Review Article

Factors Affecting the Turnover Intention in Newly Graduated Nurses: A Narrative Review

Abstract

Background: High turnover among newly graduated nurses poses a serious challenge to healthcare systems, contributing to staff shortages, compromised patient safety, and increased operational costs. This narrative review aimed to identify the key factors influencing turnover intention in this group. **Materials and Methods:** This narrative review involved a literature review across the Science Direct, SID, Google Scholar, Scopus, PubMed, and Magiran databases for English and Persian language studies published between 2010 and 2022, ultimately selecting 19 relevant studies. The findings revealed that both individual and organizational factors play significant roles in shaping nurses' decisions to leave their jobs. **Results:** Turnover intention among newly graduated nurses was influenced by distinct individual and organizational factors. On the individual level, risk factors included emotional instability, sleep disturbances, job-related stress, poor communication with patients, insufficient clinical skills, role conflict, and role ambiguity. Protective factors that reduced turnover intention were strong professional commitment, conscientiousness, and psychological capital such as resilience and optimism. Organizational factors also had a major impact. High workload, workplace bullying, rude or unprofessional colleagues, and lack of adequate resources increased the likelihood of turnover. In contrast, supportive leadership and positive workplace relationships helped retain newly graduated nurses. **Conclusions:** We recommend that policymakers establish safe staffing ratios and antibullying policies, managers prioritize leadership development and clinical resources, educators enhance communication training, and institutions implement resilience programs and mentorship. These evidence-based actions are essential to improve nurse retention and advance patient care quality through a stable nursing workforce.

Keywords: *Clinical competence, job satisfaction, nurses, occupational stress, organizational culture, personnel turnover*

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Introduction

The World Health Organization's (WHO) 2020 State of the World's Nursing report indicates that 7.1 million new nursing graduates join the profession each year. Similarly, the United States anticipates a 7% increase in the employment rate of undergraduate nursing students by 2029, a higher growth rate compared to other occupational groups.[1] Despite efforts to address the nursing shortage, however, many healthcare organizations worldwide continue to grapple with a lack of qualified nurses. This critical deficiency poses a significant risk of compromised patient care and potentially increased mortality rates.[1]

The nursing profession faces a significant challenge with high turnover rates, particularly among newly graduated nurses. In certain countries, up to 35–60% of new graduates leave their jobs, and two-thirds express a strong desire to leave the profession within the first few years of practice.[2] According to a report released in 2020, 6.27% of newly graduated nurses in the United States left their profession in 2019, accounting for 1.32% of all individuals who left their jobs that year.[1] This crisis is particularly severe in developing economies and Asian contexts. For instance, Iran reports alarming attrition rates of 30–50% within the first 1–2 years of employment, driven by burnout, migration intentions, and workplace challenges.[3] Similarly, South Korea's acute-care hospitals recorded a 49.7% nurse turnover rate between 2012 and 2016-double the U.S. rate. Other Asian examples include the Philippines (30–40% annual urban hospital turnover) and India (50–60% first-year attrition in private sectors).[4] The inaugural year of practice is

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a pivotal and distinctive period for newly graduated nurses. Filled with aspirations and dreams, they eagerly embark on their nursing careers with high expectations. However, the reality often falls short of these ideals, leading to a disillusionment known as "reality shock."[5] The demanding nature of nursing roles, coupled with misaligned expectations and the gap between academic training and real-world practice, often contribute to the challenges faced by newly graduated nurses. The transition from nursing student to professional can be hindered by various factors, including a lack of support and guidance, self-doubt, new responsibilities, and difficulties in adapting to the nursing workplace culture. These challenges may contribute to higher rates of turnover among newly graduated nurses.[2] The experiences gained by these nurses during this period influence their commitment to the institution and profession, career planning, and intention to leave or stay in the profession.[6]

The work environment is a key determinant of job satisfaction and turnover among newly graduated nurses. A positive work environment can significantly enhance job satisfaction and reduce the likelihood of leaving the profession.[7] A positive work environment is one that optimally supports the professional growth and development of newly graduated nurses. It fosters a culture of learning, provides constructive feedback, empowers nurses to excel in their roles, and promotes effective teamwork.[8] Factors contributing to newly graduated nurses' decisions to leave the profession include stress, job dissatisfaction, and burnout.[1] A study of 342 newly graduated nurses in Ontario revealed that 24% of first-year nurses and 27% of second-year nurses experienced bullying, with 39% and 51%, respectively, witnessing bullying and intimidation from more experienced nurses.[8] From a healthcare system perspective, workplace bullying is associated with increased absenteeism, decreased job satisfaction, increased medical errors, and a higher propensity to leave the profession.[2] In an examination of the first year of employment for newly graduated nurses, it was found that the majority had self-confidence issues in their professional activities and lacked sufficient professional knowledge and skills. This increased their stress, decreased their job satisfaction, and led them to consider leaving their jobs.[9]

Excessive nurse turnover imposes a substantial financial burden on healthcare institutions, with the average cost per nurse replacement in the United States exceeding $40,000—translating to over $5 million annually for the average hospital.[10] This crisis is particularly acute among New Graduate Nurses (Ngns), whose high attrition rates jeopardize patient outcomes and strain organizational resources. Central to addressing this challenge is understanding intention to leave (ITL), a well-established predictor of actual turnover reflecting employees' voluntary exit plans.[11] This narrative review synthesizes factors directly affecting ITL in NGNs, a population uniquely vulnerable due to transition shock, role adaptation challenges, and limited professional resilience. While established antecedents like occupational stress[12] and sleep disturbances[4] significantly elevate ITL, broader contextual factors remain underexplored, including organizational culture, leadership support, workload equity, and professional development opportunities. Crucially, no comprehensive review consolidates evidence on the multifactorial landscape driving NGNs' ITL. Therefore, this study aimed to identify the key factors influencing turnover intention among newly graduated nurses.

Materials and Methods

This research is a narrative review of studies published in both Persian- and English-language scientific journals between 2010 and 2024, both domestically and internationally. To identify relevant studies, databases such as Scopus, PubMed, Science Direct, Magiran, Google Scholar, and SID were searched using keywords like "Employee turnover," "Quit job," "Nurses," "Job satisfaction," "Occupational stress," "Clinical competence," "Leadership," and "Organizational Culture." Studies were selected based on the presence of these keywords in their titles or abstracts.

Initial searches yielded 65 articles. Then, two researchers independently screened titles/abstracts against inclusion criteria: Focus on factors affecting turnover intention in newly graduated nurses (1–3 years of experience), full-text availability in Persian/English (2010–2024), relevance to research objectives, and exclusions included letters to editors, inaccessible texts, or tangential topics. Disagreements were resolved through consensus discussions; unresolved cases required arbitration by a third reviewer. Finally, 34 studies were selected for synthesis [Figure 1].

Data extraction documented authors, publication year, location, population, and key findings directly relevant to factors influencing turnover intention. Given the narrative design, we prioritized thematic synthesis over quantitative meta-analysis. Study quality and bias were evaluated using the Scale for the Assessment of Narrative Review Articles (SANRA), with both reviewers appraising content rigor. Thematic patterns were mapped to address research aims.

For this study, the data collected were used for scientific purposes, and the authors of this paper were committed to protecting the intellectual property of the authors of the studied articles in reporting their conclusions.

Ethical considerations

This study is a narrative review based on previously published literature and does not involve direct data collection from human participants. Therefore, ethical approval from an Institutional Review Board (IRB) was not required. All sources used in this review were cited appropriately, and the study was conducted in accordance with ethical principles of academic integrity, including avoidance of plagiarism, accurate referencing, and unbiased reporting of findings. The authors ensured that the reviewed articles were obtained from reputable databases and that the synthesis of findings was performed transparently and responsibly.

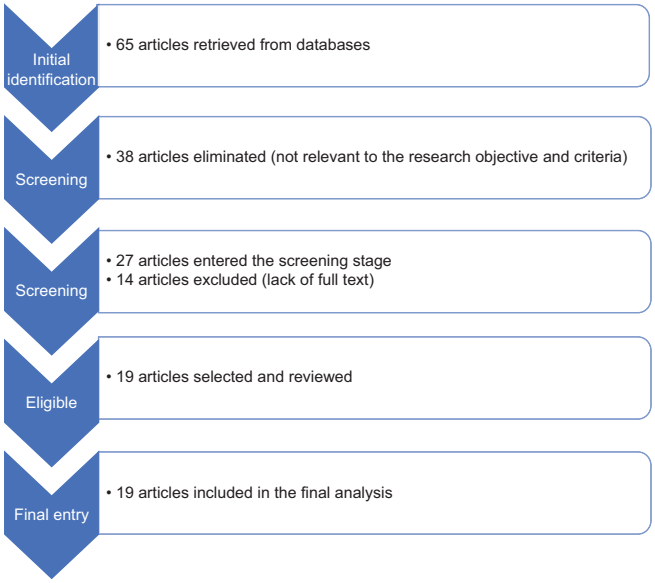

Figure 1: The process of reviewing articles

Results

This study analyzed 19 articles addressing the factors influencing turnover intentions among newly graduated nurses. All reviewed articles were published in English. In terms of research settings, 2 studies were conducted in South Korea, 1 in Turkey, 11 in Canada, 2 in China, 1 in Finland, and 2 in the United States. As far as study design is concerned, 14 studies were cross-sectional, 2 were descriptive-predictive, 1 was a survey, 1 was longitudinal, and 1 was a descriptive-combined design. The results of the studies are detailed in Table 1.

Based on the reviewed articles, the factors influencing turnover among new graduate nurses operate at both individual and organizational levels. At the individual level, negative predictors were identified across three coherent subgroups: (1) Personality traits such as low emotional stability (neuroticism), avoidant tendencies, and low conscientiousness; (2) Mental health challenges including emotional exhaustion, cynicism, job burnout, sleep disturbances, job stress, psychological distress, and exposure to negative life events; and (3) Professional competency gaps encompassing insufficient clinical skills/knowledge, poor communication with patients/families/colleagues, and role conflict/ambiguity. Conversely, positive individual predictors mitigating turnover risk include psychological capital (e.g., resilience, optimism), strong professional commitment, higher education levels, and adaptive intrapersonal characteristics. At the organizational level, negative predictors comprise heavy workload, workplace bullying, incivility, unprofessional conduct, equipment deficiencies, unfavorable work characteristics, inadequate patient care resources, ineffective leadership (including lack of authenticity), problematic structural policies, high-acuity work areas, negative work events, poor organizational fit, unsupportive environments, and strained team relationships. Positively, protective organizational factors include effective authentic leadership, adequate resourcing, positive work design, strong organizational alignment, supportive climates, and collaborative workplace relationships.

Discussion

This review aimed to examine the factors influencing turnover among newly hired nurses. There is currently a growing trend of nurses leaving the profession, with even new graduates hesitant to pursue nursing careers. A particular concern for hospitals is newly hired nurses who experience reality shock during the transition from university to the workplace and leave the profession after a few months of work. Therefore, identifying the influencing factors can reduce the rate of nurse turnover in the early years of employment.[13]

Based on the reviewed articles, the factors affecting turnover among new graduate nurses can generally be categorized into personal and organizational factors.

Personal factors related to turnover intention in newly hired nurses:

1. Job stress and sleep disturbances
   The results of the study by An *et al*.[4] in South Korea showed that job stress and sleep disturbances were significant predictors of turnover intention among new nurses in the eighth week after joining the hospital. Nurses may experience sleep disturbances due to irregular lifestyle patterns, including shift work. New nurses are more likely to experience sleep disturbances than experienced nurses, particularly due to sudden shifts in sleep patterns[14] and frequent overtime caused by skill deficiencies. These findings suggest that the assessment and management of job stress and sleep disturbances should be systematically conducted from the initial stages of nurse hiring to reduce turnover intention. Previous studies have found that new nurses often experience higher levels of job stress than experienced nurses, primarily due to challenges in interpersonal relationships and a lack of work skills when navigating new environments and tasks.[15] Also, Generation Z nurses, who are digital natives, may be more susceptible to job stress due to their unique upbringing in a digitally connected world, which can impact their interpersonal skills.[16]
2. High workload, poor communication with patients, families, or team members, and inadequate skills and knowledge
   The second significant factor contributing to turnover among new graduate nurses is a high workload, poor communication with patients, families, or team members, and inadequate skills and knowledge.[1] Studies have shown that new graduate nurses lack sufficient clinical experience in communicating with patients and colleagues, and their clinical actions do not align with the realities of nursing.[16] Also, they are often found to be lacking in terms of developing professional

Table 1: Summary of the study results

Author(s), Year, Country	Article title	Study design	Sample	Key findings
An *et al*., 2022, South Korea[4]	Factors Affecting Turnover Intention among New Graduate Nurses: Focusing on Job Stress and Sleep Disturbance	Cross-sectional, descriptive, correlational	133 new graduate nurses	Job stress and sleep disturbance significantly predicted turnover intention in new nurses.
Ulupinar and Aydogan, 2021, Turkey[1]	New graduate nurses' satisfaction, adaptation, and intention to leave in their first year: A descriptive study	Descriptive and cross-sectional	428 newly hired nurses	New graduates who perceived high workload, poor communication, or inadequate skills were more likely to consider leaving.
Favaro *et al*., 2021, Canada[2]	Relationships among sex, empowerment, workplace bullying, and job turnover intention of new graduate nurses	Nonexperimental, descriptive correlational	400 newly hired nurses	Workplace bullying significantly predicted turnover intention. Male nurses reported more bullying and less intention to leave.
Li *et al*., 2020, China[17]	Intention to leave among newly graduated nurses: A descriptive, multicenter study	Cross-sectional	1313 newly hired nurses	Turnover intention was influenced by work area, education level, negative work/life events, and person-organization fit.
Kaihlanen *et al*., 2020, Finland[18]	Final clinical practicum, transition experience, and turnover intentions among newly graduated nurses: A cross-sectional study	Cross-sectional survey	712 nurses who graduated within the past two years	Turnover intention was significantly associated with emotional (psychological distress) and sociodevelopmental (role conflict and ambiguity) domains during the transition from student to nurse.
Dwyer *et al*., 2019, United States[19]	The influence of psychological capital, authentic leadership in preceptors, and structural empowerment on new graduate nurse burnout and turnover intent	Cross-sectional exploratory online survey design	136 new graduate nurses between 6 months and 3 years of employment	The outcomes of new graduate nurses were influenced by the work environment, workplace relationships, and intrapersonal characteristics, which affected turnover intention.
Yu and Lee, 2018, China[20]	Impact of resilience and job involvement on turnover intention of new graduate nurses using structural equation modeling	A cross-sectional study and a structural equation modeling approach	371 nurses with less than or equal to 18 months of experience	Emotional distress and job burnout directly influenced turnover intention. Resilience had a positive direct effect on job involvement, which negatively influenced turnover intention.
Kim and Yoo, 2018, South Korea[21]	The Influence of Psychological Capital and Work Engagement on Intention to Remain of New Graduate Nurses	A cross-sectional survey design	156 new graduate nurses	Intention to remain was significantly correlated with psychological capital and work engagement. Psychological capital and work engagement influenced the intention to remain.
Lalonde and McGillis Hall, 2017, Canada[22]	Preceptor characteristics and the socialization outcomes of new graduate nurses during a preceptorship program	Cross-sectional and multisite design with purposeful sampling	41 preceptors and 44 new graduate nurses	Personality traits of openness, conscientiousness, and emotional stability in nurse preceptors significantly influenced turnover intention, job dissatisfaction, role conflict, and role ambiguity in new graduate nurses.
Guerrero *et al*., 2017, Canada[23]	New Graduate Nurses' Professional Commitment: Antecedents and Outcomes	A three-wave longitudinal design	2395 newly hired nurses	Professional commitment, coupled with good work characteristics and organizational resources, reduced anxiety, physical symptoms, and turnover intention.
Fallatah *et al*., 2017, Canada[24]	The Effects of Authentic Leadership, Organizational Identification, and Occupational Coping Self-efficacy on New Graduate Nurses' Job Turnover Intentions in Canada	Cross-sectional study	3906 newly hired nurses	To increase retention, nurse managers should strengthen new graduates' identification with the leader and organization, which increases their occupational coping self-efficacy.

Contd...

Table 1: Contd...

Author(s), Year, Country	Article title	Study design	Sample	Key findings
Spence Laschinger *et al*., 2016, Canada[25]	New nurses' perceptions of professional practice behaviors, quality of care, job satisfaction, and career retention	A nonexperimental predictive design	1012 newly hired nurses	Professional behavior is a key mechanism through which empowerment and supportive practice environments influence the quality of care provided by nurses, which is associated with job satisfaction and a lower propensity to leave the profession.
Laschinger *et al*., 2016, Canada[26]	Starting Out: A time-lagged study of new graduate nurses' transition to practice	A national two-wave survey	3743 newly hired nurses	Over half of new graduates experienced high levels of emotional exhaustion in their first year, and many experienced incivility (24–42%) in the workplace. Situational and personal factors explained a significant amount of variance in new graduates' job and career satisfaction.
Boamah and Laschinger, 2016, Canada[27]	The influence of areas of work-life fit and work-life interference on burnout and turnover intentions among new graduate nurses	A predictive, nonexperimental survey design and a cross-sectional survey	215 newly hired nurses	Work-life fit negatively impacted burnout (emotional exhaustion and cynicism), which positively influenced turnover intention. Work-life interference also indirectly influenced turnover intention through burnout.
Yin Wu *et al*., 2012, United States[28]	Work-related stress and intention to quit in newly graduated nurses	A descriptive correlational design	154 newly graduated students	Equipment-related issues were the only factor significantly correlated with participants' intention to quit.
Laschinger *et al*., 2012, Canada[29]	The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout, and retention outcomes: A cross-sectional study	Cross-sectional survey design	342 new graduate nurses	Authentic leadership had a negative direct effect on workplace bullying, which positively influenced emotional exhaustion. Authentic leadership also indirectly influenced job satisfaction through bullying and emotional exhaustion.
Laschinger *et al*., 2012, Canada[30]	Predictors of new graduate nurses' workplace well-being: Testing the job demands-resources model	A descriptive correlational design	420 new graduate nurses	Job demands (workload, bullying) predicted burnout and poor mental health. Job resources (supportive practice environment, control) predicted job engagement and lower turnover intention. Burnout was a significant predictor of turnover intention.
Laschinger, 2012, Canada[31]	Job and career satisfaction and turnover intentions of newly graduated nurses	A cross-sectional analysis	342 nurses in their first two years of employment	New graduate nurses reported favorable working conditions. Structural and personal factors influenced job satisfaction and turnover intention. Empowerment, job engagement, and burnout were important predictors.
Rhéaume *et al*., 2011, Canada[32]	Understanding intention to leave among new graduate Canadian nurses: A repeated cross-sectional survey	A repeated cross-sectional survey	348 new graduate nurses	49.6% of new graduates did not intend to leave their current job, while 4.9% definitely intended to leave. A component of the work environment, foundations of quality nursing care, and a component of psychological empowerment explained 24% of the variance in turnover intention.

knowledge and skills.[1] Other studies on this topic have reported that educational programs that contribute to professional development and meet the requirements for the transfer of clinical competence increase job satisfaction and reduce the turnover rate of new graduate nurses.[33] Liu *et al*.[34] noted that nurses who felt that their bachelor's degrees did not adequately prepare them for professional activities were more likely to intend to leave the profession during their first year.

3. Role conflict, ambiguity, and resilience

The ITL among new graduate nurses is significantly linked to psychological distress and sociodevelopmental challenges, particularly role conflict (experiencing incompatible job demands) and role ambiguity (unclear

responsibilities). This reflects a well-documented disconnect between nursing students' clinical training and actual workplace expectations, creating transition shock upon graduation.[13] To bridge this gap, integrating students into clinical teams and providing realistic preparatory education about professional demands during training is essential. Concurrently, resilience-defined as the capacity to adapt constructively to adversity-serves as a critical buffer. It directly enhances job engagement while indirectly reducing turnover intention by mitigating job dissatisfaction, psychological distress, and burnout.[34] Notably, highly resilient nurses exhibit lower turnover intention even in suboptimal work environments. Consequently, resilience-building interventions (e.g., cognitive-behavioral strategies fostering adaptive coping) represent a key retention strategy. Furthermore, unresolved role stress and burnout often manifest as cynicism, a dimension of burnout characterized by negative, detached attitudes toward work. This erosion of professional perception underscores the need for dual-level interventions: person-centered approaches (e.g., resilience training, cognitive therapies) and organizational solutions including job redesign (e.g., workload reduction, increased autonomy), transition support programs, and sustained reinforcement mechanisms to maintain intervention efficacy. Ultimately, systematically cultivating supportive environments through structured onboarding, adequate resources, and collaborative cultures remains fundamental to reducing turnover.[34]

4. Cynicism and burnout
   Cynicism-manifesting as detachment and negative attitudes toward work-is a core dimension of burnout that directly erodes new graduate nurses' job satisfaction and amplifies turnover intention.[35] This aligns with established evidence linking cynicism to disengagement and attrition. To mitigate this, preventive strategies must target both individual and organizational roots: Person-centered interventions (e.g., cognitive-behavioral therapy, mindfulness training) build adaptive coping skills, while organizational interventions (e.g., workload reduction, increased autonomy, participatory decision-making) address structural drivers. Critically, meta-analytic evidence indicates that intervention benefits often diminish after 6–12 months without sustained reinforcement (e.g., booster sessions, ongoing mentorship).[36] Thus, long-term effectiveness requires embedding support mechanisms like transition programs that foster realistic expectations and continuous skill development.[26] By systematically reducing cynicism through these dual pathways, organizations can disrupt the burnout-to-turnover cascade.

Organizational factors related to turnover intention in newly hired nurses:

1. Workplace bullying and intimidation
   Workplace bullying and intimidation, defined as "repeated, negative acts directed towards one or more persons and creating a hostile work environment," remain significant factors influencing turnover intention among nurses. This issue not only impacts individual well-being, but also strains healthcare systems financially and depletes human resources globally. While the adage "Nurses eat their young" oversimplifies the phenomenon, it reflects observed patterns where experienced nurses may bully early-career peers.[37] Historical data from Ontario indicated concerning rates, with 24% of first-year and 27% of second-year nurses experiencing bullying. More recent global context underscores the pervasiveness of this issue: a 2023 ILO/WHO report found 23.8% of health workers worldwide experienced workplace harassment, with rates exceeding 60% in countries like Sweden and Brazil.[38] Notably, male nurses often report higher bullying rates due to gender-role stereotypes yet may exhibit lower turnover intention; a 2024 multicountry study demonstrated that workplace structural empowerment programs reduced bullying incidents by 32% and lowered male nurses' turnover intent by 40%.[39] Both work environment and personal characteristics significantly influence retention outcomes, making evidence-based interventions critical. Implementing zero-tolerance policies has proven effective, with studies showing a 50% reduction in bullying incidents within 12 months of rigorous enforcement, as documented in NHS Trust implementations. Similarly, providing empowering work conditions (e.g., decision-making autonomy, resource access) correlates with a 35% reduction in bullying and 28% lower turnover rates. Furthermore, regular structured team dialogues, such as monthly respectful-interaction workshops, improved unit cohesion by 45% in Australian hospitals, directly reducing hostile behaviors.[40] Therefore, eliminating workplace violence requires systemic changes validated by outcomes data: empowerment frameworks and enforceable anti-bullying policies not only align with global best practices (WHO, 2023) but demonstrably retain talent, reducing turnover costs by up to 200% of a nurse's annual salary. Healthcare leaders must prioritize these evidence-backed strategies-including empowerment initiatives, zero-tolerance enforcement, and relationship-building forums-to foster civility and sustain workforce integrity.[40]
2. Inappropriate work area, negative workplace events, and organizational misfit
   Among newly graduated Chinese nurses, the ITL is influenced by work area, negative workplace events, and individual organizational misfit.[17] On the other hand, excessive turnover rates and the subsequent staff shortages often result in environments that are less conducive to providing the necessary support for new graduate nurses. This lack of preparedness and support is frequently cited as a contributing factor to high turnover rates. Interventions such as nurse residency programs have previously been shown to be effective strategies for supporting new graduate nurses. These strategies can

help new graduate nurses transition smoothly during their early years of professional life and can be more widely implemented among this population.[41] In the study by Li *et al*.,[17] among the factors influencing turnover, exposure to negative workplace events in the past year was the most influential factor in the ITL. This is because new graduate nurses have limited knowledge and skills and may not be well prepared to cope with the complex clinical environment. Negative workplace events can lead to emotional distress, anxiety, or depression, which in turn affects job satisfaction, cynicism, burnout, and ultimately turnover intention. One study showed that nurses who experience negative events tend to have lower levels of organizational commitment.[42] Therefore, given their older age and experience, nurse supervisors and managers are expected to support new graduate nurses by encouraging them to share their reactions to negative patient experiences, complex care issues, and existential events.[17] In the study by Li *et al*., compared to nurses working in wards, new graduate nurses working in other areas (such as outpatient and administrative departments) had less ITL. Similarly, another study showed that 73.5% of nurses considered leaving their position due to the requirement to work night shifts.[35] These results indicate that new graduate nurses with rotating night schedules require special attention due to the high risk of job dissatisfaction and adverse health effects.[43]

3. Providing adequate organizational resources and equipment related to patient care

   Nurses are more likely to remain committed to their profession when they have access to a positive work environment and the necessary resources to provide quality patient care. From the nurse's perspective, a realistic understanding of the nursing role is crucial. In hospitals, a good work environment and resources should be provided to ensure that nurses do not leave the profession early in their careers.[30] In a longitudinal research, Guerrero *et al*.[23] examined how a positive work environment with good work characteristics (e.g., high salaries and rewards, job security, career advancement, and a prestigious job title) and provision of organizational resources for care improved nurses' well-being and reduced their desire to leave the profession. The results showed that a good work environment and organizational resources for care are important predictors of professional commitment among new nurses. Also, nursing managers were advised to provide good working conditions such as competitive salaries, prestigious job titles, and career advancement opportunities for nurses, as these factors ensure that nurses feel proud of being nurses and strengthen their professional commitment. In addition, the authors recommended that resources for patient care be provided to nurses as this also stimulates their professional commitment.[23] Furthermore, another study revealed that equipment-related problems was the only significant predictor of participants' intention to quit their jobs, out of all the stressors identified.[23] Given the multifaceted responsibilities of new nurses, including technological proficiency, complex patient care, and meeting the expectations of peers and physicians, inadequate equipment can negatively impact their job satisfaction and performance. Therefore, patient care services and nursing management must prioritize addressing this issue.[44] Nursing schools should partner with hospital nursing instructors to ensure that students are trained on the latest equipment used in clinical settings, as (technologically) outdated equipment in nursing schools can hinder their ability to effectively care for patients.[28] Developing student-centered curricula in nursing programs to bridge the readiness-to-practice gap in order to maximize the professional success and retention of newly graduated nurses is critical. As a result, one of the most important tasks of any nursing school is to prepare nursing students with a realistic view of the types of work-related stressors they will face in order to reduce the transition shock.[44]

4. Authentic leadership

   Another significant factor influencing the intention to leave the profession is authentic leadership. By reducing the likelihood of bullying and burnout, authentic leadership significantly affects nursing retention outcomes, consequently improving new nurses' job satisfaction and decreasing their ITL. Bullying is associated with higher levels of burnout (emotional exhaustion) and, subsequently, lower job satisfaction and higher intention to leave the job.[29] The results of Fallatah *et al*.[24] showed that authentic leaders can directly and indirectly influence the organizational identity of new graduate nurses by creating a work environment that encourages honesty, involves employees in the decision-making process, and fosters a positive organizational culture. This provides new nurses with the necessary support to develop their skills, a finding consistent with the results of other studies.[24] These findings highlight the importance of leadership in creating environments that prevent bullying and burnout, and thus, promote the retention of new graduate nurses. Laschinger *et al*.[30] found that empowering work environments are associated with lower levels of bullying, suggesting that managerial efforts to empower nurses by ensuring access to the necessary support, resources, and information needed to do their jobs may reduce the likelihood of bullying. On the other hand, it can be argued that leadership styles that prevent negative interpersonal interactions and promote a supportive work atmosphere play a significant role in retaining newly graduated nurses.[29]

   According to Giallonardo *et al*.,[45] the quality of leadership can significantly impact the job engagement of new graduate nurses, with those who have positive perceptions of their supervisors exhibiting higher levels of commitment and satisfaction. Moreover, research consistently demonstrates that structural

factors (manageable workload, control, rewards, fairness, community, and person-job fit) are strong predictors of job satisfaction, engagement, and turnover intentions among new graduates, suggesting practical management strategies for preventing burnout and fostering a positive work culture. Since burnout is linked to negative mental and physical health, and both are significantly associated with job satisfaction and turnover, these preventive strategies can have a broader impact on the health and well-being and retention of new graduates.[46]

5. Desirable workplace components
   Workplace components and the quality of nursing care also contribute to the ITL.[19] New graduate nurses require a work environment that provides them with the necessary support and guidance during their transition from a student to a professional nurse.[32] The term "work environment" is generally associated with adequate resources, an appropriate nurse-to-patient ratio, relationships with other members of the healthcare team, and managerial support, which allow nurses to provide quality patient care. However, the work environment is often problematic for young nurses, and dissatisfaction with their surroundings leads to low retention rates in this group.[32] Lesnik and Hauser-Oppelmayer studied the stress experienced by 270 nursing graduates during the first 12 months of employment and reported that graduates were dissatisfied with the work environment and the lack of power to make changes.[47] Similarly, a survey of 352 new graduate nurses' work experiences in the United States showed that 30% of respondents left their jobs within the first year, while 57% of respondents left their jobs during the second year of employment.[48] In a study by Boamah *et al*.,[49] the work environment was also a significant factor in the turnover of new graduate nurses. Research indicates that employees who perceive their workloads as manageable are less likely to experience burnout, as reduced stress leads to lower levels of emotional exhaustion and cynicism, ultimately contributing to higher job satisfaction and retention. A cohesive work environment enables employees to communicate effectively, share responsibilities in completing work, and feel like valued members of the team.[49] Finally, the limitation of this article was the lack of free access to published articles.

Conclusion

This study found that factors influencing the intention of newly graduated nurses to leave their jobs include both individual factors (professional commitment, emotional stability, conscientiousness, sleep disturbances, job stress, poor patient communication, inadequate skills and knowledge, psychological capital, role conflict, and ambiguity) and organizational factors (heavy workload, workplace bullying, incivility, professional behavior, issues related to equipment and organizational resources for patient care, effective and authentic leadership within the organization, and workplace relationships). Therefore, to enhance job satisfaction and retention among new graduate nurses, nursing policymakers and leaders should prioritize identifying and addressing the factors that contribute to burnout and turnover. By implementing targeted strategies, they can empower nurses to build a more fulfilling and sustainable career. As these policies affect all aspects of nursing practice, it is expected that by changing the status of nursing, there will be significant changes in the quality of patient care.

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Conflicts of interest

Nothing to declare.

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