

# The Relationship Between Turnover Intention and Organizational Commitment Among Nurses in Primary Healthcare

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## Abstract

**Background:** Turnover intention is a predictor of the decision to leave an organization, which can impact the quality of care. Research suggests that nurses' organizational commitment is inversely related to turnover intention; as nurses become more committed to their work environment, they are less likely to leave.

**Aim:** This study aimed to assess turnover intention and organizational commitment among nurses in primary healthcare settings and explore their relationship.

**Method:** A quantitative, descriptive, cross-sectional study was conducted with 230 nurses. Turnover intention was measured using the Intention of Turnover Scale, while organizational commitment was assessed with the Organizational Commitment Scale. Data was analyzed using descriptive statistics and Pearson's correlation coefficient.

**Results:** The study found that 92.8% of nurses intended to stay at their current workplace, with only 7.3% planning to leave soon, indicating low turnover intention. Regarding organizational commitment, 84.5% of nurses expressed willingness to go beyond normal duties to support the organization, and 88.7% showed strong interest in its future. A significant negative correlation was found between the factors "Intention to leave" and "Committed to the organization" ( $r = -0.51$ ,  $p < 0.01$ ), suggesting that higher organizational commitment is associated with lower turnover intention.

**Conclusion:** The findings indicate that fostering organizational commitment can reduce turnover intention. Nurse managers and policymakers should focus on strategies that enhance commitment to retain nurses and ensure the continuity of care.

**Keywords:** Nurses, Turnover Intention, Organizational Commitment, Primary Healthcare,

## Introduction:

Nursing care plays a vital role in the delivery of primary health care services to patients. Primary health care nurses use their skills to care for patients and provide health and educational services, especially for patients with chronic diseases [1]. In response to the presence of patients, the nurse must be able to respond. There are many barriers to nursing practice, especially when considering the multiplicity of health services in primary health care units and the high burden on nurses [2]. Patient outcomes improve when primary health care nurses use a foundation of valid, reliable and applicable evidence in daily practice [3].

Nurse turnover is one of the most significant challenges facing healthcare organizations and negatively impacts them and the nursing profession as a whole [4]. Turnover is defined as how each person perceives the future end of their employment relationship in their current workplace. As well as the desire to end the contractual relationship with the organization [5,6]. The loss of experienced professionals' results in smaller, less effective and less productive teams [7], with less ability to care for patients' needs and provide high-quality care; therefore, the departure of experienced nurses represents a loss of value for the organization [8]. This

process often begins with a change in the unit within the organization, then the organization itself; and finally, the nurse leaves the profession entirely [4]. This suggests that the service and the organization play an important role in this intention [9]. Scientific evidence supports a significant positive relationship between turnover intention and organizational commitment [6,9]. Nurses' organizational commitment is considered crucial to the goals of healthcare organizations because it relates to the relationship of the professional with the organization in which he or she works. Therefore, it is understood as a dimension of organizational effectiveness [10]. Organizational commitment refers to the extent to which an individual feels connected to, identified with, and loyal to an organization, which is demonstrated through participation in organizational activities [11]. Accordingly, the more committed nurses are to their unit, the more likely they are to participate in organizational activities and goals, which help improve patient satisfaction, safety, and quality of care, leading to higher levels of job satisfaction and lower turnover [12]. The increasing demand for nursing care, the increasing complexity of primary health care delivery resulting from global aging, and the challenges arising from the ongoing COVID-19 pandemic require the efforts of motivated and dedicated professionals to achieve organizational goals [13]. For this reason, it is important for nurse managers to be aware of the turnover structure and organizational commitment of their nurses in order to implement the strategies and changes necessary to keep their teams motivated and committed to organizational goals, maintain high-quality.

Therefore, this study aimed to analyze the relationship between turnover intention and organizational commitment among nurses in primary health care.

## **Materials and Methods**

### **Study Design**

The current study is a descriptive quantitative cross-sectional study through an online survey to analyze the relationship between turnover intention and organizational commitment among PHC nurses.

### **Study participants**

The study Participants included all PHC nurses working in government hospitals in the Saudi Arabia during the period from September 2024 to October 2021. The total number of nurses working in intensive care units during this period was 230 nurses.

### **Study instruments**

A self-administered questionnaire was used to collect data. Based on the Intention of Turnover Scale of De Sul & Lucas [8]; and by the Organizational Commitment Scale of Gomes [18]. The questionnaire was divided into two parts. A five-point Likert scale (strongly agree - strongly disagree) was used.

### **Data collection**

The survey was distributed electronically through online channels, including email and social media platforms (WhatsApp and Facebook groups). Participants were informed that participation was voluntary and that they could withdraw, and participants' identities were kept confidential to encourage open and honest responses. The survey was conducted in both English and Arabic to accommodate the linguistic diversity of participants.

### **Data analysis**

Statistical analysis was carried out using the Statistical Package for the Social Sciences (SPSS Inc., Chicago, IL, USA), version 26. Frequency and percentages were obtained for the categorical variables, while mean and standard deviation (SD) were calculated for the scale variables. Various inferential statistical tests were employed to identify significant variations within the study groups, including the independent *t*-test, one-way analysis of variance (ANOVA), Pearson's correlation (*r*), multiple linear regression, and logistic regression.

## Result

### Socio-Demographic Characteristics of the Respondents

A total of 230 responses from PHC nurses were collected. The study group falls within the age group of 18-60 years. About (5.2%) of the participants are less than 25 years old, (15.5%) are between 25 – 30 years, followed by (25.8%) are between 31 – 40 years. Among the study groups, (34.6%) male, (65.4%) Female. Most respondents were working as Nurse Specialist (52.5%), Nurse (42.3%), Nurse Manager (5.2%). Nearly (23.6%) of the PHC nurses had 1-10 years of experience, (38.2%) more than 21 years of experience. Besides, the majority of participants hold a Post-graduate Education (60.8%), as shown in table (1).

Table 1. demographic traits of participants (n=230)

	Categories	Frequency	Percent %
<b>Age (years)</b>	< 25 years old	12	5.20%
	25-30 years old	36	15.50%
	31-40 years old	59	25.80%
	> 40 years	123	53.50%
<b>sex</b>	male	80	34.60%
	Female	150	65.40%
<b>Academic Qualifications</b>	Diploma	90	39.20%
	Post-graduate Education	140	60.80%
<b>Occupation</b>	Nurse	97	42.30%
	Nurse Specialist	121	52.50%
	Nurse Manager	12	5.20%
<b>Years of experience</b>	1-10 years	54	23.60%
	11-20 years	88	38.20%
	≥ 21 years	88	38.20%

### Turnover Intention

Regarding turnover intention, the results revealed that 92.8% of the nurses agreed with the item “I intend to stay at my current job...” while only 13.3% agreed with the item “I am pretty sure I will leave...” Table (2). This suggests that most of the nurses in the sample did not exhibit a strong intention to leave their current positions. The mean scores of the Turnover Intention Scale (2.8, SD = 0.90) and the factor “intention to leave” (3.1, SD = 1.0) were lower than the cutoff value of 3.5, further indicating that turnover intention was low in the sample. In contrast, the mean score of the factor “intention to stay” (6.0, SD = 1.2) was above the cutoff value, reinforcing the earlier findings of a strong intention to remain in their positions Table (4). When analyzing the sociodemographic variables, it was found that, except for “length of service in the current functional unit,” the mean scores for the majority of sociodemographic factors were lower than the cutoff value of 3.5. Higher mean values were observed in specific groups, including nurse managers, nurses with postgraduate education, those working in the Public Health Unit. Despite these variations, statistical significance was only found in the sociodemographic variables “academic education” and “current functional unit” (p-values < 0.05). Therefore, for the remaining sociodemographic variables, the turnover intention was generally homogeneous.

Table 2. Results obtained by applying the Intention of Turnover Scale (n=230)

Intention of Turnover Scale	Disagree	neutral	Agree
I am pretty sure I will leave my workplace in the near future.	81.5%	5.2%	13.2%
I intend to stay at my current workplace for some time.	6.2%	1.0%	92.8%
Deciding to stay or leave my workplace is not a key issue for me at the moment.	69.1%	16.5%	14.5%
I have no intention of leaving my current workplace.	19.5%	11.3%	69.1%

If I received another job offer tomorrow, I would seriously consider it.	39.1%	28.9%	31.9%
I intend to keep my job in this organization for some time.	6.1%	5.2%	88.7%
I'm sure I will be here for some time.	8.3%	7.2%	84.6%
I've been in this workplace as long as I wanted to.	58.8%	19.6%	21.6%
I have serious doubts about whether or not I will actually stay in this organization.	68%	12.4%	16.6%
I plan to leave this workplace soon.	84.5%	8.2%	7.3%

### Organizational Commitment

Regarding organizational commitment, 84.6% of participants agreed with the item “I am willing to try beyond what is normal...” indicating a high level of commitment to their organization. Analyzing the remaining items further confirmed that the nurses in this study were highly committed to their organization Table (3). The mean score of the Organizational Commitment Scale, which represents the factor “committed to the organization” (3.7, SD = 0.7), was higher than the cutoff value of 2.5, suggesting that the participants felt strongly committed to their employing organization.

In terms of sociodemographic variables, organizational commitment was notably higher among male nurses, nurses holding a nursing diploma, those working in the community care unit. Despite these differences, statistical significance was found only in the variables “current functional unit” and “length of service in the current functional unit” ( $p < 0.05$ ). The Bonferroni post hoc test revealed significant differences in organizational commitment between nurses working in the community care unit compared to those in the personalized healthcare unit, as well as between those in the family healthcare unit and those in the personalized healthcare unit.

Table 3. Results obtained by applying the Organizational Commitment Scale (n=230)

Organizational Commitment Scale	Disagree	neutral	Agree
I tell my friends that this organization is a great place to work.	9.2%	21.6%	69.1%
I am willing to try beyond what is normal to help this organization succeed.	4.1%	11.3%	84.5%
I am willing to accept almost any kind of assignment so that I can continue to work in this organization.	61.8%	19.6%	18.6%
I feel inspired to do my best by the fact that I work in this organization.	3.1%	14.4%	82.4%
I am proud to tell others that I work in this organization.	6.2%	22.7%	71.1%
I find that my personal values and those of this organization are quite similar.	17.5%	27.8%	54.6%
I am really interested in the destiny of this organization.	3.1%	8.2%	88.7%
I feel very happy to have chosen this organization to work in.	4.1%	17.5%	78.4%
For me, this is the best place to work.	12.4%	34%	53.6%

### Relationship between Turnover Intention and Organizational Commitment

Table 4. Scores on the Intention to Turnover Scale, the Organizational Commitment Scale

	Mean	Std. Deviation
Intention of Turnover Scale <sup>1*</sup>	2.8	0.9
Factor “Intention to Leave” <sup>1*</sup>	3.0	1.0
Factor “Intention to Stay” <sup>2*</sup>	6.0	1.2
Organization Commitment Scale <sup>2*</sup> and Committed the Organization <sup>2*</sup>	4.0	0.7

\* Cutoff = 3.5; \*\* cutoff = 2.5; <sup>1</sup>—lower the better; <sup>2</sup>—higher the better

The relationship between turnover intention and organizational commitment was examined using Pearson's correlation coefficient. The results showed a significant negative correlation between turnover intention and organizational commitment, with a correlation coefficient of  $r = -0.54$  ( $p < 0.01$ ). This suggests that as organizational commitment increases, turnover decreases. Further, analysis of the individual factors revealed a similar pattern. A significant negative correlation was found between the factor "intention to leave" and "committed to the organization" ( $r = -0.51$ ,  $p < 0.01$ ), indicating that the more committed the nurses were to the organization, the lower their intention to leave. Conversely, the factor "intention to stay" showed a significant positive correlation with "committed to the organization" ( $r = 0.39$ ,  $p < 0.01$ ), meaning that as organizational commitment increases, the intention to stay also increases.

### **Discussion:**

The results of our study indicate that nurses in primary healthcare settings generally show low turnover intention, with only 13.2% expressing plans to leave soon. This finding contrasts with studies conducted in hospital settings, such as Aiken et al. [7], where turnover intention ranged from 20% to 40%, and Almalki et al. [14], who reported 40.4% turnover intention in Saudi primary healthcare settings. However, like other studies, we observed higher turnover intention among nurses with advanced education and those working in public health units. Nurses with higher academic qualifications often seek environments that allow them to utilize their skills and receive recognition, which can lead to higher turnover intentions when these expectations are unmet [14]. Additionally, factors such as workload, limited autonomy, and the performance of tasks outside nursing practice may contribute to this intention [7,14].

Interestingly, despite these demographic differences, a significant portion of our sample (78%) expressed satisfaction with their decision to work in primary healthcare, recognizing its crucial role in promoting health and preventing disease [15,16]. The collaborative nature of primary healthcare teams, which foster professional autonomy and motivates nurses, is also linked to lower turnover intention. This environment enables nurses to develop professionally, contributing to their commitment to organization [17].

Furthermore, the favorable working hours (8 am to 8 pm) in primary healthcare settings, along with the relatively lower salaries compared to hospital settings, may also reduce turnover intention [18]. When it comes to organizational commitment, the nurses in our study demonstrated high levels of dedication, with 84.5% willing to make efforts beyond normal expectations for the organization. Significant organizational commitment was found particularly among male nurses, those with nursing diplomas. This aligns with the literature, which suggests that the length of service and a supportive work environment play key roles in fostering organizational commitment [5]. Nurses working in community care units or those with 9-16 years in their current unit showed notably higher levels of commitment. The structured organization of primary healthcare, which emphasizes small, multi-professional teams working towards shared goals, promotes collaboration, mutual support, and autonomy key factors contributing to job satisfaction and organizational commitment [5].

Moreover, a significant negative correlation between turnover intention and organizational commitment was found in our study, consistent with previous research by Han et al. [12] and Brunetto et al. [18]. This suggests that as nurses' commitment to their organization increases, their intention to leave decreases. The positive work environment, strong team support, and opportunities for professional development in primary healthcare settings are crucial to maintaining organizational commitment and reducing turnover intention. Nurse managers can play a pivotal role in fostering this commitment by improving working conditions, providing opportunities for professional growth, and promoting autonomy in decision-making [7,19]. These strategies can help retain motivated and committed nurses in primary healthcare organizations, ultimately enhancing their performance and the quality of care they provide.

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