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Intention to Leave the Profession in Iranian Nurses: The Predictive Role of Organizational Commitment and Burnout

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Abstract

Background: *Organizational commitment and human resource retention have gained increasing attention in healthcare. This study examined the relationship between organizational commitment, burnout, and intention to leave the profession among Iranian nurses.*

Methods: *In this analytical cross-sectional study, 118 nurses with at least one year of work experience from Shahroud, Iran, were selected via simple random sampling. Data were collected using validated questionnaires on organizational commitment, burnout, and intention to leave the profession. ANOVA and Chi-square tests were used for group comparisons, and multiple linear regression (by backward method) was conducted to assess predictors of intention to leave, with a significance level of 0.05.*

Results: *The mean scores for organizational commitment, burnout, and intention to leave were 93.54±9.37, 62.86±17.26, and 43.49±10.47, respectively, indicating average levels among nurses. Organizational commitment, burnout, job interest, and work experience emerged as significant predictors of intention to leave. Each one-point increase in organizational commitment was associated with a 0.2-point decrease in the intention to leave. Moreover, nurses with 10–20 and over 20 years of experience showed a 2.5-point reduction in intention to leave compared to those with less experience.*

Conclusions: *The average levels of organizational commitment, burnout, and intention to leave among nurses highlight the need for managerial interventions. Enhancing organizational support through strategies such as optimizing work schedules, revising salary systems, involving nurses in decision-making, improving workplace conditions, offering constructive feedback, and providing in-service training may strengthen organizational commitment, reduce burnout, and ultimately decrease nurses' intention to leave the profession.*

Keywords: Organizational commitment, Burnout, Nurses, Intention to leave the profession.
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Introduction

Today, the issue of job turnover has become one of the global challenges in organizations.[1] Organizations spend a lot of money to educate, train, and prepare their employees to the desired level of productivity and efficiency, but they are always afraid of losing their human capital and suffering losses. By losing valuable personnel, they lose the skills and experiences they have gained over the years.[2] Job turnover is actually defined as the loss of an organization's workforce over a specific period of time.[3] Intention to leave the profession is an important and significant predictor of actual job turnover and is a cognitive stage that occurs before actual job turnover and refers to the thought or mental decision about staying or leaving the job.[4] Intention to leave the profession is more common in nurses than in other health care personnel.[5] The intention to move and intention to leave the profession of nurses have a negative impact on health care organizations and the nursing profession as a whole.[6-8]

Studies have shown that the rate of nurse intention to leave varies between 4 and 68%.[4,9] The results of a cross-sectional study conducted in 10 European countries showed that 33% of nurses intended to leave the profession, while 9% of them had previously left the profession.[10] The results of a study by Sokhanvar and colleagues in Iran showed that 32.7% of nurses intended to leave the profession.[11] This, in addition to reducing the quality of services, can cause a shortage of human resources in healthcare organizations. The shortage of nurses will have a negative impact on the quality of care provided due to the existing difficult working conditions and the resulting burnout and following the departure from the profession.[12-16] Several reasons increase the desire to leave the nursing profession, but evidence shows that work issues such as burnout, job dissatisfaction, and high work pressure are effective in the desire to leave the nursing profession.[17] Some studies indicate a negative relationship between organizational support and intention to leave the profession in nurses.[18]

Organizational commitment is a type of attitude that indicates the level of interest, attachment, and loyalty of employees towards the organization and their desire to stay in the organization. Some experts consider organizational commitment to have two separate but related components, which include attitudinal and behavioral components. Attitudinal commitment indicates the degree of loyalty of individuals to the organization, which emphasizes the adaptation and participation of individuals in the organization, and behavioral commitment indicates the process of bonding individuals with the organization.[19] Organizational commitment refers to the beliefs, values, and beliefs of employees towards staying in the organization and is one of the main factors in preventing employee intention to leave.[20] Low organizational commitment has led to job abandonment,

absenteeism, and tardiness, while high organizational commitment has increased satisfaction and reduced job burnout and improved career advancement.[21,22]

Job burnout is a negative feeling that an individual experience in the workplace, which includes mental and physical fatigue, decreased job success, and decreased enthusiasm for work.[23] Burnout is caused by long-term stress and is defined as a syndrome of emotional exhaustion, depersonalization, and decreased sense of personal efficacy.[24,25] This syndrome occurs following the weakness and depletion of coping resources that protect the person in the face of stress.[26] It has negative consequences such as frequent absences, desire to move, interpersonal conflicts with colleagues, and the desire to leave the job and service in personnel, especially healthcare.[27]

Considering the financial and human costs of nurses leaving the service in healthcare organizations and its negative impact on the quality of services, identifying risk factors and predicting them before they occur seems essential.[28-30] The present study aims to examine nurses' intention to leave the profession from a managerial perspective, an approach that has been less utilized in previous similar studies. Additionally, in Iran, considering the specific organizational policies of hospitals and the healthcare system, as well as the significant limitations in the existing literature, the conduction of this study appears essential. Given the importance of the subject, this study was conducted to investigate the relationship between organizational commitment and burnout and intention to leave the profession in clinical nurses. The hypothesis of the study posits that the intention to leave the profession among nurses is significantly related to their organizational commitment and burnout.

Materials and Methods

This analytical cross-sectional study was conducted in 2024 among nurses working in Shahroud, northeast of Iran. Initially, to carry out simple random sampling, a comprehensive list of all employed nurses was prepared. Based on the random numbers generated by a statistical consultant, qualified individuals were approached, and the sampling process was conducted. In this study, 125 nurses were randomly selected from 761 working nurses and after explaining the study objectives and obtaining informed consent, they answered the questionnaire questions in a self-administered manner. The inclusion criteria for the present study included having at least one year of work experience and proficiency in Persian to respond to the questions.[31] Nurses who were on maternity leave, unpaid leave, sick leave for more than one month, or disabled were excluded from the sample. Additionally, seven nurses were excluded from the study because they did not meet the inclusion criteria.

In this study, three tools were utilized to assess the Organizational Commitment, Job Burnout, and Intention to Leave the Profession.

The demographic information form includes age, gender, work experience, education level, marital status, satisfaction with income, interest in nursing, and the hospital department where the individual works.

This questionnaire consists of 24 items covering three dimensions: affective commitment (items 1–8), continuance commitment (items 9–16), and normative commitment (items 17–24).[32] Each item is rated on a seven-point Likert scale, ranging from "strongly agree" to "strongly disagree," with scores assigned from 1 to 7. The total possible score ranges from a minimum of 24 to a maximum of 168. Items 4, 5, 6, 8, 9, 10, 15, 16, 17, 18, 19, 21, and 24 are reverse-scored. A score between 24 and 64 indicates weak organizational commitment, a score between 64 and 96 reflects moderate organizational commitment, and a score above 96 signifies strong organizational commitment. The reliability coefficient of the Persian version of this questionnaire in Iran has been reported in acceptable level.[33,34]

This questionnaire, adapted from the study by Kim et al. [35], consists of 15 items designed to assess the level of intention to leave the profession across three dimensions: social, individual, and environmental. Each item is rated on a five-point Likert scale, ranging from “completely disagree” to “completely agree,” with scores assigned from 1 to 5. The total possible score ranges from 15 to 75, with higher scores indicating a stronger intention to leave the profession and lower scores reflecting a weaker inclination. The reliability coefficient of the Persian version of this questionnaire has been reported to range between 0.67 and 0.74 in studies conducted in Iran.[36,37]

The Persian version of the Maslach Burnout Inventory includes 25 items divided into four domains:[38] emotional exhaustion (items 1–9), personal functioning (items 10–17), depersonalization (items 18–21), and conflict (items 22–25). Responses are rated on a frequency scale: never, several times a year, monthly, several times a month, weekly, several times a week, and daily, with scores ranging from 0 (never) to 6 (daily). The validity of the questionnaire has been confirmed by experts, and its reliability has been reported with a Cronbach’s alpha of 0.86 in Sahebzadeh et al.[39]

Participants were instructed to complete the questionnaires in a quiet environment, away from distractions, provided they were literate.

According to a previous study,[32] with a Type I error of 0.05, a power of 80%, and an estimation error of 13%, the required sample size was estimated to be 106 participants. To account for potential dropout, the sample size was further adjusted. In this study, the sample size was determined using the standard formula:

$$n = \frac{z^2 * (p * 1 - p)}{d^2}$$

The collected data were analyzed using descriptive statistical measures, including frequency, percentage, mean, and standard deviation. Inferential statistical tests, specifically multiple linear regression analysis (backward method), were conducted using SPSS software (version 24). Initially, univariate linear regression models were applied individually for all variables under investigation. Subsequently, variables demonstrating significance levels below 0.2 were selected for inclusion in the multiple model. A significance level of less than 0.05 was considered for all statistical tests.

The study was approved by the Ethics Council of Shahroud University of Medical Sciences under the code IR.SHMU.REC.1401.210. Before participation, both verbal and written informed consent were obtained. This research adhered to the principles of the Declaration of Helsinki, ensuring participants' rights to voluntary participation, non-harm, withdrawal from the study, and confidentiality of their information. The researchers refrained from assessing the personal information of participants while entering data, and by assigning an identification code to each participant, they minimized the possibility of linking any confidential and personal data to individuals. The researchers also adhere to the Committee on Publication Ethics (COPE) guidelines when disseminating the study findings.

Results

Out of 125 distributed questionnaires, 118 were completed by nurses, resulting in a 94.4% response rate. Among the participants, 79 (66.9%) were female, and 92 (78%) held a bachelor's degree. Additionally, 49 (41.5%) were engaged in jobs outside of nursing. Regarding income satisfaction, only 7 (5.9%) were satisfied, 56 (47.5%) were relatively satisfied, and 55 (46.6%) were dissatisfied. An analysis of organizational commitment scores revealed that a small percentage (1.7%) of nurses had weak organizational commitment, while the majority exhibited moderate (56.8%) or high (41.5%) levels.

The mean and standard deviation of organizational commitment, intention to leave the profession, and job burnout are presented in Table 1. The average score for organizational commitment suggests that nurses generally exhibit moderate organizational commitment. Among the different dimensions of organizational commitment, the continuance commitment score was the highest. The average score for intention to leave the profession indicates a moderate, positive tendency among nurses to consider leaving the profession. Regarding job burnout, the average score reflects moderate burnout levels among nurses. In terms of the burnout dimensions, the scores indicate moderate emotional exhaustion, low personal inadequacy, moderate depersonalization, and low conflict among the nurses.

Table 1. Mean scores of intention to leave the profession, organizational commitment and burnout among nurses

Variables		Mean	Standard deviation
Organizational commitment		93.9	54.37
	Affective	48.53	30.5
	Continuance	76.62	31.3
	Normative	30.84	31.4
Intention to leave the profession		49.47	43.1
Burnout		86.26	62.2
	Emotional exhaustion	85.48	19.1
	Personal functioning	34.23	24.9
	Depersonalization	62.27	11.6
	Conflict	7.4	3.0

There was no significant difference in the mean scores of intention to leave the profession based on gender, education, work shift, age, job interest, marital status, organizational commitment levels, or satisfaction with income. However, a significant difference was found in the mean scores of intention to leave the profession based on work experience, place of service, and levels of burnout. Tukey's post hoc test revealed that this difference in intention to leave the profession was present across all three burnout groups (Table 2).

Table 2. Comparison of the average score of intention to leave the profession in nurses according to demographic variables

Variables		Mean	Standard deviation	P-value
Work experience				
	<5	45.06	10.11	
	5-10	47.28	10.93	0.005
	10-20	39.39	9.30	
	20<	39.56	8.65	
Hospital				
	Imam Hossein	45.00	10.40	0.04
	Bahar	40.95	10.21	
Burnout				
	Low	39.50	8.46	0.001
	Moderate	44.59	10.08	
	High	60.50	15.44	

After conducting the initial univariate analysis, the variables gender, education, work shift, age, job interest, hospital department, marital status, organizational commitment levels, satisfaction with income, work experience, hospital name, and burnout levels were included in the model. Using the backward method, the analysis revealed that organizational commitment, burnout, job interest, and work experience were significantly associated with the intention to leave the profession score. This relationship was inversely correlated with the intention to leave the profession for all variables, except burnout. The results indicated that for each increase in the organizational commitment score, the intention to leave the profession score decreased by an average of 0.2. Additionally, having more than 5 years, 10 to 20 years, or more than 20 years of work experience each led to a decrease in the intention to leave the profession score by an average of 2.5 (Table 3).

Table 3. Analysis of predictive variables influencing the intention to leave the profession using multiple regression

Variables	Unstandardized Coefficients		Standardized Coefficient	t	p
	β	SE	Beta		
Intercept	65.311	9.585	-	6.625	<0.001
Organizational commitment	-0.213	0.091	-0.190	-2.323	0.022
Burnout	0.213	0.058	0.299	3.672	<0.001
Interest in nursing	-3.232	1.137	-0.229	-2.842	0.005
Work experience	-2.551	0.894	-0.231	-2.853	0.005
Hospital					
Imam Hossein	Ref				
Bahar	-3.387	1.741	-0.157	-1.945	0.054

Abbreviations: SE: Standard error; p: P-value.

Discussion

The mean score for intention to leave the profession among nurses was 43.49±10.47, reflecting a positive and moderate tendency for nurses to consider leaving the service. In other studies, conducted in Iran, Europe, and China, the intention to leave the profession was reported as moderate among nurses, which aligns with our findings.[10,36,40-45] However, a study in Iran and Portugal reported a low intention to leave the profession, which contradicts our results.[6,32] Additionally, a study conducted in Lebanese hospitals showed a high intention to leave the profession, which is inconsistent with our findings.[46] The moderate intention to leave the profession observed in employees could partially indicate their job dissatisfaction with the organization. Possible reasons for the discrepancies in the obtained results may stem from cultural differences, attitudes towards work stress, resilience among nurses, and differences in managerial strategies at both macro and micro levels.

No significant relationship was found between the mean scores of intention to leave the profession and gender, education, work shifts, satisfaction with income, age groups, or marital status. A review study conducted in 2018 showed that gender, age, and level of education were associated with the intention to leave the profession in nurses, which contradicts our findings.[47] Similarly, a study in hospitals in Herat, Afghanistan found no relationship between gender, marital status, work experience, and age with the intention to leave the profession in nurses, which aligns with some of our results.[48] Another study conducted in hospitals in the capital of Iran reported a relationship between gender and intention to leave the profession in nurses, which is inconsistent with our findings.[49] However, a study in Jahrom (southern Iran) found no relationship between intention to leave the profession and gender or education, which is consistent with our results.[50] The discrepancies in the findings may be attributed to differences in the research population, sampling methods, cultural and geographical factors, working conditions, and the questionnaires used.

In this study, a significant relationship was found between the mean scores of intention to leave the profession and work experience and type of hospital. Other studies conducted in Iran and internationally have also reported a relationship between work experience and intention to leave the profession in nurses, which aligns with our findings.[42,47,51-54] However, some global studies have reported no relationship between work experience and intention to leave the profession, which contradicts our results.[55-57]

In the multiple regression model using the backward method, organizational commitment, job burnout, job interest, and work experience were identified as significant predictors of intention to leave the profession in nurses. These factors were the most important determinants of nurses' intention to leave the profession. In line with our findings, previous studies in Iran, Turkey, China, Italy, and Iraq have also reported burnout as a key factor influencing nurses' intention to leave the profession.[16,44,58-61] Additionally, studies in Portugal, China, and Italy found a negative relationship between organizational commitment and intention to leave the profession, which is consistent with our results [6,29,62,63]. In another study, factors such as gender, age, education level, work experience, organizational commitment, and job burnout were found to be related to nurses' intention to leave the profession, which aligns with some of our findings.[47] However, a study in teaching hospitals in western Iran found no relationship between burnout and intention to leave the profession, which contradicts our results.[64] Similarly, a study in Lebanese hospitals identified predictors like age, gender, marital status, type of degree, and dissatisfaction with organizational factors, which is inconsistent with our findings.[46] The results suggest that burnout, stemming from continuous physical and mental exertion or excessive work, leads to a sense of pessimism about the organization and a loss of attachment to it. High levels of

burnout ultimately increase the intention to leave the profession. Since organizational factors influence the intention to leave, it is recommended that managers implement strategies to enhance work-life quality and reduce job stress to prevent burnout. By improving job satisfaction and organizational commitment, the tendency to quit can be minimized.

Due to the cross-sectional design of the study, there is a potential for reverse causality error in examining the causal relationships between organizational commitment, burnout, and intention to leave the profession among nurses. In addition, the ability to generalize the findings is limited by the small sample size and the study's focus on a single hospital setting in a northeastern city of Iran. Furthermore, since the data collection tools were based on self-reports, there is a possibility of response bias affecting the results. To enhance response rates, the authors limited their evaluation to these three variables, neglecting an assessment of other potential variables. Thus, future studies need to take these limitations into account and evaluate additional variables.

Considering the average levels of organizational commitment, job burnout, and intention to leave the profession among nurses, as well as the impact of factors such as organizational commitment, job burnout, job interest, and work experience on the intention to leave, it is crucial for officials and managers to focus on these factors. Strategies such as reorganizing nurses' working hours, improving the salary system, ensuring an adequate number of nurses, and distributing staff fairly to reduce workload can help. Additionally, involving nurses in decision-making processes, enhancing workplace conditions and supervision, providing positive feedback, and offering professional development opportunities through in-service training courses can contribute to improving organizational commitment, reducing occupational burnout, and lowering the intention of nurses to leave the profession.

The results of this study emphasize the need to address factors such as organizational commitment, burnout, career interest, and work history to reduce nurses' intention to leave the profession. To improve nurse retention and overall job satisfaction, healthcare administrators and managers should focus on strategies that directly target these critical factors. One key strategy is to reorganize nurses' work hours to promote a healthier work-life balance, which can help alleviate burnout. Additionally, improving the payroll system and ensuring a fair distribution of staff are essential for reducing workloads and boosting job satisfaction. Having a sufficient number of nurses in the workforce is also vital in preventing burnout and fostering a healthier working environment. Empowering nurses by involving them in decision-making processes can enhance their sense of ownership and organizational commitment. Improving workplace conditions and providing adequate supervision can also contribute to a more supportive atmosphere, leading to higher job satisfaction. Regularly offering positive feedback can increase morale and reinforce a sense of accomplishment among nurses. Lastly, offering professional development opportunities, such as in-service training courses, can help enhance nurses' skills and support their career growth. This, in turn, can increase job satisfaction and strengthen their commitment to the profession. By implementing these strategies, healthcare organizations can improve organizational commitment, reduce burnout, and decrease the intention of nurses to leave the profession, ultimately benefiting both nurses and the patients they serve.

The findings of this study highlight the necessity for healthcare administrators and managers to actively address the factors influencing nurses' intention to leave the profession. Given the moderate mean intention to leave score, it is essential to implement targeted strategies aimed at enhancing organizational commitment and reducing job burnout among nursing staff. Organizing nurses' work hours to promote a healthier work-life balance is crucial, as this can help mitigate burnout and improve overall job satisfaction. Additionally, improving the compensation system and ensuring adequate staffing levels can alleviate excessive workloads, which are significant contributors to job dissatisfaction and burnout. A fair distribution of responsibilities among nursing staff is also vital. Moreover, actively involving nurses in decision-making processes can foster their organizational commitment and sense of ownership over their work, thereby reducing the intention to leave. Providing professional development opportunities, such as in-service training courses, is critical for enhancing nurses' skills and career growth, further supporting job satisfaction and commitment to the profession. By focusing on these key areas, healthcare organizations can improve nurse retention, increase job satisfaction, and ultimately provide better care to patients. The implications of this study serve as a guide for developing effective interventions aimed at retaining qualified nursing professionals within the healthcare system.

Ethical Considerations

The study was approved by the Ethics Council of Shahroud University of Medical Sciences under the code IR.SHMU.REC.1401.210. Before participation, both verbal and written informed consent were obtained. This research adhered to the principles of the Declaration of Helsinki, ensuring participants' rights to voluntary participation, non-harm, withdrawal from the study, and confidentiality of their information. The researchers refrained from assessing the personal information of participants while entering data, and by assigning an identification code to each participant, they minimized the possibility of linking any confidential and personal data to individuals. The researchers also adhere to the Committee on Publication Ethics (COPE) guidelines when disseminating the study findings.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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References

1. Lim A, Loo J, Lee P. The impact of leadership on turnover intention: The mediating role of organizational commitment and job satisfaction. Journal of Applied Structural Equation Modeling. 2017;1(1):27-41. doi: 10.47263/JASEM.1(1)04

2. Cho S, Johanson MM, Guchait P. Employees intent to leave: A comparison of determinants of intent to leave versus intent to stay. International journal of hospitality management. 2009;28(3):374-381. doi: 10.1016/j.ijhm.2008.10.007

3. Rudman A, Gustavsson P, Hultell D. A prospective study of nurses' intentions to leave the profession during their first five years of practice in Sweden. International journal of nursing studies. 2014;51(4):612-624. doi: 10.1016/j.ijnurstu.2013.09.012

4. Sabanciogullari S, Dogan S. Relationship between job satisfaction, professional identity and intention to leave the profession among nurses in Turkey. Journal of Nursing Management. 2015;23(8):1076-1085. doi: 10.1111/jonm.12256

5. Said RM, El-Shafei DAJES, Research P. Occupational stress, job satisfaction, and intent to leave: nurses working on front lines during COVID-19 pandemic in Zagazig City, Egypt. Environmental Science and Pollution Research. 2021;28(7):8791-8801. doi: 10.1007/s11356-020-11235-8

6. Callado A, Teixeira G, Lucas P. Turnover intention and organizational commitment of primary healthcare nurses. 2023:521. doi: 10.3390/healthcare11040521

7. Arslan Yürümezoğlu H, Kocaman G, Mert Haydarİ SJJJoNS. Predicting nurses' organizational and professional turnover intentions. Japan Journal of Nursing Science. 2019;16(3):274-285. doi: 10.1111/jjns.12236

8. Almalki MJ, FitzGerald G, Clark MJBhsr. The relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia. BMC health services research. 2012;12:1-11. doi: 10.1186/1472-6963-12-314

9. Flinkman M, Leino-Kilpi H, Salanterä S. Nurses' intention to leave the profession: integrative review. Journal of advanced nursing. 2010;66(7):1422-1434. doi: 10.1111/j.1365-2648.2010.05322.x

10. Heinen MM, van Achterberg T, Schwendimann R, et al. Nurses' intention to leave their profession: a cross sectional observational study in 10 European countries. International journal of nursing studies. 2013;50(2):174-184. doi: 10.1016/j.ijnurstu.2012.09.019

11. Sokhanvar M, Kakemam E, Chegini Z, Sarbakhsh P. Hospital nurses' job security and turnover intention and factors contributing to their turnover intention: A cross-Sectional study. Nursing and Midwifery Studies. 2018;7(3):133. doi: 10.4103/nms.nms_2_17

12. Corley MC, Minick P, Elswick R, Jacobs M. Nurse moral distress and ethical work environment. Nursing ethics. 2005;12(4):381-390. doi: 10.1191/0969733005ne809oa

13. Bae SHJINR. Noneconomic and economic impacts of nurse turnover in hospitals: A systematic review. International Nursing Review. 2022;69(3):392-404. doi: 10.1111/inr.12769

14. Maleki R, Janatolmakan M, Fallahi M, Andayeshgar B, Khatony AJNo. Intention to leave the profession and related factors in nurses: A cross-sectional study in Kermanshah, Iran. Nursing open. 2023;10(7):4298-4304. doi: 10.1002/nop2.1670

15. Randa MB, Phale JMJIJoANS. The effects of high nurses' turnover on patient care: Perspectives of unit managers in critical care units. International Journal of Africa Nursing Sciences. 2023;19:100580. doi: 10.1016/j.ijans.2023.100580

16. Rozveh AK, Sayadi L, Hajibabaee F, Alzubaidi SSIJJoMC. Relationship between intention to leave with job satisfaction and burnout of nurses in Iraq: A cross-sectional correlational study. Journal of Multidisciplinary Care. 2023;12(1):39-45. doi: 10.34172/jmdc.1222

17. Aiken LH, Clarke SP, Sloane DM, Sochalski J, Silber JH. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. Jama. 2002;288(16):1987-1993. doi: 10.1001/jama.288.16.1987

18. Galanis P, Moisoglou I, Papathanasiou IV, et al. Association between organizational support and turnover intention in nurses: a systematic review and meta-analysis. MDPI; 2024:291. doi: 10.3390/healthcare12030291

19. Powell DM, Meyer JP. Side-bet theory and the three-component model of organizational commitment. Journal of vocational behavior. 2004;65(1):157-177. doi: 10.1016/S0001-8791(03)00050-2

20. Jones A. Organisational commitment in nurses: is it dependent on age or education? Nursing Management. 2015;21(9) doi: 10.7748/nm.21.9.29.e1298

21. McElroy JC. Managing workplace commitment by putting people first. Human resource management review. 2001;11(3):327-335. doi: 10.1016/S1053-4822(00)00054-1

22. Asadi P, Niazmand F, Ziabari SMM. Investigating the Relationship between Organizational Commitment and Job Burnout in Personnel Working at the Center for Accident and Emergency Management of State of Guilan. Iranian Journal of Forensic Medicine-ISSN. 2018;2383:0034.

23. Wu G, Hu Z, Zheng J. Role stress, job burnout, and job performance in construction project managers: the moderating role of career calling. International journal of environmental research and public health. 2019;16(13):2394. doi: 10.3390/ijerph16132394

24. Schaufeli WB, Maslach C, Marek T. Professional burnout: Recent developments in theory and research. 2017. doi: 10.4324/9781315227979

25. Amiri M, Khosravi A, Eghtesadi AR, et al. Burnout and its influencing factors among primary health care providers in the north east of Iran. PloS one. 2016;11(12):e0167648. doi: 10.1371/journal.pone.0167648

26. LeSergent CM, Haney CJ. Rural hospital nurse's stressors and coping strategies: a survey. International Journal of Nursing Studies. 2005;42(3):315-324. doi: 10.1016/j.ijnurstu.2004.06.017

27. Mosadeghrad AM, Ferlie E, Rosenberg D. A study of relationship between job stress, quality of working life and turnover intention among hospital employees. Health services management research. 2011;24(4):170-181. doi: 10.1258/hsmr.2011.011009

28. Barlow KM, Zangaro GA. Meta-analysis of the reliability and validity of the Anticipated Turnover Scale across studies of registered nurses in the United States. Journal of Nursing Management. 2010;18(7):862-873. doi: 10.1111/j.1365-2834.2010.01171.x

29. Xia G, Zhang Y, Dong L, et al. The mediating role of organizational commitment between workplace bullying and turnover intention among clinical nurses in China: a cross-sectional study. BMC nursing. 2023;22(1):360. doi: 10.1186/s12912-023-01547-8

30. De Vries N, Boone A, Godderis L, et al. The race to retain healthcare workers: a systematic review on factors that impact retention of nurses and physicians in hospitals. INQUIRY: The Journal of Health Care Organization, Provision, and Financing. 2023;60:00469580231159318. doi: 10.1177/00469580231159318

31. Mirhosseini S, Basirinezhad MH, Ebrahimi H. The Role of Professional Behavior to Improve Patient Safety Culture in Clinical Nurses: A Cross-Sectional Study. Shahroud Journal of Medical Sciences. 2022;8(2):7-12. doi:10.22100/ijhs.v8i2.899

32. Sadeghi A, Mohseni Fard J, Poorolajal J. The Correlation between Organizational Culture and Nurses' Turnover Intention in Educational and Therapeutic Centers of Hamadan University of Medical Sciences. Journal of Health Promotion Management. 2018;6(6):37-45. doi: 10.21859/jhpm-07046

33. Meyer JP, Herscovitch L. Commitment in the workplace: Toward a general model. Human resource management review. 2001;11(3):299-326. doi: 10.1016/S1053-4822(00)00053-X

34. Babaei F, Nayeri ND, Hajibabaee F, Sharifi F. Investigating the relationship between missed/rationed nursing care and organizational commitment in Iranian nurses. BMC Nursing. 2024/08/07 2024;23(1):540. 10.1186/s12912-024-02199-y doi: 10.1186/s12912-024-02199-y

35. Kim T-Y, Leung K. Forming and reacting to overall fairness: A cross-cultural comparison. Organizational Behavior and Human Decision Processes. 2007;104(1):83-95. doi: 10.1016/j.obhdp.2007.01.004

36. Haji J, Mohammadimehr MJN, Journal M. Predicting the intention to leave of the nursing profession in imam khomeini hospital in Mahabad during the corona pandemic period based on the components of job stress and resilience. Nursing And Midwifery Journal. 2021;19(1):41-50.

37. Hosseini-Barzanji K. comparing the tendency of retiring employees in government offices. Payame Noor University Dissertation. 2013;

38. Maslach C, Jackson SE. The measurement of experienced burnout. Journal of organizational behavior. 1981;2(2):99-113. doi: 10.1002/job.4030020205

39. Sahebzadeh M, Karimi S, Hosseini SM, Akhtar D, Hosseini S. Job burnout of nursing administrators and chief executive officers in University Hospitals and its relation to their demographic features. Health Information Management. 2011;

40. Gan Y, Gong Y, Chen Y, et al. Turnover intention and related factors among general practitioners in Hubei, China: a cross-sectional study. BMC family practice. 2018;19:1-9. doi: 10.1186/s12875-018-0752-3

41. Khajehmahmood F, Mahmoudirad GJJocn, midwifery. Survey tendency to leave service and its related some factors aamong nurses in Zabol university hospitals. Journal of clinical nursing and midwifery. 2017;6(1):73-83.

42. Hariri G, Yaghmaei F, Shakeri NJJohpm. Assessment of some factors related to leave in nurses and their demographic charater in educational hospitals of Shahid Behesthi University of Medical Sciences. Journal of health promotion management. 2012;1(3):17-27.

43. Abbaszadeh A, Nakhaei N, Borhani F, Roshanzadeh M. The relationship between moral distress and retention in nurses in Birjand teaching hospitals. Iranian Journal of Medical Ethics and History of Medicine. 2013;6(2):57-66.

44. Nikbakht nasrabadi A, Salari A, Hosseinpour M, Yekaninejad M. Study the rate of burnout and intention to leave and their relationship among emergency department nurses. Iranian Journal of nursing research. 2014;

45. Hashemi E, Barkhordari-Sharifabad M, Salaree MM. Relationship between ethical leadership, moral distress and turnover intention from the nurses' perspective. Iranian Journal of Medical Ethics and History of Medicine. 2020;13(1):552-563.

46. El-Jardali F, Dimassi H, Dumit N, Jamal D, Mouro GJBn. A national cross-sectional study on nurses' intent to leave and job satisfaction in Lebanon: implications for policy and practice. BMC nursing. 2009;8:1-13. doi: 10.1186/1472-6955-8-3

47. Taghadosi M, Nabizadeh Gharghozar Z. Intention to leave of nurses and related factors: A systematic review. Scientific Journal of Nursing, Midwifery and Paramedical Faculty. 2019;4(4):1-14.

48. Sana A. The Relationship between Quality of WorkLife and Turnover Intention among Nurses in the Public Hospitals in Herat, Afghanistan in 2019-2020. Journal of Health Administration. 2021;24(2):33-44. doi: 10.52547/jha.24.2.33

49. Hoseini-Esfidarjani S-S, Negarandeh R, Janani L, Mohammadnejad E, Ghasemi E. The intention to turnover and its relationship with healthy work environment among nursing staff. Hayat Journal. 2018;23(4):318-331.

50. DamshenasMH H, Kalani N, Javadpour S, Molae F, RahmanianF., Rastgarian1 A. The relationship between moral distress and tendency to quit work: A cross-sectional descriptive study of nurses working in teaching hospitals of Jahrom in 2016. J Educ Ethics Nurs. 2020;9(1,2):10-17. doi: 10.52547/ethicnurs.9.1.2.10

51. Taghavi LT, Jodaki K. The Relationship Between Moral Distress And Nurses' Turnover Intention In Intensive Care Unit Nurses. Med Ethic J. 2020;

52. Fogel KM. The relationships of moral distress, ethical climate, and intent to turnover among critical care nurses. Loyola University Chicago; 2007.

53. Demerouti E, Bakker AB, Nachreiner F, Schaufeli WBJJoan. A model of burnout and life satisfaction amongst nurses. Journal of advanced nursing. 2000;32(2):454-464. doi: 10.1046/j.1365-2648.2000.01496.x

54. Liou S-r. The relationships between collectivist orientation, perception of practice environment, organizational commitment, and intention to leave current job among Asian nurses working in the United States. The University of Texas at Austin; 2007.

55. Politi E. Nurse retention in today's workplace environment: The effect of perceived support on organizational commitment and the registered nurse's intent to leave. PhD thesis, TUI University Cypress. California; 2009.

56. Nedd N. Perceptions of empowerment and intent to stay. Nursing Economic. 2006;24(1)

57. Miller PE. The relationship between job satisfaction and intention to leave: A study of hospice nurses in a for-profit corporation. Capella University; 2007. doi: 10.1097/01.NJH.0000306711.65786.75

58. Shomali Ahmadabadi M, Barkhordari Ahmadabadi A. The role of job stress, burnout and perceived organizational support in predicting the intention to leave the job in nurses of Ardakan hospitals during the Covid-19 pandemic period in 2021. Zanko Journal of Medical Sciences. 2022;23(76):1-12.

59. Bayer N, Golbasi Z, Uzuntarla Y, Akarsu KJJoCMoK. Job satisfaction, burnout and turnover intention of nurses working in hospital during the pandemic COVID-19 in Turkey. Journal of Clinical Medicine of Kazakhstan. 2021;18(6):69-75. doi: 10.23950/jcmk/11347

60. Fang ZZJHSR. Potential of China in global nurse migration. Health Services Research. 2007;42(3p2):1419-1428. doi: 10.1111/j.1475-6773.2007.00717.x

61. Bobbio A, Manganelli AMJIjons. Antecedents of hospital nurses' intention to leave the organization: A cross sectional survey. International journal of nursing studies. 2015;52(7):1180-1192. doi: 10.1016/j.ijnurstu.2015.03.009

62. Wang T, Abrantes ACM, Liu Y. Intensive care units nurses' burnout, organizational commitment, turnover intention and hospital workplace violence: A cross-sectional study. Nursing open. 2023;10(2):1102-1115. doi: 10.1002/nop2.1378

63. Ivziku D, Biagioli V, Caruso R, et al. Trust in the Leader, Organizational Commitment, and Nurses' Intention to Leave-Insights from a Nationwide Study Using Structural Equation Modeling. Nursing Reports. 2024;14(2):1452-1467. doi: 10.3390/nursrep14020109

64. Ghaderi S, Rezagholy P, Tawana H, Nouri B. The relationship between occupational burnout and intention to leave in nurses working in training hospitals in Sanandaj, Iran. Scientific Journal of Nursing, Midwifery and Paramedical Faculty. 2019;4(3):25-34.