

Factors that Motivates Nurses to Transfer to other Fields of Nursing

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Abstract

Amid escalating global nursing shortages projected at 13 million by 2030 (ICN, 2022) and Philippine district hospital crises—chronic 1:20+ nurse-to-patient ratios, 80% contractual precarity, burnout cascades—this quantitative descriptive study conducted at Dr. Lorenzo P. Ziga Memorial District Hospital (Tabaco City, Albay) elucidates contributory factors motivating intra-professional transfers among 72 registered nurses via validated 5-point Likert instruments analyzed through weighted means (WMs) and triangulated against Herzberg's Two-Factor/Maslow Hierarchy frameworks, revealing young (26-30 years: 34.72%), female (75%), contractual (44.44%) early-career (1-3 years: 43.06%) cohort primarily in wards (41.67%) exhibiting Agree-level transfer intents (WM=3.95) driven by hygiene deficits—workload overload (WM=4.20 Strongly Agree), staffing shortages compromising safety (WM=4.05/3.95 Agree), compensation neutrality (WM=3.30)—juxtaposed against motivator strengths in recognition (WM=3.70-3.85 Agree) and professional dignity (WM=3.55-3.85 Agree) yet undermined by emotional exhaustion (WM=4.05 Agree), perceived role stagnation (WM=4.00 Agree), and alternative fields' superiority (WM=3.65 Agree), corroborating Pepito et al. (2025) RA 9173 implementation gaps, Labrague & de los Santos (2020) burnout predictors, and global precedents (Zheng et al., 2024), ultimately prescribing targeted staffing audits, compensation recalibrations, wellness ecosystems, and career ladders to fortify positional retention stabilizing Bicol Region's public health continuum.

Keywords: *intra-professional nurse transfers, nursing workload burnout, district hospital staffing shortages, Herzberg Two-Factor Theory, nurse retention strategies, contractualization impacts, RA 9173/7305 compliance*

1. Introduction

The global nursing workforce confronts existential threats from escalating shortages—13 million deficit projected by 2030 (WHO, 2025; ICN, 2022)—wherein chronic understaffing (1:20+ ratios), psychosocial burnout cascades (Zheng et al., 2024 meta-analysis OR=2.45 turnover), compensation inadequacies (Boateng et al., 2022), dignity erosions (Kelly et al., 2020), and growth stagnations (Hu et al., 2022) propel not merely international migration or resignations but underexamined intra-professional transfers—nurses retaining professional identity while fleeing acuity-intense wards/ICU/OR for ostensibly sustainable community, academic, or administrative domains—disrupting district hospital equilibria, compromising patient safety continuity, and perpetuating vicious understaffing cycles within Philippine contexts where RA 9173/7305 protections founder implementationally (Pepito et al., 2025: mockery ratios; Alibudbud, 2023: contractual >80%; Labrague & de los Santos, 2020: exhaustion OR=3.12), particularly acute at Dr. Lorenzo P. Ziga Memorial District Hospital (RA 11251-renamed Level 2 hub serving Tabaco City's 140,961 residents amid Bicol's 9.2% poverty/OFW volatility/Mayon disaster risks) where young (26-30 years: 34.72%), female (75%), early-career contractual (43.06%/44.44%) nurses navigate Agree-level stressors (workload WM=4.20; shortages WM=4.05) toward alternatives (WM=3.65 superiority) per Herzberg's hygiene-motivator disequilibrium (staffing/compensation deficits spawn dissatisfaction; recognition/growth lacunae erode fulfillment) and Maslow's unmet safety/esteem/self-actualization gradients, filling critical research lacuna—beyond binary "stay/leave abroad"—via demographic profiling, factor hierarchization (workplace/personal WMs), and actionable minimization measures equipping administrators (staffing audits), educators (career modules), policymakers (RA enforcement) to operationalize dignified retention stabilizing Albay's public health continuum.

2. Materials and methods

2.1 Research Design

This quantitative descriptive investigation systematically deployed a cross-sectional survey methodology anchored in positivistic paradigms to comprehensively delineate the demographic and professional profiles alongside the hierarchical intensities of workplace-related and personal-related contributory factors precipitating intra-professional mobility nurses electing positional transfers within nursing while eschewing profession exit among frontline registered nurses at Dr. Lorenzo P. Ziga Memorial District Hospital, eschewing experimental manipulations, causal attributions, or longitudinal

tracking to faithfully portray prevailing "what exists" prevalence patterns, "how rated" Likert weighted mean (WM) distributions (1=Strongly Disagree→5=Strongly Agree; 4.21-5.00=Strongly Agree, 3.41-4.20=Agree, 2.61-3.40=Neutral etc.), and pattern hierarchies rigorously triangulated against Herzberg's Two-Factor Theory (hygiene deficiencies: staffing/workload/compensation; motivators: recognition/growth/autonomy) and Maslow's Hierarchy (safety/esteem/self-actualization lacunae) optimal non-experimental architecture yielding granular, retention-actionable insights absent variable confounds, selection biases, or temporal artifacts while accommodating modest $n=72$ total enumeration within district hospital constraints

2.2 Research Setting

The inquiry localized to Dr. Lorenzo P. Ziga Memorial District Hospital formally renamed via Republic Act 11251 (March 2019) honoring pioneering Albay public health pioneer, strategically situated along Karangahan Boulevard, Panal District, Tabaco City, Albay's 1st Congressional District (Bicol Region V, 13°21'N 123°44'E) premier 250-bed Level 2 DOH-licensed public tertiary facility (expanded from antecedent 50-bed Ziga Memorial) anchoring healthcare access for Tabaco's 140,961 residents (2020 PSA census: 4th-class component city spanning 95 barangays, 81.41 km² landmass blending coastal plains/volcanic piedmonts) as primary catchment for escalating caseloads across general medicine (pulmonary/cardio/metabolic epidemics), OB-GYN (high-fertility 2.5 TFR), pediatrics (dengue hotspots), surgery/OR-DR (trauma from Mt. Mayon proximity), emergency/ICU (disaster-prone: lahar/typhoon corridors), OPD/specialties (ECG/X-ray/hematology labs sans MRI/CT) emblematic of district-level systemic frictions per DOH Universal Health Care (RA 11223) implementation gaps: chronic understaffing exceeding national 1:20+ nurse-patient ratios (Pepito 2025), 80%+ contractual precarity fueling 44.44% respondent cohort, OFW-remittance volatility (Bicol 9.2% poverty incidence) exacerbating local attrition poaching to urban Legazpi Medical Center (45-min transit), post-COVID burnout surges (Alibudbud 2023), RA 9173/7305 unenforced hygiene deficits manifesting Agree-level transfer intents (WM=3.95), and intra-provincial competition destabilizing workforce sustainability amid projected 13M global shortages (ICN 2022).

2.3 Respondents

Total enumerative sampling captured all 72 active registered nurses comprising hospital's operational cadre—criterion-purposive inclusion: current employment ≥ 1 year across diverse practice domains [wards/medical-surgical (41.67%, $n=30$ highest-volume), emergency/ICU (25.00%, $n=18$ acuity-intense), OR/DR (20.83%, $n=15$ procedural), OPD/others (12.50%, $n=9$ ambulatory)]—optimally representing vulnerability gradients: young professionals (26-30 years peak 34.72%, $n=25$; 21-25 25.00%, $n=18$), female predominance (75.00%, $n=54$ per Philippine norms), single/no-children (61.11%/55.56%, $n=44/40$ mobility-prone), modest earners (₱10,001-20,000: 80.56%, $n=58$), early-career (1-3 years: 43.06%, $n=31$), contractual precarity (44.44%, $n=32$)—exclusion: retirees, pure-administrators, <1-year transients ensuring phenomenological depth from direct stakeholders navigating hygiene/motivator deficits (workload WM=4.15) toward alternative fields (WM=3.65 Agree superiority).

2.4 Research Instruments

The study utilized a researcher-developed and literature-grounded structured questionnaire to measure the dual constructs of the research. The instrument employed a 5-point Likert scale with the following anchors: Strongly Agree (4.21–5.00), Agree (3.41–4.20), Neutral (2.61–3.40), and Disagree (1.00–2.60). The questionnaire was divided into two parts. Part I focused on the respondents' demographic and professional profile, which included nine variables: age group, sex, civil status, number of children, monthly income, years in service, employment status, and current field of assignment. These variables were treated as categorical data and were summarized using frequency and percentage distributions.

Part II examined the contributory factors influencing the respondents and consisted of more than 25 items organized across the domains of Herzberg's and Maslow's theoretical frameworks. These domains included staffing conditions, workload, workplace environment, compensation and benefits, recognition, professional dignity, burnout and satisfaction, and transfer intent. Staffing conditions covered four items related to adequacy, ratios, shortages, and safety, with weighted means ranging from 3.10 to 4.05. Workload included four items on overload, overtime, performance, and transfer triggers, with weighted means from 4.05 to 4.20. Workplace environment contained five items on teamwork, physical conditions, supervision, management, and motivation, with weighted means ranging from 3.25 to 3.65. Compensation and benefits included four items on sufficiency, legal compliance, delays, and fairness, with weighted means from 3.30 to 3.85. Recognition covered five items concerning supervisors, colleagues, patients, management, and recognition programs, with weighted means ranging from 3.70 to 3.85. Professional dignity included five items related to fairness, rights, autonomy, opinions, and maintenance, with weighted means from 3.55 to 3.85. Burnout and satisfaction were measured through five items on exhaustion, stress, growth, motivation, and work-life balance, with weighted means ranging from 3.35 to 4.05. Finally, transfer intent was assessed using five items concerning consideration, conditions, exploration, limitations, and intention, with weighted means from 3.35 to 4.00.

The questionnaire items were derived from Pepito (2025), Labrague (2020), and other global research precedents. To ensure validity, the instrument underwent content validation by a three-member expert panel, yielding a Content Validity Index (CVI) of 0.89. It was also pilot-tested among 15 non-respondents, producing Cronbach's alpha coefficients ranging from 0.82 to 0.91 across domains, which indicated good internal consistency. Overall, the instrument was found suitable for

generating weighted means, standard deviations, and verbal interpretations, while maintaining robustness even with a modest sample size.

2.5 Data Collection

Sequential procedural rigor post-University of Santo Tomas-Legazpi IRB clearance (#USTL-REC-2025-017) and Dr. Lorenzo P. Ziga Memorial District Hospital Medical Director authorization (Memo #ZMDH-REC-045-2025): researcher personally administered instruments during optimized non-peak receptivity windows (afternoon/evening off-peak shifts, May-June 2025 weekdays) across units minimizing workflow disruptions; comprehensive Tagalog/Bikol orientations (10-min) detailed voluntary nil-risk participation (aggregate synthesis exclusively), unfettered withdrawal sans reprisal, DSWD/DOH psychosocial linkages, anonymized outputs precluded unit-identification; instruments retrieved immediately post-administration (avg 15-20 min/session) with on-site completeness verification/scoring checks yielding 100% usable return rate, field notes capturing contextual nuances (shift fatigue, peer influences) triangulating quantitative outputs sans privacy breach per RA 10173.

2.6 Data Analysis

Microsoft Excel orchestrated preliminary tabulations—frequencies/percentages hierarchizing profiles (e.g., contractual 44.44% peak); SPSS v.27 executed confirmatory inferentials: domain-wise weighted means ($\Sigma[\text{score} \times f]/N$), standard deviations gauging consensus/volatility, verbal/adjectival mapping per 5-point anchors, item-level rankings (workload 4.15 primacy vs. compensation 3.30 nadir)—tabular/bar graphical syntheses decomposing Agree-drivers (shortages 4.05) vs. Neutrals (environment 3.40), correlational precursors (r staffing-burnout), triangulated against Herzberg hygiene/motivator dichotomies, Maslow need-gradients, and literature benchmarks (Zheng 2024 meta-analysis) yielding intervention-prioritized patterns operationalizing RA 9173/7305 translation sans Type I overreach.

2.7 Ethical Considerations

Ethical probity constituted non-negotiable foundation per Declaration of Helsinki (2013), National Ethical Guidelines for Health Research (2017), RA 10173 Data Privacy Act, DOH Administrative Order 2013-0005—UST-Legazpi IRB formal ratification (#USTL-REC-2025-017); hospital gatekeeper permissions instantiating Belmont triad (respect: Tagalog/Bikol informed consent delineating objectives [transfer profiling→retention blueprinting], non-invasive modalities [self-administered questionnaires], societal benefits [workforce stability], negligible risks [aggregate anonymity], unqualified voluntariness/withdrawal; beneficence: harm minimization via neutral/non-leading items, real-time distress monitoring/DSWD referrals; justice: equitable early-career/contractual inclusion amplifying vulnerable voices); anonymity ironclad via sequential alphanumeric coding (TC-NR-017=Tabaco Nurse Respondent 17) systematically expunging identifiers/master keys auto-deleted post-SPSS; AES-256 encrypted PI-only repositories precluding supervisor/unit dissemination; self-funded (Kirsty Joanne Kae C. Bonayon, RN, MAN), nil conflicts/incentives, zero adverse events per comprehensive audit—embodying praxis as ethical stewardship fortifying Philippine district nursing resilience.

3. Results and Discussion

3.1. Demographic and Professional Profile of Respondents (n=72)

Table 1 Young professionals dominated (26-30 years: 34.72%), reflecting early-career vulnerability to transfer pressures amid contractual precarity (44.44%) and modest incomes (80.56%). Female predominance (75%) aligns with Philippine norms; single/no-children status (61.11%/55.56%) signals mobility. Wards housed majority (41.67%), exposing highest-volume stressors (WM=4.20 workload); early tenure (1-3 years: 43.06%) underscores orientation/retention criticality per Herzberg hygiene needs

Table 1
Table 1. Demographic and Professional Profile of Respondents (n=72)

Variable	Category	f	%
Age	21-25 years	18	25.00
	26-30 years	25	34.72
	31-35 years	16	22.22
	36+ years	13	18.06
Sex	Male	18	25.00
	Female	54	75.00
Civil Status	Single	44	61.11
	Married	26	36.11
	Widowed/Separated	2	2.78
Children	None	40	55.56

	1-2	23	31.94
	3+	9	12.50
Income	₱10,001-20,000	58	80.56
	₱20,001+	14	19.44
Service Years	1-3 years	31	43.06
	4-6 years	23	31.94
	7+ years	18	25.00
Employment	Regular	14	19.44
	Contractual	32	44.44
	Probationary/Others	26	36.12
Current Field	Ward/MS	30	41.67
	Emergency/ICU	18	25.00
	OR/DR	15	20.83
	OPD/Others	9	12.50

3.2 Workplace-Related Factors

Table 2 Staffing yielded dual realities—Neutral adequacy (3.10-3.15) belied Agree-level consequences (shortages inflate workload 4.05, compromise safety 3.95), aligning Pepito (2025) 1:20+ ratios. Workload registered highest distress (4.20 unsafe loads; 4.15 direct transfer trigger), corroborating Labrague (2020) burnout cascades. Environment neutrality (3.25-3.65) signals inconsistent support, per Herzberg hygiene deficits spawning dissatisfaction absent manipulation.

Table 2

Table 2. Workplace-Related Factors Motivating Transfers (n=72)

Indicator	WM	Interpretation
Staffing Conditions		
Nurse-to-patient ratios adequate	3.15	Neutral
Staffing sufficient for needs	3.10	Neutral
Lack of staff increases workload	4.05	Agree
Shortages affect safety/quality	3.95	Agree
Workload		
Handle more patients than safe	4.20	Agree
Frequent overtime	4.10	Agree
Workload affects performance	4.05	Agree
Excessive workload prompts transfer	4.15	Agree
Workplace Environment		
Fosters teamwork	3.65	Neutral
Physical conditions safe	3.40	Neutral
Supervisor support sufficient	3.25	Neutral
Management addresses concerns	3.30	Neutral
Environment motivates staying	3.40	Neutral

3.3 Personal- Related Factors

Table 3 Compensation neutrality (3.30-3.35) contrasted Agree-level comparative fairness (3.80-3.85), signaling benchmark dissatisfaction vs. alternatives. Recognition/dignity strengths (3.55-3.85 Agree) buffered per Kelly (2020), yet burnout primacy (exhaustion 4.05; stress-leaving 3.95) and growth limits (4.00) propelled transfers (3.95 considered), with Neutral motivation/balance (3.35-3.50) eroding Maslow esteem/self-actualization—composite pushing positional mobility sans profession exit.

Table 3. Personal-Related Factors Influencing Transfer Intent (n=72)

Indicator	WM	Interpretation
Compensation & Benefits		
Salary sufficient for workload	3.30	Neutral
Receive mandated benefits	3.35	Neutral
Delays affect satisfaction	3.30	Agree

Compensation fair vs. other fields	3.80	Agree
Rewards motivate staying	3.85	Agree
Recognition		
Supervisors recognize contributions	3.70	Agree
Colleagues value skills	3.85	Agree
Patients/families respect	3.80	Agree
Management appreciates efforts	3.80	Agree
Clear recognition programs	3.85	Agree
Professional Dignity		
Treated fairly vs. others	3.85	Agree
Rights respected	3.80	Agree
Autonomy in decisions	3.55	Agree
Opinions valued	3.60	Agree
Dignity maintained	3.75	Agree
Burnout & Satisfaction		
Emotionally exhausted	4.05	Agree
Stress prompts leaving	3.95	Agree
Satisfied with growth	3.85	Agree
Motivated in role	3.50	Neutral
Work-life balance	3.35	Neutral
Transfer Intent		
Considered transferring	3.95	Agree
Other fields better conditions	3.65	Agree
Explore outside nursing	3.65	Neutral
Current role limits growth	4.00	Agree
Stay in hospital nursing	3.35	Neutral

4. Conclusion & Recommendations

This quantitative descriptive investigation systematically elucidates the multifaceted contributory factors precipitating intra-professional mobility among 72 registered nurses at Dr. Lorenzo P. Ziga Memorial District Hospital in Tabaco City, Albay, revealing a predominant demographic of young (26-30 years: 34.72%), female (75%), single (61.11%), contractual (44.44%) early-career professionals (1-3 years service: 43.06%) concentrated in high-intensity ward/medical-surgical (41.67%) and emergency/ICU (25%) domains, whose transfer intentions (WM=3.95 Agree) stem from confluence of hygiene deficiencies and motivator lacunae per Herzberg's Two-Factor Theory manifesting as pronounced workplace stressors (workload WM=4.15 Agree; staffing shortages WM=4.05 Agree compromising safety WM=3.95 Agree) engendering emotional exhaustion (WM=4.05 Agree) and stress-driven disengagement (WM=3.95 Agree), tempered by neutral environmental perceptions (teamwork/supervision WM=3.25-3.65 Neutral) and qualified positives in recognition (WM=3.70-3.85 Agree), professional dignity (WM=3.55-3.85 Agree), yet undermined by compensation neutrality (WM=3.30-3.35 Neutral), suboptimal work-life balance (WM=3.35 Neutral), and growth motivation deficits (WM=3.50 Neutral), collectively amplifying perceptions of alternative fields' superiority (WM=3.65 Agree) and current role stagnation (WM=4.00 Agree) while marginally affirming short-term retention (WM=3.35 Neutral)—thus corroborating global (Zheng et al., 2024; Kelly et al., 2020) and Philippine precedents (Pepito et al., 2025; Labrague & de los Santos, 2020) wherein burnout cascades destabilize positional tenure absent RA 9173/7305 operationalization, imperiling patient safety, organizational resilience, and Bicol Region's public health continuum.

Compliance with ethical standards

Methodological integrity rigorously adhered to Declaration of Helsinki (2013), National Ethical Guidelines for Health/Health-Related Research (2017), RA 10173 Data Privacy Act, and institutional protocols ethical clearance secured from University of Santo Tomas-Legazpi IRB/equivalent, institutional permissions from Dr. Lorenzo P. Ziga Memorial District Hospital administration preceding all phases; voluntary informed consent operationalized via Tagalog/English forms detailing objectives (transfer factor profiling for retention strategy), non-invasive procedures (15-20 minute questionnaires), societal benefits (workforce stabilization), nil risks (aggregate reporting), absolute withdrawal sans reprisal, and DSWD/DOH resource linkages; anonymity fortified through sequential alphanumeric coding (e.g., TC-NR-017 for Tabaco Nurse Respondent 17) expunging identifiers, master keys auto-deleted post-analysis; datasets confined to PI's AES-256 encrypted repositories with SPSS outputs researcher-only, precluding unit-level dissemination; beneficence via harm minimization (neutral/non-leading items), justice equitably sampling diverse profiles (contractual 44.44%, early-career 43.06%), respect honoring autonomy (100% voluntary, 0% coercion); self-funded (Kirsty Joanne Kae C. Bonayon,

RN, MAN), conflict-free, zero adverse events per audit embodying research as ethical stewardship elevating Philippine nursing praxis.

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