

Turnover Intention and Its Relationship with Nurses' Sociodemographic and Professional Characteristics

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Theme: Care processes and practices

Contribution to the field: The present study highlights that nurse turnover is a phenomenon that jeopardizes the equitable distribution of nurses and the sustainability of healthcare systems. Its consequences have serious implications for institutions, professionals, and users. Understanding the sociodemographic and professional profile of nurses who are most likely to leave the institution allows for the implementation of strategies to promote nurse retention, thereby contributing to the promotion and assurance of quality care and patient safety.

Abstract

Introduction: The shortage of nurses associated with the turnover phenomenon has serious consequences for organizations, professionals, and patients, as it compromises the quality and safety of care, as well as the equitable distribution of nurses and the sustainability of healthcare services. The intention to turnover is considered the best predictor and precursor of the final decision to leave the organization. **Objective:** To assess the relationship between turnover intention and the sociodemographic and professional characteristics of a sample of nurses. **Materials and Methods:** Quantitative, observational, descriptive, correlational, and cross-sectional study, with a non-probabilistic convenience sample consisting of 338 nurses. A turnover intention assessment scale translated and validated for Portugal (Cronbach's alpha coefficient = 0.91) was used. Descriptive and inferential analysis, with the application of parametric tests, for a significance level of 0.05, was performed using the IBM SPSS Statistics version 30.0. **Results:** Statistically significant differences ($p < 0.05$) were found between the composite variables: Intention to leave and intention to remain, and the sociodemographic and professional variables: Age group, marital status, employment contract type, length of service, length of service at the institution, length of permanence in the current service/unit, and work setting. **Conclusion:** Knowledge of the main sociodemographic and professional characteristics associated with nurses' turnover intentions allows for the early implementation of strategies, especially those aimed at professionals at greater risk of leaving the institution, promoting team stability, which is essential for ensuring the quality and safety of nursing care.

Keywords (Source: DeCS)

Nurse; turnover; sociodemographic characteristics; professional characteristics; quality of care; patient safety.

4 Intención de *turnover* y su relación con las características sociodemográficas y profesionales en enfermeros

Resumen

Introducción: La escasez de enfermeros asociada al fenómeno del *turnover* conlleva graves consecuencias para las organizaciones, profesionales y pacientes, poniendo en riesgo la calidad y seguridad de la atención, así como la distribución equitativa de enfermeros y la sostenibilidad de los servicios de salud. La intención de *turnover* se considera el mejor predictor y antecedente de la decisión final de abandonar la organización. **Objetivo:** evaluar la relación entre la intención de *turnover* y las características sociodemográficas y profesionales de una muestra de enfermeros. **Materiales y métodos:** estudio cuantitativo, observacional, descriptivo, correlacional y transversal, con una muestra no probabilística de conveniencia compuesta por 338 enfermeros. Se utilizó una escala de evaluación de la intención de *turnover* traducida y validada para Portugal (coeficiente alfa de Cronbach = 0,91). El análisis descriptivo e inferencial, con la aplicación de pruebas paramétricas, con un nivel de significancia de 0,05, se realizó utilizando el software IBM SPSS Statistics, versión 30.0. **Resultados:** se encontraron diferencias estadísticamente significativas ($p < 0,05$) entre las variables compuestas, la intención de marcharse y la intención de permanecer, y las variables sociodemográficas y profesionales: grupo de edad, estado civil, régimen contractual, tiempo de servicio, tiempo de permanencia en la institución, tiempo de permanencia en el servicio/unidad actual y contexto laboral. **Conclusión:** el conocimiento de las principales características sociodemográficas y profesionales asociadas a la intención de *turnover* de los enfermeros permite anticipar la implementación de estrategias, especialmente dirigidas a profesionales con mayor riesgo de abandonar la institución, promoviendo la estabilidad de los equipos, un requisito indispensable para garantizar la calidad y la seguridad de los cuidados de enfermería.

Palabras clave (Fuente DeCS)

Enfermero; *turnover*; características sociodemográficas; características profesionales; calidad de la atención; seguridad del paciente.

A intenção de *turnover* e sua relação com características sociodemográficas e profissionais dos enfermeiros

Resumo

Introdução: A escassez de enfermeiros associada ao fenômeno do *turnover* tem graves consequências para organizações, profissionais e doentes colocando em causa a qualidade e a segurança dos cuidados, assim como a distribuição equitativa de enfermeiros e a sustentabilidade dos serviços de saúde. A intenção de *turnover* é considerada o melhor preditor e antecessor da decisão final de sair da organização. **Objetivo:** avaliar a relação entre a intenção de *turnover* e as características sociodemográficas e profissionais de uma amostra de enfermeiros. **Materiais e métodos:** estudo quantitativo, observacional, descritivo, correlacional e transversal, com uma amostra não probabilística, por conveniência, constituída por 338 enfermeiros. Foi utilizada uma escala de avaliação da intenção de *turnover* traduzida e validada para Portugal (coeficiente de alfa de Cronbach = 0,91). A análise descritiva e inferencial, com aplicação de testes paramétricos, para um nível de significância de 0,05, foi realizada com recurso ao programa IBM SPSS Statistics versão 30.0. **Resultados:** foram encontradas diferenças estatisticamente significativas ($p < 0,05$) entre as variáveis compostas, intenção de sair e intenção de permanecer, e as variáveis sociodemográficas e profissionais: grupo etário, estado civil, regime contratual, tempo de serviço, tempo de permanência na instituição, tempo de permanência no atual serviço/unidade e contexto de trabalho. **Conclusão:** O conhecimento sobre as principais características sociodemográficas e profissionais associadas à intenção de *turnover* dos enfermeiros permite antecipar a implementação de estratégias, especialmente dirigidas aos profissionais com maior risco de sair da instituição, promovendo a estabilidade das equipas, requisito indispensável para garantir a qualidade e a segurança dos cuidados de enfermagem.

Palavras-chave (Fonte DeCS)

Enfermeiro; *turnover*; características sociodemográficas; características profissionais; qualidade dos cuidados; segurança do doente.

Introduction

Voluntary turnover among nurses is one of the main factors compromising the quality and safety of healthcare (2, 3). This phenomenon, combined with a chronic shortage of nurses (4), threatens the sustainability of healthcare services and warrants effective strategies to promote nurse retention in the public healthcare system (5). Turnover is preceded by the turnover intention (TI) stage, which corresponds to the professional's willingness to terminate their contractual relationship (6, 7) or attempts to leave the institution, and this intention may or may not evolve into reality (8, 9). This cognitive process develops in three stages: the thought of leaving, the intention to look for another job, and the decision to leave (10). Assessing TI is more cost-effective than assessing turnover, as it allows implementing preventive strategies (7).

International studies reveal concerning turnover rates. In the United States, a study conducted with more than 15,000 nurses indicated a turnover rate of 17%, with 40% expressing their intention to leave (11). In Brazil, the turnover rate for nurses was 16.08% in 35 hospitals (5). In Taiwan, 17% of nurses expressed a desire to leave and 16% to abandon the profession (12). In Europe, the RN4CAST consortium conducted a study that included 10 countries and found that 9.5% of nurses intended to leave the profession and 27.1% to change their workplace (13).

In Portugal, studies covering TI and nurse turnover are scarce. In a study covering nurses from 31 Portuguese hospitals, 42.5% expressed their intention to leave (14). More recent studies, which used the Anticipated Turnover Scale (ATS) translated and validated for Portugal (15), showed high levels of TI in hospitals, of 3.89 (16) and 3.69 (17), and lower values in primary healthcare, with 2.79 (18). According to the ATS, scores above 3.5 (cut-off point) indicate strong evidence of TI (15).

The economic and human consequences of this phenomenon are considered to be highly negative (2, 3, 7). Financially, the costs can be divided into three levels: primary—recruitment and integration, secondary—impact on productivity, overload of professionals, and risk of errors, and tertiary—reduction in quality/safety and medium- to long-term effects on the organization's image (19).

For professionals, turnover results in work overload, fatigue, stress, and decreased team cohesion (2). The departure of experienced nurses compromises team performance and productivity (15, 19), reducing nurse-to-patient ratios and increasing dissatisfaction, perpetuating a vicious cycle (2).

For patients, the consequences include an increase in adverse events such as falls, medication errors, pressure ulcers, longer hospital stays, and higher morbidity and mortality rates (2, 3, 6, 7).

The causes of turnover include personal, professional, and organizational factors. Among the personal factors, age, sex, marital sta-

tus, level of education (19), and personal health status (20, 21) stand out. Professional factors include job position and rank (6), professional experience (8), working hours, compensation, and prospects for career advancement (22). Among organizational factors, the nursing practice environment is widely recognized as the factor that most directly influences TI and effective turnover (3, 14, 16, 18, 22). A poor practice environment contributes to a negative perception of quality of life in the workplace with higher levels of stress (6, 7, 11), greater professional dissatisfaction (1, 2, 6, 10, 13, 20), lower commitment to the organization (1, 8, 10, 19), and, consequently, higher TI.

In Portugal, the extent and causes of nurse TI/turnover are still poorly understood. Portugal ranks 14th among Organization for Economic Co-operation and Development (OECD) countries with the lowest number of nurses, with a ratio of 7.4 nurses per thousand inhabitants, below the European average of 9.2 (23). This scenario, combined with turnover, raises questions regarding the equitable distribution and sustainability of healthcare services and may compromise the quality and safety of healthcare provision.

In this sense, it is crucial to develop further studies on TI among Portuguese to understand the true extent of the problem and identify its predictors, which will enable the planning and implementation of effective strategies to promote nurse retention in public healthcare institutions.

The objectives of the present study were to characterize the TI of nurses at a Local Healthcare Unit in the Lisbon Metropolitan Area (*Unidade Local de Saúde da Região Metropolitana de Lisboa* - ULSRML) and to assess the relationship between TI and the sociodemographic and professional characteristics of a sample of nurses.

Materials and Methods

This is a quantitative, observational, descriptive, correlational, and cross-sectional study with a non-probabilistic, convenience sample of 338 nurses providing direct care (11.2% of the target population) at a Local Health Reference and Care Unit (ULSRML). Data collection was conducted between August and December 2024, following authorization from the Administrative Council, approval by the ULSRML Ethics Committee (Reference 1.537/2024), and use authorization from the authors of the TI scale adapted and translated for Portugal.

For data collection, a link was used to access a digital instrument based on the Qualtrics Research Suite® platform, managed by the Interdisciplinary Health Research Center at the Portuguese Catholic University (*Universidade Católica Portuguesa*) in Porto.

The instrument included: i. informed consent; ii. questions covering socio-demographic and professional characteristics (age; sex; marital status; academic qualifications; professional title; employment status; length of service in the profession, at the institution, and in the current position; and work setting); and iii. a TI assessment scale translated and validated for Portugal (15).

The sociodemographic and professional characteristics of the nurses participating in the study were determined using absolute and relative frequencies for categorical variables and mean and standard deviation for continuous quantitative variables. The Kolmogorov-Smirnov test was used to evaluate the normality of the quantitative variables, and Levene's test was used to determine the homogeneity of the variances of the groups. The association between socio-demographic variables and TI scale variables was studied using the Student's t-test for independent samples or the ANOVA test, as applicable, considering the number of groups to be compared. In cases where the ANOVA test was significant, multiple comparison tests were performed using the Bonferroni method, controlling the global error, for a significance level of 0.05 (24).

The reliability of the TI scale was assessed using Cronbach's alpha coefficient, which yielded an alpha value of 0.91, indicating very good internal consistency (25).

Results

Table 1 shows the results of the sociodemographic and professional characterization of the nurses. Accordingly, most participants are female (85.5%), with ages prevalently between 36 and 45 years (37.4%), and most are married (54.4%). In terms of academic level, 62.1% have only a bachelor's degree; 37.9% have a master's degree or higher, and more than half (52.1%) are specialists. Most have a permanent contract (96.4%), more than 10 years of professional experience (74.9%), and have also been working at the institution for more than 10 years (56.2%). In terms of the work setting, 69.0% work in hospital services and only 31.0% in primary health care. Regarding the length of service in their current position, 33.7% have been there for more than 10 years, and 33.4% between 1 and 5 years.

Table 1. Sociodemographic and Professional Characteristics of the Sample Participants (n = 338)

Sociodemographic and Professional Variables	n	%
Age Group		
≤ 25	17	5.0
[26-35]	67	19.8
[36-45]	126	37.4
[46-55]	87	25.7
≥ 56	41	12.1

Sociodemographic and Professional Variables	n	%
Sex		
Female	289	85.5
Male	49	14.5
Marital Status		
Single	124	36.7
Married	184	54.4
Widowed	3	0.9
Divorced	27	8.0
Academic Qualifications		
Bachelor's degree	210	62.1
Master's degree or higher	128	37.9
Professional Title		
Nurse	162	47.9
Specialist/specialist title	176	52.1
Contractual Arrangement		
Open-ended contract (permanent)	326	96.4
Fixed-term contract (replacement)	12	3.6
Service Time		
< 1 year	8	2.4
Between 1 and 5 years	39	11.5
Between 6 and 10 years	38	11.2
>10 years	253	74.9
Service Time at the Institution		
< 1 year	19	5.6
Between 1 and 5 years	63	18.6
Between 6 and 10 years	66	19.6
>10 years	190	56.2
Work Setting		
Primary health care	105	31.0
Hospital – inpatient services	181	53.6
Hospital – outpatient services	52	15.4
Service Time in Current Position/Unit		
< 1 year	38	11.3
Between 1 and 5 years	113	33.4
Between 6 and 10 years	73	21.6
>10 years	114	33.7

Source: Prepared by the authors.

Characterization of Turnover Intention

The global mean TI score was 3.56 (SD = 1.48), above the cutoff point (3.5), indicating significant levels of TI among nurses, with items ranging from 2.81 (SD = 1.68) to 4.77 (SD = 2.23) (Table 2).

Table 2. Frequencies of Disagreement, Neutral, and Agreement Responses, Mean and Standard Deviation per Item

Likert Scale TI	% (n) Agreement with the Item				
	Disagreeing Responses	Neutral Responses	Agreeing Responses	\bar{x}	SD
(I)1. I plan to stay at my current workplace for some time.	22.2% (75)	9.2% (31)	68.6% (232)	2.95	1.97
2. I am almost certain that I will be leaving my workplace in the near future.	48.2% (163)	15.7% (53)	36.1% (122)	3.58	2.14
(I) 3. Deciding whether to stay or leave my workplace is not a crucial matter for me at this time.	39.3% (133)	20.1% (68)	40.5% (137)	4.00	2.12
4. If I received another job offer tomorrow, I would seriously consider it.	23.4% (79)	17.5% (59)	59.2% (200)	4.77	1.84
(I) 5. I have no intention of leaving my current workplace.	45.0% (152)	15.4% (52)	39.7% (134)	4.13	2.23
6. I have been at this workplace as long as I wanted to be.	40.3% (136)	24.9% (84)	35.0% (118)	3.86	2.07
(I) 7. I am certain I will be here for a while.	22.8% (77)	16.3% (55)	60.9% (206)	3.25	1.89
(I) 8. I plan to keep my job at this organization for some time.	14.8% (50)	16.9% (57)	68.4% (231)	2.81	1.68
9. I have serious doubts about whether I will actually stay in this organization or not.	58.8% (199)	14.8% (50)	26.3% (89)	3.19	1.95
10. I plan to leave this workplace soon.	58.9% (199)	13.9% (47)	27.2% (92)	3.07	2.03
Global TI				3.56	1.48

Key: (I) – inverted score; \bar{x} – Mean; SD – standard deviation

Source: Prepared by the authors.

It should be noted that 59.2% would seriously consider a new job offer (\bar{x} = 4.77; SD = 1.84), 45% disagree that they have no intention of leaving their current workplace (\bar{x} = 4.13; SD = 2.23), and 40.5% agree that it is not essential for them to stay or leave their current workplace (\bar{x} = 4.0; SD = 2.12), reinforcing the expressive TI (Table 2).

Relationship between Sociodemographic and Professional Variables and Nurses' Turnover Intention

Possible associations between sociodemographic and professional variables and TI were analyzed using two composite items: 'intention to leave' (set of items with a mean ≥ 3.5) and 'intention to stay' (set of items with a mean < 3.5). The reliability of these composite items was confirmed using Cronbach's alpha coefficient, which, although lower than that obtained for the global TI scale, yielded a value of 0.76 (reasonable) for 'intention to leave' and 0.89 (good) for 'intention to stay' (25) (Table 3).

Table 3. Distribution of Means, Standard Deviations, and Cronbach's Alpha for Global TI and the Composite Variables 'Intention to Leave' and 'Intention to Stay'

Composite Item Variables	\bar{x}	sd	α
Global TI	3.56	1.48	0.91
Intention to Leave (Items 2, 3i, 4, 5i, and 6)	4.07	1.49	0.76
Intention to Stay (Items: 1i, 7i, 8i, 9, and 10)	3.05	1.60	0.89

Key: \bar{x} — mean; SD — standard deviation; α — Cronbach's alpha

Source: Prepared by the authors.

Statistically significant differences were found in the relationship between the variable 'intention to leave' and the varying age groups ($p = 0.002$), 'marital status' ($p = 0.015$), 'contract type' ($p = 0.040$), 'length of service' ($p = 0.001$), 'length of service at the institution' ($p = 0.024$), and 'length of service at the current department/unit' ($p = 0.008$) (Table 4).

Table 4. Association between the Composite Variable 'Intention to Leave' and Sociodemographic and Professional Variables

"Intention to Leave" Variable			
Sociodemographic and Professional Variables	\bar{x} ; SD	P-Value	P-Value Multiple Comparisons
Age Group			
≤ 25	4.58; 1.47	0.002	4 vs 2 (0.007)
[26-35]	4.44; 1.56		
[36-45]	4.21; 1.46		4 vs 3 (0.041)
[46-55]	3.62; 1.32		
≥ 56	3.76; 1.58		

"Intention to Leave" Variable			
Sociodemographic and Professional Variables	\bar{x} ; SD	P-Value	P-Value Multiple Comparisons
Sex Female Male	4.05; 1.51 4.16; 1.36	0.659	w.o/d
Marital Status Single Married Widowed or divorced	4.34; 1.43 3.96; 1.52 3.59; 1.38	0.015	1 vs 3 (0.037)
Academic Qualifications - Bachelor's degree - Master's degree or higher	4.04; 1.46 4.12; 1.53	0.616	w.o/d
Professional Title - Nurse - Specialist/specialist title	4.19; 1.47 3.96; 1.50	0.158	w.o/d
Contractual Arrangement - Open-ended contract (permanent) - Fixed-term contract (replacement)	4.10; 1.49 3.20; 1.24	0.040	
Service Time < 1 year Between 1 and 5 years Between 6 and 10 years >10 years	3.15; 1.49 4.14; 1.43 4.93; 1.36 3.96; 1.47	0.001	3 vs 1 (0.012) 3 vs 4 (0.001)
Service Time at the Institution < 1 year Between 1 and 5 years Between 6 and 10 years >10 years	3.44; 1.55 4.25; 1.47 4.43; 1.40 3.95; 1.49	0.024	*
Work Setting Primary health care Hospital – inpatient services Hospital – outpatient services	3.87; 1.42 4.20; 1.54 4.01; 1.43	0.197	w.o/d
Service Time in Current Position/Unit < 1 year Between 1 and 5 years Between 6 and 10 years >10 years	3.44; 1.41 4.23; 1.52 4.35; 1.35 3.93; 1.50	0.008	1 vs 2 (0.025) 1 vs 3 (0.012)

Key: \bar{x} – mean; SD – standard deviation; w.o/d – without statistically significant differences; *Although the global F-Snedcor test of ANOVA is significant, due to the small size of the effects and the adjustment performed on the p-values resulting from multiple comparisons, no significant differences were detected in the multiple comparison tests at the global significance level of 0.05.

Source: Prepared by the authors.

Nurses with higher TI are characterized by being under 35 years of age, single, with a permanent employment contract, with 6 to 10 years of service, and the same length of service at the institution and in their current position/unit.

When studying the relationship between the 'intention to stay' variable and the sociodemographic and professional variables, statistically significant differences were found for the varying age groups ($p < 0.001$), marital status ($p = 0.014$), length of service ($p = 0.002$), length of service at the institution ($p = 0.003$), work setting ($p = 0.046$), and length of service at the current service/unit ($p = 0.004$) (Table 5).

Table 5. Association between the Composite Variable 'Intention to Stay' and Sociodemographic and Professional Variables

Intention to Stay Variable			
Sociodemographic and Professional Variables	\bar{x} ; SD	P-Value	P-Value Multiple Comparisons
Age Group ≤ 25 [26-35] [36-45] [46-55] ≥ 56	3.81; 1.60 3.52; 1.66 3.17; 1.55 2.60; 1.47 2.60; 1.56	<0.001	1 vs 4 (0.035) 2 vs 4 (0.003) 2 vs 5 (0.031)
Sex - Female - Male	3.01; 1.63 3.27; 1.35	0.296	w.o/d
Marital Status Single Married Widowed or divorced	3.37; 1.58 2.90; 1.60 2.67; 1.46	0.014	1 vs 2 (0.030)
Academic Qualifications - Bachelor's degree - Master's degree or higher	3.03; 1.58 3.10; 1.64	0.699	w.o/d
Professional Title - Nurse - Specialist/specialist title	3.19; 1.61 2.93; 1.58	0.132	w.o/d
Contractual Arrangement - Open-ended contract (permanent) - Fixed-term contract (replacement)	3.08; 1.61 2.37; 1.13	0.131	w.o/d
Service Time < 1 year Between 1 and 5 years Between 6 and 10 years >10 years	2.28; 1.27 3.29; 1.57 3.89; 1.51 2.91; 1.58	0.002	3 vs 4 (0.002)

Intention to Stay Variable			
Sociodemographic and Professional Variables	\bar{x} ; SD	P-Value	P-Value Multiple Comparisons
Service Time at the Institution < 1 year Between 1 and 5 years Between 6 and 10 years >10 years	2.40; 1.62 3.35; 1.55 3.52; 1.66 2.86; 1.54	0.003	3 vs 1 (0.041) 3 vs 4 (0.022)
Work Setting Primary health care Hospital – inpatient services Hospital – outpatient services	2.82; 1.51 3.25; 1.64 2.83; 1.55	0.046	*
Service Time in Current Position/Unit < 1 year Between 1 and 5 years Between 6 and 10 years >10 years	2.37; 1.37 3.30; 1.63 3.33; 1.53 2.86; 1.60	0.004	1 vs 2 (0.011) 1 vs 3 (0.015)

Key: \bar{x} – mean; SD – standard deviation; w.o/d – without statistically significant differences; *Although the global F-Snedcor test of ANOVA is significant, due to the small size of the effects and the adjustment performed on the p-values resulting from multiple comparisons, no significant differences were detected in the multiple comparison tests at the global significance level of 0.05.

Source: Prepared by the authors.

The nurses with the greatest intention to stay at the institution are older (mainly over 46 years of age), married, widowed, or divorced, with less than one year or more than 10 years of service, with equal lengths of service at the institution and in their current position, and who are working in primary health care and hospital outpatient services.

Discussion

The present study enabled the characterization of TI in a sample of 338 nurses, corresponding to 11.2% of the population of nurses and specialist nurses at the institution under analysis. Although the results cannot be generalized to the entire population, it is recognized that nurses are a credible source of information, and their opinions are often representative of the majority of professionals in the field (18).

Nurse turnover is recognized as a growing global problem, with prevalence rates ranging from 17% to 40% outside Europe (5, 11, 12, 26, 27) and from 15% to 52% in Europe (13, 14, 28, 29).

The ATS, an international instrument for assessing TI (30), recently translated and validated for the Portuguese context (15), demonstrated high internal consistency in the present study ($\alpha = 0.91$), equal to that of previous studies (15, 31) and higher than that recorded in other national studies: $\alpha = 0.72$ (18); $\alpha = 0.75$ (16) and $\alpha = 0.87$ (17).

The global mean TI obtained in the present study was 3.56 (cut-off point = 3.5), which is in line with the results of other national studies: 3.89 (16), 3.44 (31), and 3.69 (17), and international studies: 3.68 (32) and 3.54 (33). It should be noted that the present study included a sample consisting exclusively of nurses, both from the hospital setting and from primary care, which is not the case in any of the other studies.

Analysis of the different items on the scale showed a balanced distribution between the intention to leave and the intention to stay, which may justify the global mean value being slightly above the cutoff point. Although the results of some items, such as: I1 – “I intend to stay at my current workplace for some time”; I7 – “I am sure I will stay here for some time”; and I8 – “I intend to keep my job in this organization for some time”, reflect a tendency to stay, others: I4 – “If I received another job offer tomorrow, I would seriously consider it”, and I5 – “I have no intention of leaving my current workplace”, reveal a considerable predisposition to leave. These data corroborate the studies by Callado (18) and Jesus (16), where a similar pattern of responses was found.

When analyzing the relationships between the intention to leave and the intention to stay with sociodemographic/professional variables, no statistically significant associations ($p < 0.05$) were found with sex, academic qualifications, or professional title, which is in line with national studies (16, 18), but contrasts with the international literature, which shows a positive correlation between TI and male sex, higher academic levels (6, 8, 34, 35), higher professional category, and positions of greater responsibility (1, 6, 8, 35). Evidence suggests that a higher academic level or specialization may be indicative of greater TI, as these professionals seek more positions outside of direct care provision (34, 36).

Although not statistically significant, TI mean scores were higher among nurses assigned to inpatient services compared to those assigned to outpatient and primary care services, aligning with evidence that associates higher TI with shift work, more physically demanding work, and more complex patients requiring more complex care (8).

Significant associations ($p < 0.05$) were found between higher levels of TI and the following profiles: nurses under 35 years of age, single, with permanent contracts, and with 6 to 10 years of service and permanence in the institution. This profile is consistent with several international studies that report that younger, single nurses with less experience tend to have higher TI (6, 34, 35, 37), as they have fewer family responsibilities and therefore more flexibility to change jobs and seek new opportunities (34). Another factor is the difficulty of adapting in the early years of their career (35).

Curiously, nurses with permanent contracts had higher levels of TI, contrary to the tendency reported in the literature (31). This result may have been influenced by the fact that the vast majority of participants in the present study had this type of contract (96.4%), but also due to organizational factors that impact the quality of the practice environment (3, 14, 16, 18, 22), which were not the object of the present study.

Globally, the results obtained are particularly worrying in the current context of a shortage of nurses in Portugal. The literature indicates that nurses tend to seek institutions that offer better compensation conditions (22), opportunities for career advancement, and more favorable practice environments (11).

Periodic assessment of TI, combined with in-depth knowledge of the characteristics of professionals most prone to turnover, will contribute to the definition and implementation of effective retention strategies.

Conclusion

The phenomenon of nurse turnover has been widely researched internationally, but remains relatively unexplored in the Portuguese context. This gap motivated the present study, which aimed to assess the relationship between TI and the sociodemographic and professional characteristics of a sample of nurses from a healthcare institution in Portugal.

The results obtained showed a significant percentage of nurses predisposed to leave the institution, with this intention being significantly higher among professionals who were younger, single, had less professional experience, and had permanent employment contracts.

Identifying and characterizing professionals with the highest intention to leave is crucial for formulating effective organizational strategies, especially those targeting high-risk groups, thereby ensuring team stability and the quality and safety of the care provided. It is hoped that the results of this study will contribute to a better understanding of this phenomenon in the nursing context in Portugal and encourage further research, extending the scope of study to other predictors of nurse turnover, particularly those of an organizational nature, that have an impact on professional satisfaction and, in this way, raise awareness of the need to plan more effective national and institutional retention interventions and policies.

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