Leaving intention and exit destinations among the Malaysian private hospital nurses

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Background: Many nurses are leaving for various destinations and leaving intention was found to be the immediate precursor for actual turnover, but studies examining the different forms of leaving intention (unit, hospital, country, and profession) and exit destinations are scarce.

Objectives: To determine the different forms of nurses' leaving intention (i.e., leaving the unit, hospital, country, and profession), exit destinations and associations of demographic variables on the different forms of leaving intention and exit destinations.

Methods: The study design was a cross-sectional survey. Private hospital nurses in the Peninsular Malaysia were the study population and a total of 942 (73% response rate) nurses participated in the study. A self-reported questionnaire was used for data collection.

Results: The results revealed that intention of leaving the organisation (M = 2.81, SD = 1.33) was the highest and followed by intention of leaving the unit (M = 2.54, SD = 1.31). In terms of exit destinations, advancing nursing qualification (M = 2.95, SD = 1.31) and practising nursing in another country (M = 2.55, SD = 1.31) were the most preferred exit destinations among the nurses.

Conclusions: Nursing managers play a significant role in retaining nurses within the units and organisations. The findings on nurses' exit destinations are crucial because they serve as the direction for nurses' retention strategies which include professional development opportunities through training, education and staff mobility.

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Introduction

Nurse turnover is a continual challenge for many countries across the world. Turnover is defined as "mobility of job" and, in nursing profession and is conceptualised into internal turnover, which refers to the mobility within organisation and external turnover, which refers to the act of leaving the organisation, country and profession (Currie & Hill, 2012). High nurse turnover affects nurses' morale and productivity which may jeopardise the ability to provide quality patient care (Anzai, Douglas & Bonner, 2014; Bae, Mark & Fried, 2010). Conversely, the escalating rate of nurse turnover is extremely pricey particularly in the aspects of recruiting and orientating new staff (Li & Jones, 2013).

Henceforth, numerous theories and empirical studies have attested that leaving intention is the immediate precursor of turnover (Steel & Lounsbury, 2009; Takase, 2010). Nurse turnover was found to have taken place at different levels such as at the unit, organisation, profession (Lee, Dai & McCreary, 2015) and country levels (El-Jardali, Alameddine, Dumit, Dimassi, Jamal & Maalouf, 2011; Gurková, Soósová, Haroková, Žiaková, Šerfelová & Zamboriová, 2013). However, many previous studies were focused narrowly on nurses' intention of leaving organisation or/ and profession (Chan, Tam, Lung, Wong & Chau, 2013). There were only few studies that have explored nurses' intention to leave the unit (Simon, Müller & Hasselhorn, 2010; Lee *et al.*, 2015), country (El-Jardali *et al.*, 2011; Gurková, *et al.*, 2013) and exit destinations (Homburg, Van der Heijden & Valkenburg, 2013; Van den Heede *et al.*, 2013).

Similarly with other countries, the high nurse turnover has negatively impacted the quality of Malaysian healthcare organisations. In Malaysia, the nursing workforce is predominated by female gendered nurses who are younger in age and with a diploma in nursing as the highest level of education. Furthermore, the majority of them were practising in the hospital settings in view of the availability of nursing education sponsorship which required them to serve their education bond upon receiving their qualification as registered nurses.

The competitiveness of healthcare organisations and the challenging economic status of the country have become the push factor for nurses to consider leaving the

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workplace, country and even profession. It was reported that Malaysian hospital nurses have a high level of leaving intention (Ramoo, Abdullah & Piaw, 2013) and approximately 400 nurses are leaving the country on an annual basis (Atefi, Abdullah & Wong, 2014; Barnett, Namasivayam & Narudin, 2010).

Henceforth, information pertaining to the different forms of nurses' leaving intention and exit destinations is imperative in order to establish timely interventions that can reduce the escalating rates of nurse turnover and sustain quality patient care. Thus, the study aimed to determine the different forms of nurses' leaving intention (i.e., leaving the unit, hospital, country, and profession), exit destinations and associations of demographic variables on the different forms of leaving intention and exit destinations.

Studies pertaining to nurses' leaving intention particularly in the form of leaving the organisation and profession have gained much popularity in recent years. Previous studies have found that intention of leaving the organisation was higher than leaving the profession (Heinen *et al.*, 2013; Gurková *et al.*, 2013) while few of the studies have revealed vice versa (Lin, Chiang & Chen, 2011; Van den Heede *et al.*, 2013).

Nonetheless, studies on the intention to leave country and unit were scarce. Nurses working in the Eastern Caribbean (Lansiquot, Tullai-McGuinness & Madigan, 2012), Czech and Slovak (Gurková *et al.*, 2013) have reported their intention of leaving the country and a few studies also found that nurses have the intention of leaving their units although the intention levels were relatively low (Furtado, Batista & Silva, 2011; Galletta, Portoghese, Battistelli & Leiter, 2013).

In terms of exit destinations, previous studies have found that majority of the nurses were very much devoted to their profession and henceforth, their exit destinations were mainly practising nursing in a different department, hospital or non-hospital setting (Homburg *et al.*, 2013) or another country (Lansiquot *et al.*, 2012). Few nurses selected entrepreneurship (Homburg *et al.*, 2013) and pursuing non-nursing related training (Flinkman, Laine, Leino-Kilpi, Hasselhorn & Salanterä, 2008) as exit destinations.

Intention of leaving organisation was associated with nurses who were single (Lee *et al.*, 2015; Liu *et al.*, 2012), younger (Simon *et al.*, 2010; Ramoo *et al.*, 2013), had shorter length of nursing experience (Gurková *et al.*, 2013; Ramoo *et al.*, 2013), had diploma level of education (Ramoo *et al.*, 2013), working in general units (Chiang & Chang, 2012), and did not have an educational sponsorship (Tei-Tominaga, 2013). Studies also revealed that predictors for intention to leave organisation were found to be different from intention of leaving profession (Lee *et al.*, 2015; Simon *et al.*, 2010). Intention of leaving profession was associated with personal factors while organisational factors were linked with leaving the organisation (Simon *et al.*, 2010).

At the unit level, nurses worked in the medical units tend to have higher degree of leaving intention (Chiang & Chang, 2012). On the contrary, nurses who were older (Heinen *et al.*, 2013; Simon *et al.*, 2010), had dependents responsibilities (Nooney, Unruh, & Yore, 2010; Simon *et al.*, 2010), working in the general medical units (Lee *et al.*, 2015), and had educational level higher than diploma and at baccalaureate or graduate degree level (Nooney *et al.*, 2010) were found to have higher intention to leave profession.

Nevertheless, nurses with master's degree or higher qualifications were reported to have higher likelihood to stay in nursing (Nooney *et al.*, 2010). Nurses who were married were less probable to leave the country (Gurková *et al.*, 2013).

Methods

Design and sampling plan

Descriptive cross-sectional survey was conducted between February and September 2015 in four private hospitals in Peninsular Malaysia through simple random sampling: one hospital from northern region,

one hospital from south-east region and, two hospitals from central regions.

The study population comprised of private hospital nurses in Peninsular Malaysia. Random sampling of nurses was not possible because the hospitals did not permit the revelation of nurses' identity. Thus full-time nurses of the hospitals were invited to participate in the study. However, nurses who worked at the managerial levels (i.e. unit managers/supervisors) were excluded from the study due to the difference of duties performed which may cause variation in the interpretation of findings (Choi, Cheung & Pang, 2013).

The estimated population size was 26 653 (Ministry of Health Malaysia, 2014) and sample size was assessed using the Raosoft® sample size software. The recommended sample size was 379 using 95% level of confidence, 5% margin of error and, 50% response distribution. Thus, 1290 questionnaires were administered. The overall valid response rate was approximately 73% (n = 942) and the response rate for each hospital ranged from 69% to 95%.

Instruments

Self-reported questionnaire consisting of three sections was used. Section I comprised demographic variables: age, gender, marital status, educational sponsorship contract, monthly income, first employment upon registering as a nurse, organisational tenure, nursing experience, current work unit/ward, dependent responsibilities, and level of education.

Sections II and III contained items to determine the different forms of nurses' leaving intention (Leaving Intention Questionnaire, LIQ) and exit destinations (Exit Destinations Questionnaire, EDQ) respectively. The items of LIQ and EDQ were constructed based on the existing measures and literature (Flinkman *et al.*, 2008; Simon *et al.*, 2010).

In LIQ, nurses were asked to respond the question: "How often during the period of the last six months have you thought about leaving your ward, hospital, country and nursing profession?" The answer categories were "never", "sometimes per year", "sometimes per month", "sometimes per week" and, "almost every day" (Simon *et al.*, 2010). Intention to leave at few occasions in a year is considered to be a normal phenomenon among professionals, but serious implications are required if the intention exceeds several occasions in a month or more frequent (Flinkman *et al.*, 2008).

In EDQ, nurses were asked about their potential exit destinations which consist of pursuing further qualification, working in another organisation or country, and entrepreneurship. The response format of the section was similar with Section II.

Validity and reliability

Two nursing experts (chief nursing officer and nursing lecturer), and a human resource personnel confirmed the content validity of the LIQ and ECQ. All the items were deemed to be relevant and minor modifications were recommended. The criterion validity of LIQ was established using the Anticipated Turnover Scale (ATS, Hinshaw & Atwood, 1985) which demonstrated significant and positive correlation between LIQ and ATS (r = .57, p < .01).

In terms of reliability and construct validity, pilot study using 160 private hospital nurses with similar characteristics as the study population was conducted. The Cronbach's alpha for LIQ and EDQ were .72 and .75 respectively. Furthermore, the correlation coefficient for LIQ and EDQ in the test-retests were at .81 (p < .01) and .79 (p < .01) respectively.

The construct validity of the questionnaires was confirmed through Exploratory factor analysis (EFA). The EFA for LIQ revealed one factor, which explained 54.94% nurses' intention to leave while EDQ revealed two factors (nursing and non-nursing exit destinations), which explained 58.42% nurses' exit destinations.

Ethical consideration and data collection

Ethical approval from an institutional research ethics committee was obtained. The private hospitals' chief executive officers had also granted the institutional permissions. Participants participated in the study voluntarily and their responses were anonymous. Informed consent was obtained before data collection.

Questionnaires with envelopes were distributed to the participants through the hospitals' liaison person (a non-nursing personnel who was appointed by the Director of Nursing). Participants were requested to respond to the questionnaire without revealing their identity and then, fasten their responses with the enclosed envelopes. Participants may place their responses into a folder located at the nurses' counter or return directly to the liaison person. Data will be destroyed after dissemination of the study findings.

Data analysis

SPSS version 20 was used for analysis. Nurses' demographic variables leaving intention and exit destinations were analysed using descriptive statistics. The associations of nurses' demographic variables on nurses' leaving intention and exit destinations were analysed using chi-square test. The different forms of nurses' leaving intention and exit destinations were dichotomised, with "almost every day", "sometimes per week" and sometimes per month" representing "yes" while, "sometimes per year" and "never" representing "no" (Simon *et al.*, 2010).

Results

Demographic variables

The majority of the participants were female (n = 892, 94.7%), between 20 and 30 years old (n = 758, 80.5%), working in the organisation since qualifying as registered nurses (n = 729, 77.4%), working in the organisation for six years or less (n = 744, 79.0%), and practising nursing for six years or less (n = 703, 74.6%) as shown in Table 1. In terms of the highest educational attainment, majority had Diploma in Nursing (n = 650, 69.0%). The proportion of participants with post basic qualifications and Bachelor of Nursing were 18.6% and 11.1% respectively.

Table 1: Demographic characteristics of nurses (n = 942)

Demographic characteristics	n	%	Mean	SD
Regions				
Northern	222	23.6		
Central	414	43.9		
South-east	306	32.5		
Age (years)			27.96	5.74
20 – 30 years	758	80.5		
Above 30 years	184	19.5		
Gender				
Male	50	5.3		
Female	892	94.7		
Marital status				
Single	554	58.8		
Married	388	41.2		
Average monthly income				
RM 2000 and below	602	63.9		
Above RM 2000	340	36.1		
Nursing experience			5.35	4.49
6 years and below	703	74.6		
Above 6 years	239	25.4		
Organizational tenure			4.49	3.94
6 years and below	744	79.0		
Above 6 years	198	21.0		
Dependent responsibilities				
Yes	586	62.2		
No	356	37.8		
First employment since qualified as registered nurse				
Yes	729	77.4		
No	213	22.6		
Educational sponsorship bond				
Yes	484	51.4		
No	458	48.6		
Highest educational level				
Diploma in nursing	650	69.0		
Higher than diploma in nursing	292	31.0		
Working areas				
General adult medical surgical wards	452	48.0		
Units of specialty	490	52.0		

Leaving intention

The overall composite mean value for nurses' leaving intention was 2.36 (*SD* = .97) which reflected a low level of leaving intention. However, intention to leave organisation was the highest (M = 2.81, *SD* = 1.33) with more than half of the participants (*n* = 518, 55.00%), followed by intention to leave unit (M = 2.54, *SD* = 1.31). Conversely, intention to leave profession was the least (M = 2.02, *SD* = 1.16).

Exit destinations

Exit destinations can be categorised into nursing (*nursing*-ED) and non-nursing exit destinations (*non-nursing*-ED). In general, nursing was still the most preferred exit destination among the nurses whereby, majority of the participants have chosen to pursue advance nursing qualification (*n* = 553, 58.70%) and work in another country as a nurse (*n* = 420, 44.60%).

In comparing between the *nursing*-ED and *non-nursing*-ED, the analysis revealed the preference for *nursing*-ED (M = 2.66, *SD* = 1.00) such as pursuing nursing qualification and practising nursing in another country/ organisation was higher compared to *non-nursing*-ED (M = 1.96, *SD* = .91) such as entrepreneurship, pursuing qualification or occupation which were non-related to nursing.

Table 2: Nurses' intention to leave and exit destinations sorted by mean, standard deviation and percentage (n = 942)

Items	Mean	*SD*	Intention to Leave and Exit Destinations	
			Yes *n* (%)	No *n* (%)
Intention to leave	2.36	.97		
Intention to leave organization	2.81	1.33	518 (55.0)	424 (45.0)
Intention to leave unit	2.54	1.31	450 (47.8)	492 (52.2)
Intention to leave country	2.09	1.17	284 (30.1)	658 (69.9)
Intention to leave profession	2.02	1.16	263 (27.9)	679 (72.1)
Exit destinations				
Nursing exit destinations	2.66	1.00		
Pursuing further nursing qualification	2.95	1.31	553 (58.7)	389 (41.3)
Working in another country as a nurse	2.55	1.31	420 (44.6)	522 (55.4)
Working in another organization as a nurse	2.47	1.21	407 (43.2)	535 (56.8)
Non-nursing exit destinations	1.96	.91		
Starting own business	2.28	1.34	332 (35.2)	610 (64.8)
Pursuing further qualification but not in nursing	2.05	1.21	278 (29.5)	664 (70.5)
Working in another organization but not as a nurse	1.95	1.16	249 (26.4)	693 (73.6)
Working in another country but not as a nurse	1.57	1.02	144 (15.3)	798 (84.7)

Note: Item responses are on a scale of 1 (never), 2 (sometimes/year), 3 (sometimes/month), 4 (sometimes/week) and 5 (almost every day). SD, standard deviation

Associations of demographic variables on leaving intention

Analysis of results for the associations of demographic variables on leaving intention are shown in Table 3. Nurses' leaving intention namely: intention to leave unit (ITL-*unit*), organisation (ITL-*organisation*), country (ITL-*country*) and profession (ITL-*profession*) were found to be significantly associated with nurses who were younger (between 20 and 30 years old), and had educational sponsorship bond ($p < .05$). Interestingly, level of education and dependent responsibility were not associated with any forms of leaving intention.

Both ITL-*unit* and ITL-*organisation* were found to be higher among nurses who earned a higher monthly

income, and had been working in the organisation since they qualified as registered nurses ($p < .05$). Nurses with organisational tenure of six years and below were also found to have a higher likelihood in considering leaving their organisation.

On the other hand, the odds for ITL-*country* was found to be higher among nurses who were single (OR 1.87; 95%CI 1.39-2.51), had nursing experience of six years and below (OR 1.83; 95%CI 1.29-2.59), had organisational tenure of six years and below (OR 1.93; 95%CI 1.32-2.82), and working in the general medical surgical units (OR 1.43; 95%CI 1.08-1.89). In terms of ITL-*profession*, the odds were higher among nurses who had organisational tenure of six years and below (OR 1.46; 95%CI 1.01-2.11), and working in the general medical surgical units (OR 1.34; 95%CI 1.01-1.78).

Table 3: Associations and effects of demographic characteristics on nurses' leaving intention (n = 942)

Demographic Characteristics	ITL-*unit*			ITL-*organization*			ITL-*country*			ITL-*profession*		
	χ^2	*p*	OR [95% CI]	χ^2	*p*	OR [95% CI]	χ^2	*p*	OR [95% CI]	χ^2	*p*	OR [95% CI]
Age												
(20 – 30 years/Above 30 years)	6.84	.009*	1.55 [1.11, 2.15]	12.24	.000**	1.78 [1.29, 2.46]	10.95	.001*	1.92 [1.30, 2.84]	6.00	.014*	1.62 [1.10, 2.39]
Marital status												
(Single/Married)	.10	.755	1.04 [.80, 1.35]	1.55	.213	1.18 [.91, 1.53]	17.47	.000**	1.87 [1.39, 2.51]	.41	.523	1.10 [.82, 1.47]
Average monthly income												
(Above RM 2000/RM 2000 and below)	6.96	.008*	1.43 [1.10, 1.88]	4.74	.029*	1.35 [1.03, 1.76]	.44	.505	1.10 [.83, 1.48]	3.25	.071	1.32 [.98, 1.79]
Nursing experience												
(6 years and below/Above 6 years)	.11	.745	1.05 [.78, 1.41]	1.25	.264	1.18 [.88, 1.59]	11.80	.001*	1.83 [1.29, 2.59]	1.26	.262	1.21 [.87, 1.69]
Organizational tenure												
(6 years and below/Above 6 years)	.54	.463	1.13 [.82, 1.54]	5.72	.017*	1.47 [1.07, 2.01]	11.78	.001*	1.93 [1.32, 2.82]	4.04	.044*	1.46 [1.01, 2.11]
Dependent responsibilities												
(Yes/No)	1.18	.278	1.16 [.89, 1.51]	.61	.436	1.11 [.85, 1.45]	1.26	.261	.85 [.64, 1.13]	1.23	.268	1.18 [.88, 1.60]
First employment since qualified as registered nurse												
(Yes/No)	8.55	.003*	1.59 [1.16, 2.17]	7.19	.007*	1.52 [1.12, 2.06]	4.30	.038*	1.45 [1.02, 2.05]	2.16	.141	1.30 [.92, 1.85]
Educational sponsorship bond												
(Yes/No)	9.64	.002*	1.50 [1.16, 1.94]	24.60	.000**	1.93 [1.49, 2.50]	11.70	.001*	1.63 [1.23, 2.17]	6.01	.014*	1.43 [1.07, 1.91]
Highest educational level												
(Diploma in nursing/Higher than diploma in nursing)	.84	.359	.88 [.66, 1.16]	.59	.442	.90 [.68, 1.18]	.60	.440	1.13 [.83, 1.53]	.16	.692	1.07 [.78, 1.45]
Working areas												
(General adult medical surgical wards/ units of specialty)	.02	.888	1.02 [.79, 1.32]	2.66	.103	1.24 [.96, 1.60]	6.35	.012*	1.43 [1.08, 1.89]	4.03	.045*	1.34 [1.01, 1.78]

**Significant at p < .05. **Significant at p < .001. ITL, intention to leave*

Associations of demographic variables on exit destinations

Analysis of results for the associations of demographic variables on *nursing*-ED and *non-nursing*-ED are shown in Tables 4 and 5 respectively. In general, the findings revealed that nurses who were between 20 and 30 years were more likely to pursue higher qualification, work in another organisation and country. Average monthly income and level of education were not associated with any exit destinations.

In terms of *nursing*-ED, nurses who had educational sponsorship bond, were working in the medical-surgical units, had six years and less of nursing experience and organisational tenure, were more likely to pursue further nursing qualification ($p < .05$). Moreover, nurses who were single and had been working in the workplace since qualifying were more likely to work in another hospital ($p < .05$).

On the other hand, the odds for working in another country were twice higher among the nurses who were single (OR 2.44; 95%CI 1.86-3.20), had educational sponsorship bond (OR 1.63; 95%CI 1.26-2.11), had six years and below of nursing experience (OR 1.96; 95%CI 1.44-2.66), and organisational tenure (OR 2.50; 95%CI 1.78-3.53).

Table 4: Associations and effects of demographic variables on *nursing*-ED ($n = 942$)

Demographic Characteristics	Pursuing further qualification in nursing profession			Working in another country as a nurse			Working in another hospital as a nurse		
	χ^2	*p*	OR [95% CI]	χ^2	*p*	OR [95% CI]	χ^2	*p*	OR [95% CI]
Age									
(20 – 30 years/Above 30 years)	11.16	.001*	1.73 [1.25, 2.39]	24.67	.000**	2.40 [1.69, 3.40]	7.49	.006*	1.60 [1.14, 2.23]
Marital status									
(Single/Married)	2.95	.086	1.30 [.97, 1.64]	42.58	.000**	2.44 [1.86, 3.20]	5.56	.018*	1.37 [1.06, 1.79]
Average monthly income									
(Above RM2000/RM 2000 and below)	.40	.527	1.09 [.83, 1.43]	1.65	1.99	.84 [.64, 1.10]	.00	.989	1.00 [.76, 1.31]
Nursing experience									
(6 years and below/Above 6 years)	9.54	.002*	1.59 [1.18, 2.14]	18.51	.000**	1.96 [1.44, 2.66]	1.56	.212	1.21 [.90, 1.63]
Organizational tenure									
(6 years and below/Above 6 years)	18.16	.000**	1.98 [1.44, 2.71]	28.67	.000**	2.50 [1.78, 3.53]	2.90	.089	1.32 [.96, 1.82]
Dependent responsibilities									
(Yes/No)	1.51	.220	1.18 [.91, 1.54]	3.72	.054	.771 [.59, 1.00]	.001	.980	1.00 [.76, 1.3]
First employment since qualified as registered nurse									
(Yes/No)	.096	.757	.952 [.70, 1.30]	.606	.436	1.13 [.83, 1.54]	8.04	.005*	1.58 [1.15, 2.17]
Educational sponsorship bond									
(Yes/No)	9.99	.002*	1.52 [1.17, 1.98]	13.68	.000**	1.63 [1.26, 2.11]	2.45	.118	1.23 [.95, 1.60]
Highest educational level									
(Diploma in nursing/Higher than diploma in nursing)	.24	.625	1.07 [.81, 1.42]	2.52	.113	1.25 [.95, 1.66]	.10	.759	1.05 [.79, 1.38]
Working areas									
(General adult medical surgical wards/Units of specialty)	6.78	.009*	1.41 [1.09, 1.84]	1.54	.214	1.18 [.91, 1.52]	.57	.452	1.10 [.85, 1.43]

**Significant at p < .05. **Significant at p < .001.*

In terms of *non-nursing*-ED, the odds of starting own business was higher among the nurses with dependent responsibilities (OR 1.54; 95%CI 1.16-2.05). In addition, advancing a non-nursing education/ training was significantly associated with nurses who were single (OR 1.52; 95%CI 1.14–2.04), working at the workplace since registered as a nurse (OR 1.88; 95%CI 1.30–2.72), had six years and less of nursing experience (OR 2.07; 95%CI 1.45–2.96), and organisational tenure (OR 1.79 95%CI 1.23-2.61). Nurses who had educational sponsorship bond were also more likely to work in another organisation ($p < .05$).

Nevertheless, the odds of venturing into a different career in another country was found to be higher among the nurses who were single (OR 1.79; 95%CI 1.22-2.63), had been working in the workplace since qualified (OR 1.64; 95%CI 1.02-2.64), had educational sponsorship bond (OR 1.60; 95%CI 1.11-2.29), had six years and less of nursing experience (OR 2.20; 95%CI 1.35–3.59), and organisational tenure (OR 2.56 95%CI 1.46-4.48).

Table 5 : Associations and effects of demographic characteristics on *non-nursing*-ED ($n = 942$)

Demographic Characteristics	Starting own business			Pursuing non-nursing further qualification			Working in another organization with a non-nursing job			Working in another country but not as a nurse		
	χ^2	*p*	OR [95% CI]	χ^2	*p*	OR [95% CI]	χ^2	*p*	OR [95% CI]	χ^2	*p*	OR [95% CI]
Age												
(20 – 30 years/Above 30 years)	1.01	.314	1.19 [.85, 1.69]	14.73	.000**	2.19 [1.46, 3.28]	3.93	.047*	1.48 [1.00, 2.19]	6.46	.011*	1.98 [1.16, 3.37]
Marital status												
(Single/Married)	1.01	.315	.87 [.66, 1.14]	8.02	.005*	1.52 [1.14, 2.04]	.70	.404	1.13 [.84, 1.53]	9.01	.003*	1.79 [1.22, 2.63]
Average monthly income												
(Above RM2000/RM 2000 and below)	3.32	.068	1.30 [.98, 1.72]	.98	.322	.86 [.65, 1.15]	2.80	.094	1.30 [.96, 1.77]	.90	.343	.84 [.58, 1.21]
Nursing experience												
(6 years and below/Above 6 years)	.12	.726	1.06 [.78, 1.44]	16.22	.000**	2.07 [1.45, 2.96]	.29	.590	1.10 [.78, 1.54]	10.45	.001*	2.20 [1.35, 3.59]
Organizational tenure												
(6 years and below/Above 6 years)	1.29	.256	1.21 [.87, 1.70]	9.34	.002*	1.79 [1.23, 2.61]	2.29	.131	1.33 [.92, 1.93]	11.51	.001*	2.56 [1.46, 4.48]
Dependent responsibilities												
(Yes/No)	9.12	.003*	1.54 [1.16, 2.05]	.36	.550	1.09 [.82, 1.46]	1.17	.279	1.18 [.87, 1.60]	.20	.651	1.09 [.75, 1.57]
First employment since qualified as registered nurse												
(Yes/No)	1.33	.249	1.21 [.87, 1.86]	11.50	.001*	1.88 [1.30, 2.72]	3.31	.069	1.40 [.97, 2.02]	4.28	.039*	1.64 [1.02, 2.64]
Educational sponsorship bond												
(Yes/No)	1.65	.199	1.19 [.91, 1.56]	12.94	.000**	1.68 [1.27, 2.24]	12.65	.000**	1.70 [1.27, 2.29]	6.44	.011*	1.60 [1.11, 2.29]
Highest educational level												
(Diploma in nursing/Higher than diploma in nursing)	.56	.453	.90 [.67, 1.19]	.24	.624	1.08 [.80, 1.46]	.017	.896	.98 [.72, 1.34]	3.56	.059	1.48 [.98, 2.23]
Working areas												
(General adult medical surgical wards/Units of specialty)	2.13	.144	1.22 [.93, 1.60]	4.36	.037*	1.35 [1.02, 1.79]	.14	.709	1.06 [.79, 1.41]	3.22	.073	1.39 [.97, 1.98]

**Significant at $p < .05$. **Significant at $p < .001$.*

Discussion

The findings suggested that nurses' leaving intention should be viewed seriously considering the proportion of the study participants that have indicated their ITL-*organisation* (55.0%), ITL-*unit* (47.8%), ITL-*country* (30.1%), and ITL-*profession* (27.9%). The findings concurred with previous studies which revealed the proportion of ITL-*organisation* as the highest among all the different forms of leaving intention and ITL-*profession* as the lowest (Derycke, Clays, Vlerick, D'Hoore, Hasselhorn & Braeckman, 2012; Heinen *et al.*, 2013; Gurková *et al.*, 2013).

Earlier studies found relatively low levels of ITL-*unit* (Furtado *et al.*, 2011; Galletta *et al.*, 2012). However, the present study found that almost half of the study participants indicated their ITL-*unit*. The high level of ITL-*unit* could be related to the fact that majority of the nurses are still serving their educational sponsorship bond. Since they could not quit the organisation till the completion of their bond; they tend to search for possible alternatives for their career advancement and exploration within their organisation.

Even though ITL-*profession* was found to be the lowest among the different forms of leaving intention, it should not be taken lightly because more than a quarter of the study participants have affirmed their tendency of professional withdrawal through choosing non-nursing exit destinations namely: "pursuing non-nursing further qualification" (29.5%) and "working non-nursing job in another organisation" (26.4%). Furthermore, ITL-*profession* of the study participants was found to be higher than the study sample in Japan (Ohue, Moriyama & Nakaya, 2011) and European countries (Heinen *et al.*, 2013; Simon *et al.*, 2010). This could be related to the recognition and public image towards the nursing profession in the country. In the developed countries, nursing profession is viewed as a noble and highly respected profession. However, nursing is commonly not the first career choice among the Malaysia nurses. Majority pursue nursing profession for the sake of the availability of educational sponsorship and guaranteed job upon graduation.

In terms of demographic variables, nurses who were younger and had an educational sponsorship bond were significantly associated with all the different forms of leaving intention and exit destinations. Moreover, level of education and monthly income were not significant predictors for nurses' leaving intention and exit destinations.

In comparison with earlier studies, similarities of findings were noted. ITL-*organisation* was associated with younger nurses (Simon *et al.*, 2010; Ramoo *et al.*, 2013) while ITL-*profession* was associated with nurses who worked in the medical-surgical units (Chiang & Chang, 2012). Similarly, single nurses were found to have higher ITL-*country* (Gurková *et al.*, 2013).

Nonetheless, contrasting results were noted for example, ITL-*organisation* was not associated with length of nursing experience, level of education, and working areas. Furthermore, Tei- Tominaga (2013) found that nurses without educational sponsorship had higher ITL-*organisation* which was contradictory to the study finding. In addition, previous studies found that dependent responsibility was associated with ITL-*profession* (Simon *et al.*, 2010). However, the study found that dependent responsibility only had significant effect on influencing nurses to venture into entrepreneurship.

Implications for practice

The present study revealed that nurses who were younger (between 20 and 30 years old), and had educational sponsorship bond were the most susceptible in leaving their workplace, country and profession. The findings of the study warrant attention in view of majority of the Malaysian private hospital nurses are at younger age and having an educational sponsorship bond. In addition, nurses who had been working in the workplace since they were qualified were found to have higher leaving intention towards the unit, organisation and country. The reasons to the contrasting results

found in the study were most likely related to the background of the nurses. Private hospital nurses viewed the educational sponsorship bond as their burden and barrier towards career advancement. Thus, they felt obligated to remain in the organisation and profession.

The high withdrawal intention rate at the unit and organisational levels is detrimental to the entire healthcare system which could lead to profession withdrawal (Krausz, Koslowsky, Shalom, & Elyakim, 1995). Hence, the exit destinations findings serve as the direction to revised existing policy and strategies in retaining nurses at the various levels: unit, organisational, country and professional. Professional development has been found to be the most preferred exit destinations. Thus, strategic collaboration among all levels of stakeholders such as the private healthcare organisations, nursing education institutions and country nursing regulatory body (Nursing Board of Malaysia) are strongly recommended.

Nursing education institutions and education accreditation bodies play important roles in developing and promoting nursing qualifications (i.e. specialty, undergraduate, postgraduate programmes) which are flexible and simultaneously meeting the needs and demands of the healthcare stakeholders. Nurses-centred curriculum is crucial so that the practising nurses can remain in service during their course of study. Furthermore, nurses' work experience should be valued and recognised for credit exemptions to enter higher education institutions for undergraduate and postgraduate programmes.

Nursing directors and unit managers play significant roles in supporting nurses' desire in acquiring further qualifications particularly, qualifications related to the nursing profession. Flexible working schedule, providing incentive or fees reimbursement for nursing education/ training, and recognition for self-development effort can be initiated to improve nurses' morale and satisfaction. In addition, job rotation within organisation should be encouraged to enhance and enrich nurses' experience. Furthermore, the nursing administrators may also create opportunity for staff mobility such as staff exchange programme with healthcare organisations/ universities of other countries.

Limitations and recommendations

Cross-sectional survey design is deemed as a limitation because it restricts the observation of trend changes. Thus, longitudinal investigation and qualitative design approaches are recommended in analysing the leaving intention trend as well as gaining in-depth understanding on the underlying reasons for the withdrawal cognition. The second limitation is that randomisation was not permitted by the study sites which may limit the ability of generalizability. Hence, a national level replication of the study may be necessary in order to gauge the actual leaving intention and exit destinations among the Malaysian nurses.

Conclusion

Nurses' leaving intention is a serious phenomenon and the findings of nurses' exit destinations are crucial because they serve as the direction for nurses' retention strategies which include professional development opportunity through training, education and staff mobility. The findings of the study also provide meaningful direction for healthcare organisations, particularly the Malaysian private healthcare sectors along with nursing education institutions in initiating appropriate tactics to retain nurses in the country and profession.

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