

Factors Influencing Malaysian Nurses' Intention to Leave: A Qualitative Study

Abstract

Background: Intention to leave is the strongest predictor of actual turnover, and understanding the factors that influence this decision is crucial to retaining qualified nurses.




Aim: The objective of the study was to explore the factors contributing to nurses' intention to leave.

Methods: The study employed a qualitative research design using semi-structured interviews with ten guided questions. It was conducted at a Malaysian teaching hospital in medical, surgical, and critical care units. Fifteen nurses, who had worked as nurses for more than six months, were recruited. The interview transcripts and field notes were analyzed using thematic analysis. NVivo version 10 software was used for coding, organizing, creating audit trails, and retrieving data.

Results: The study revealed that among the nurses, all were female, aged between 23 and 43 years old. Nearly half of the nurses were single. More than half had less than six years of work experience and were from the surgical ward. Four main themes with ten subthemes were identified: work-life and family balance, work environment, nurses' image in the community, and job opportunities. These themes were considered important factors leading to the nurses' intention to leave.

Conclusion: The propensity of nurses to leave can be minimized by enhancing the quality of the work environment and workplace. Nurses who feel that their organizations support their achievements and well-being by encouraging them to perform their tasks effectively and manage stressful situations will be more committed to their organizations and exhibit a greater sense of loyalty compared to those who do not feel this support.

Keywords: *Intention to leave, Malaysian nurses, qualitative study*

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Introduction

Nurses have become the pillars of the healthcare system, providing essential support, effort, and quality care services. They are primary healthcare service providers.¹ The shortage of trained, qualified nursing workers in the healthcare system is a serious challenge that creates major barriers to the growth of the nursing profession.¹ Global healthcare organizations are severely impacted by staff turnover, which further exacerbates the shortage of healthcare workers.² Intention to leave is defined as a behavioral attitude toward leaving the institution.³ It is one of the steps to identify whether a member intends to leave or stay. Despite advancements in medical technology and the increasing complexity of patient care, nurse' intention to leave is still a major problem, leading to the loss of competent and qualified nurses.^{4,5} As a result, the shortage of nurses in developing countries has created a healthcare crisis and adversely affects the quality of nursing care.⁶

Previous evidence has identified various factors influencing nurses' intention to leave. Low job satisfaction, the aging workforce (whether newly qualified or nearing retirement), salary levels, availability of transportation services, organizational policies, working environment, work pressure, and demographic factors have all been associated with reasons for nurses' intention to leave.⁷⁻¹⁰ A recent study conducted in Iran identified work climate, type of employment, marital status, and overtime work as significant predictors of nurses' intention to leave.¹¹ Another study conducted in Ethiopia determined that dissatisfaction with recognition at work and the nature of the work itself were contributing factors to this problem.¹² Furthermore, Bordignon and Monteiro found in their study

Cite this article as: Al Zamel LG, Abdullah KL, Chan CM. Factors influencing malaysian nurses' intention to leave: A qualitative study. *J Educ Res Nurs*. 2024;21(4):266-272.

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Received: September 30, 2022

Accepted: July 31, 2024

Publication Date: December 1, 2024



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in Brazil that workplace violence increases the intention to leave among nurses. A study conducted in Malaysia showed that nurses were dissatisfied with work-life/home-life balance factors. These nurses expressed that they spend long hours at work, and as a result, they are often exhausted afterward.¹³ Malaysia is one of developing countries that faces a shortage of nurses, and limited studies have described the reasons why nurses leave their jobs.

This study is the second step of a mixed-methods study. The results of the qualitative phase revealed that 51% of nurses had a high level of intention to leave their jobs at the teaching hospital.¹⁴ The present study will explore in greater depth the factors that are significant predictors and contributors to nurses' decisions to leave their jobs in a Malaysian teaching hospital.

Materials and Methods

Research Design

This study was the second stage of the mixed-methods study. It was conducted to explore in depth the factors influencing nurses' decision to leave. A qualitative study was employed to understand the subjective experiences of the study participants.¹⁵

Setting and Participants

Purposive sampling was used at a public teaching hospital in Kuala Lumpur to recruit 15 eligible nurses from medical, surgical, and critical care units, selected from the pool of nurses from the first phase of the study who had reported their intention to leave. According to Brinkman, qualitative interview studies typically involve no more than fifteen participants. Thus, 15 nurses who met the inclusion criteria and agreed to enrolled in the study were invited to participate in the interviews.¹⁵ The following criteria were met by the nurses interviewed: (1) registered nurses, (2) worked in medical, surgical, or critical care units, (3) worked as a nurse for more than six months, (4) intended to leave and were willing to participate in the study. Among the participants, all were female, aged between 23 and 43 years old. Nearly half of the nurses were single. Most nurses hold diploma qualifications. More than half of the nurses had less than six years of work experience and were from the surgical ward (Table 1).

Data Collection Tool and Process

A pilot study was conducted with two nurses, one from the medical ward and one from the surgical ward, who were not included in the main study, to assess and ensure that the interview guide produced rich and detailed data, and to identify any issues that could arise during the interviews. During the pilot study, it was noted that nurses preferred to speak in the Malay language, which is the native language in Malaysia, when answering certain questions. Therefore, a translator was arranged to facilitate communication between the researcher and the nurses. The researcher observed that the medical and surgical wards were very busy due to doctors' rounds, patient surgical preparation, and nursing interventions, making it difficult for nurses to leave the ward for interviews. As a result, it was determined that the best time for interviews was after the afternoon shift, once work had concluded. The length of each interview ranged from 45 to 60 minutes.

A few months before the actual data collection, the researcher spent extended time in the setting, which allowed the researcher to develop a good relationship with nurses and establish trusting relationships.

Table 1. Demographic Characteristics of Nurses Participating in the Interview (n = 15)

| Characteristics | Number of the Participants |
|---------------------|----------------------------|
| Marital Status | |
| Married | 7 |
| Not married | 8 |
| Age, Years | |
| 21-30 | 10 |
| 31-40 | 4 |
| ≥ 40 | 1 |
| Level of Education | |
| Diploma | 14 |
| Advance course | 1 |
| Years of Experience | |
| ≤ 6 years | 8 |
| > 6 years | 7 |
| Wards/Units | |
| Medical Ward | 3 |
| Surgical Ward | 8 |
| Critical Care Unit | 4 |

This rapport enabled nurses to share and communicate their ideas and experiences freely.

The interview was conducted in a secluded and comfortable location within their wards to maintain privacy, enhance the freedom of speech of the nurses during the interview, and avoid disruptions. The nurses were given time to relax at the beginning before the face-to-face interview started. The researcher explained the goals and the interview process. Additionally, the researcher ensured that the nurses understood the interview questions and introduced the translator who facilitated the discussion. The interview guide comprised a semi-structured, face-to-face interview with ten open-ended questions, allowing participants to respond in their own words.¹⁶ Guided questions were developed based on previous literature to build a coherent picture to understand the subjective reality of the study participants. The purpose of the questions was to elicit responses and thoughts to understand factors leading to the intention to leave. Probing words were used, which allowed the researcher to probe or search for deeper meanings to increase data richness.¹⁷ These words assisted the researcher in understanding and clarifying the perceptions and experiences of participants, which led them to consider leaving. Examples of questions included: "How do you balance work life with family needs?", "What do you think about the facilities or services offered by the public hospital to support you?", "What is your opinion about shift work?", "How do you think annual leaves benefit you and your family's needs?", "What are the factors that make you satisfied with your job?", and "What are the factors that make you unsatisfied with your job?". A simple gift was given to the nurses after the interview as a token of appreciation for their participation.

All interviews were recorded on a smartphone because it is portable and provides high-quality voice recording, which ensures clarity and is suitable for transcription. It also facilitated the easy transfer of files to a computer, sharing of recordings via email, and recharging if necessary. The audio recording was sent to a research email and immediately uploaded to a password-protected computer. Field notes were also written directly after each interview to avoid interference with other interviews.

Data Analysis

All the interview transcripts and the field notes were transcribed into textual form by the first author (LGZ). The first author read all the data several times and then wrote memos and reflective notes as the initial step of data analysis. The recording data in Malay was sent to a bilingual professional translator to translate from Malay to English. This translation was then independently verified by another translator to ensure semantic accuracy. The co-authors, who were not directly connected to the interview process, independently checked the transcripts. The qualitative thematic analysis involved analyzing the narrative data content to identify prominent themes and patterns among the themes.^{18,16} This process involved breaking the data into small units, coding, and naming the units according to their content. Data, including 15 interviews and 15 field notes, were analyzed simultaneously with data collection.

The first author and corresponding author (LGZ and KLA) reviewed the first five interviews and related field notes to develop an initial four main themes and 15 sub-themes. NVivo version 10 software was used for coding, organizing, creating audit trails, and retrieving data. The researcher compared the findings, which were then checked by co-author (CMC). To increase intra-rater reliability, the data were coded and categorized four times by the first author (LGZ) until the findings were consistent. Several meetings were organized with two co-authors (KLA and CMC) to ensure the validity of the analytic process and the saturation of the emerging findings. The continual analysis created a clear definition and name for each theme, which contains several subthemes. Codes, categories, and themes were all modified, added, tested, and revised by the first author (LGZ) and the two co-authors (KLA and CMC) to further improve inter-rater reliability. Finally, the kappa coefficient was 0.95 with an 85% agreement, indicating excellent agreement.

Trustworthiness

The criteria of trustworthiness consist of four different components: credibility, dependability, conformability, and transferability.¹⁹⁻²¹ The credibility of the interviews was confirmed by selecting the appropriate method of data collection. The researchers asked participants in their practice environment for their views and experiences. In addition, prolonged involvement was initiated when the first author spent time in the wards prior to the study, which increased the data's credibility. Two bilingual qualified translators translated the data from Malay to English and then back-translated it to Malay to gain credibility in data translation. Dependability was established through a detailed description of the study design using the related method of data collection. An audio recording was used to develop dependability and confirmability. Additionally, two scholars used an audit trail and peer feedback for all the data analyses to achieve dependability and confirmability. The researcher tried to enhance the transferability of the data by describing the research context.

The research described the wards and units that took part in the study, the type of people who contributed data, the number of participants involved in the fieldwork, the data collection methods, the number and length of the data collection sessions, and the analysis procedure so the reader can determine if the findings are transferable to other contexts.²²

Ethical Consideration

Ethical approval was obtained from Medical Research Ethics Committee of University of Malaya Medical Center (Approval Number: 20181031-6826, Date: 19.01.2019). Before the interview began, verbal consent was obtained from nurses for audiotape, field notes, and later translation and transcription. The researcher assured nurses that all data would be confidential, and they could withdraw from the interview at any time. All interviews took place from March to April 2019.

Results

Thematic analysis of the text from the interview transcripts and field notes yielded four main themes: work-life and family balance, work environment, nurses' image in the community, and job opportunities. Furthermore, ten subthemes linked to different major themes were identified: family needs, distance from hometown, annual leave, physical work environment factors, working condition factors, staff shortage, salary, poor leadership, public perception, and factors affecting nurses' image in the community (Table 2).

Work Life and Family Balance

Family Needs

The nurses expressed that family needs caused work-family imbalance. Many married nurses said they were unable to balance the two aspects as they returned home exhausted, unable to meet the needs of their families, including cooking, spending time with them, and caring for their children and spouses. A participant gave the following expressions:

| Table 2. Main Themes and Sub-themes of Factors Influencing Nurses' Intention to Leave | |
|---|--|
| Main Themes Identified | Sub-themes |
| Work Life and Family Balance | Family needs |
| | Far from hometown |
| | Annual leave |
| Work Environment | Factors affecting the physical work environment |
| | Work condition factors |
| | Staff shortage |
| | Salary |
| | Poor leadership |
| Nurses' Image in the Community | Public perception |
| | Factors affecting nurses' image in the community |
| Job Opportunity | |

"Sometimes when I go back from work, I have time to do things, but I'm exhausted. Other times, I'm simply too tired, even if I do have the time. Going back late doesn't help either. There's a day-care here, a place for children, but not everyone can send their children there." (P14)

Far from Hometown

The nurses expressed that they couldn't see their families as often as they wanted because they live far from their workplace. As a result, their parents, relatives, siblings, and even their babies were not able to visit. The nurses said:

"I'm working long-distance, and it feels like I'm in a long-distance relationship with my daughter." (P8), *"I can't spend much time with my family; the problem is my siblings"* (P7), *"I live far from the workplace."* (P3).

Annual Leave

Most nurses stated that annual leaves were not considered a benefit since not enough leaves were allocated and they could not be thoroughly enjoyed. Here is a statement by one of the participants in this case:

"Sister can't give annual leave to all staff because this ward has too many patients, it's too busy. As a result, our annual leave just keeps accumulating and then is postponed to the next year." (P11)

Work Environment

Physical Work Environment Factors

Most nurses reported a lack of security both inside and outside the hospital, particularly for those who worked during the night shift and when returning from the evening shift. The nurses reported that the road to the car park is not safe. There was also inadequate protection in most wards and units during visiting hours. There was no protection for the staff and their work against disruptions by the visitors. They say in this case:

"Security is a concern. I often go back at night, and we have to take a long road to the parking lot, which is scary because the place doesn't have a security guard and it is far." (P11)

"Security is an issue because many visitors come in, which actually disturbs the work of the staff, nurses, and doctors sometimes." (P14).

Many nurses reported that there were not enough resources to do their job, so they could not give patients full care. One of the participants said:

"There's always a shortage of supplies. We have no gloves, only a few boxes left. How are we supposed to take care of the patients?" (P10).

Most nurses had been complaining about parking. They mentioned not having enough parking lots, parking fees, and their daily parking problems. Additionally, they complained about the cafeteria, mentioning that there was no special staff cafeteria, making it difficult to buy food that was costly.

"Parking is one of the problems. I face parking issues every day. Food is expensive, and there is no special cafeteria for staff in terms of price; the parking price is the same whether you are public or staff." (P2).

Work Condition Factors

The workplace condition has several factors that impact the intention to leave, such as workload, work shifts, job duties, break facilities, and allowed amount of rest time. The nurses listed their heavy workload as causing them to go home late. Furthermore, there is a lot of documentation to complete, patient call bells, and doctors' rounds to attend to. Before the shift ended, the nurses were supposed to finish their duties, and this made them more stressed. One participant in this context said:

"With the current shortage of staff, the workload is high and stressful, and usually, we don't leave together. We often end up staying an hour longer to finish our work, and it's very stressful." (P7).

The nurses indicated that after completing their heavy workload, there are no break times for eating. Sometimes, they didn't have time to go to the bathroom.

"Break time is difficult. I sometimes don't even have time to go to the toilet; it's too busy. No time to eat" (P10).

Nurses said they did not prefer the night shift since the night shifts were ten hours longer. The nurses reported feeling more tired and things got worse after the night shift.

"The night shift is a bit longer, 10 hours, which is especially tiring during pregnancy." (P12), *"I think the night shift actually costs me more because I eat my meals during the night shift, which has worsened my heartburn. I didn't have heartburn before, but I can feel it getting worse during night shifts."* (P7)

Staff Shortage

Most nurses said the lack of staff caused heavy workloads, stress, extra hours of work, no break time, and the ratio of patients to nurses affected work satisfaction and the intention to leave. The following are the nurses' explanations:

"There's a shortage of staff. We have to work with a high workload, stress, extra hours, and yeah, we don't have time to take a break over there." (P7).

Salary

Most of the nurses said the income was not enough compared with the heavy workload and the high cost of living. They mentioned high living costs, costly food, and larger families having more money to spend. The nurses requested a salary that matched the workload and a bonus raise. One of the nurses said:

"It's not enough with our workloads and everything. I don't think it is enough; moreover, the food and living costs are very expensive. If we get more bonuses, I think it would be better" (P7).

Poor Leadership

Nurses indicated they had experienced poor leadership in various aspects. Some nurses reported that they weren't supported by

supervisory staff and nursing management. They said they had been blamed by the doctors for any mistake made by junior staff. Nurses reported that their supervisors and bosses had been feeling stress and pressure.

"Our nursing office staff, including matrons and officers, don't provide support. There has never been a case when we were backed up. They all seem to be trying to find more mistakes. Even if doctors fail to prescribe medications, it's still considered the nurses' fault for not reminding them, even though we do remind them. At the end of the investigation, it turned out we were also blamed." (P9).

Another nurse stated:

"When juniors make mistakes, the seniors will be blamed." (P12).

Most of the nurses mentioned that their supervisor and nursing office manager had poor communication. Nurses indicated that they had not been given the opportunity to voice their complaints but had instead been forced to abide by the rules. The nursing manager and supervisors have not listened to their complaints. One of the nurses suggested that the superior authority from the nursing department should attend their staff and listen to their complaints. Another nurse said the managers had failed to visit or inquire about her when one of the staff got sick. The following details the selected expressions from nurses:

"I prefer that they listen to nurses more compared to how it is now, where the upper level, the higher authorities, listen only to those who are above us. I wish they were willing to come down and listen to our complaints." (P7), "Staff is always sick. Supervisors should always go and show concern for the staff, but that's very rare to happen here." (P10).

Another aspect of poor leadership was professional development. Nurses mentioned that hospital policies do not promote educational development. Some of the nurses expressed that promotion and development of staff depended on seniority.

"If I want to further my studies here, they won't let me because here everything is based on seniority. I can only go and further my studies after my senior year has finished. The encouragement for education is very low. I still must wait until I finish my bond. I cannot study quickly." (P10).

Nursing Image in Community

Public Perception

All nurses felt that the public view of the nursing profession is negative. Nurses are not really respected by the public, as they underestimate and think that nursing is a low-class profession, which indirectly leads them to look down on the profession. Nurses said people aren't open-minded. Malaysia's public doesn't seem to value nurses as they equate the profession with dirty tasks, including changing diapers.

"In Malaysia, people do not view the nursing profession favorably, which is not good. They think we only change diapers." (P6), "Some people don't really appreciate us. They don't really listen to us. Some patients prefer to listen to doctors rather than nurses; they don't show much respect to the nurses." (P7).

Factors Affecting Nurses' Image in the Community

Many nurses mentioned that one of the factors influencing the image of nurses was social media, which portrays nursing as not being a good profession. Additionally, one of the nurses said salary is a significant factor in perceiving the nursing profession as low-class and not a prestigious profession.

"People have not opened their minds in Malaysia, the netizens. They look at nursing as not a good profession." (P5), "The thing is, the salary is still low. Most of us in Malaysia are at the diploma level, not the degree level." (P10).

Job Opportunity

This theme describes the nurses' opinions on the intention to leave. Some of the nurses shared their desire to leave if they were offered an opportunity to work in another hospital or when their contract with the current hospital was completed. Some of the reasons include getting better jobs and wages which lead to a better life. The following are some expressions from the nurses:

"I still have a contract with the hospital. Maybe after this, if there's any better opportunity, I will go there." (P13), "Yes, I also have an opportunity. Maybe going private could be an option." (P5), "Even I'm thinking about leaving. I want to get a better job so that I can save money and at the same time have a better living." (P10).

Discussion

The qualitative results showed the factors influencing nurses' intention to leave through four main themes: work-life and family balance, work environment, nursing image in the community, and job opportunities. The results found that nurses struggled to balance their work and family life because they had limited time to meet their family needs. They are tired at the end of their shifts due to their workload and unable to do house chores. Similar studies showed similar results of being unable to balance work and home duties and finding it difficult to handle both work and family responsibilities due to time constraints.²³⁻²⁵ It is important for nurses who live with their families to be able to balance their work and family needs. Therefore, having suitable working hours and receiving enough support from their families are crucial in gaining satisfaction in their work-life.

Another difficulty found in this study was the geographic distance between the workplace of nurses and their hometown, which made it difficult for nurses to visit their parents, relatives, and siblings, aggravating the imbalance between work and life. Moreover, the demand for work, which makes it difficult to apply for annual leaves, resulted in nurses being unable to rest or socialize with friends or families. A study by Almalki et al.²⁴ found that the distance from hometown to work was an important factor for health workers' perception of their quality of nursing work life and was the main cause of voluntary turnover because nurses are not able to work away from their extended families.²³ Another study emphasized the importance of social life for nurses.²⁶

The findings revealed that the work environment was a contributing factor that caused dissatisfaction among nurses. In terms of workplace conditions, nurses complained about the shortage of staff, followed by heavy workloads, leading to no breaks, no rest time, and

long working hours. Similarly to previous studies, it has been stated that the shortage of nursing staff is a major problem in the healthcare service worldwide and is a major factor for the high turnover rate in the healthcare industry.^{24,26,13,27} This issue can negatively impact the organization's capability to meet patients' needs. Furthermore, the inadequate or lack of many important medical resources and equipment affects the quality of patient care provided, subjecting nurses to harsh criticism and complaints from patients' families and relatives, which leads to burnout and stress among them. Additionally, the studies reported that most of the nurse participants were unsatisfied with the resources/equipment provided by the hospitals for patient care management.^{28,23}

The inadequate facilities and services provided by the hospital were also highlighted by the nurse participants in this study. It appears that there was not enough security, especially for the night shifts, nor enough parking spaces. The food in the cafeteria allocated for hospital staff was deemed to be too expensive. Nurses complained that the monetary reward (income) was not sufficient for their needs, as food and accommodation in the city are expensive. These results were in line with some studies that revealed the very low salary, accompanied by a high workload, was a major dilemma encountered by junior nurses.^{13,29} Another piece of evidence found that more than half of the nurse participants were unsatisfied with the facilities related to food, transport, and security provided by the hospital authority.²⁸ Almalki et al.²⁴ reported that the safety of the working environment was a major factor in nurse dissatisfaction with the workplace.

The current findings stated that most of the nurses complained of poor leadership and support. They claimed that the supervisors and nursing officers blamed them for any mistakes, whether made by the doctors or junior staff. At the same time, nursing managers and supervisors failed to provide adequate communication with nurses. They did not listen to nor respond to the nurses' concerns.²⁵ It was reported that appropriate feedback mechanisms, adequate communication, sympathetic guidance, acknowledgment, rewards, and support from superiors are essential to provide job satisfaction, which directly increases the quality of work life for nurses.³⁰

Current hospital policies also do not promote professional development for nurses as promotion and continuing professional development depend on staff seniority rather than staff interest. In Malaysia, the requirement for all practicing nurses is to have at least 20 hours of continuing professional development annually in order to renew their annual practicing certificate. The lack of training programs for nurses adversely affected their competence and performance.²⁵ These results were associated with studies that found a lack of development among nurses in healthcare centers.^{13,23} All above-mentioned factors are strongly associated with nurses' intention to leave.

Another factor leading to the intention to leave, as discovered in the present study, was the nursing image perceived by members of the community. The current findings showed the existence of a poor and low social view by the Malaysian community towards the nursing profession. Nurses felt that they received less respect, and the community viewed the nursing profession as a low-class, undesired job, and unappreciative occupation. Furthermore, social media and nurses' wages were the main reasons that led to a lack of respect from the Malaysian community towards nurses. The poor image might be due to weak communication and support from supervisors, causing

nurses to remain silent and lose professional commitment, leading to the desire to leave their organizations. Additionally, failure to integrate personal expectations with organizational expectations leads to poor nurses' sense of commitment to their organizations. Similar results revealed two main categories, "social image of nursing" and "culture and structure," as contextual factors that explain why nurses are leaving their profession.³¹ Another piece of evidence highlighted that nursing is not ranked as highly as other medical jobs.²³

The present results described the nurses' opinion on the intention to leave as actually thinking to leave after finishing their contract. The nurses reported that in other countries, they would receive higher salaries and better benefits than in Malaysia. This result shows that nurses had a high intention to leave their organization if there are any available job opportunities or turnover opportunities elsewhere. Similar findings were documented where most nurses in healthcare institutions were found to be unsatisfied with career development opportunities provided by their organization, and thus, many nurses are not sure whether they will stay in their hospitals for the next five years (Oyetunde & Ayeni, 2014).³²

Limitation

The sample was drawn from nurses who were willing to participate in the study and was selected randomly. This voluntary participation may have limited the generalizability of the findings. The sample was collected from a teaching hospital in a certain area, which may lead to the inability to generalize these collected data to other groups in other areas. The study was the second stage of a mixed-method approach to explore the factors that affect the intention to leave. Reactions that they have displayed in the cross-sectional study might be momentary and may change in due course of time. Finally, this study did not discuss nurses' other job plans, such as intention to leave the profession or retirement.

Conclusion

The findings revealed the work environment as constituting important factors. A heavy workload without reward and support from nursing leadership, along with a lack of appreciation from the community, causes nurses to feel frustrated and intent to leave their organization in search of better opportunities for improved salary and work conditions. Nursing administrators should improve the workplace and communication with nurses in order to increase nurses' retention and decrease their feelings of wanting to leave their job. For future research, it is strongly recommended that a longitudinal study be carried out using a larger randomized sample of nurses across the country to increase the power and generalizability of the statistics.

Acknowledgements: The authors expressed appreciation for all nurses in teaching hospital in Malaysia, who participated in this study.

Ethics Committee Approval: This study was approved by Medical Research Ethics Committee of University of Malaya Medical Center (Approval Number: 20181031-6826, Date: 19.01.2019).

Informed Consent: Verbal informed consent was obtained from the nurses who agreed to take part in the study.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – L.G.A.Z.; Design – L.G.A.Z.; Supervision – L.G.A.Z., K.L.A., C.M.C.; Resources – L.G.A.Z.; Materials – L.G.A.Z.; Data Collection and/or Processing – L.G.A.Z.; Analysis and/or Interpretation – L.G.A.Z., K.L.A., C.M.C.; Literature Search – L.G.A.Z.; Writing – L.G.A.Z.; Critical Review – L.G.A.Z., K.L.A., C.M.C.

Conflict of Interests: The authors have no conflict of interest to declare.

Funding: The authors declared that this study has received no financial support.

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