

A Model of Factors Influencing Intention to Leave Nursing in Thailand

Patra Phuekphan, Yupin Aunguroch,* Jintana Yunibhand

Abstract: Nurses constitute the largest workforce for achieving organizational goals in health care services. Nurses' intention to leave their profession is one of the foremost challenges globally for nursing leaders and the health settings. This study aimed to develop and test a model of factors influencing nurses' intention to leave nursing in Thailand at a time when there is an attrition crisis. From nine government hospitals in all regions of Thailand, 405 registered nurses were recruited by multi-stage sampling. Participants completed a questionnaire comprising eight sections: Demographic data, Job satisfaction, Burnout, Professional commitment, Nurse practice environment, Work-family conflict, Employment opportunity, and Intention to leave nursing. Path analysis was utilized to test the model.

Findings revealed that the modified model fitted the empirical data and explained 45% of the variance in intention to leave. Burnout was the strongest factor influencing intention to leave, both directly and indirectly through job satisfaction and professional commitment. Work-family conflict and nurse practice environment influenced intention to leave, indirectly through burnout, job satisfaction, and professional commitment. Work-family conflict also directly influenced intention to leave, but the nurse practice environment had no direct effect. Job satisfaction only indirectly influenced intention to leave through professional commitment whereas employment opportunity directly influenced this. Thus, to try to retain nurses within the profession, nurse and health care policymakers can design various strategies to reduce burnout; assist nurses to find a balance between work and family domains; and enhance their satisfaction and commitment to the profession to prevent them from leaving.

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Introduction

Nursing turnover and nursing shortages are acknowledged as topical issues challenging nursing leaders in managing the nursing workforce. Nurses, the largest group of health care professions providing direct patient care in health care systems, are critical human resources for achieving organizational goals

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and population health. Having sufficient nurses is increasingly necessary because of the accelerating growth of ageing populations, increasing advanced

healthcare technologies, the increasing complexity of illness and emerging diseases,¹ especially the current COVID-19 global pandemic. A Thailand Nursing and Midwifery Council (TNMC) report indicated that 158,317 registered nurses (RNs) supplied health care in the country in 2016. However, the anticipated number of nurses is predicted to be 194,205 in 2026 to attain a ratio of nurse-to-population for 1:400; and the shortage in Thailand at present is still 32,082.^{2,3} Thus, losing more RNs from the system could have a detrimental effect on healthcare investment costs, including recruitment, financial and training issues, and also a macro-impact on health care service quality.⁴ Good strategies in human resource management in the healthcare sector are critical for retaining qualified employees in the workplace. It is, therefore, necessary to have a deep understanding of the factors influencing nurses' intention to leave the profession to reduce their premature departure and retain them on the job.

Several studies have identified that intention to leave is the most significant predictor of nurses' final decision to leave the profession.⁵ This intention to leave can be explained as a withdrawal process that starts with nurse intention to leave a ward/clinical unit, then their hospital/workplace, and finally quitting the profession altogether.⁶ Evidence has shown that many nurses who had left the profession began considering leaving 6 months before they quit.⁷

Along with other countries, Thailand has an attrition crisis. The annual loss rate of RNs was found to increase dramatically from 4.44% in 2009 to 15.0% in 2020,⁸ and the projected loss rate is approximately 6,000–7,000 nurses per year during 2017–2027.³ Additionally, a Thai cohort study in 2015 to address issues in the nursing workforce demonstrated that 15.4% of nurses working in the government sector and 20.4% of those in the private sector intended to leave.⁹ Signaling intention to leave nursing is recognized as a possible warning sign for nursing administrators of acceleration in the turnover rate. When many employees intend to leave, nurse leaders need to actively participate in

health policy decision-making, be aware of workforce issues, and take action to alleviate detrimental effects on the health care system and nurses they supervise. Understanding intention to leave is critical because when nurses turn their intention into action, there is little likelihood of accessing the prior underlying reasons for this.

Intention to leave has been the subject of widespread attention and studies for a long time in Thailand. For instance, one study identified factors predicting intention to leave such as affective commitment, job achievement, and job security,¹⁰ while another examined the effects of nurse work environments associated with the final decision to leave.¹¹ The former study explored the direct effects of influential factors. However, model testing of the direct and indirect relationships of factors influencing RNs' intention to leave remain elusive. So, the justification for the present study was to develop a causal model to explain influential factors before RNs decide to leave the profession.

Literature Review and Conceptual Framework

The causes of nurses' intention to leave are multi-faceted and likely to be affected by numerous causes underlying "push" and "pull" factors. Push factors relate to perceived adverse aspects of the job that affect employees' desire to leave nursing,¹² and can be classified into work-related and organizational factors. Burnout is a phenomenon described as a syndrome caused to employees by prolonged workplace stress¹³ and is the most important predictor of nurses' intention to leave.⁶ Nurses with burnout are likely to be dissatisfied with their job¹⁴ causing a negative effect on professional commitment,¹⁵ and often leading to a decision to end their career. Likewise, work-family conflict has been suggested as a source of stress leading to negative outcomes.¹⁶ Nurses who have difficulty in balancing their family responsibilities

and the demands of work, such as workload and shift work schedules, tend to leave the profession.^{17,18} An employee exposed to such stressors may also have effects on their psychological and physical well-being, resulting in reduced job satisfaction and burnout, and then decide to end their career.¹⁹ Other empirical evidence has demonstrated that work-family conflict has a direct association with job satisfaction²⁰ and burnout,¹⁶ directly affecting intention to leave.⁶

Push factors have been described as organizationally relevant effects associated with job satisfaction. Robust evidence indicates that nurses who are less satisfied with their jobs are more prospective to consider leaving their profession.¹⁴ Job satisfaction has a significant positive association with occupational commitment and is significantly related to intent to stay.²¹ Professional commitment is also an important predictor because it refers to an individual's psychological attachment to the profession.²² Nurses committed to the goals and values of an organization and their profession are less likely to leave the profession.²² Additionally, the nurse-work environment is recognized as a vital feature in attracting and retaining professional nurses in care

settings. Empirical evidence demonstrates that a healthy work environment has significantly less job dissatisfaction, burnout, and intention to leave.¹¹ However an unsupportive work environment results in lower occupational commitment and job satisfaction, leading to intention to leave nursing.²³

Converse to push factors are pull factors such as attractive incentives that keep nurses in the job and these can be economic factors, or the need to stay in the job to assure their incomes. Nurses may be in "locked-in" situations, for example, when there is a lack of job opportunities elsewhere and need to stay at their current employment.²⁴ In contrast, nurses who report plentiful alternative employment opportunities in the job market have been found to have intentions to leave.⁶

As aforementioned, the Intention to Leave Nursing Profession Model (ILNPM) was developed to determine the positive or negative direct and indirect effects of job satisfaction, professional commitment, burnout, work-family conflict, nurse practice environment, and employment opportunities that influenced nurses to leave their profession (Figure 1). It was hypothesized that the model would fit with the data.

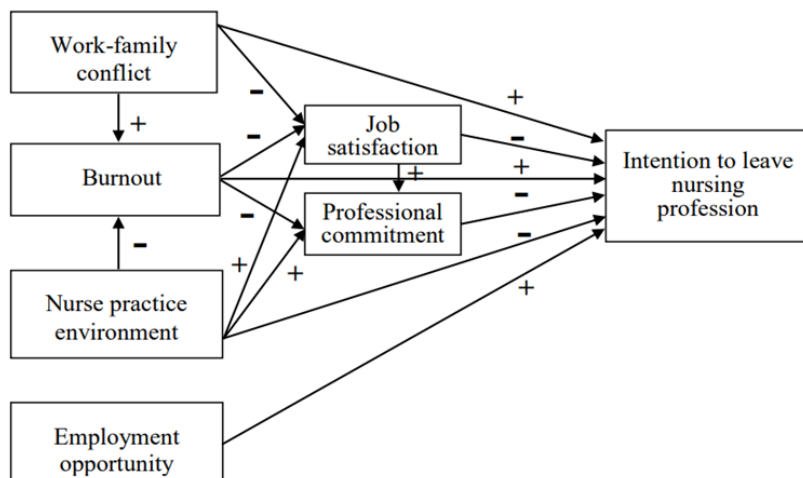


Figure 1 Hypothesized model of Intention to Leave Nursing Profession Model (ILNPM)

Methods

Design: A cross-sectional correlational study.

Sample and Setting: Participants were RNs working at Thai governmental hospitals providing tertiary care and under the control of the Ministry of Public Health, Ministry of University Affairs, Ministry of Interior, Ministry of Defense, and Bangkok Metropolitan Administration. Multi-stage sampling was used for a probability sample from five regions of Thailand dividing into Bangkok Metropolitan 22,725 (16.38%), Central 35,564 (25.64%), North 25,847 (18.63%), North-East 35,171 (25.36%), and South 19,403 (13.99%).⁸

To ensure an adequate sample size that needed to be demonstrative of a specified population, the Krejcie and Morgan formula was used.²⁵ Thus there was a need for 383 participants, plus 10% of the calculated sample size was added to account for such any attrition. Therefore, the current study required 425 RNs in governmental hospitals from all regions as displayed in **Figure 2**. The inclusion criteria were: 1) being RNs providing direct patient care; 2) working in full-time employment in governmental hospitals; and 3) work experience >3 months. The exclusion criteria were nurses on maternity leave, extended sick leave or study leave.

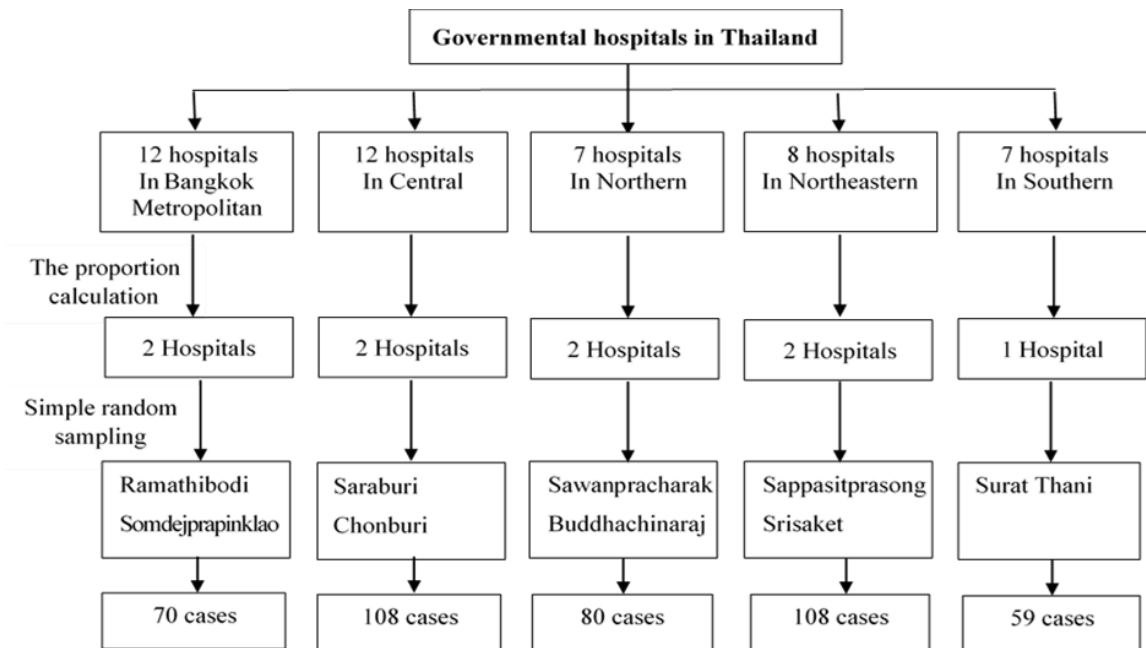


Figure 2 Sampling method of the study

Ethical considerations: This study was approved by the institutional review boards of the Faculty of Medicine, Chulalongkorn University (IRB no. 320/57), Ramathibodi Hospital (MURA2014/397), Somdejprapinklao Hospital (RLM 035/57), Saraburi Hospital (029/2014), Chonburi Hospital (53/2557), Sawanpracharak Hospital (45/2557), Buddhachinaraj

Hospital (109/57), Sappasitprasong Hospital (060/2557), Srisaket Hospital (27/01/2558), and Surat Thani Hospital (29/2557). Potential participants were informed of their rights, that their involvement was voluntary and they could withdraw from the study or part thereof at any time without reason or untoward effect on their employment. Full details of the study

objectives and processes were explained before informed written consent was requested. To maintain confidentiality, a numerical code was assigned to each participant. Data were accessed and analyzed only by the research team.

Instruments: Data were collected using a questionnaire that incorporated eight instruments. Except for the demographic data form, and the Employment Opportunity Scale, the principal investigator (PI) gained permission to use and translate the other six instruments originally developed in English. These were translated into Thai by the PI, and a linguistic expert translated back into English using the back-translation technique adapted from Brislin's translation model.²⁶ The psychometric properties of the scales were piloted-tested with 207 RNs having the same criteria as the sample for the main study. All instruments were tested for content validity (CVI) by a panel of five experts specializing in nursing administration. Confirmatory factor analysis (CFA) was utilized to assess construct validity. The results indicated that most fit indices were in acceptable ranges. The reliability was also examined. The instruments used were:

Demographic data: This comprised 10 open-ended questions regarding participants' age, gender, education level, work experience, salary, marital status, working position, employment status (e.g., civil servant, government officers, temporary employee, government employee, and university employee), work unit, and workplace.

Intention to leave: The 3-item Thai version of Occupational Turnover Scale (T-OTS) was translated and modified from the Occupational Turnover Intention Scale.²⁷ A sample item is: "Thought of giving up nursing completely." Responses are made to indicate the frequency of thought on a 5-point Likert scale (1=never and 5=everyday). Total scores can range 3-15, with higher scores indicating higher levels of intention to leave nursing. The CVI and Cronbach's alpha were 0.93 and 0.80, respectively.

Job satisfaction: The 38-items of Thai version of Job Satisfaction Scale (T-JSS) were translated and

modified from the Index of Work Satisfaction (IWS).²⁸ A sample item is "Salary is satisfactory." Responses are made on a 7-point Likert scale (1=strongly disagree and 7=strongly agree). Total scores can range 38-266 with higher scores indicating higher levels of job satisfaction. The CVI and Cronbach's alpha were 0.88 and 0.90, respectively.

Professional commitment: The 18-items of the Thai version of the Professional Commitment Scale (T-PCS) were translated and modified from the Nurses' Professional Commitment Scale (NPCS).²⁹ A sample item is: "Nursing is the most interesting work." Responses are made on a 5-point Likert scale (1=strongly disagree and 5=strongly agree). Total scores can range 19-90 with higher scores indicating higher levels of professional commitment. The CVI and Cronbach's alpha were 0.87 and 0.91, respectively.

Burnout: The 19-item Thai version of the Copenhagen Burnout Inventory (T-CBI) was previously translated and modified from the Copenhagen Burnout Inventory (CBI).³⁰ A sample item is "Feel tired." Participants make responses on a 5-point Likert scale (1=never and 5=always). Higher scores on individual items indicate higher levels of burnout. The CVI and Cronbach's alpha were 1.00 and 0.96, respectively.

Work-family conflict: The 5-item Thai version of Work-Family Conflict scale (T-WFC) was translated and modified from the Work-Family Conflict scale (WFC).³¹ A sample item is: "Demands of work interfere family life." Responses are made on a 5-point Likert scale (1=strongly disagree and 5=strongly agree). Total scores can range 5-25 with higher scores indicating higher levels of work-family conflict. The CVI and Cronbach's alpha were 0.88 and 0.92, respectively.

Nurse practice environment: The 31-item Thai version of the Nurse Practice Environment scale (T-NPE) was translated and modified from the Practice Environment Scale of the Nursing Work Index (PES-NWI).³² A sample item is: "Involved in the internal governance of the hospital." Responses are made on a 4-point Likert scale (1=strongly disagree and 4=

strongly agree). Scores are classified into three levels (favorable, mixed, and unfavorable) to assist in interpreting the composite subscale scores. Higher scores indicate higher levels of a favorable nurse practice environment. The CVI and Cronbach's alpha were 0.97 and 0.92, respectively.

Employment opportunity: The 4-items Employment Opportunity Scale (EOS) was developed in both Thai (T-EOS) and English versions by the PI. A sample item is: "Have a great opportunity to look for a new job which is better than current one." Responses are made on a 5-point Likert scale (1=strongly disagree and 5=strongly agree). Total scores can range 5-20 with higher scores indicating higher levels of employment opportunity. The CVI and Cronbach's alpha were 0.88 and 0.70, respectively.

Data collection: After obtaining research approval from the hospitals, data were gathered January-March 2016. Nurse unit managers or nurse coordinators from each hospital distributed survey packages to the potential participants, containing the questionnaires, a participant information sheet, and informed consent form. After completing the questionnaire anonymously, nurses returned their sealed questionnaires to those who had distributed them, and these were returned to the PI.

Data analysis: to examine the distribution of demographic and other major variables in the study, descriptive statistics, including frequencies, means, and standard deviations were used. The assumptions underlying path analysis were tested for linearity, normality, homoscedasticity, and multicollinearity. The outcome showed no violation of the assumptions. The direct, indirectly mediated, and total effect on intention to leave nursing profession in path analysis was examined by using LISREL version 8.53. The acceptable level of significance for this study, an alpha level was set at .05.

Results

Participant demographic characteristics

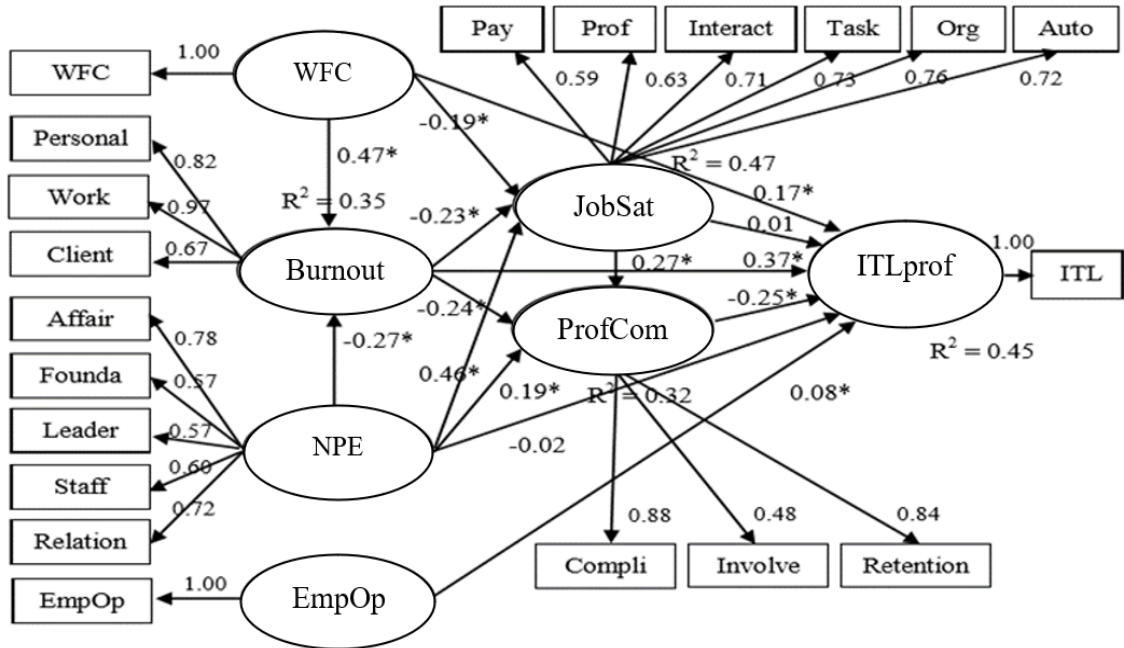
A total of 405 (95.29%) RNs completed the questionnaires, the result has been shown that the mean age was 37.57 years (SD=9.23, range=22-58 years), most were female (n=393, 97%) and had graduated

with a bachelor's degree (n=361, 89.1%). There were 113 participants (27.9) with work experience >20 years and 77 had work experience <5 years (19.0%). Most had a monthly salary between 20,001-30,000 baht (1USD= \sim 35.79 THB) (n=159, 39.3%). The participants who were married comprised n=214 (52.9%). The majority had civil servant employment status (n=288, 71.1%). Most of the nurses worked in medical (n=70, 17.3%) or surgical units (n=63, 15.5%).

Hypothesized model explaining intention to leave nursing

The hypothesized model of ILNPM was illustrated in **Figure 1** and the findings of the model testing as shown in **Figure 3**. The goodness-of-fit of the initial model was rejected, then modified with applied indices modification (see **Table 1**). The modified model fitted the empirical data. Goodness-of-fit indices of the modified model were demonstrated as the ratio of Chi-square divided by its degree of freedom (χ^2/df) was 1.20 (<2: good fit); Root mean square error of approximate (RMSEA) was 0.02 (good fit); Standardized root mean square residual (SRMR) was 0.04 (good fit); Goodness of fit index (GFI) was 0.96 (good fit); Adjusted goodness-of-fit-index (AGFI) was 0.94 (poor fit); Normed fit index (NFI) was 0.98 (good fit); and Goodness of fit index (GFI) was 1.00 (good fit).

Relationships between each variable and intention to leave nursing resulted in burnout being the most influential factor on intention to leave. Burnout had a direct, positive effect and a positive, indirect effect on intention to leave through job satisfaction and professional commitment. Professional commitment had a direct, negative effect on intention to leave. Work-family conflict had a direct, positive effect on intention to leave and a positive, direct effect on burnout, and an indirect, positive effect through job satisfaction and professional commitment. Employment opportunity had a positive direct impact on intention to leave. Nurse practice environment had no significant negative direct effect on intention to leave, but negative indirect effect through professional commitment. Job satisfaction had no significant direct effect on intention to leave but had a negative, indirect effect through professional commitment.



Goodness-of-fit indices: $\chi^2=152.67$, $df=127$, $\chi^2/df = 1.20$, $p=0.06$, $GFI = 0.96$, $CFI = 1.00$, $RMSEA=0.02$
 Note: χ^2 = Chi-square, df = degree of freedom, CFI = Comparative Fit Index, GFI = Goodness of Fit Index, $AGFI$ = Adjust Goodness of Fit Index, NFI = Normed Fit Index, $RMSEA$ = Root Mean Square Error of Approximation, $SRMR$ = Standardized Root Mean Square Residual, $ITLprof$ = Intention to leave nursing profession, $JobSat$ = Job satisfaction, $ProfCom$ = Professional commitment, WFC = Work-family conflict, $Burnout$ = Burnout, NPE = Nurse practice environment, $EmpOp$ = Employment opportunity

Figure 3. The final of the Intention to Leave Nursing Profession Model (ILNPM)

Table 1. Comparison of the goodness-of-fit statistics in the initially-hypothesized model and the modified model of the intention to leave nursing profession among registered nurses

Goodness of Fit indices	Hypothesized model	Modified model	Criterion of Goodness-of-Fit
Chi-square (χ^2 -test)	586.03 ($p = 0.00$)	152.67 ($p = 0.06$)	($p < .05$) non-significant
Degree of freedom (χ^2/df)	1.83	1.20	< 3.00
Comparative Fit Index (CFI)	0.94	1.00	≥ 0.95
Goodness of fit index (GFI)	0.87	0.96	≥ 0.90
Adjusted goodness-of-fit- index (AGFI)	0.83	0.94	≥ 0.80
Normed fit index (NFI)	0.92	0.98	≥ 0.90
Root mean square error of approximate (RMSEA)	0.08	0.02	< 0.05
Standardized Root Mean Square Residual (SRMR)	0.06	0.04	< 0.08
R^2 for structural equations	0.45	0.45	> 0.50

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Importantly, our findings contribute to understanding the significant role of professional commitment in mediating the relationship among work–family conflict, burnout, nursing practice environment and job satisfaction regarding intention to leave.

The probability level of path coefficients was significant at 0.05, mostly supporting the modified model. The direct, indirect, and total effects between latent variables were demonstrated in this study. It was found that burnout had the highest effect directly on

intention to leave, followed by professional commitment, work–family conflict, and employment opportunity, respectively.

Table 2 displays the evidence that intention to leave received the highest total effect from burnout. The second rank was work–family conflict, followed by professional commitment, nurse practice environment, employment opportunity, respectively. All influencing variables can explain the variance in intention to leave nursing profession as 45%

Table 2 The Direct Effect (DE), the Indirect Effect (IE), the Total Effect (TE), and the Multi-Relative Co-Efficient (R²) of the influencing variables on intention to leave nursing profession

Endogenous Variables	R ²	Influencing Variables	TE	IE	DE
Intention to leave nursing profession	0.45	Job satisfaction	-0.06	-0.07*	0.01
		Professional commitment	-0.25*	-	-0.25*
		Burnout	0.44*	0.07*	0.37*
		Nurse practice environment	-0.22*	-0.20*	-0.02
		Work–family conflict	0.39*	0.22*	0.17*
		Employment opportunity	0.08*	-	0.08*
Job satisfaction	0.47	Work–family conflict	-0.30*	-0.11*	-0.19*
		Burnout	-0.23*	-	-0.23*
		Nurse practice environment	0.52*	0.06*	0.46*
Professional commitment	0.32	Job satisfaction	0.27*	-	0.27*
		Burnout	-0.30*	-0.06*	-0.24*
		Nurse practice environment	0.39*	0.20*	0.19*
		Work–family conflict	-0.19*	-0.19*	-
Burnout	0.35	Work–family conflict	0.47*	-	0.47*
		Nurse practice environment	-0.27*	-	-0.27*

*p < .05

As hypothesized, job satisfaction had a non-significant positive direct effect on intention to leave. However, job satisfaction had a significant negative indirect effect on intention to leave through professional commitment. When considering professional commitment, it was found that this had a significant negative direct effect on intention to leave.

Burnout had a significant positive direct effect on intention to leave, and a significant positive indirect effect on intention to leave through job satisfaction and

professional commitment. Additionally, work–family conflict had a significant positive direct effect on the intention to leave, and a significant positive indirect effect on intention to leave through burnout and job satisfaction.

Interestingly, when considering nurse practice environment, it was found that this had a non-significant, negative effect directly on intention to leave nursing but had a significant, negative effect indirectly on intention to leave through job satisfaction and professional

commitment. Employment opportunity showed a significant, positive effect directly on intention to leave.

Discussion

In the light of the critical nursing shortage in Thailand, nurses' intention to leave the profession is a vital topic for nurse and health leaders, as well as the government. Population health cannot be achieved without a sufficient and capable nursing workforce across the country. A better insight of how factors work to influence nurses' decisions to leave their profession is important for developing strategies to retain and prevent them from early attrition, and can improve nursing care outcomes. In this study, all variables in the model explained 45% of the variance in intention to leave. Burnout was found to have the strongest positive and direct effect on the intention of nurses to leave their job and work was found to be a significant aspect of burnout. Burnout has been described as a syndrome commonly affecting those working in human services, such as nurses. Further, physical fatigue, emotional exhaustion, high workloads, and job stresses were found to be sources of burnout.³³ Furthermore, burnout had a significant positive effect indirectly on intention to leave through professional commitment and job satisfaction. Nurses who experience burnout will be less satisfied with their jobs and likely drained of energy for work and have a depleted attachment to the nursing.¹⁶ Eventually this usually leads to nurses deciding to leave nursing.

Our study also found that professional commitment had a significant negative and direct effect on intention to leave. One explanation for this is that nurses who have a high commitment to the profession will demonstrate personal participation in their work role, devotion to the profession, a desire to stay as a member of their profession, and an unwillingness to change their career.²⁷ This view is supported by findings that occupational commitment has a significant negative relationship with occupational turnover intention.³⁴

Concerning the interface between family and work roles, a negative relationship between intention

to leave and the conflict of work and family life was demonstrated in our study. This indicates that nurses having difficulty maintaining work and family roles have higher consideration to leaving nursing. Two of the most important domains of an adult's life are work and family. It is expected that adults will find an equilibrium between these two domains¹⁷ but if this becomes harder to handle, work-family conflict often occurs. This finding indicates that nurses who report that the demands of work are irreconcilable with achieving a satisfactory home life are likely to leave nursing. Work-family conflict is viewed as a source of job stress for nurses associated with work demands, such as the workload, and the need to perform shift work, and the number of hours worked.²⁰ Additionally, our findings revealed that work-family conflict had a positive and indirect effect on intention to leave through job satisfaction and burnout. Nurses who experience situations of tension between work and family roles will often have less job satisfaction and become burnout,³⁵ and thus could leave nursing.

Economic considerations and perceptions of alternative employment opportunities have been emphasized in the impact of job markets when considering quitting the job. In the present study, employment opportunity was discovered to have a significant, direct and effect on intention to leave. This indicates that the abundant alternative employment opportunities in the job market could lead to a decision to leave nursing for work in another career.²⁴ Researchers have demonstrated the association between the external market and intention to leave the current organization, as when employees start searching for an alternative job based on their perceived job opportunities in the job market.³⁶

The characteristics of a Magnet® hospital play a crucial role in nurses' occupational turnover decision-making because such hospitals have recognized success in attracting and retaining nurses.³⁷ Contrarily, our study found that nurse practice environment had a non-significant negative direct effect on intention to leave, and a strong positive relationship with job

satisfaction and professional commitment. Feeling satisfied with a job contributes to nurses' desire to remain in their discipline and act as a professional. Thus, nurse practice environment had an indirect effect on intention to leave nursing through professional commitment and job satisfaction rather than negatively and directly impacting it. This indicates that nurses who work in an unsupportive work environment experience restricted professional autonomy, lack development opportunities for professional growth, have insufficient social support, increased workloads, or have conflicts with a colleague that contributes to job dissatisfaction.³² This scenario results in lower occupational commitment and leads to intention to leave the profession.³⁴

Surprisingly, we found that job satisfaction had a non-significant, direct effect on leaving intention, but a significant, negative and indirect effect on intention to leave through professional commitment. Regarding job satisfaction and professional commitment, job satisfaction viewed is as a pleasurable or positive emotional state.²¹ It conceivable to assume that nurses who feel that their work values are satisfied are likely to have strong emotional attachment to their career and a higher commitment and bond stability with workers' satisfaction. Nurses who feel dissatisfied with their job may have less commitment toward their profession and consider leaving their workplace.

Limitations

Some limitations were discovered in this study. Nurses' intention to leave the profession is recognized as a multifaceted phenomenon with numerous associated variables. Thus, further refinement of the theoretical model is needed to provide better understanding and explanation of nurses' intention to leave. The interpretation of causal relationship among studied variables were limited because this is a cross-sectional study. A final limitation concerns the generalization of findings, as data were collected among Thai nurses

working in government hospitals. Thus, generalization of findings to Thai nurses working in private hospitals or to other countries needs to be done cautiously.

Conclusions

Based on our findings, burnout, professional commitment, and work-family conflict are found to be the strongest influential factors on Thai nurses making decisions to leave the job. Additionally, professional commitment is an important variable due to a demonstrated strong negative relationship to career leaving and also plays a significant role as mediator among influential factors of intention to leave. Remarkably, job satisfaction and nurse practice environment did not propose a direct effect on intention to leave nursing in this study but showed the indirect effect through job satisfaction and professional commitment. This research led to the development of nurses' intention model (ILNPM). Use of this model can provide helpful information for nurse and health leaders who make policies about the nursing workforce in tailoring a fit strategy in creating an effective macro-policy on nursing workforce planning in the current context. The world of nursing is often encountered with new challenges and therefore there is a need to discover inventive strategies designed to reduce nurse burnout, and to help nurses find balance between their work and family domains. Likewise, we believe our research findings can help to enhance nurses' commitment to the profession which in turn can help prevent qualified nurses from leaving the nursing workforce and consequently improve healthcare quality.

Implications for Nursing and Health Policies and Practices

Nurse turnover continues to have a detrimental impact on healthcare settings in many locations around the world, including Thailand. Understanding and using our model of intention to leave could more

clearly help to identify how burnout, professional commitment, work–family conflict, nursing practice environment and job satisfaction impact on nursing turnover. Emphasis needs to be placed on sources of burnout including work overload, staff nurse shortages, lower levels of perceived support from head nurses, difficulty in changing shifts, inadequate rest periods, equipment inadequacy, and perceived work stress particularly now when nurses are working under the pressure of emerging COVID–19 pandemic. Effective countermeasures and strategies that lessen the intense work pressure and nurse practice environments are important. Nurse educators can work with nurse leaders and managers to provide on the job upgrading of skills to increase nurses' competency to perform their required tasks. This should help reduce the tensions of work burnout and raise care outcomes. Likewise, the availability of counselling is crucial to support nurses who need to manage in stressful work environments or who are not coping on the job.

Additionally, finding balance between two roles (role pressures from the work and family domains) is critical to alleviate work–family conflicts. Fostering supervisor support for nurses so that they have more control over shift patterns will help them to balance their work and personal lives, job designs and find better time management skills. Furthermore, the role of managerial support is deemed essential to enhance nurses' professional commitment. Thus, advocating nurses' affective attachment to the profession is crucial. Nurse leaders need to increase their efforts to enhance nurses' professional development opportunities, promote nurses' quality of work–life, job satisfaction, and sense of professional work values by creating a favorable work environment and involving nurses in making policies about these issues.

Critically, the concerning of nurse leader to improve healthy workplace in which facilitate and support nurses in delivering care could represent the cornerstones of retention strategies that contribute to higher levels of satisfaction subsequently to prevent

the intention of withdrawal from the profession. However, for further improvement the ILNPM needs supplementary testing with different groups of nurses in Thailand before implementing strategies to resolve this critical issue of nurses leaving the career.

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โมเดลปัจจัยที่มีอิทธิพลต่อความตั้งใจในการลาออกจากวิชาชีพของพยาบาลในประเทศไทย

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บทคัดย่อ: พยาบาลถือเป็นบุคลากรกลุ่มใหญ่ที่สุดในการให้บริการด้านการดูแลสุขภาพเพื่อบรรลุป้าหมายขององค์กร ความตั้งใจในการลาออกจากวิชาชีพของพยาบาลนับเป็นปัญหาที่ท้าทายมากสำหรับผู้นำทางการพยาบาลทั่วโลก การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อพัฒนาและทดสอบโมเดลของปัจจัยที่มีอิทธิพลต่อความตั้งใจในการลาออกจากวิชาชีพของพยาบาลไทย โดยใช้การทบทวนวรรณกรรมและแนวคิดที่เกี่ยวข้องกับปัจจัยผลักดันและปัจจัยดึงดูดเป็นกรอบแนวคิดในการคัดสรรตัวแปร การศึกษาเชิงสหสัมพันธ์นี้ได้คัดเลือกพยาบาลที่ขึ้นทะเบียนจำนวนสี่ร้อยห้าคนจากโรงพยาบาลของรัฐ 9 แห่งในทุกภูมิภาคของประเทศไทยโดยการสุ่มแบบหลายขั้นตอน เก็บรวบรวมข้อมูลโดยใช้แบบสอบถามจำนวน 8 ชุด ซึ่งได้แก่ข้อมูลทั่วไป ความตั้งใจในการลาออกจากวิชาชีพ ความพึงพอใจในงาน ความผูกพันในวิชาชีพ ความเหนื่อยล้า ความขัดแย้งระหว่างงานกับครอบครัว สภาพแวดล้อมในการปฏิบัติงานพยาบาล และ โอกาสในการจ้างงาน วิเคราะห์ข้อมูลโดยใช้การวิเคราะห์เส้นทาง (LISREL 8.53) ทดสอบเส้นทางอิทธิพลความสัมพันธ์ระหว่างตัวแปร

ผลการวิจัยพบว่า โมเดลที่สร้างขึ้นมีความสอดคล้องกับข้อมูลเชิงประจักษ์และสามารถอธิบายความผันแปรของความตั้งใจในการลาออกจากวิชาชีพได้ 45 % เมื่อพิจารณาถึงตัวแปรที่มีอิทธิพลต่อความตั้งใจในการลาออกจากวิชาชีพพบว่า ความเหนื่อยล้าเป็นปัจจัยสำคัญที่อิทธิพลต่อความตั้งใจในการลาออกจากวิชาชีพพยาบาลทั้งทางตรงและทางอ้อมโดยผ่านความพึงพอใจในงานและความผูกพันในวิชาชีพ ความขัดแย้งระหว่างงานกับครอบครัวและสภาพแวดล้อมในการปฏิบัติงานพยาบาลมีอิทธิพลต่อความตั้งใจในการลาออกจากวิชาชีพโดยทางอ้อมผ่านความเหนื่อยล้า ความพึงพอใจในงานและความผูกพันในวิชาชีพ แต่ความขัดแย้งระหว่างงานกับครอบครัวส่งผลโดยตรงต่อความตั้งใจในการลาออก ความพึงพอใจในงานมีอิทธิพลทางอ้อมต่อความตั้งใจที่จะออกจากวิชาชีพการพยาบาลโดยการส่งผ่านความผูกพันในวิชาชีพ ในขณะที่โอกาสในการจ้างงานมีอิทธิพลโดยตรงต่อความตั้งใจในการลาออกจากวิชาชีพ ดังนั้นเพื่อดำรงรักษาให้พยาบาลยังคงอยู่ในงาน ผู้นำพยาบาลรวมถึงผู้กำหนดนโยบายด้านการดูแลสุขภาพในการสร้างแนวปฏิบัติที่มีประสิทธิภาพในการจัดการความเหนื่อยหน่ายในงานพยาบาล รวมถึงสร้างสมดุลระหว่างงานและครอบครัว สร้างเสริมให้เกิดความผูกพันในงานซึ่งจะส่งผลให้พยาบาลคงอยู่ในงานและป้องกันไม่ให้เกิดการลาออกจากวิชาชีพก่อนเวลาอันควร

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คำสำคัญ: ความเหนื่อยล้า โอกาสในการจ้างงาน ความตั้งใจในการลาออกจากวิชาชีพ ความพึงพอใจในงาน, สภาพแวดล้อมในการปฏิบัติงานพยาบาล พยาบาล การขาดแคลนพยาบาล ความผูกพันในวิชาชีพ ความขัดแย้งระหว่างงานกับครอบครัว

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