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RESEARCH ARTICLE

Determinants of anticipated turnover of nurses in selected hospitals in Metro Manila

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ABSTRACT

Background: Nurses comprise the largest group of health professionals in the Philippines, and turnover remains a challenge to the workforce and healthcare system. Understanding the extent of the problem and multiple factors related to turnover rates is crucial in retaining nurses in the organization and profession.

Objectives: The study aimed to (1) describe and compare nurses' turnover intention, (2) identify factors for nurses' turnover intention, and (3) determine factors to promote nurses' retention in their current organization.

Methodology: This descriptive, cross-sectional, and correlational study was conducted through a survey that sought the participants' sociodemographic and work-related characteristics and their perceived practice environment, job satisfaction, organizational commitment, job stress, and alternative job opportunities. Additional questions were added to identify the participants' reasons for their intention to leave their current job and stay in their current organizations.

Results: The final sample comprised 297 nurses. Significant differences in the nurses' turnover intention scores were found across multiple demographic, personal, and work-related factors. The final multiple logistic regression model revealed that 'influence of peers to leave,' 'desire to try new things,' practice environment, and organizational commitment were significant factors in the nurses' turnover intention. Staff nurses perceived practice environment (n=246) as the primary reason to stay in their current organization while it was compensation and benefits (n=25) for nurse managers.

Conclusion: A collaborative approach among the sectors of a healthcare organization is needed to develop a policy framework that advocates and promotes positive practice environment, job satisfaction, career progression, and personal well-being among nurses and other healthcare workers.

Keywords: *migration, nursing, retention, turnover, workplace*

Introduction

Nursing turnover remains to be a global challenge to the nursing workforce and the healthcare system. Global nurse turnover rates in acute care settings ranged from 15.1% to as high as 44.3% [1]. High nurse turnover rates have negative implications on healthcare accessibility, patient care outcomes, organizational costs and production, and nursing workload and work environment [2].

Nursing turnover is also a paramount healthcare concern in the Philippines. Nurses comprise the largest group of health professionals in the country, with the majority of them working in government-owned healthcare institutions and in Metro Manila [3]. However, the country only ranked sixth among Southeast Asian countries by nursing and midwifery personnel ratio of 12.7 per 100,000 population [3].

Among the distribution of science and technology professionals who worked overseas from 1998 to 2013, nurses and midwives comprised the most significant proportion that varied from 47.16 to 78.91%, with an average of 59.44% [4]. In 2016, the common destinations for overseas employment of nurses were the Kingdom of Saudi Arabia, United Arab Emirates, and United Kingdom [5]. Between 2012 and 2016, nurses deployed overseas slightly

increased from around 15,700 to 19,600, while newly licensed nurses dramatically declined from about 44,400 to 12,900 [6]. If these trends continue, it will further worsen the nursing shortage in the country detrimental to the healthcare system and the successful implementation of the recently approved Universal Health Care Law.

Sustainable and comprehensive interventions are crucial for the retention of nurses in the organization and profession, and developments of these interventions begin with understanding the extent of the problem and multiple factors related to it [2]. There are limited published studies that investigated nursing turnover in the Philippines. In the study of Perrin and colleagues in 2007, chief nurses of different hospitals across the country reported an average of 17% turnover rate of staff nurses and nurse migration was the primary reason for nurse turnover [7]. Moreover, a higher turnover rate was more prominent in private hospitals than government-owned hospitals [7]. In a survey of 166 hospital nurses in a province in Central Philippines, job satisfaction, job stress, and younger age were significant factors to nurse turnover intention [8].

Further investigation of other factors in nursing turnover intention is essential to inform nursing leaders, hospital administrators, policymakers, and other stakeholders to promote nurse retention and manage nursing turnover. The purpose of this study was to determine factors to the turnover intention of nurses. Specifically, this study aimed to (1) describe and compare the turnover intention of nurses, (2) identify factors to turnover intention, and (3) determine factors to make nurses stay in their current organization.

Methodology

The study utilized a descriptive, cross-sectional, correlational design. It was reviewed and approved by the University of the Philippines Manila Research Ethics Board.

Sample

Participants of the study were registered nurses who were currently employed in level II or III hospitals in Metro Manila for at least six months. Quota sampling was used to obtain representativeness of samples who were junior staff nurses (with <2 years of work experience), senior staff nurses (with ≥2 years of work experience), and nurse managers. Sample size calculation was performed using a 95% confidence level, 80% power of test, 10% non-response rate, and 22% anticipated global turnover rate through Medcalc statistical software version 18.6. Hence, the minimum sample size required was 267 registered nurses with at least 100 junior staff nurses, 167 senior staff nurses, and 30 nurse managers.

Instrumentation

In addition to the sociodemographic and work-related questionnaire, six instruments were used upon receiving approval from the respective authors. The 137-item adopted questionnaire used a four-point to seven-point Likert scale and was composed of four parts. Nurse managers were asked to answer all 137 items while staff nurses were asked to answer items 1 to 124. The instruments used were the following: 1) Practice Environment Scale of the Nursing Work Index (Cronbach's alpha= 0.82); 2) Job Satisfaction Index (Cronbach's alpha=0.73); 3) Revised Affective Commitment Scale (Cronbach's alpha=0.82); 4) Job Stress Scale (Cronbach's alpha =0.75); 5) Perceived Alternative Job Opportunities Scale (Cronbach's alpha for local job opportunity subscale = 0.92, Cronbach's alpha for non-local job opportunity= 0.95); and 6) Anticipated Turnover Scale (Cronbach's alpha=0.84) [9-14]. All were treated as an ordinal scale. The validity of these six instruments has been established for it has been used and tested across different countries including the Philippines [8,15-18.]. No modifications were made to the six instruments. Additional items answerable by yes or no were devised to determine the personal factors that influenced the participants' intention to leave their current job. Open-ended questions were then used to assess the participants' perceived factors that can make them stay longer in their current organization.

Data Collection

After receiving approval from different nursing organizations, participants were recruited during conferences, conventions, seminars, meetings, other nursing activities (e.g., Nurses' week celebration), and through referrals. A signed consent was waived for this study to further protect their anonymity. During conferences and other nursing activities, the principal investigator set up a booth with a promotional poster to recruit participants. Regarding referral, the principal investigator made phone calls to potential participants who were referred by linkages. Potential participants were screened by the principal investigator. Eligible participants who agreed to participate were given verbal explanations about the study and an envelope containing a study explanation letter and questionnaires. Participants were encouraged to ask any questions and clarifications about the study and their roles and rights as

participants before answering the questionnaires. Participants were instructed to drop the completed questionnaire in a secured drop box.

Data Processing and Analysis

Data collected were encoded in Microsoft Excel and calculated using Stata 15. No personal identifying information was obtained. Confidentiality of records was protected by numeric coding of questionnaires, securing the questionnaires in a secured file cabinet, and entering data in a password-secured laptop accessible only to the researchers. The level of significance was set at 0.05 for all analyses. Mean, median, frequency, and standard deviation were computed to describe the participants' sociodemographic characteristics and questionnaire answers. The Wilcoxon rank-sum test and Kruskal-Wallis test were used with the median scores to compare the turnover intention scores by the different predictor variables.

The effects of hypothesized confounders were assessed by stratification. A crude logistic regression of the hypothesized variables that influence turnover intention was performed to screen for probable confounders. Essential covariates were identified using simple logistic regression, and variables with a p-value of <0.25 along with variables of known clinical importance were selected. All probable confounders were included in the full model when there was a significant change in estimate of at least 10%.

A summative content analysis was used to analyze qualitative responses. Transcripts were read and examined several times to identify differences and relationships. Then, the occurrence of the text was counted and grouped according to the categories created based on the study framework.

Results

A total of 297 nurses were recruited, with 100 junior staff nurses, 167 senior staff nurses, and 30 nurse managers. The average age of the nurses was 30.86 years (SD=8.30), and most of them were aged 20 to 30 years (65.66%), female (58.92%), single (71.04%), with no children (75.08), and with only few who had graduate studies (21.55%).

In terms of work, the majority were working in a level III (90.91%), private (42.76%), and 200- to 500-bed capacity (55.51%) hospital. Many of the participants were employed in their current organization for more than five years (35.35%), averaging 5.68 years (SD=7.0). Two-hundred twenty-one (74.41%) had permanent work status, and 167 (56.23%) were assigned in general nursing units. Majority had no previous work history (75.08%) in another organization. Table 1 presents the profile of the participants in terms of sociodemographic and work-related characteristics.

Differences in Anticipated Turnover Scores

Table 2 presents the differences in the turnover intention of nurses. It was found that there were significant differences in the turnover intention median scores by age (p=0.0001), sex (p=0.0014), marital status (p=0.0120), presence of a child (p=0.0040), and educational level (p<0.0001). Turnover intention median scores were significantly different by hospital level (p=0.0001), category (p=0.0099), and bed capacity (p=0.0056). Staff nurses had significantly higher turnover intention median scores than nurse managers (p<0.0001). In terms of work, turnover intention median scores were significantly different by the duration of current employment (p=0.0024), working status (p=0.0227), and previous work experience (p=0.0013). Moreover, turnover intention median scores were significantly different by the level of perceived practice environment (p=0.001), job satisfaction (p=0.0001), organizational commitment (p=0.0001), job stress (p=0.0001), and perceived alternative job opportunities (p<0.0001). It was only by the area of assignment that turnover intention median scores did not show significant differences (p=0.7390).

Factors Influencing Nurses' Intention to Leave

Almost all of the variables entered in the simple logistic regression were found to have a significant association with nurses' intention to leave as seen in Table 3. It was only 'taking care of children' (p=0.096) that did not show a significant association with nurses' intention to leave. In the final multiple logistic regression model presented in Table 4, two push factors and two personal factors were significantly associated with nurses' high turnover intention. While controlling for other significant variables, the odds of having a high turnover intention was 5.53 times significantly higher among those with an unfavorable practice environment (p=0.001) compared to a favorable practice environment scale category. Those with mixed practice environments (p=0.042) have significantly 2.45 times higher odds of having turnover intention compared to those with favorable practice environments. Controlling for other significant variables, the odds of having high turnover intention among those with high organizational commitment in affective

Table 1. *Descriptive Statistics of Participants' Sociodemographic and Work-related Characteristics (N=297)*

Variable	n	%
Age in years (M=30.86, SD=8.30, range= 20–61)		
20-30	195	65.66
31-40	75	25.25
≥41	27	9.09
Sex		
Male	122	41.08
Female	175	58.92
Marital status		
Single	211	71.04
Married	86	28.96
Number of children		
None	223	75.08
1	38	12.79
2	31	10.44
3	4	1.35
4	1	0.34
Educational level		
Bachelor's degree	233	78.45
Master's degree	61	20.54
Doctorate degree	3	1.01
Hospital level		
Level II	27	9.09
Level III	270	90.91
Hospital Category		
Government	67	22.56
GOCC	103	34.68
Private	127	42.76
Bed capacity		
<100	18	6.84
100-200	24	9.13
201-500	146	55.51
>500	75	28.52
Work position		
Staff nurse	267	89.90
Nurse manager	30	10.10
Duration of current employment in years (mean=5.68, SD=7.0, range=.5–37)		
.5 to < 2 years	100	33.67
2 to 5 years	92	30.98
> 5years	105	35.35
Work status		
Permanent	221	74.41
Non-permanent	76	25.59
Current area of assignment		
General nursing units	167	56.23
Special nursing units	130	43.77
With previous work history in another institution		
Yes	74	24.92
No	223	75.08

Note. GOCC - government owned and controlled corporation

Table 2. *Differences in Anticipated Turnover Scores of Nurses*

Variables	Mean	Interpretation	SD	Mean	p-value
Age					0.0001**
20-30	4.61	High intent	1.11	4.33	
31-40	4.26	High intent	1.12	4	
≥41	3.35	Low intent	1.09	3.42	
Sex					0.0014*
Male	4.66	High intent	1.14	4.46	
Female	4.23	High intent	1.15	4	
Marital Status					0.0120*
Single	4.51	High intent	1.14	4.25	
Married	4.17	High intent	1.20	4	
Presence of child					0.0040*
No	4.51	High intent	1.14	4.25	
Yes	4.09	High intent	1.19	4	
Educational level					<0.0001*
Bachelor's degree	4.56	High intent	1.12	4.25	
Master's/Doctorate degree	3.85	Low intent	1.16	3.79	
Hospital level					0.0001*
Level II	5.25	High intent	1.25	5.5	
Level III	4.32	High intent	1.12	4.08	
Hospital category					0.0099**
Private	4.63	High intent	1.15	4.25	
Government	4.09	High intent	1.20	4	
GOCC	4.33	High intent	1.12	4.08	
Bed Capacity					0.0056**
≤200	4.88	High intent	1.27	5	
201-500	4.29	High intent	1.15	4.17	
≥500	4.29	High intent	1.09	4	
Work position					<0.0001*
Staff Nurse	4.51	High intent	1.14	4.25	
Nurse managers	3.40	Low intent	0.86	3.46	
Duration of current employment					0.0024**
6months-<2years	4.32	High intent	1.10	4	
2-5years	4.70	High intent	1.09	4.375	
>5years	4.22	High intent	1.23	4	
Working status					0.0227*
Permanent	4.50	High intent	1.20	4.17	
Non-permanent	4.13	High intent	1.02	4	
Area of Assignment					0.7390
General Nursing Unit	4.45	High intent	1.15	4.08	
Special Nursing Unit	4.35	High intent	1.19	4.17	
Has worked in another institution					0.0013*
Yes	4.05	High intent	0.99	4	
No	4.52	High intent	1.20	4.25	
Practice Environment					0.001**
Unfavorable	5.37	High intent	1.01	5.58	
Mixed	4.70	High intent	1.14	4.375	
Favorable	3.88	Low intent	0.89	4	
Job satisfaction					0.0001**
Low Satisfaction	5.46	High intent	1.10	5.67	
Moderate satisfaction	4.72	High intent	1.07	4.5	
High satisfaction	3.74	Low intent	0.9	3.83	
Organizational Commitment					0.0001**
Low	5.70	High intent	0.91	5.96	
Moderate	4.51	High intent	0.98	4.25	
High	3.69	Low intent	1.01	3.67	
Job Stress					0.0001**
Low	3.42	Low intent	0.91	3.5	
Moderate	4.09	High intent	0.94	4	
High	5.10	High intent	1.13	5.33	
Perceive alternative job opportunities					<0.0001*
Low	3.85	Low intent	0.84	3.83	
High	4.65	High intent	1.20	4.41	

Note. *significant at p<0.05 using Wilcoxon rank sum test; **significant at p<0.05 using Kruskal-Wallis
GOCC - government-owned and controlled corporation

Table 3. *Crude Association of Push, Pull, and Personal Factors with Nurses' Intention to Leave*

Variables	Unadjusted odds ratio (95% CI)	p-value
Age (months)	0.92 (0.88, 0.95)	<0.001
Sex Male Female	 Reference 0.47 (0.29, 0.75)	 0.002
Marital Status Single Married Widowed	 Reference 0.48 (0.28,0.80) 1	 0.005 -
Number of children	0.54 (0.39, 0.75)	<0.0001
Highest Educational attainment Bachelor's degree Master's degree Doctorate degree	 Reference 0.46 (0.26, 0.82) 1	 - 0.008 -
Duration of current employment	0.99 (0.989, 0.996)	<0.0001
Push factors		
Practice Environment Favorable Mixed Unfavorable	 Reference 4.69 (2.19, 10.02) 14.42 (6.76, 30.77)	 0.001 <0.001
Job Satisfaction Low satisfaction Moderate satisfaction High satisfaction	 Reference 0.34 (0.11, 1.02) 0.06 (0.02, 0.19)	 0.056 <0.001
Organizational commitment Low commitment Moderate commitment High commitment	 Reference 0.09 (0.02, 0.37) 0.02 (0.004, 0.09)	 0.001 <0.001
Job Stress Low stress Moderate stress High stress	 Reference 2.85 (1.16, 7.01) 12.21 (4.71, 31.61)	 0.023 <0.001
Pull factors		
Perceived alternative job opportunity Low High	 Reference 2.84 (1.70, 4.73)	 <0.001
Higher compensation	21.02 (2.74,161.39)	0.003
Better promotion	3.14 (1.17, 8.42)	0.023
Benefits offered	16.4 (2.1, 127.84)	0.008
Job security	6.41 (1.80, 22.80)	0.004
Opportunity to migrate	5.89 (2.33, 14.89)	<0.001
Opportunity to travel	5.71 (2.08, 15.68)	0.001
Opportunity to study	2.89 (1.05, 7.84)	0.036
Career advancement	1	-
Advanced technology used	3.80 (1.54, 9.33)	0.004
Reputation of other organization	2.41 (1.13, 5.10)	0.021
Personal factors		
Own health problem	2.08 (1.31, 3.33)	0.002
Health problem within family	3.41 (2.10, 5.53)	<0.001
Child's education	2.3 (1.41, 3.75)	0.001
Influence of family to leave	4.86 (2.93, 8.06)	<0.001
Influence of peers to leave	7.69 (4.57, 12.92)	<0.001
Wanting to enjoy life	3.55 (1.98, 6.35)	<0.001
Financial status	4.50 (2.4, 8.46)	<0.001
Place of work is far	4.32 (2.59, 6.91)	<0.001
Try new things	6.53 (3.20, 13.32)	<0.001
Taking care of elderly	3.01 (1.85, 4.91)	<0.001
Taking care of young children	1.5 (0.92, 2.42)	0.096

Table 4. *Results of Final Multivariate Logistic Regression Analysis of Significant Factors to Nurses' High Turnover Intention*

Variables	Unadjusted odds ratio (95% CI)	p-value
Push factors		
Practice Environment Favorable Mixed Unfavorable	 Reference 2.45 (1.03, 5.84) 5.53 (2.01, 15.25)	 0.042 0.001
Organizational commitment Low commitment Moderate commitment High commitment	 Reference 0.49 (0.09, 2.61) 0.20 (0.03, 1.12)	 0.404 0.066
Personal factors		
Influence of peers to leave	2.18 (1.15, 4.15)	0.017
Try new things	2.46 (1.08, 5.859)	0.032

commitment scale was 80% lower compared to those with low organizational commitment. On the other hand, the odds of having high turnover intention was 51% lower among those with moderate organizational commitment compared with low organizational commitment.

Of the personal factors, it was only the 'influence of peers to leave' (p=0.017) and 'desire to try new things' (p=0.032) that were significant factors associated with high intention to leave. Controlling for other significant variables, those who have been influenced by peers have 2.18 times higher odds of having a high turnover intention to leave compared to those not influenced by peers. On the other hand, those who want to try new things have 2.46 times higher odds of having high turnover intention compared to those who do not want to try new things, while controlling for other significant variables.

Staff Nurses' and Nurse Managers' Perceived Factors that Make Them Stay in Their Current Organization

Similarities were observed in the staff nurses' and nurse managers' perceived factors to stay in their current organization. Staff nurses' perceived factors to make them stay longer in their current workplace were grouped into five categories, namely, practice environment (n=246), job satisfaction (n=203), job stress (n=66), personal commitment (n=13), and personal reasons (n=11). Practice environment includes career advancement, promotion and recognition (n=113), safe working and staffing conditions (n=72), supportive and fair leadership and management (n=38), and good working relationship (n=23). Job satisfaction pertains to compensation and benefits (n=188), and enjoyment at work (n=15). Job stress includes work-life balance (n=57) and lesser work stress (n=9). Personal commitment includes loyalty to the organization (n=7) and dedication to work (n=6). The least cited reason was personal, including to gain extensive clinical experience (n=5), proximity of workplace (n=4), family reason (n=1), and rejection of overseas work application (n=1).

On the other hand, promoting job satisfaction by improving compensation and benefits (n=25) and promoting staff recognition (n=1) were the most perceived factors by nurse managers to stay longer in their current workplace. The second most perceived factor was improving the practice environment by improving working and staffing conditions (n=10), improving working relationships (n=3), and promoting positive work culture (n=3). The other factors were creating organizational opportunities by engaging staff in internal and external educational programs (n=5), provision of access to graduate studies (n=2), creating a staff development program (n=3), and lessening job stress by promoting work-life balance (n=2) and improving workaround time (n=2).

Discussion

The study investigated the multiple factors that influence nurses' turnover intention by using Lee's [19] Push and Pull Theory. Bivariate analyses showed significant differences in nurses' turnover intention by sociodemographic and work-related characteristics, with exception to the area of assignment. The final multiple logistic regression model revealed that mixed or unfavorable practice environment, low organizational commitment, influence of peers to leave, and desire to try new things were factors to higher turnover intention. The analysis of qualitative responses correlates with these results, which determined practice environment, job satisfaction, job stress, organizational opportunities,

and personal commitment as nurses' perceived factors to stay in the current organization.

Specifically, respondents with high intent to leave were 20 to 30 years old, male group, single, with no children, had BSN degree only, working in level II or III private or government-owned and controlled hospitals, with a bed capacity of less than 100-500, with staff nurse or charge nurse position, with permanent work status, and with two to five years clinical work experience in the current organization. Nurses in the 20 to 30 years age group belong to the generation of millennials who have different characteristics than other age groups. Millennials are known to be achievement-focused, family-focused, resilient, technologically savvy, and multi-taskers [20]. They are confident and looking forward to growth opportunities and purpose to make a difference. They are more inclined toward development rather than satisfaction, reason why they look for work that provides flexibility, motivation, and empowerment [20]. Nurse managers and executives should understand the workforce dynamics and tailor retention and recruitment strategies accordingly to motivate younger nurses.

Senior nurses with two to five years of clinical work experience were found to have the highest turnover intention despite having permanent status. Senior nurses with more than five years of clinical work experience who were assigned in special areas (e.g., intensive care unit, emergency room, and operating room) demonstrated high intent to leave. There are several reasons for these findings. First, these groups of nurses have acquired a certain period of clinical experience making them more qualified to work abroad or in other settings with higher compensation. Another possible reason is the drive to look for more growth and development opportunities as they became more expert and familiar with their work. Others might be encouraged to search for other work environment that nourishes both their personal and professional needs.

The integration of the analyses highlights the significance of a favorable practice environment. To create and maintain a favorable practice environment, the American Association of Critical Care Nurses recommends systems, structures, and cultures that support communication, collaboration, decision-making, staffing, recognition, and leadership [21]. If nurses experience a favorable practice environment, not only will their safety, health, and well-being be promoted but also the achievement of positive patient and organizational outcomes [22]. A favorable practice environment may then increase job satisfaction and decrease job stress and burnout [23]. An environment that provides and nurtures career advancement and opportunities will encourage nurses to be engaged in discovering their potential to lead in organizational developments that will foster their commitment to their profession and organization and decrease turnover intention [24,25].

Recommendations

The interrelatedness of the multiple factors that influence turnover intention must be understood to create a policy framework, align existing interventions, and develop strategies that will effectively and sustainably address nurse turnover challenges [2]. Investments in the nursing workforce are highly important, however, it can be a challenge among healthcare organizations considering variations in their human, financial, and organizational resources. A collaborative approach from the nursing, other health professions, administration, human resources, finance, and other related sectors of an organization will be essential to obtain a comprehensive understanding of the contributing factors to nurse turnover and its impact on patient, organizational, and nursing outcomes. A cost-benefit analysis of nurse retention programs can be helpful to determine the extent of the economic and organizational costs imposed by nurse turnover. Career pathways that consider both career advancement and remuneration increments can produce synergistic positive results to nurse retention. Partnerships between nursing academia and clinical practice can promote nurses' access to higher degree education, considering its economic cost.

Identifying and creating teams of champions to advocate and promote practice environment, career development, and nurse well-being can help nurses identify who they can ask for support and raise their concerns without fear of being judged and reprimanded. Recreational and wellness activities and programs within the organization can be instrumental for nurses to reduce their stress, burnout, and fatigue. Benchmarking from other healthcare institutions can help determine best practices and lessons in promoting favorable practice environments which can be tailored to the healthcare institutions' systems, culture, structures, and workforce.

Finally, this study emphasizes the significance of conceptualizing interventions to create a positive practice environment that aligns with the healthcare institutions' changing culture, workforce, and resources. There is a need to present how a positive practice environment, job satisfaction, career progression, and personal well-being among nurses and other healthcare professionals can impact patient, healthcare,

and workforce outcomes. Generating this evidence can encourage healthcare leaders, policymakers, and other stakeholders to support and maintain these interventions.

Limitation

This study primarily recruited nurses employed in level II and III hospitals in urban cities of Metro Manila. Nurses from other healthcare facilities and locations can have different work experiences, clinical practices, and healthcare systems that can influence their perspectives on turnover intention. The use of a cross-sectional design imposes limitations to infer causal relationships among variables. The study focuses on turnover intention, which may not be an actual reflection of turnover rate; hence, investigation of the relationship between these two variables will be significant.

Conclusion

The study analyzed the push, pull, and personal factors influencing the turnover intention of nurses employed in level II and III hospitals in Metro Manila, Philippines. A healthcare organization that provides nurses with a favorable work environment, career ladders, work remuneration, and personal well-being programs can increase job satisfaction, decrease job stress, encourage organizational and professional commitment, and attain career advancements. Eventually, this characteristic of a healthcare organization can reduce nurses' turnover intention.

A collaborative approach among the multiple sectors of a healthcare organization is needed to comprehensively understand the extent of nursing turnover and its impact on the patient, nursing, and organizational outcomes. A policy framework aligned with a healthcare organization's human, financial, and organizational resources is significant to implement holistic and tailored nurse retention programs effectively and sustainably.

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