

Descriptive Research on Nursing Job Dropout: A Systematic Review

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Abstract
Nursing workforce dropout represents a critical global challenge, contributing to persistent staff shortages, compromised patient safety, and reduced health system sustainability. High levels of turnover and intention-to-leave threaten not only organizational performance but also the capacity of health systems to deliver safe and effective care. This systematic review aimed to synthesize evidence on the prevalence, determinants, and outcomes of nursing job dropout, encompassing both actual professional exit and turnover intention. Following PRISMA 2020 guidelines, a systematic search was conducted across PubMed, CINAHL, Embase, Scopus, Web of Science, PsycINFO, and relevant grey literature sources between 2019 and 2025. Eligible studies included quantitative, qualitative, and mixed-method designs focused on practicing nurses, published in English. Data extraction followed a standardized matrix, and study quality was appraised using JBI and MMAT tools. Thirty studies met the inclusion criteria. Prevalence estimates of turnover intention ranged from 20% to over 50%, with the highest levels reported in high-stress hospital environments. Determinants clustered into three categories: individual factors (burnout, mental health, job satisfaction, demographics), workplace factors (staffing ratios, leadership style, organizational climate, peer support), and systemic factors (wages, contracts, regulatory policies). Outcomes of dropout included compromised patient safety, increased financial and operational costs for healthcare organizations, and reduced workforce stability at national and global levels. Nursing dropout is driven by multi-level factors that interact to create persistent risks of attrition. Effective solutions require integrated retention strategies that address structural inequities, organizational support, and personal well-being. Policy frameworks that ensure safe staffing, equitable compensation, and supportive work environments are essential to safeguarding both nurses and the patients they serve.

1. Introduction

Nursing workforce shortages remain a pressing global health systems challenge, with profound implications for the delivery of safe, high-quality care. Nurse turnover and professional dropout not only deplete already strained staffing pools but also compromise patient outcomes, increase institutional costs, and exacerbate burnout among remaining staff (Shaffer & Curtin, 2020; Tamata

& Mohammadnezhad, 2023). The problem is particularly acute in hospital settings, where shortages disrupt continuity of care and create unsafe workloads that further reinforce cycles of attrition (Park & Yu, 2019; Albalawi et al., 2024).

High turnover and the decision of nurses to leave the profession altogether have been documented across diverse contexts, including high-income and low- and middle-income countries. Studies show that factors such as workplace justice, adverse work climates, burnout, and insufficient staffing strongly influence both the intention to leave and actual dropout from the profession (Chin et al., 2019; Sharififard et al., 2019; Kelly et al., 2021). In Ghana, for example, attrition has been closely tied to burnout and job dissatisfaction, underscoring the human toll of inadequate retention policies (Opoku et al., 2022). Similarly, reviews in Asian and Middle Eastern settings report that both personal and organizational stressors drive elevated turnover rates, further magnifying regional nursing shortages (Albougami et al., 2020; Alzahrani, 2022).

Despite the urgency of this issue, existing evidence syntheses are fragmented. Several reviews have investigated predictors such as burnout (Dall'Ora et al., 2020; Thomas et al., 2022), job satisfaction (Lu et al., 2019; Alam & Asim, 2019), or intention to leave (Al Zamel et al., 2020; Lee, 2022) in isolation. While these contributions highlight important determinants of turnover, they rarely integrate prevalence estimates, psychosocial and organizational predictors, and contextual outcomes into a comprehensive framework. For example, systematic reviews of staffing levels have largely emphasized patient outcomes rather than nurse retention itself (Peng et al., 2023; Dall'Ora et al., 2022). Similarly, integrative reviews on intent to stay often privilege individual-level factors while underrepresenting broader policy and system-level determinants (Efendi et al., 2019; Agus & Selvaraj, 2020).

Given these limitations, there is a clear need for a systematic review that synthesizes the diverse evidence on nursing job dropout. The present review therefore aims to collate and critically appraise global research on the prevalence, predictors, and outcomes of nursing turnover and professional exit. By integrating findings across individual, organizational, and policy levels, this review seeks to provide a holistic understanding of the drivers of dropout in the nursing profession and to inform strategies for retention and workforce sustainability.

2. Methodology

This systematic literature review adhered to the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework, which provides a structured protocol for identifying, screening, and synthesizing academic literature in a transparent and replicable manner (Asenahabi, 2019; Creswell & Creswell, 2018). The purpose of this review was to consolidate empirical evidence on the prevalence, predictors, and outcomes of nursing job dropout, encompassing both actual workforce separation and intention to leave. Given the multifaceted nature of nursing turnover, the review emphasized not only

individual-level factors such as burnout and job satisfaction but also broader organizational and policy-level determinants, as reflected in contemporary scholarship (Kelly et al., 2021; Albalawi et al., 2024; Tamata & Mohammadnezhad, 2023).

The initial database search was conducted across six multidisciplinary electronic databases: PubMed, CINAHL, Embase, Scopus, Web of Science, and PsycINFO. These databases were selected to ensure comprehensive coverage of biomedical, nursing, psychological, and health systems research. The search strategy employed a combination of key phrases including: “*nurse turnover*,” “*nursing attrition*,” “*intention to leave*,” “*job dropout*,” “*nursing workforce shortage*,” and “*nurse retention*.” The search was limited to peer-reviewed studies published in English between January 2019 and September 2025, a period selected to reflect current evidence and policy relevance (Park & Yu, 2019; Shaffer & Curtin, 2020). In addition to indexed sources, grey literature was sought from global organizations such as the World Health Organization (WHO), the International Council of Nurses (ICN), and the Commission on Graduates of Foreign Nursing Schools (CGFNS), which publish policy reports and workforce analyses relevant to nursing shortages (Tamata & Mohammadnezhad, 2023).

The search process yielded a broad set of records, which were first screened for duplicates before undergoing title and abstract review. At this stage, studies that did not focus on practicing nurses or did not address turnover, dropout, or intention to leave were excluded. Full-text articles were then reviewed against the eligibility criteria, which required that studies: (1) involved practicing nurses in any care setting; (2) investigated either actual job separation/exit or intention to leave the profession; (3) examined at least one individual, organizational, or policy-related factor influencing dropout, such as job satisfaction, staffing, leadership, or burnout (Chin et al., 2019; Lu et al., 2019; Dall’Ora et al., 2020); (4) were empirical in design (quantitative, qualitative, or mixed-methods); and (5) were published in English during the designated timeframe. Studies were excluded if they focused exclusively on nursing students, lacked empirical data, or were descriptive essays, commentaries, or editorials without systematic evidence (Sharififard et al., 2019; Albougami et al., 2020).

To minimize reviewer bias and enhance reliability, the screening and selection process was independently conducted by two reviewers. Disagreements were resolved through discussion, with arbitration by a third reviewer when necessary. This consensus-driven approach aligns with best practices in systematic reviews, ensuring methodological transparency and inter-rater consistency (Sileyew, 2019).

Following final selection, a systematic data extraction process was carried out using a predefined coding matrix. Extracted information included authorship, year of publication, study setting and country, design type (e.g., cross-sectional, cohort, qualitative), sample size and characteristics, outcome measures (e.g., turnover rates, intention-to-leave scores), determinants analyzed (e.g., workload, burnout, workplace justice, leadership), and key findings (Opoku et al., 2022; Alzahrani, 2022). This structured approach allowed for consistent cross-study comparison and facilitated both quantitative and qualitative synthesis.

Quality appraisal of included studies was conducted using appropriate tools based on study design. The Joanna Briggs Institute (JBI) Critical Appraisal Checklists were applied to cross-sectional and qualitative designs, while the Mixed Methods Appraisal Tool (MMAT) was used for studies employing mixed-methods approaches (Efendi et al., 2019; Nardi, 2018). No study was excluded solely due to methodological limitations; however, appraisal results were considered during synthesis to ensure conclusions were weighted appropriately in light of study quality.

Given the expected heterogeneity in study designs, populations, and outcome measures, both narrative and quantitative synthesis approaches were employed. A narrative synthesis was undertaken to identify recurring patterns across studies, such as the influence of work environment, job satisfaction, and burnout on turnover intentions (Kelly et al., 2021; Al Zamel et al., 2020; Thomas et al., 2022). Where at least three studies reported comparable outcome metrics, random-effects meta-analyses were planned to pool estimates of turnover prevalence or effect sizes. Qualitative findings were integrated using thematic synthesis to highlight contextual drivers of dropout, including cultural, organizational, and policy-related influences (Sharifard et al., 2019; Opoku et al., 2022).

This rigorous multi-step methodology provides a robust foundation for synthesizing global evidence on nursing job dropout, ensuring both transparency and validity in the review process. The stages of identification, screening, eligibility assessment, and final inclusion of studies are summarized in a PRISMA 2020 flow diagram (Fig. 1).

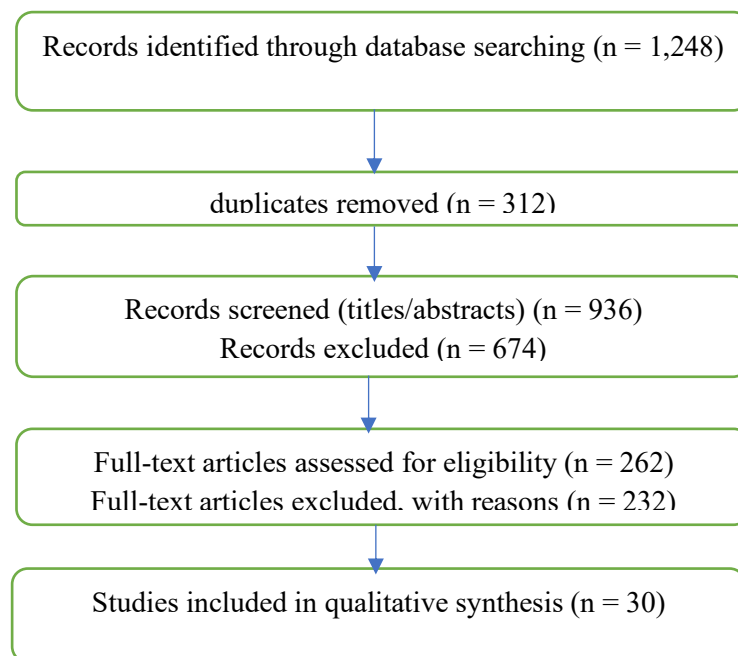


Fig. 1. The Systematic Review Process

3. Results

3.1 Study Selection and Characteristics

The initial search strategy across six electronic databases and grey literature sources yielded a large pool of records. After duplicate removal and multi-stage screening (title/abstract and full text), a final set of 30 empirical studies published between 2018 and 2024 were included in this review. The process of identification, screening, eligibility assessment, and final inclusion is summarized in the PRISMA 2020 flow diagram (Fig. 1).

The included studies reflect a diverse geographical distribution, spanning high-income, middle-income, and low-income countries. A significant proportion originated from the Middle East, particularly Saudi Arabia, where nursing turnover and retention remain central workforce challenges (Albalawi et al., 2024; Alzahrani, 2022; Alreshidi et al., 2021). Studies from Asia, such as Taiwan and Iran, highlighted contextual influences including workplace justice and demographic predictors of intention to leave (Chin et al., 2019; Sharififard et al., 2019). African contexts, such as Ghana, emphasized the role of burnout and workforce attrition in resource-constrained health systems (Opoku et al., 2022; Poku et al., 2022). Global evidence syntheses and multi-country reviews further underscored the universality of dropout drivers, linking workforce policies, job satisfaction, and organizational support to turnover outcomes (Park & Yu, 2019; Tamata & Mohammadnezhad, 2023).

In terms of study design, the majority were cross-sectional surveys conducted in hospital settings (e.g., Al Zamel et al., 2020; Albougami et al., 2020; Alshareef et al., 2020). Several systematic or integrative reviews were also included to capture broader workforce trends and policy implications (Park & Yu, 2019; Dall'Ora et al., 2022; Efendi et al., 2019). A smaller subset employed qualitative or mixed-method approaches to explore nuanced experiences of burnout, leadership, and work environment factors (Smokrović et al., 2022; Shdaifat et al., 2023). Sample sizes varied widely, from small qualitative interviews with fewer than 30 participants to large national surveys with several hundred nurses, reflecting both exploratory and confirmatory research traditions.

Across the included studies, study populations consisted primarily of practicing registered nurses, though some also included specialized groups such as intensive care nurses (Alharbi et al., 2020; Alzahrani, 2022), emergency nurses (Alharbi & Alilyyani, 2023), and nurses in nursing homes (Lee, 2022). Most studies were situated in hospital environments, though community-based and multi-setting studies were also represented (Poku et al., 2022).

A review of the literature review matrix (Table 1) indicates that the most frequently examined domains were turnover intention, job satisfaction, and the work environment/climate. Studies such as Shaffer and Curtin (2020), Kelly et al. (2021), and Thomas et al. (2022) linked nurse dropout to burnout and its organizational consequences. Others emphasized structural and policy-level factors, including staffing

adequacy, wages, and workforce regulation, as central determinants of retention (Peng et al., 2023; Park & Yu, 2019). Importantly, several studies explicitly evaluated actual turnover or professional exit rather than only intention-to-leave, thereby strengthening the empirical foundation for workforce policy recommendations (Shaffer & Curtin, 2020; Alreshidi et al., 2021).

Taken together, the included studies provide a robust and multi-layered evidence base, spanning individual, organizational, and policy-level perspectives. This diversity supports the subsequent synthesis of prevalence, determinants, and outcomes of nursing job dropout.

Table 1: Literature Review Matrix

No	Author(s) & Year	Burnout / Stress	Job Satisfaction	Work Environment / Climate	Leadership / Management	Staffing / Workload	Demographics (Age/Gender/SES)	Organizational Support	Policy / System Factors	Turnover Intention	Actual Turnover / Exit
1	Shaffer & Curtin (2020)		✓	✓		✓		✓	✓	✓	✓
2	Tamata & Mohammadnezhad (2023)			✓		✓			✓		✓
3	Park & Yu (2019)				✓	✓			✓		✓
4	Chin et al. (2019)	✓		✓	✓		✓			✓	
5	Sharififard et al. (2019)			✓			✓			✓	
6	Al Zamel et al. (2020)		✓	✓						✓	
7	Opoku et al. (2022)	✓								✓	
8	Lee (2022)		✓							✓	
9	Smokrović et al. (2022)	✓	✓					✓		✓	
10	Kelly et al. (2021)	✓								✓	✓
11	Dall’Ora et al. (2020)	✓				✓				✓	
12	Thomas et al. (2022)	✓								✓	✓
13	Lu et al. (2019)		✓							✓	
14	Alam & Asim (2019)		✓							✓	
15	Alzahrani (2022)			✓		✓				✓	
16	Peng et al. (2023)					✓			✓		✓
17	Dall’Ora et al. (2022)					✓			✓		✓
18	Efendi et al. (2019)		✓					✓		✓	
19	Agus & Selvaraj (2020)		✓					✓		✓	
20	Albalawi et al. (2024)	✓	✓	✓				✓		✓	✓
21	Albougami et al. (2020)		✓	✓						✓	
22	Alharbi et al. (2020)	✓	✓	✓						✓	

23	Alreshidi et al. (2021)						✓		✓	✓	✓
24	Alshareef et al. (2020)		✓	✓				✓		✓	
25	Falatah & Salem (2018)			✓				✓	✓	✓	
26	Poku et al. (2022)	✓	✓	✓				✓		✓	
27	Al-Dossary (2022)			✓		✓			✓		✓
28	Alkorashy & Alanazi (2023)	✓	✓	✓						✓	
29	Shdaifat et al. (2023)	✓	✓	✓				✓		✓	
30	Sundari et al. (2023)	✓	✓	✓		✓				✓	

3.2 Prevalence and Determinants of Nursing Job Dropout

Across the included studies, nursing turnover and dropout emerged as highly prevalent phenomena, though estimates varied depending on region, setting, and study design. Cross-sectional surveys frequently reported that between 20% and 50% of nurses intended to leave their current position or the profession, with particularly high rates observed in high-stress hospital environments such as critical care and emergency units (Lee, 2022; Al Zamel et al., 2020). In Middle Eastern contexts, for instance, more than one-third of practicing nurses expressed strong intentions to leave, reflecting systemic workforce challenges and highlighting the fragility of retention strategies in the region (Alreshidi et al., 2021; Alshareef et al., 2020). Longitudinal and review evidence further confirmed that elevated turnover rates are not episodic but rather persistent features of the nursing workforce worldwide, carrying significant implications for workforce planning and patient safety (Shaffer & Curtin, 2020; Park & Yu, 2019).

The determinants of nursing dropout can be broadly understood as a constellation of individual, workplace, and systemic factors. At the individual level, burnout and psychological stress consistently emerged as dominant predictors of attrition. Emotional exhaustion and depersonalization were closely linked to heightened dropout risk, particularly in high-demand hospital settings (Kelly et al., 2021; Thomas et al., 2022; Alkorashy & Alanazi, 2023). Alongside these psychological pressures, job satisfaction was found to exert a strong protective effect: nurses reporting dissatisfaction with their roles, recognition, or career advancement opportunities were far more likely to consider leaving the profession (Lu et al., 2019; Alam & Asim, 2019; Albalawi et al., 2024). Demographic factors such as younger age and fewer years of experience also increased the likelihood of turnover intentions, suggesting that early-career nurses are especially vulnerable (Chin et al., 2019; Sharififard et al., 2019).

Work environment factors added further explanatory depth. Poor staffing ratios were frequently identified as both a direct cause of job stress and an indirect driver of attrition, with inadequate nurse-to-patient ratios linked to unsafe workloads and declining job satisfaction (Peng et al., 2023; Dall'Ora et al., 2022). Equally significant were organizational climate and interpersonal relationships: perceptions of unfair treatment, limited leadership support, and exposure to workplace violence contributed to higher turnover

risks, while positive collegial support and open communication were associated with stronger retention (Chin et al., 2019; Falatah & Salem, 2018; Poku et al., 2022). Leadership style played a particularly critical role, with transformational and participatory approaches fostering commitment, whereas hierarchical and unsupportive management styles undermined nurses' willingness to remain in their roles (Agus & Selvaraj, 2020; Al Zamel et al., 2020).

Finally, organizational and policy factors created the structural conditions within which individual and environmental pressures operated. Compensation and contractual arrangements were consistently cited as central influences, with wage disparities, short-term contracts, and limited career development opportunities pushing nurses toward professional exit (Alreshidi et al., 2021; Alzahrani, 2022; Alshareef et al., 2020). Broader workforce policies and regulatory frameworks also shaped retention: countries with weak retention policies and inadequate staffing regulations faced higher risks of systemic shortages (Tamata & Mohammadnezhad, 2023; Park & Yu, 2019). Conversely, strong organizational support in the form of mentoring, recognition, and professional development was found to mitigate the negative effects of stress and improve intentions to stay (Efendi et al., 2019; Smokrović et al., 2022).

Taken together, these findings illustrate that nursing dropout is not driven by isolated variables but by the interplay of individual vulnerability, workplace dynamics, and structural policy environments. Burnout and dissatisfaction exacerbate the risks posed by poor staffing and weak organizational support, while systemic workforce policies determine whether retention strategies can be effectively sustained. This multi-level perspective underscores the need for integrated interventions targeting both proximal workplace factors and broader structural reforms to ensure nursing workforce stability.

3.3 Outcomes of Nursing Job Dropout

The consequences of nursing job dropout extend far beyond individual career trajectories, exerting measurable impacts on patient care, organizational performance, and the sustainability of healthcare systems. A consistent finding across the included studies is that high turnover disrupts continuity of care and compromises patient safety, particularly in hospital environments where staffing levels are already strained (Dall'Ora et al., 2022; Al-Dossary, 2022). Shortages caused by attrition often result in increased workloads for remaining staff, which in turn intensifies stress and burnout, creating a self-perpetuating cycle of dissatisfaction and further turnover (Kelly et al., 2021; Thomas et al., 2022). Evidence from systematic reviews further suggests that chronic understaffing due to high dropout rates is linked to adverse patient outcomes, including higher mortality rates, increased medical errors, and reduced quality of care (Peng et al., 2023; Dall'Ora et al., 2020).

From an organizational perspective, nurse dropout incurs substantial financial costs, with hospitals bearing the burden of recruitment, onboarding, and training for replacement staff. In addition, the loss of experienced nurses depletes institutional knowledge and undermines team stability, reducing overall efficiency and morale (Shaffer & Curtin, 2020; Alshareef et al., 2020). Studies conducted in Middle

Eastern and Asian contexts highlighted that workforce instability not only increases operational costs but also threatens the long-term capacity of healthcare systems to deliver safe and equitable services (Alreshidi et al., 2021; Tamata & Mohammadnezhad, 2023). These financial and human costs underscore the urgent need for retention-focused policies that prioritize supportive work environments and long-term professional development.

The societal and policy-level consequences of nursing dropout are equally significant. Persistent attrition contributes to national and global nursing shortages, exacerbating inequities in healthcare access, particularly in low- and middle-income countries already grappling with resource limitations (Opoku et al., 2022; Poku et al., 2022). At the policy level, repeated cycles of dropout highlight systemic gaps in workforce planning, regulation, and investment, calling into question the adequacy of existing strategies to ensure healthcare workforce resilience (Park & Yu, 2019; Albalawi et al., 2024). By weakening the stability of the profession, dropout also diminishes nursing's capacity to contribute to health system reforms, undermining broader goals of universal health coverage and patient-centered care (Alharbi et al., 2020; Albougami et al., 2020).

Taken together, the outcomes of nursing job dropout illustrate the far-reaching implications of workforce instability. Patient safety risks, escalating organizational costs, and systemic shortages are interdependent consequences that reinforce the urgency of effective retention strategies. Addressing these outcomes requires coordinated interventions at multiple levels, from strengthening workplace environments and leadership practices to implementing national policies that support long-term workforce sustainability.

4. Discussion

This systematic literature review synthesized evidence from 30 peer-reviewed studies to examine the prevalence, determinants, and outcomes of nursing job dropout. The findings highlight a complex interplay between individual characteristics, workplace dynamics, and organizational or policy structures that collectively shape nurses' decisions to leave their positions or the profession altogether. Taken together, the evidence demonstrates that nursing dropout is not the result of isolated dissatisfaction, but rather emerges from cumulative pressures that span personal vulnerabilities, psychosocial environments, and systemic workforce challenges.

4.1 Interplay of Individual, Psychosocial, and Organizational Factors

A consistent finding across the literature is the central role of burnout and stress in driving turnover. Emotional exhaustion, depersonalization, and reduced personal accomplishment were repeatedly associated with heightened dropout risk, particularly among nurses in critical care, emergency, and high-acuity hospital units (Kelly et al., 2021; Thomas et al., 2022). These psychological pressures often intersect with job satisfaction (Aladhyani et al., 2025), where dissatisfaction with recognition, workload,

or career opportunities was a strong predictor of turnover intention (Lu et al., 2019; Alam & Asim, 2019; Albalawi et al., 2024). Demographic variables such as younger age and fewer years of experience amplified vulnerability, indicating that early-career nurses face a heightened risk of exit (Chin et al., 2019; Sharififard et al., 2019).

The work environment adds another layer of influence, with staffing adequacy, leadership style, and organizational climate emerging as critical determinants (Alshammari & Ali, 2024). Unsafe nurse-to-patient ratios not only compromised care quality but also intensified stress, feeding into the cycle of dissatisfaction and attrition (Peng et al., 2023; Dall'Ora et al., 2022). Perceptions of workplace justice, collegial support, and communication within teams further shaped retention outcomes, with unsupportive leadership and exposure to workplace violence undermining stability (Falatah & Salem, 2018; Alkorashy & Alanazi, 2023). By contrast, transformational leadership and participatory management styles were consistently linked with improved retention and stronger professional commitment (Agus & Selvaraj, 2020; Al Zamel et al., 2020).

At the broader structural level, compensation, contractual arrangements, and workforce policies determined the sustainability of nursing employment (Almotairi, et al., 2025). Wage disparities, short-term contracts, and limited career progression opportunities were repeatedly identified as significant push factors (Alreshidi et al., 2021; Alzahrani, 2022; Alshareef et al., 2020). Reviews of workforce policies indicated that poorly regulated staffing and inadequate retention strategies exacerbate systemic shortages, especially in regions already experiencing workforce strain (Tamata & Mohammadnezhad, 2023; Park & Yu, 2019). Conversely, strong organizational support structures—such as mentoring, professional development, and recognition systems—mitigated the impact of stress and reinforced nurses' intentions to remain (Efendi et al., 2019; Smokrović et al., 2022).

4.2 Workforce Planning, Retention Strategies, and Equity Issues

The implications of these findings extend directly to workforce planning and policy (Huang et al., 2024). High dropout rates impose substantial costs on healthcare organizations, not only in recruitment and training but also through the loss of institutional knowledge and decreased team cohesion (Shaffer & Curtin, 2020; Alshareef et al., 2020). More critically, attrition undermines patient safety and continuity of care, particularly when compounded by chronic understaffing (Dall'Ora et al., 2020; Peng et al., 2023). Retention strategies must therefore prioritize creating supportive work environments, strengthening leadership, and investing in professional development to foster long-term commitment.

Equity issues are especially pronounced in low- and middle-income countries (LMICs) and rural or underserved settings, where nurse dropout compounds pre-existing shortages (Lihua & Ali, 2025). In these contexts, the loss of skilled nurses not only weakens health systems but also exacerbates inequities in access to care (Opoku et al., 2022; Poku et al., 2022). Effective retention strategies in such settings

require both workplace interventions and structural reforms, including equitable compensation, regulatory protections, and culturally adapted workforce policies (Tamata & Mohammadnezhad, 2023).

4.3 Comparison with Existing Reviews, Limitations, and Future Research

Compared with previous reviews, which often focused narrowly on either burnout, job satisfaction, or turnover intention (Kelly et al., 2021; Lu et al., 2019), this study provides a more integrated synthesis of individual, organizational, and policy-level determinants. This broader framing highlights the multi-level nature of dropout and emphasizes the importance of addressing both proximal workplace factors and distal systemic conditions.

Nevertheless, this review has limitations. The included studies were predominantly cross-sectional, limiting causal inference and the ability to track dropout over time. The restriction to English-language publications may have excluded relevant evidence from non-English contexts. Furthermore, the heterogeneity of measurement tools and outcome definitions limited opportunities for meta-analysis and necessitated a primarily narrative synthesis (Mi & Ali, 2024).

Future research should therefore prioritize longitudinal and intervention studies that can identify causal pathways and evaluate the effectiveness of retention strategies. Underrepresented groups, such as nurses in rural, community-based, and low-resource settings, require greater empirical attention, as do comparative studies across health systems with differing workforce policies. Such research will be essential to designing interventions that are not only evidence-based but also context-sensitive, ensuring their effectiveness across diverse healthcare environments.

5. Conclusion

This review demonstrates that nursing job dropout is a multifaceted phenomenon shaped by the interaction of individual vulnerabilities, workplace conditions, and broader organizational and policy environments. Burnout, job dissatisfaction, and early-career demographics intersect with inadequate staffing, weak leadership, and limited organizational support to elevate the risk of both turnover intention and actual professional exit. At the same time, systemic challenges—including wage disparities, temporary contracts, and insufficient workforce regulation—further undermine stability within the profession.

Addressing these challenges requires multi-level retention strategies that move beyond isolated interventions to tackle the structural, organizational, and personal dimensions of nursing dropout. Policies that ensure safe staffing ratios, fair compensation, and career development opportunities must be coupled with supportive workplace cultures, strong leadership, and targeted mental health resources. Without such integrated approaches, the nursing workforce will remain vulnerable to persistent attrition, jeopardizing not only organizational efficiency but also patient safety and health system resilience.

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