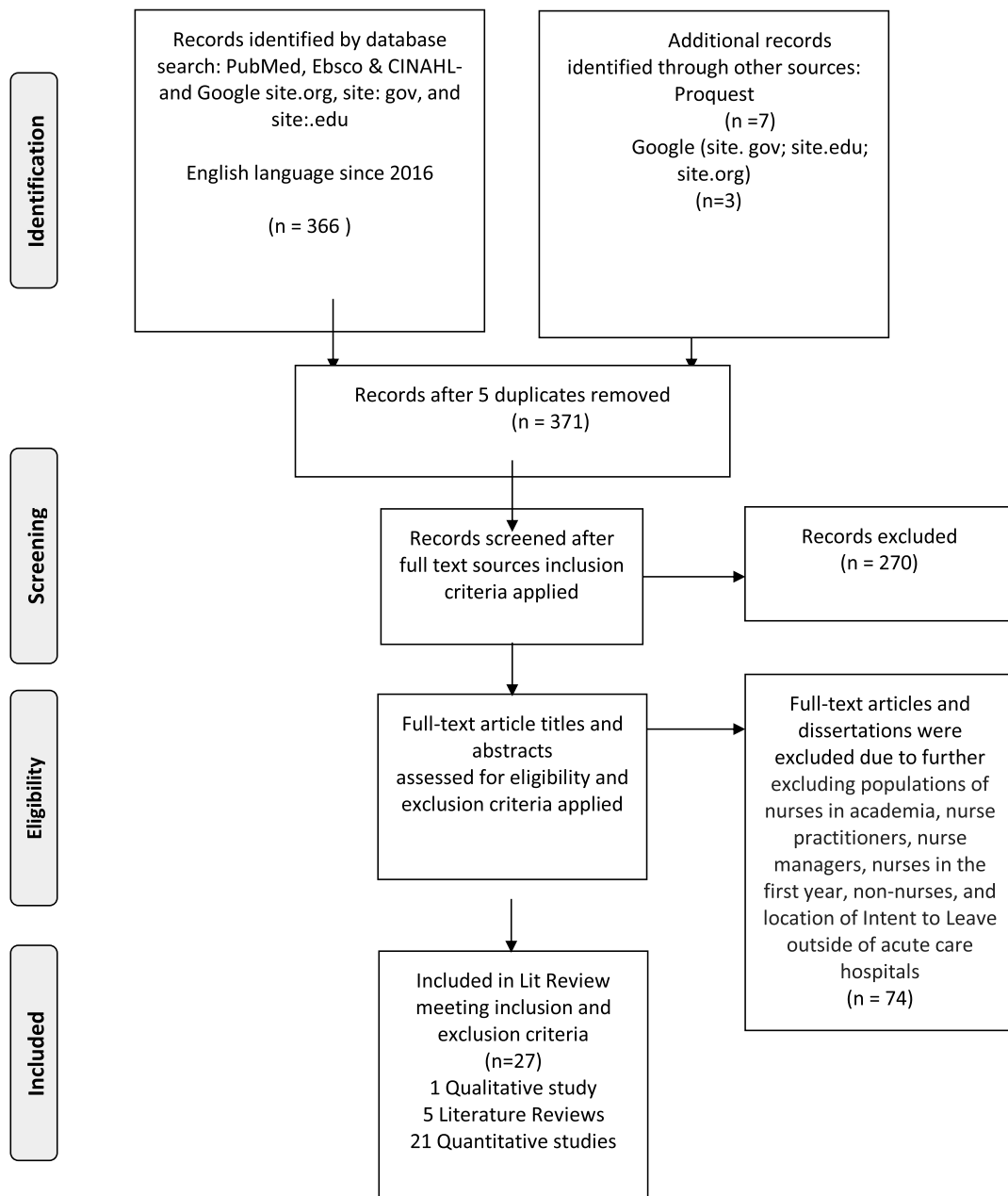
Records identified by database
search: PubMed, Ebsco & CINAHL-
and Google site.org, site: gov, and
site:.edu

English language since 2016

(n = 366)

Additional records
identified through other sources:
Proquest
(n =7)
Google (site. gov; site.edu;
site.org)
(n=3)

Records after 5 duplicates removed
(n = 371)

Screening

Records screened after
full text sources inclusion
criteria applied

Records excluded
(n = 270)

Eligibility

Full-text article titles and
abstracts
assessed for eligibility and
exclusion criteria applied

Full-text articles and
dissertations were
excluded due to further
excluding populations of
nurses in academia, nurse
practitioners, nurse
managers, nurses in the
first year, non-nurses, and
location of Intent to Leave
outside of acute care
hospitals
(n = 74)

Included

Included in Lit Review
meeting inclusion and
exclusion criteria
(n=27)
1 Qualitative study
5 Literature Reviews
21 Quantitative studies

Figure 1. PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) diagram.

combined 87 studies.[16,21,23] Delgado[3] stated the case well in her American Association of Critical-Care Nurses blog, commenting that "the phenomenon of inappropriate staffing as a reason for nurses to leave their jobs is an epic catch-22: poor staffing causes nurse attrition, and nurse attrition sustains poor staffing."

Leadership
Leadership support is acknowledged as a significant factor affecting intent to leave.[9,15,23-26] One literature review identified leadership support, workload, and professional development as the 3 main drivers of intent to leave among nurses.[16] A study in Texas identified 2

leadership styles correlated with intent to leave.[8] Transformational leadership had a weak negative relationship, and passive avoidant leadership had a positive association with intent to leave, with passive avoidant leadership style as the key predictor of intent to leave.[8]

Poor leadership and lack of communication are cited as the direct influences on nurse burnout that lead to intent to leave acute care and the profession.[25] A study of toxic and transformational leadership styles' influence on intent to leave in 15 hospitals in the Philippines reported that both styles are predictors of intent to leave, further supporting findings in the United States.[8,15] A study among nurses in Canada concluded that

supportive safety-conscious leaders can help reduce nurses' intentions to leave.[26] In addition, dissatisfaction with leaders and the job environment were the top preventable reasons for intentions to leave among 724 nurses in US Army hospitals.[9]

Aside from leadership style and support, lack of recognition (or reward effort imbalance) from leadership is recognized as a significant factor for intent to leave.[7,24] Among 191 study participants in West Ethiopia, intent to leave was 64.9%, with the most significant factors driving their intentions to leave being lack of recognition from leadership and the work itself.[7] A lack of recognition by leaders and organizations was a key driver for intent to leave among nurses in Switzerland.[24] Of the 47 studies Marufu et al[23] reviewed, 22 identified leadership support, style, and recognition as significant factors impacting nurse retention.

Burnout

Burnout was another key driver of job dissatisfaction in the literature leading to intent to leave.[3,11-13] In the study conducted in hospitals in Switzerland on burnout and intent to leave, effort-reward imbalance most significantly predicted intent to leave due to increased reports of burnout and not only to leave acute care, but also the profession altogether.[24]

In a literature review examining 91 studies on burnout, burnout was the primary driver of intent to leave.[3] Characteristics of the work environment that lead to burnout include workload, inadequate staffing, and low control.[3,12,24] Aside from intent to leave, other outcomes of burnout include poor quality and patient safety, errors and adverse events, and poor patient satisfaction.[3] A New Zealand study demonstrated that greater workloads and burnout had a significant impact on intent to leave.[10] Nurses experiencing burnout struggle with productivity and motivation, and when combined with uncompleted work at home, this often leads to nurses leaving their positions, resulting in disruptions in patient care and significant hospital costs.[6]

COVID-19 Pandemic

In the recent literature, the COVID-19 pandemic impacted staffing ratios/workload and burnout, significantly increasing intent to leave.[27] In addition, fear of COVID-19 among nurses is associated with decreased job satisfaction and increased intentions to leave acute care and, in some cases, the profession.[27] Participation in training related to the aspects of COVID-19 is reported to decrease fear, improve satisfaction, and decrease turnover intentions in addition to other factors identified in this search.[27]

A comparison study conducted before and during the pandemic discovered that turnover intentions significantly increased during the pandemic compared with before the pandemic.[28] In another study of intent to leave among 210 nurses from COVID hospitals and 210 nurses from non-COVID hospitals in Egypt, the type of hospital (COVID vs non-COVID) and related workload were the most significant predictors of intent to leave. Only 4.8% of nurses in COVID hospitals reported having definitely no intention to leave their present job and intent to leave acute care was 10.5% higher in the COVID hospital group.[29]

Discussion and Implications for Future Research

The phenomenon of intent to leave is important to study because there is a shortage of acute care nurses and demands for their services are growing.[8] Common influencing factors emerging from the recent literature include job satisfaction, staffing ratios/workload and resource adequacy, leadership (support, style, and recognition), and burnout[4,11,25,30] (Figure 2). Intensifying each of these factors has been the COVID-19 pandemic.[3,27-29] Recommendations in the literature to prevent nurses' intent to leave includes having the awareness of organization and leaders about factors contributing to intent to leave and then minimizing those factors. Traditional strategies alone are not sufficient to prevent nurse turnover in acute care.[8] Acute care nurses experiencing higher job satisfaction and adequate resource availability were less likely to experience intent to leave.[2,3] It is apparent that nurses who attended training for COVID-19 reported higher job satisfaction and less fear of COVID-19.[27]

Most of the research on intent to leave published between January 2016 and January 2022 has been conducted on the first year of nursing practice and has comprised quantitative studies. Most of the studies published during this timeframe are quantitative cross-sectional observational studies that aim to determine associations, but infrequently go beyond identifying correlation.[2] Longitudinal studies that follow nurses and intent to leave over time may help researchers better understand the directions of observed relationships and the phenomenon among experienced nurses.[2]

Nurses must be retained in acute care for the profession to survive as well as for the safety of patient care.[17] Performing studies among nurses using different research designs, notably qualitative studies hearing directly from the voices of the nurses, represents a gap in the literature and should be explored in the future. Further studies are needed to help determine strategies to eliminate the factors identified as drivers of intent to leave in consideration of the impact of the COVID-19 pandemic.[8,9,28,29] The consequences of disruption of nursing care related to nursing intent to leave on patient outcomes should elevate prioritization of this area for future nursing studies.[5]

Conclusion

It is critical to determine why experienced nurses are intending to leave their acute care hospitals because

Leadership Style

Staffing Ratios

Lack of Recognition

Lack of Resources

Lack of Support

Increased Workloads

Job Dissatisfaction

Job Dissatisfaction

Intent to Leave
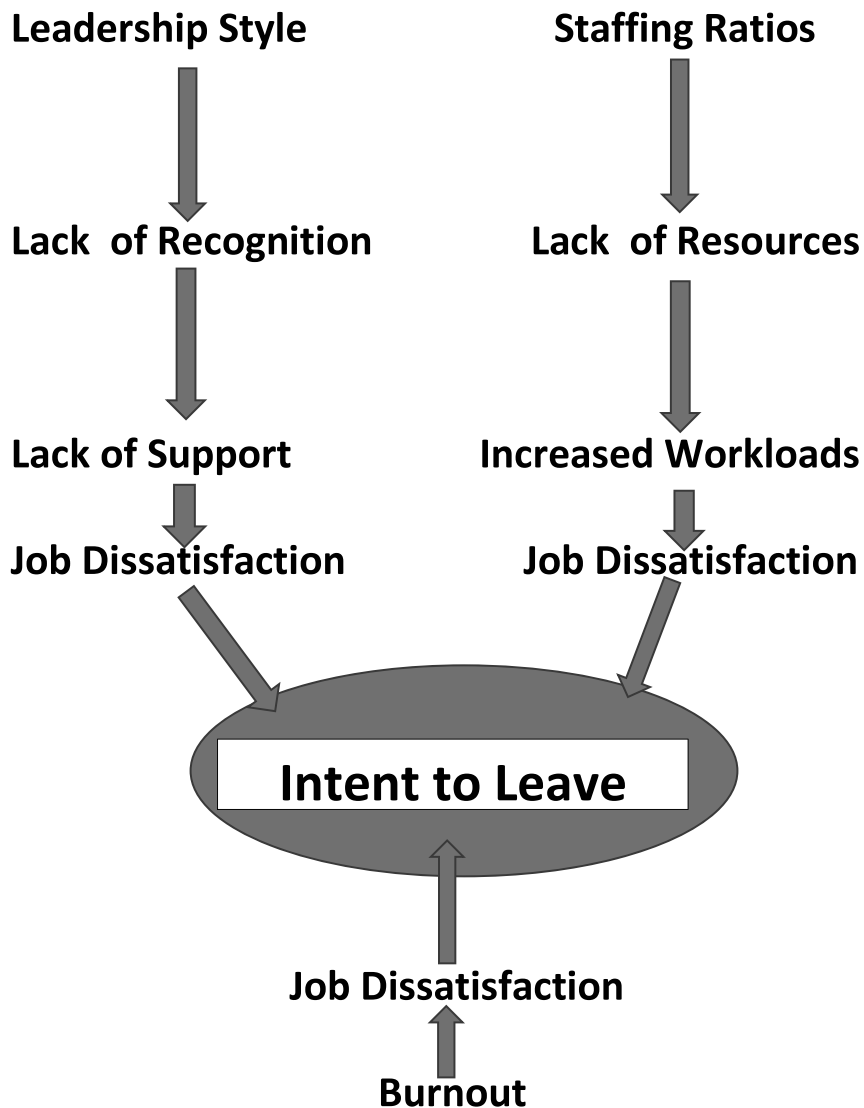
Job Dissatisfaction

Burnout

Figure 2. Themes.

nurses are the clinicians who spend the most time with the patients providing their care and mentoring new nurses. In addition, nurses comprise the largest body of healthcare workers, and most nurses are employed in the acute care setting.[1,16]

Although these studies were conducted in different countries, factors significantly related to intent to leave were aligned across cultures and settings. Thus, this issue should receive considerable global attention. The most common factors and themes emerging in this literature review that led to intent to leave are job satisfaction, staffing ratios/workloads, leadership (support, style, and recognition), and burnout leading to job dissatisfaction. Acute care nurses with greater job satisfaction and resource availability are less likely to experience intent to leave.[5] Previously identified factors were demonstrated to have been significantly impacted by the pandemic, resulting in increased numbers

of acute care nurses intending to leave their organizations and, in some cases, the profession.[20,27]

Significant changes have taken place in the nursing workforce in recent years. Using current data to evaluate issues and suggested interventions is essential for nurse leaders. Creating an acute care work environment where nurses experience job satisfaction and feel safe to practice by having realistic patient ratios and workloads to provide patient and self-are, and where nurses feel supported and recognized by their leaders is necessary to retain nurses in acute care. In addition, strategies to reduce burnout are important considerations to prevent job dissatisfaction, which in turn leads to intent to leave, particularly in light of the pandemic. The phenomenon of intent to leave poses a real risk to the well-being of hospital organizations and the well-being of acute care nurses and patients. The increasing levels of turnover among nurses in acute care require

the attention of hospital leaders as traditional strategies are not enough to curb this alarming and growing trend.[8] More studies are needed focusing on intent to leave incorporating the voices of bedside nurses to help nursing leaders learn how to mitigate this phenomenon and support the profession.

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