

TITLE PAGE

RESEARCH ARTICLE

**Why Nurses Leave: Exploring Workplace and Organizational Factors Associated with
Early Attrition Among Staff Nurses**

Dr.P. Meena¹, Ajil Varghese², Dr. Karpagam.K³

¹Associate Professor, Department of Child Health Nursing, Saveetha College of Nursing,
Saveetha Institute of Medical and Technical Sciences, Thandalam.
meena.scon@saveetha.com, Contact No 9941865752, ORCID NO-<https://orcid.org/0000-0002-1436-5356>

²B.Sc [Nursing], Saveetha College of Nursing, 172201005@gmail.com

³Associate Professor, Department of Medical Surgical Nursing, Saveetha College of Nursing,
karpagam.scon@saveetha.com

Corresponding Author

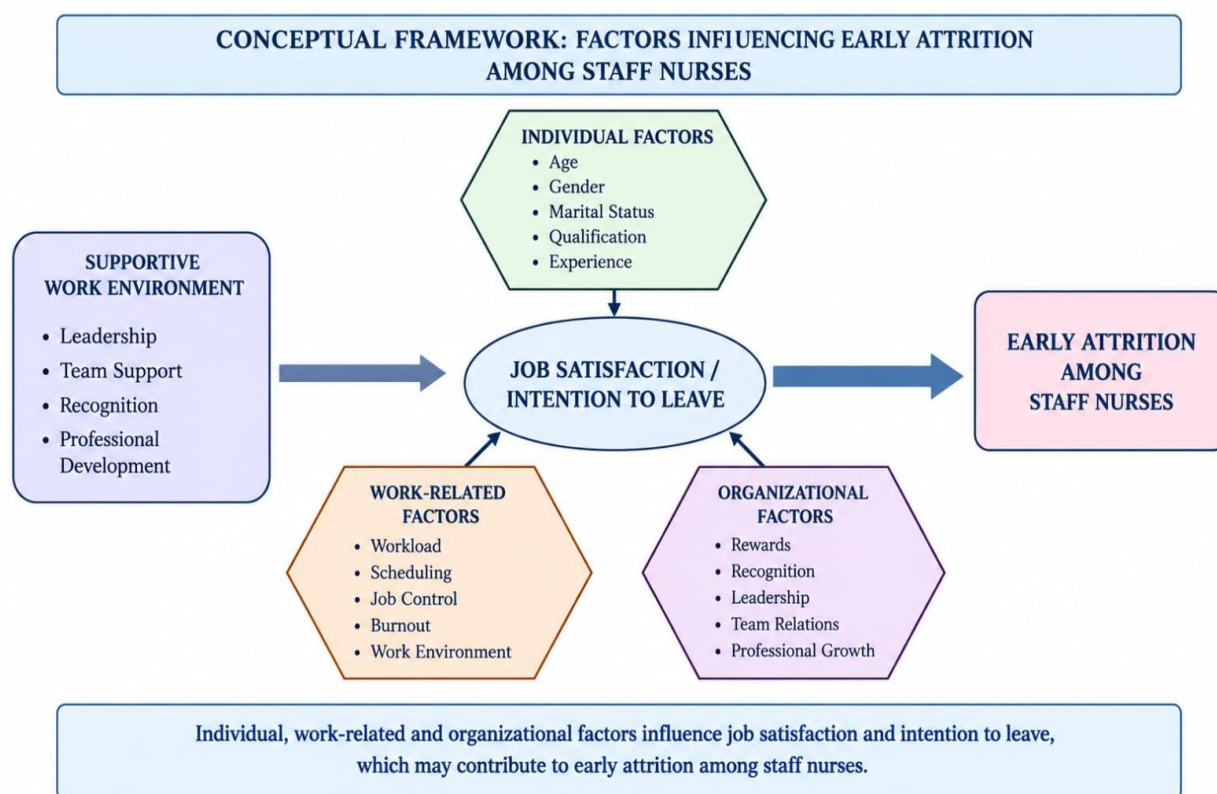
Dr,P.Meena, Associate Professor, Department of Child Health Nursing, Saveetha College of
Nursing, Saveetha Institute of Medical and Technical Sciences, Thandalam.
meena.scon@saveetha.com, Contact No 9941865752, ORCID NO-<https://orcid.org/0000-0002-1436-5356>

Original Research article

Why Nurses Leave: Exploring Workplace and Organizational Factors Associated with Early Attrition Among Staff Nurses

RESEARCH HIGHLIGHTS:

- Early **attrition among staff nurses** is an important workforce concern that may affect nurse retention and continuity of patient care.
- The study **explores organizational, work-related, and individual factors** associated with early attrition among staff nurses.
- Key factors examined include **workload, staffing, work-related stress, leadership, remuneration, career opportunities, job satisfaction, and work–life balance**.
- Understanding these factors can help **nurse administrators identify areas requiring organizational and workplace interventions** to support nurse retention.
- The findings may provide **context-specific evidence for developing targeted retention strategies** and strengthening the nursing workforce.
- The study findings support the **Price–Mueller model of employee turnover** is particularly relevant because it explains how workplace conditions and individual factors are related to **turnover/attrition**. It can be adapted specifically for staff nurses.



ABSTRACT

Background: Nurses play a vital role in providing quality healthcare and ensuring patient safety. Early attrition among nurses contributes to workforce shortages, increased workload, and challenges in maintaining quality patient care. Identifying factors associated with early attrition is essential for developing effective nurse retention strategies. **Aim:** To assess the level of early attrition risk and associated factors among nurses working in a selected hospital, and to determine the association between early attrition risk and selected demographic variables. **Methods:** A quantitative descriptive cross-sectional design was adopted among 100 registered nurses working at Saveetha Medical College and Hospital. Participants were selected using a non-probability convenience sampling technique. Data were collected using a structured self-administered questionnaire adapted from the McCloskey/Mueller Satisfaction Scale. Attrition risk was assessed using a 24–120 score range and categorized as low, moderate, or high risk. **Results:** The majority of nurses (99%) had a moderate risk of attrition, while 1% had a high risk and none had a low risk. The mean attrition risk score was 75.32 ± 6.08 . A statistically significant association was found between attrition risk and years of nursing experience and current work setting ($p < 0.05$). Major contributing factors included poor work–life balance (25%), heavy workload and understaffing (23%), stressful work environment (17%), lack of supervisory support (15%), low salary and benefits (10%), and limited career growth opportunities (10%). **Conclusion:** Most nurses demonstrated a moderate risk of early attrition. Workload, work stress, work–life balance, supervisory support, remuneration, and career development were important factors associated with attrition risk. Strengthening organizational support, staffing, employee well-being, and retention strategies may help improve nurse retention.

Keywords:

Staff Nurse, Early attrition. Organizational factors, Job satisfaction, Work environment,

INTRODUCTION

Staff nurses are essential to the delivery of safe and quality healthcare; however, early attrition among nurses remains a significant workforce concern. Early attrition refers to leaving employment within the initial years of service and may be influenced by heavy workload, occupational stress, inadequate remuneration, shift duties, poor work environments, limited career opportunities, and lack of organizational support. Nurse attrition contributes to staffing shortages, increased workload, recruitment and training costs, and potential compromises in patient care. According to the World Health Organization, the world faces a shortage of nearly 5.9 million nurses, and studies show that about 18–30% of newly recruited nurses leave their jobs early. In India, increasing work stress and job dissatisfaction among nurses have further contributed to staff shortages and reduced quality of patient care.

Price (2001) described attrition as the termination of employment resulting in withdrawal from an organization or profession. Mobley's Turnover Theory (1977) suggests that job dissatisfaction may lead to thoughts of quitting, intention to leave, and subsequent turnover. Previous literature has identified workload, job dissatisfaction, inadequate staffing, poor working conditions, limited autonomy, leadership support, and career advancement as important factors influencing nurses' intention to leave (Lu, While, & Barriball, 2012; Hayes et al., 2012). Prolonged occupational stress may also contribute to burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981). Therefore, identifying factors associated with early attrition among staff nurses is essential for developing effective retention strategies, improving job satisfaction and workforce stability, and strengthening the quality of patient care.

Job dissatisfaction is one of the major predictors of nurse attrition. Mobley (1977) stated that job dissatisfaction leads to withdrawal cognitions, intention to leave, and actual turnover. Factors such as inadequate salary, poor working environment, lack of career advancement opportunities, and work-related stress increase attrition rates among nurses. In India, nurse attrition is a growing problem due to heavy workload, migration, lack of job satisfaction, and poor working conditions. High attrition affects hospital functioning, increases workload among existing nurses, and compromises patient care quality.

Understanding the factors contributing to early attrition among nurses is essential for strengthening nurse retention and promoting a stable and effective nursing workforce. Early attrition may be influenced by a range of organizational, occupational, and individual factors, which can affect nurses' job satisfaction, professional commitment, and intention to remain in the profession. Identifying these contributing factors can provide evidence to guide nurse administrators and healthcare policymakers in developing targeted strategies to improve the

work environment, enhance job satisfaction, and support nurse retention. Such measures may also contribute to maintaining continuity of care and improving the quality and safety of patient care. Therefore, the present study was undertaken to assess the factors associated with early attrition among staff nurses.

STATEMENT OF THE PROBLEM

A Descriptive study on factors associated with early attrition among staff nurses in selected hospitals.

OBJECTIVES

- To assess the level early attrition among nurses working in selected hospitals.
- To identify the factors contributing to early attrition among nurses.
- To find the association between selected demographic variables and early attrition among nurses.

HYPOTHESES

There will be a significant association between selected organizational, work-related, and individual factors and early attrition among staff nurses working in selected hospitals.

RESEARCH METHODOLOGY

A quantitative approach with a descriptive cross-sectional design was adopted to assess factors associated with early attrition among staff nurses. The study was conducted at Saveetha Medical College and Hospital, Thandalam, Chennai, a 1200-bedded multispecialty teaching hospital. A sample of 100 registered nurses with less than five years of work experience was selected using non-probability convenience sampling. Nurses who were willing and available during data collection were included, while those with more than five years of experience, unwilling to participate, or absent during data collection were excluded. Data were collected using a structured self-administered questionnaire adapted from the McCloskey/Mueller Satisfaction Scale, comprising demographic variables, 24 attrition-related items, and two open-ended questions. The 24 items were rated on a five-point Likert scale (1–5), with total scores ranging from 24–120; scores of 24–59 indicated low, 60–90 moderate, and 91–120 high attrition risk. The tool was validated by experts in nursing, nursing administration, and research. Institutional permission, ethical clearance, and written informed consent were obtained, and confidentiality was maintained. Data were collected during duty breaks and analyzed using descriptive and inferential statistics, with statistical significance set at $p < 0.05$.

RESULT & DISCUSSION

In the study demographic variables among the nurses included in the study. Half of the participants were aged 21–25 years and a further 40.00% were 26–30 years, indicating a predominantly young, early-career nursing workforce, with only 10.00% in the 31–35-year

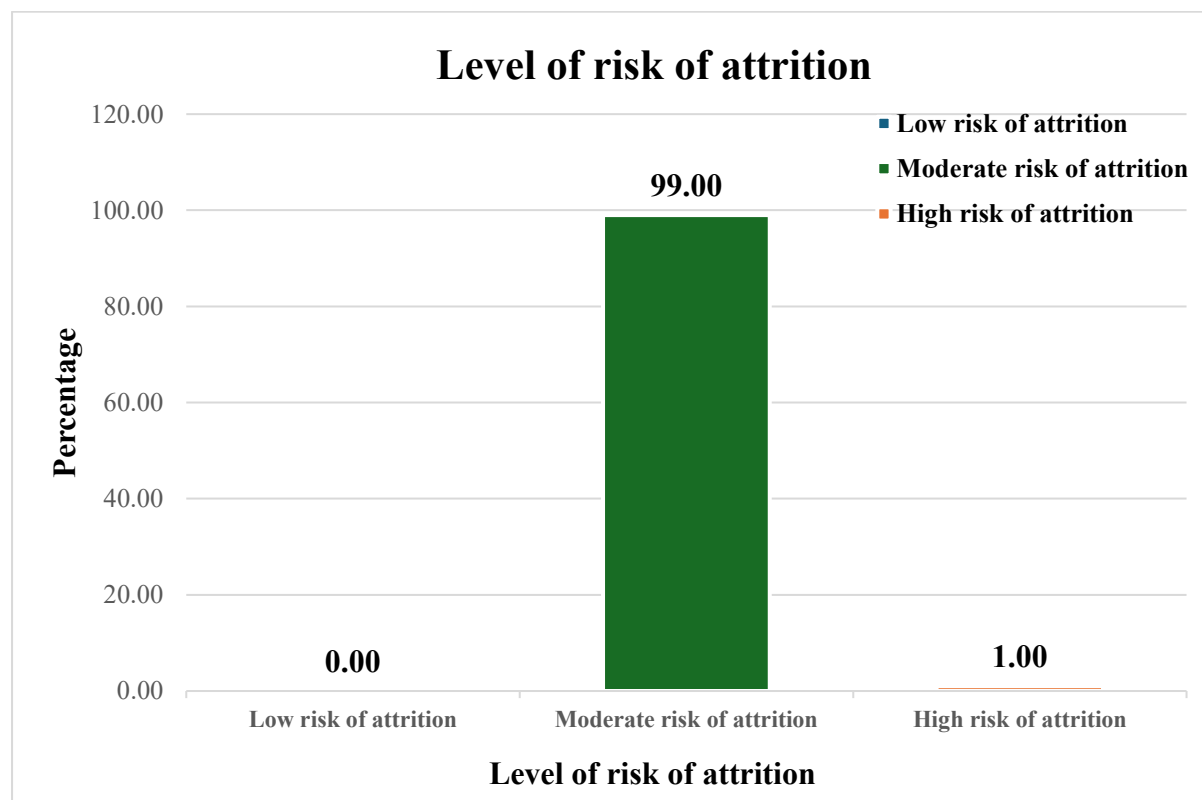
group. Most respondents were female (69.00%), although nearly one-third were male (31.00%), reflecting a higher male representation than is often reported in nursing. Two-thirds of the nurses were unmarried (66.00%), and almost half had one year of nursing experience (48.00%), with 25.00% being new graduates with no experience and only 5.00% having three years' experience, suggesting that the sample mainly comprised nurses in the first few years of practice. The majority were working in hospitals (75.00%), with smaller proportions in clinics (15.00%), community (5.00%) and other settings (5.00%), and all were currently employed in nursing (100.00%). Regarding education, most held a B.Sc. Nursing qualification (72.00%) and a smaller proportion an M.Sc. Nursing (18.00%), and all had graduated from Saveetha Medical College (100.00%), indicating a relatively homogeneous educational background.

To assess the level early attrition among nurses working in selected hospitals.

In the study sample (99%) are at a moderate risk of attrition, with only 1% at high risk and none classified as low risk. This indicates a broadly vulnerable workforce where nearly every nurse is experiencing at least some level of intention or potential to leave, which is concerning given that moderate and high attrition risk are linked in the literature to factors such as job stress, burnout, and reduced job satisfaction among nurses.

Fig 1: Frequency and percentage distribution of attrition risk among the nurses.

(N=100)

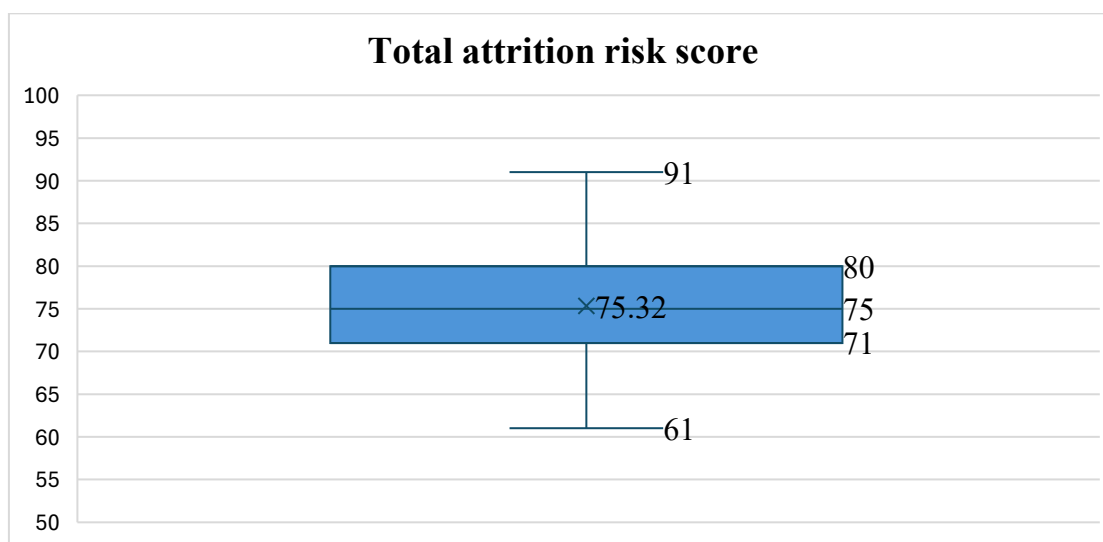


COMPARISON OF ATTRITION RISK SCORE

Parameters	Attrition risk score
Mean	75.32
SD	6.08
t statistic	123.85
Df	99
p value	< 0.001 **
Interpretation	Highly significant

The results of a one-sample t test comparing the mean attrition risk score of the sample with a specified reference value. The mean attrition risk score was 75.32 with a standard deviation of 6.08, and the test yielded a very large t statistic of 123.85 with 99 degrees of freedom, giving a p value of less than 0.001. This highly significant result indicates that the observed mean attrition risk score differs markedly from the hypothesised comparison value, suggesting that the employees in this sample have a substantially elevated level of attrition risk rather than a score that would be expected by chance alone.

Fig 2: BOXPLOT SHOWING DISTRIBUTION OF LEVEL OF RISK OF ATTRITION AMONG THE NURSES



SECTION D**FREQUENCY AND PERCENTAGE DISTRIBUTION OF REASONS AND SUGGESTIONS FROM NURSES.**

Reasons and suggestions	F	%
Main reason for leaving nursing		
Heavy workload and understaffing	23	23.00
Lack of support from supervisors	15	15.00
Limited career growth opportunities	10	10.00
Low salary and limited benefits	10	10.00
Poor work-life balance	25	25.00
Stressful work environment	17	17.00
Suggestions for nurse retention		
Improve mentorship and supervisory support	19	19.00
Increase staffing and reduce workload	19	19.00
Offer flexible scheduling and more off-days	14	14.00
Provide better salary and incentives	28	28.00
Provide counselling and wellness programs	20	20.00

The nurses mainly linked their intention to leave nursing to workload, stress, and work–life issues, and suggested solutions that mirror these concerns. The most common reasons cited were poor work–life balance (25%), heavy workload and understaffing (23%), and a stressful work environment (17%), alongside lack of support from supervisors (15%), low salary and benefits (10%), and limited career growth (10%), which closely reflects international findings that burnout, staffing shortages, insufficient support, and inadequate pay drive nursing attrition. In terms of retention strategies, nurses most frequently recommended better salary and incentives (28%), followed by counselling and wellness programmes (20%), improving mentorship and supervisory support (19%), increasing staffing to reduce workload (19%), and offering flexible scheduling and more off-days (14%), aligning with evidence that fair pay, supportive leadership, adequate staffing, work–life balance, and wellbeing support are central to keeping nurses in the profession

The present study found that the majority of nurses experienced a moderate level of attrition risk, primarily due to excessive workload, work-related stress, inadequate salary, lack of organizational support, and poor work–life balance. The findings emphasize the need for improved staffing, better incentives, supportive work environments, and effective

retention strategies to reduce nurse turnover and enhance workforce stability. These findings are supported by **Seung Eun Lee, Ja-Kyung Seo, and Maura MacPhee (2024)**, who conducted a descriptive correlational study among 1,255 direct care nurses from 34 general hospitals in South Korea. The study revealed that workplace incivility and heavy workload significantly increased burnout, which subsequently led to higher turnover intention, lower job satisfaction, and reduced organizational commitment. The authors concluded that fostering supportive workplaces, open communication, clear organizational policies, and stress management interventions is essential to reduce burnout and nurse attrition, which is consistent with the findings of the present study.

The association between risk of attrition and demographic variables among the nurses. Age, gender, marital status and highest qualification showed no statistically significant association with attrition risk (all $p > 0.05$), as almost all nurses in each category were classified as having a moderate risk and only one nurse overall fell into the high-risk group. In contrast, years in nursing and current work setting were significantly associated with risk of attrition ($\chi^2 = 19.1919$, d.f = 3, $p = 0.0002$ for both), with the only high-risk case occurring among nurses with 3 years of experience and those working in “other” settings, where 20.00% were in the high-risk category, while all nurses with 0–2 years’ experience and those in hospital, clinic or community settings were classified as having moderate risk. These findings suggest that, in this sample, longer duration in the profession and employment in non-traditional or unspecified settings may be more closely related to increased attrition risk than basic demographic characteristics such as age, sex or marital status.

CONCLUSION

The study concludes that nurse attrition risk is alarmingly high, with nearly all participants experiencing moderate vulnerability to leaving the profession. Organizational factors such as workload, work stress, inadequate compensation, and lack of support play a central role in nurses’ intention to leave.

The significant association between attrition risk, years of experience, and work setting suggests that both career stage and workplace environment influence retention. Addressing these factors is essential to ensure a stable and effective nursing workforce.

DECLARATION OF CONFLICT OF INTEREST

The authors confirm that they have no conflicts of interest to declare.

FUNDING INFORMATION

No funding is received for this work.

DATA AVAILABILITY STATEMENT

The datasets generated during the current study are not publicly available as the study is not published yet in any other journal.

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