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Factors influencing to nurses' retention in developing countries: A systematic review of attributes of effective strategies in health organization

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Abstract (350 **words)**

Background: The retention of nurses in developing countries is challenge. From the increasing number of turnover and unsatisfied to work, the nurses in developing countries distributed 1 to 6 nurses per 1000 population. The factors to retain nurses in developing countries need to be understood that benefit to improve and maintain nurses in their healthcare services. Therefore, the systematic review aimed to identify factors that in influenced to retain nurses in developing countries.

Methods: This study follows with the PRISMA methodology. Six databases were included in this study including PubMed, Embase, Web of Science, CINAHL, ProQuest, and Cochrane Library. This study search was completed from January 1, 2005, to March 1, 2025. From 78,630 articles, the articles had screens with any duplicate results removed. The inclusion with published in a peer-reviewed academic journal and written in English. The exclusion criteria including the study in developed countries, studies in nursing students or nursing educators, article were published without English, articles were not having a full text available, and the studies did not completed data. All articles were individual screenings by all reviewers. The risk of bias assessment was using the bias assessment tool (ROBIS tool).

Results: The research was identified 16 articles and found only 11 developing countries published on the research that relevance with the factors of nurse retention. Most of papers

(14 0f 16 articles) were cross sectional and qualitative studies. The keys results presented that career development and working environment that the cornerstones to retain nurses to work in public healthcare services in developing countries. While effective teamwork, financial incentives, and support from administrator level also influence factors to nurses' retention in developing world.

Conclusion: Nevertheless, financial incentive is not standalone factors to retaining nurses in developing countries. Future research should be focused on effectiveness of interventions and policies for nurse retention.

Keywords: retention, turnover, nurses, developing countries

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Background

The difference of socio-economic status that classified countries in worldwide to developed and developing countries groups (1). From the more advantage of economic status, the developed countries have more advantage on economic scale and expand to the high quality of healthcare. The high benefit in developed countries referred to the migrants from developing countries in particular the nurses as the major healthcare workforces in global health system (2). Nurses are the largest healthcare professional group in healthcare system and not enough in worldwide (3). The WHO (4) reported that nurses account nearly 29 million of 43.5 million healthcare workers in global. The WHO (5) also recorded the shortage of nurses that more than 4.5 million in worldwide. Moreover, the increase of burden diseases both communicable and non-communicable diseases such as cardiovascular diseases, new infectious diseases that increasing the need of care from healthcare professionals in particular nurses who played the key roles in the provision of health services (6). Nurses are the important healthcare professionals to maintain quality of healthcare services in terms of play the roles of care and collaboration with other healthcare professionals to provide quality of care for all people. While the distribution of nurses in the world is unequal. The ratio of nurses to 1000 population in developed and developing countries are difference (7). In developed countries such as USA, Norway, and Australia have 11 to 17 nurses per 1000 population (7). While the developing countries have 1 to 6 nurses per 1000 population (7). This meant the developing countries had a lower number of nurses than developed countries. Moreover, from the shortage of nurses, the developed countries also need more nurses to work in their countries. Many developed countries had promoted nurses in other countries in particular nurses in developing countries to work in their

countries such as provide citizen, high salary, reasonable workload, and other benefits (6, 8, 9). These benefits refer to nurses in developing countries migrate to work in developed countries. This situation refers to the increasing of nurses' shortage in developing countries. Hence, the strategies and factors to maintain nurses in developing countries needed to be examine and understanding. There was be benefit for the developing countries to understanding the strong points to keep nurses in their healthcare system.

Methods

The systematic review was chosen to provide an overview of retention strategies and factors that influenced retaining nurses in developing countries. The protocol was registered on PROSPERO as an international perspective register of systematic review (registration number: CRD420251030406). PRISMA flowchart was employed to examine the methodology of identification, screening, and included as presented in Figure.1.

The searching strategies came from credible databases including PubMed, Embase, Web of Science, CINAHL, ProQuest, and Cochrane Library databased in terms of searching the articles on nurse's retention strategies and factors. This study search was completed from January 1, 2005, to March 1, 2025. To ensure that the relevant literature collected as comprehensively as possible, a large set of search terms was used. The search terms were developed by using free terms and subject terms and combined with the Boolean operator OR/AND. The search terms included nurse*, retention, maintain* and retaining.

Inclusion and exclusion criteria

This study followed to the PRISMA statement, the inclusion criteria had been shown by using the PICOS framework: P (participants) nurses who working in hospitals in developing countries. I

(intervention) retention strategies or factors. C (comparison) not applicable. O (outcomes) sufficient raw data for calculation. S (study design) cross sectional study, cohort studies, qualitative research, and population-based longitudinal studies. The articles in this study were met with published in a peer-reviewed academic journal and written in English. The exclusion criteria including the study in developed countries, studies in nursing students or nursing educators, article were published without English language, articles were not having a full text available, and the studies did not completed data. A total of 78,630 papers were initially identified through the databased search.

Quality assessment

All articles were individual screenings by all reviewers. The risk of bias assessment was using the bias assessment tool (ROBIS tool) that developed by Whiting, Savović (10) who develop tool for risk of bias in healthcare area to determine the risk of bias. The risk of bias from ROBIS tool had 5 dimensions including study eligibility criteria, identification and selection of studies, data collection and study appraisal, synthesis and findings, and the risk of bias in the review (10). Each dimension answers low (low risk), high (high risk), and unclear (unclear risk). When using the graphical display, reviewers may consider it more appropriate to weigh this figure on the basis of the number of studies included in the review, or the total number of participants in each review, rather than simply on individual reviews.

Data Extraction

Data Extraction was performed by two investigators. After removing duplicate studies, the titles, abstracts, and full texts of the studies were independent screening by using inclusion and exclusion criteria. Any disagreement between two assessors was addressed by discussion with all members of the research team. The paper after removed the duplication and records excluded based on titles

and abstracts were 97 papers. While nine papers were not retrieved that had to excluded from this study with the articles were not English and from developed countries.

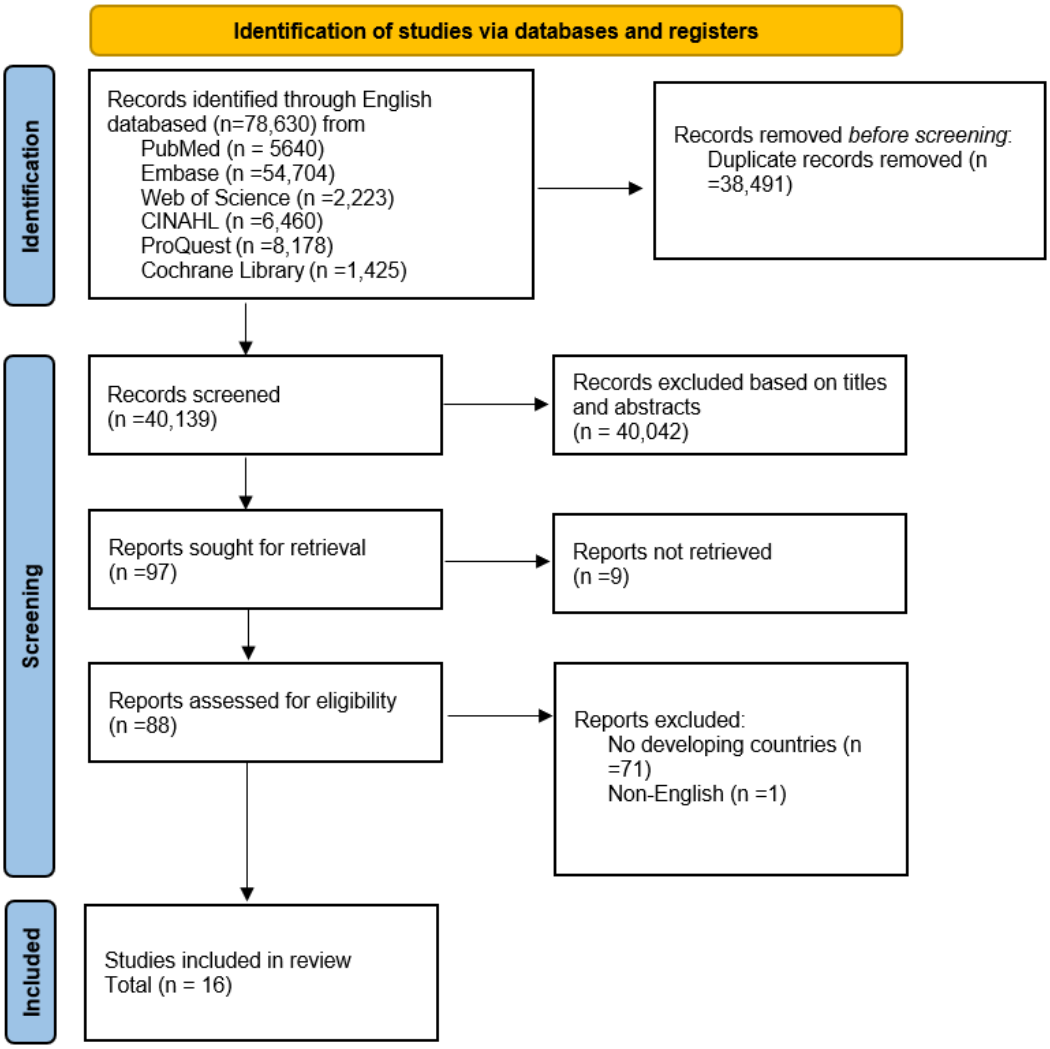


Figure 1: PRISMA flow diagram.

Results

The articles searching had resulted in 78,630 articles around nurse retention. Papers were considered to the duplication and removed 38,491 articles on the identification process. The detected duplications were check by three authors and removed by hand. In screening process, 40,139 articles were screened based on excluded titles and abstracts that was not relevant with nurse retention. The articles were met inclusion criteria was 97 articles and screening without full text of article was releases in 9 articles. After that, the articles were identified on developing countries and English language of 16 articles in total.

The quality of articles was identified with risk of bias by using ROBIS in all studies by all of reviewers in research team. Overall quality, 15 out of 16 studies identified a low risk of bias. In only one article was classified on moderate risk of bias. The study from Mao, Wang (11) that stated only males nurse with limit to eligibility criterial that may were not appropriate with review questions. The limit of gender sampling that impacted on the outcomes for nurse retention factors or strategies.

From 16 articles in study had come form 11 developing counties (figure: 2) in worldwide. This meant only 11 developing countries had reported on nursing retention strategies that included three (27%) from low-income countries, six (55%) from lower middle-income countries, and two (18%) from upper middle-income countries.

From the number of publications in this study, China also had three articles (11-13) on nursing retention as the highest publication in developing countries. While Indonesia (14, 15), Ghana (16, 17), and Jordan(18, 19) had two articles of nursing retentions. Philippine, Bangladesh, Ethiopia,

Egypt, Lebanon, Democratic Republic of Congo, and Senegal also had an article of nursing retention (20-26).

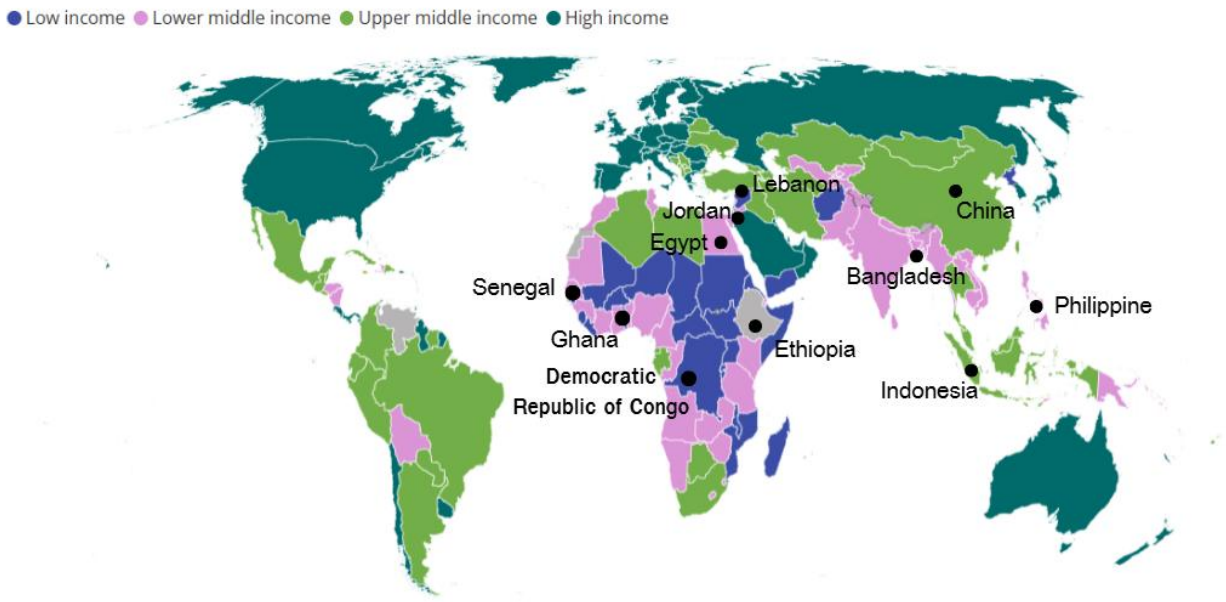


Figure 2: nursing retention strategies available in developing countries

The major factors of nursing retention in developing countries were career development. The studies found that seven of 16 studies (43.75%) presented career development that made nurses in developing countries stay intended to their hospitals. Following with working environment is also effective strategies in many developing countries. As five of 16 studies (31.25%) indicated that working environment influences nurses' retention.

The factors that are related to nursing retention in developing countries are categorized as positive and negative factors. The positive factors include family, social support, teamwork, leadership styles and perception, training opportunities, the support from nurse managers, passion to work, confidence to work, and serving the people in their countries. The family as the major factors that

we found that 4 of 16 articles (25%) indicated with family influenced with nurse's retention in developing countries.

However, the negative factors include heavy workload, regulation system, organization structure, hospital infrastructure, job security, organization culture, professional power, social attitude, working in specific clinical setting, and working condition.

Discussion

In the systematic review, we found that healthcare structure including regulation system, and organization structure need to develop for nurses in developing countries. However, the limitations of resources and financial support from countries level. Kingma (27) argued that structure development in developing countries increased severe workforces. While working near family as the positive outcome for nurses' retention. The nurse's organization should pay attention to nurses to work near their hometown so that it can increase nurses retain to their work in the long time.

The limitation of this study as we focused only articles on English language. In some developing countries may be studies of nursing retention in their language that will have more information on nurses' retention strategies and factors.

Conclusions

The available published data reveals a wide factor in nurses retention strategies in developing countries. There is overall insufficient evidence of nursing retention strategies for developing countries. Whereas many negative factors that impacted to retrain nurses to work in their countries. Therefore, the national level needs to pay attention to nurses' retention to make the balance of healthcare professional and quality of care worldwide.

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Authors' contributions

B.P. conceptualized and led the study, coordinated the research team, conducted literature searches, oversaw the systematic review processes, and wrote the original draft of manuscript. N.K, A.O, C.N., S.W, and N.C. contributed to article screening for inclusion and exclusion and participated in study evaluation. All authors contributed to the evaluation of the study, critically reviewed the manuscript, and approved the final version for publication.

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Data availability

The datasets used for this study are available from the corresponding author upon reasonable request.

Declarations

Ethics approval and consent to participate

No applicable.

Consent for the publication

No applicable

Competing interests

The authors declare no competing interests.

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Reference

1. Paprotny D. Convergence between developed and developing countries: a centennial perspective. Social indicators research. 2021;153(1):193-225.
2. Efendi F, Has EMMa, Pradipta RO, Houghty GS, Oda H, Tsujita Y. Retention of international nurses in receiving country: Voices of Indonesian nurses in Japanese healthcare facilities. International Journal of Nursing Sciences. 2025;12(1):3-11.
3. Boniol M, Kunjumen T, Nair TS, Siyam A, Campbell J, Diallo K. The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage? BMJ Glob Health. 2022;7(6).
4. WHO. Strengthening the nursing and midwifery agenda globally 2026 [Available from: https://www.who.int/activities/strengthening-the-nursing-and-midwifery-agenda-globally.
5. WHO. Nursing and midwifery 2026 [Available from: https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery.
6. Oliver C, Care F-C. Global shortage of nurses. Montreal (QC): McGill University Health Centre. 2019.
7. Drennan VM, Ross F. Global nurse shortages—the facts, the impact and action for change. British medical bulletin. 2019;130(1):25-37.
8. Marć M, Bartosiewicz A, Burzyńska J, Chmiel Z, Januszewicz P. A nursing shortage–a prospect of global and local policies. International nursing review. 2019;66(1):9-16.
9. Stokes F, Iskander R. Human rights and bioethical considerations of global nurse migration. Journal of bioethical inquiry. 2021;18(3):429-39.
10. Whiting P, Savović J, Higgins JP, Caldwell DM, Reeves BC, Shea B, et al. ROBIS: a new tool to assess risk of bias in systematic reviews was developed. Journal of clinical epidemiology. 2016;69:225-34.
11. Mao A, Wang J, Zhang Y, Cheong PL, Van IK, Tam HL. Factors influencing recruitment and retention of male nurses in Macau and mainland China: A collaborative, qualitative study. BMC nursing. 2020;19(1):104.
12. Fan S, Zhou S, Ma J, An W, Wang H, Xiao T. The role of the nursing work environment, head nurse leadership and presenteeism in job embeddedness among new nurses: a cross-sectional multicentre study. BMC nursing. 2024;23(1):159.
13. Zhang F, Lin C, Li X, Li M, Jia R, Guo X, Bai H. The relationships between burnout, general wellbeing, and psychological detachment with turnover intention in Chinese nurses: a cross-sectional study. Frontiers in public health. 2023;11:1216810.
14. Buntoro IF, Folamauk CL, Nurina L, Kleden SS, Handoyo NE. Resilience, depression and their effect on nurse retention: a survey in rural Indonesia. Rural and Remote Health. 2023;23(3):1-10.
15. Wardhani UC, Hariyati RTS. Retaining employment in the hospital setting: A descriptive phenomenological study of Indonesian nurses' experiences. Belitung Nursing Journal. 2023;9(2):159.
16. Adatara P, Boni GS. New Graduate Nurses' Experiences and Challenges during a One-Year Clinical Rotation Programme in the Volta Region of Ghana: Implications for Nursing Management and Nursing Workforce Retention. BioMed Research International. 2022;2022(1):5023419.
17. Laari TT, Apiribu F, Amooba PA, Mensah ABB, Gazari T, Kuunibe JK, et al. Exploring the reasons for novice nurse educators' transition from practice to academia in Ghana. PLoS One. 2021;16(10):e0258695.
18. Al Nawafleh A. Managing Jordanian nurse migration to the Gulf Cooperation Council states. EMHJ-Eastern Mediterranean Health Journal. 2015;21(3):220-5.

19. Oweidat I, Shosha GA, Dmaidi K, Nashwan AJ. The association of patient safety culture with intent to leave among Jordanian nurses: a cross-sectional study. BMC Nursing. 2023;22(1):227.
20. AbdELhay ES, Taha SM, El-Sayed MM, Helaly SH, AbdELhay IS. Nurses retention: the impact of transformational leadership, career growth, work well-being, and work-life balance. BMC nursing. 2025;24(1):148.
21. Abdul Salam Ha, Dumit NY, Clinton M, Mahfoud Z. Transformational leadership and predictors of resilience among registered nurses: a cross-sectional survey in an underserved area. BMC nursing. 2023;22(1):37.
22. Bogren M, Grahn M, Kaboru BB, Berg M. Midwives' challenges and factors that motivate them to remain in their workplace in the Democratic Republic of Congo—an interview study. Human resources for health. 2020;18(1):65.
23. Darkwa EK, Newman MS, Kawkab M, Chowdhury ME. A qualitative study of factors influencing retention of doctors and nurses at rural healthcare facilities in Bangladesh. BMC health services research. 2015;15(1):344.
24. Diño Jr MJS, Bracero PJB, Buencamino A, Cajayon S, Catajan MWQ, De Leon MLL, et al. 'Should I stay or should I go?': A mixed methods study on nurse retention during challenging times. Belitung Nursing Journal. 2022;8(6):481.
25. Gebregziabher D, Berhanie E, Berihu H, Belstie A, Teklay G. The relationship between job satisfaction and turnover intention among nurses in Axum comprehensive and specialized hospital Tigray, Ethiopia. BMC nursing. 2020;19(1):79.
26. Nagai M, Fujita N, Diouf IS, Salla M. Retention of qualified healthcare workers in rural Senegal: lessons learned from a qualitative study. Rural and Remote Health. 2017;17(3):1-15.
27. Kingma M. Nurses on the move: a global overview. Health services research. 2007;42(3p2):1281-98.

Author(s) and year	Research aims	Keywords	Country	Key findings	Factors related with retention

Diño Jr, M. J. S., Bracero, P. J. B., Buencamino, A., Cajayon, S., Catajan, M. W. Q., De Leon, M. L. L., ... & Uayan, M. L. (2022)	To investigate how motivation and resilience influence nurses to serve and cater to patients during the COVID-19 pandemic	Philippines; health personnel; humans; motivation; nurses; pandemics.	Philippine	-nurses who continue to work in public hospitals are between the ages of 31 and 40 - nurses aged 41 and above are scarce because of health-related conditions, Digitalization, and hours of work are prominent issues experienced by nurses	Motivation/resilience -family -passion for work -career development Resilience -Adaptiveness -time management skills -self-fulfillment Intent to stay -serving the people and the country.
Buntoro, I. F., Folamauk, C. L., Nurina, L., Kleden, S. S., & Handoyo, N. E. (2023)	understand the impact of resilience and depression on nurses' retention in rural areas.	depression, nurse, resilience, rural retention, Indonesia	Indonesia	A total of 1050 participants joined the study. The results suggest that resilience in nurses is negatively correlated to depression and retention. The mildly depressed group had the shortest retention. There was no difference in the work duration, depression, and resilience scores between the underserved and non-underserved regencies in the province.	social support - comfort zone adaptability
Wardhani, U. C., & Hariyati, R. T. S. (2023)	explore the current experience of Indonesian nurses who retain their jobs	personnel turnover; employment; retention; intent to stay;	Indonesia	- good teamwork (good teamwork and adequate compensation can make nurses feel more comfortable	Major factors - effective Teamwork - adequate pay (Compensation)

	in hospital setting.	nurses; hospital		in their workplace.) - Compensation (Financial incentives include bonuses, personal supplementary compensation, pension benefits, performance-based pay schemes, company perks, and fringe benefits. Additionally, non-monetary incentives such as providing individual nurses with more control over their work and offering professional development opportunities can increase job satisfaction among nurses) - Professional career development	- opportunities for professional career development Essential factors -Felling of peace - Security -confidence
Laari, T. T., Apiribu, F., Amooba, P. A., Mensah, A. B. B., Gazari, T., Kuunibe, J. K., ... & Akor, M. H. (2021)	explore the reasons for novice nurse educators' transition from practice to academia in three Health Training Institutions in the Upper East Region	novice nurse, transition, from practice to academia	Ghana	Novice nurse educators transitioned from practice to academia because they were dissatisfied with their clinical nursing practice, they wanted more flexible work, they wanted to work autonomously,	-negative experiences in the clinical setting - flexible work schedule - balance work role and family lifestyle - freedom to enjoy weekends

				and they previously taught their clients in the clinical setting. Four themes emerged namely: (1) dissatisfied with clinical nursing, (2) quest for flexible work role, (3) quest for work autonomy, and (4) previous clinical teaching.	

Adatara, P., & Boni, G. S. (2022)	exploring newly qualified nurses' experiences and challenges during the one-year mandatory clinical rotation in health facilities in the Volta Region	Workforce retention, mandatory clinical rotation programs, newly qualified nurses	Ghana	- 17 nurses and 13 midwives - Acquisition of knowledge and competencies during clinical rotation programme - A lack of knowledge of the objectives of the clinical rotation programme by hospital staff - Experience of frustration during the clinical rotation programme - Inadequate supervision and support - Accommodation and financial challenges	-inadequate supervision and support by staff - Accommodation and financial challenges

Darkwa, E. K., Newman, M. S., Kawkab, M., & Chowdhury, M. E. (2015)	attempts to identify qualitative factors that affect the willingness of doctors, nurses, and midwives to remain in rural and remote health facilities	nurses at rural healthcare facilities, retention, providers' reluctance to work	Bangl adesh	-7 nurses of interview - Providers' overall attitude (Nurses joined this profession to be able to advance the health of families and communities) - Career and professional development - Working conditions - Hospital infrastructure and equipment - Financial incentives - Accommodation and living conditions	- financial incentives - local recruitment - career development opportunities - absenteeism (Policy level) - occupational risks - loopholes in policy implementation
Gebregziab her, D., Berhanie, E., Berihu, H., Belstie, A., & Teklay, G. (2020)	identification of the factors associated with job leaving and the subsequent reduction in turnover intention may help improve the quality of care	Turnover intention, Intention to leave, Nurse	Ethio pia	Out of 148 nurses, more than half (64.9%) had the intention to leave the organization. The finding of this study showed that the level of job satisfaction was significantly associated with	autonomy, match between job description, training opportunity, guidance and support from supervisor, and payment and benefits

	rendered to the client			the overall intention. Nurses who were unsatisfied on their job autonomy were 2.55 (95% CI: 1.194, 5.466) more likely to intend to leave them workplace than nurses who reported to be satisfied. Nurses who were unsatisfied on training opportunities were also 2.55 (95% CI: 1.167, 5.571) times more likely to leave their job than nurses who reported to be satisfied.	
AbdELhay, E. S., Taha, S. M., El-Sayed, M. M., Helaly, S. H., & AbdELhay, I. S. (2025)	examines the impact of transformational leadership, career growth opportunities, work well-being, and work-life balance on nurse retention.	Nurses' retention, Transformational leadership, Career growth, Work well-being, Work-life balance	Egypt	- Work-life balance was found to be a strong predictor - positive relationship with retention, transformational leadership also significantly influenced retention.	low wages, heavy workloads, and limited professional development, transformational leadership, career growth, work well-being, and work-life balance
Abdul Salam, H. A., Dumit, N. Y., Clinton, M.,	identify resilience predictors and perceptions of transformational	Cross sectional-survey, Leadership, Nurses, Psycholo	Lebanon	The survey response rate was 85%. The nurses' mean resilience score was 119.4 (SD 15.3), and	- Organisation support - disaster experiences

& Mahfoud, Z. (2023).	leadership in a convenience sample of registered nurses	gical resilience		their perception of transformational leadership score was M=25.0, SD=6.8. Compared to bedside nurses, nurse managers, nurses with more than five years of experience, and nurses in critical nursing units had statistically significant higher resilience scores ($p<0.05$). Resilience scores and perception of global transformational leadership were moderately correlated ($r=0.53$, $p<0.05$).	- coping with the stressors in nurse managers' roles, job designation, years of experience, clinical specialty.
Fan, S., Zhou, S., Ma, J., An, W., Wang, H., & Xiao, T. (2024)	reveal how the nursing work environment, head nurse leadership and presenteeism shape job embeddedness to assess the relationship between job satisfaction and turnover intention	New nurse retention, Nursing work environment, Head nurse leadership, Presenteeism, Job embeddedness, Sequential multiple mediations	China	The nursing work environment not only directly affects the job embeddedness of new nurses (β = 0.480, $p < 0.001$) but also indirectly affects it through the sequential multiple mediating effects of head nurse leadership and presenteeism	work environment resources, head nurse leadership resources, and individual productivity resources
Mao, A., Wang, J., Zhang, Y.,	explore factors influencing the recruitment and	Male nurses, Professio	Maca u and	Males in Macau and the Mainland experienced	-social attitudes

Cheong, P. L., Van, I. K., & Tam, H. L. (2020)	retention of male nurses	nal development, Qualitative research	the China	pressure while entering nursing because of the stereotype that nursing is a feminine occupation. However, males in Macau chose nursing as a college major under their own volition while males in the mainland were mostly forced into nursing. The males in Macau hardly thought of leaving nursing while their Mainland counterparts constantly felt uncertain about their professional future.	-economic prospects of being nurses - financial constraints of male nurses' families - professional prowess - feelings, behaviors, and values of nurses
Zhang, F., Lin, C., Li, X., Li, M., Jia, R., Guo, X., & Bai, H. (2023).	determine the relationships between burnout, general wellbeing, and psychological detachment with turnover intention among nurses	psychological detachment, turnover intention, nursing, burnout, general wellbeing	China	56% of nurses exhibit a high level of turnover intention. Users were employed on a contract basis, working in pediatric or obstetric departments, expressing dissatisfaction with the organization, reporting low general wellbeing, and experiencing high levels of	-paid less and receive fewer benefits -limited job security -leadership, organizational culture, workload, or professional development opportunities, may contribute to nurses' decision to seek employment elsewhere (Dissatisfaction)

				burnout that require special attention.	
Oweidat, I., Shosha, G. A., Dmaidi, K., & Nashwan, A. J. (2023)	To investigate the relationship between patient safety culture and intent to leave among Jordanian nurses.	Patient safety culture, Nurses, Jordan, Intent to leave	Jordan	nurses had 49.2% positive scores for patient safety. Teamwork (65.3%) and handoff and exchange of information (62% each) had the highest scores, while staffing and workplace (38.1%) and response to error (26.6%) were the lowest. Moreover, nurses had strong intentions to leave their jobs	fewer years of experience, inadequate work-related education, higher burnout, and lower scores of leadership perceptions
Al-Nawafleh, A. H. (2015)	identify the push and pull factors for Jordanian-trained nurses working in the GCC states,	migration of nurses, retention policies, Jordanian nurse	Jordan	93% had been employed in Jordan before migration, 85% had migrated to obtain employment and 94% were motivated by higher salary and benefits. Although 93% planned to return to work in Jordan, only 15% planned	-financial motives -a positive workplace environment -professional development -

				to do so in the next 2 years.	
Bogren, M., Grahn, M., Kaboru, B. B., & Berg, M. (2020)	investigate midwives' challenges and factors that motivate them to remain in their workplace in the DRC.	Midwifery profession, Health workforce, Quality care,	Democratic Republic of Congo	Midwives in the DRC are driven by a strong professional conscience to provide the best possible care for women during childbirth, despite a difficult work environment and low professional status.	-a strong feeling of love for their work. - loyalty to their patients - working environments - unsupportive organisational system, with inadequate pre-conditions in the work environment (Negative)
Nagai, M., Fujita, N., Diouf, I. S., & Salla, M. (2017).	identify the determining factors for the retention of qualified HRH in rural areas, and to explore an effective and feasible policy	deployment, Francophone Africa, healthcare workers, human resource management, retention	Senegal	The identified factors to motivate or demotivate healthcare workers in rural areas were related to pre-service and in-service education, regulatory systems, financial and non-financial incentive schemes and environmental support. Factors not included in WHO's global recommendation but highly valued in this study were (1) the fairness, transparency and predictability of human resource management by the MoH and (2) employment status, ie permanent	-interpersonal relationship in the workplace - adaptation to the local environment - distance from family - career plan - sense of vocation in-service education, regulatory systems, financial and non-financial incentive schemes and environmental support

				government staff versus contract staff. Financial incentive schemes were less commonly suggested.	