Indonesian Journal of Global Health Research
Volume 8 Number 6, December 2026
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

THE EFFECT OF *QUALITY OF NURSING WORK LIFE* AND WORK-RELATED STRESS ON *TURNOVER INTENTION* AMONG NURSES WITH *BURNOUT SYNDROME*: A *SCOPING REVIEW*

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ABSTRACT
Nurses' turnover intention has become a global issue that affects healthcare service quality, organizational stability, and patient safety. Several factors influencing turnover intention include Quality of Nursing Work Life (QNWL), work stress, and burnout syndrome. However, scientific evidence regarding the relationships among these variables remains fragmented and has not yet provided a comprehensive understanding. This study aimed to map the scientific evidence regarding the influence of Quality of Nursing Work Life (QNWL) and work stress on nurses' turnover intention, with burnout syndrome acting as a mediating mechanism. This study employed a scoping review design using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) approach. The Population was nurses, the Concept comprised Quality of Nursing Work Life (QNWL), job stress, burnout syndrome, and turnover intention, and the Context referred to healthcare settings or nursing practice. The initial literature search across PubMed, Scopus, Google Scholar, EBSCOhost, ProQuest, and SINTA. The reviewed articles consisted of Indonesian and English publications published between 2020 and 2025. The keywords and Boolean operators used in the search strategy included: "Quality of Nursing Work Life" "occupational stress", "burnout syndrome" , "turnover intention" AND "nurse" OR "nursing staff" OR "perawat". Based on the selection process, 20 articles met the inclusion criteria from 253 article full papers and were included in the final synthesis. Results: The findings identified 253 articles. After removing 73 duplicate records, 180 articles remained for title and abstract screening. Of these, 82 articles met the initial inclusion criteria and underwent full-text assessment and 20 article included in these scoping review. This scoping review demonstrated that QNWL had a negative association with turnover intention, while work stress showed a positive relationship with turnover intention, particularly influenced by high workload, shift systems, and psychological pressure in the workplace. In addition, burnout syndrome was identified as a dominant predictor as well as a mediating mechanism linking QNWL and work stress to turnover intention. The emotional exhaustion dimension emerged as the burnout component with the strongest influence on nurses' intention to leave their jobs. Low QNWL and high levels of work stress contribute to increased turnover intention among nurses, both directly and indirectly through the mediating role of burnout syndrome. Therefore, improving quality of work life, managing work stress, and preventing burnout are essential strategies to maintain nurse retention and sustain healthcare service quality.

Keywords: burnout syndrome; nurse; QNWL; turnover intention; work stress

How to cite (in APA style)
Aryawan, I. N. A. M., Susanti, N. L. P. D., Wahyuningsih, N. L. G. N. S., & Kusuma, M. D. S. (2026). The Effect of Quality of Nursing Work Life and Work-Related Stress on Turnover Intention Among Nurses with Burnout Syndrome: A Scoping Review. Indonesian Journal of Global Health Research, 8(6), 803=816. https://doi.org/10.37287/ijghr.v8i6.2590.

INTRODUCTION

Human resources in nursing are a fundamental component of delivering high-quality and sustainable healthcare services, as nurses account for more than 50% of the total healthcare workforce in hospital settings worldwide (World Health Organization, 2022). An adequate nursing workforce is one of the key determinants of healthcare service quality. However, high rates of nurse turnover remain a global challenge that may adversely affect service quality, increase workload, and compromise patient safety (Al-Hamdan et al., 2021). Consequently, turnover intention has emerged as an important issue that requires comprehensive and multidimensional interventions (Han et al., 2022).

Turnover intention refers to an employee's tendency or intention to voluntarily leave their current job or move from one workplace to another based on their own choice (Sartika et al., 2023). The phenomenon of turnover intention among nurses has shown a concerning trend, particularly following the COVID-19 pandemic. Previous studies have reported that the prevalence of turnover intention among nurses across different countries ranges from 24% to 65%, with some regions reporting relatively high rates (Han et al., 2022). In Indonesia, this phenomenon is further exacerbated by the inadequate nurse-to-population ratio, which stands at 2.19 nurses per 1,000 population, substantially below the World Health Organization's recommended minimum of 4.45 nurses per 1,000 population (Indonesia, 2023). High levels of turnover intention may lead to organizational instability, increase recruitment and training costs for new staff, and further exacerbate nursing workforce shortages (Sartika et al., 2023).

High turnover intention among nurses does not occur in isolation but is influenced by various individual and organizational factors. One factor that has been widely associated with turnover intention among nurses is Quality of Nursing Work Life (QNWL). QNWL refers to nurses' satisfaction with both their personal and organizational lives, shaped by work experiences that are aligned with the achievement of organizational goals. This satisfaction reflects nurses' well-being in both their professional and personal lives outside of work (Fibriansari, 2024). According to Muthiah et al. (2022), QNWL is an important aspect of nursing workforce management because it is directly associated with nurses' well-being and the quality of nursing care. Low QNWL has been found to be associated with increased turnover intention among nurses. Previous research has reported that nurses who perceive their quality of work life to be low are more likely to express an intention to leave the organization in which they work (Salahat & Al-Hamdan, 2022).

In addition to QNWL, job stress is another factor that contributes to increased turnover intention among nurses. Job stress refers to a state of tension arising from an imbalance between physical and psychological demands, which can affect an employee's emotions, cognitive processes, and overall condition (Wijono, 2020). In the nursing profession, job stress may be triggered by shift work, heavy workloads, emotional demands, role conflict, service-related pressures, and the complexity of patients' conditions (Aminah, 2025). Prolonged exposure to job stress not only negatively affects nurses' psychological well-being and work performance but may also contribute to the development of burnout (Trisula, Sumarni, & Haniyah, 2025).

Burnout is a negative emotional response that occurs in the workplace when individuals experience prolonged and chronic stress (Maslach & Leiter, 2023). Nurses experiencing burnout may have impaired work performance and become less aligned with the vision and mission of the healthcare organization, potentially hindering improvements in the quality of care and patient health outcomes (Mulawarman & Antika, 2023). Furthermore, burnout has also been identified as one of the factors associated with turnover intention among nurses, with higher levels of burnout corresponding to a greater likelihood of nurses intending to leave their jobs.

Previous studies have explored the relationships between QNWL and turnover intention, job stress and burnout, as well as burnout and turnover intention. However, these relationships have largely been investigated independently, using diverse populations, characteristics, and methodological approaches. Consequently, the existing evidence regarding the interrelationships among Quality of Nursing Work Life, job stress, burnout syndrome, and turnover intention among nurses remains fragmented and does not yet provide a comprehensive understanding of the patterns of association among these variables. Therefore, a scoping review is needed to map the existing scientific evidence concerning the relationships among Quality of Nursing Work Life, job stress, burnout syndrome, and turnover intention among nurses. This approach was selected because it enables the identification and mapping of available evidence while providing a comprehensive overview of study characteristics, patterns of relationships among variables, and existing research gaps within

this topic. The findings of this review are expected to provide an evidence-based foundation for developing strategies to reduce nurse turnover and improve nurses' well-being and quality of work life.

METHOD

This study employed a scoping review design to map the relevant literature related to the research topic. The review process consisted of five stages: formulating the research question, identifying relevant studies, selecting eligible studies, extracting data, and summarizing and reporting the findings. The literature search strategy was developed using the Population, Concept, and Context (PCC) framework. The Population was nurses, the Concept comprised Quality of Nursing Work Life (QNWL), job stress, burnout syndrome, and turnover intention, and the Context referred to healthcare settings or nursing practice. The literature search included research articles published in Indonesian or English that were relevant to the research topic. The databases searched included PubMed, Scopus, Google Scholar, EBSCOhost, ProQuest, and SINTA, which were selected based on their accessibility and recognized academic relevance. The search was limited to articles published between 2020 and 2025. The keywords and Boolean operators used in the search strategy included: *"Quality of Nursing Work Life" OR "QNWL" OR "nursing work quality" AND "work stress" OR "job stress" OR "occupational stress" OR "stres kerja" AND "burnout syndrome" OR "nurse burnout" OR "burnout" AND "turnover intention" OR "intent to leave" OR "intention to quit" AND "nurse" OR "nursing staff" OR "registered nurse" OR "perawat"*. The identification, screening, eligibility assessment, and selection of studies were conducted in accordance with the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews* (PRISMA-ScR) guidelines. The selection process was conducted based on the predetermined inclusion and exclusion criteria to ensure that the studies included in the review were relevant to the research objectives since 2020-2025.

RESULT

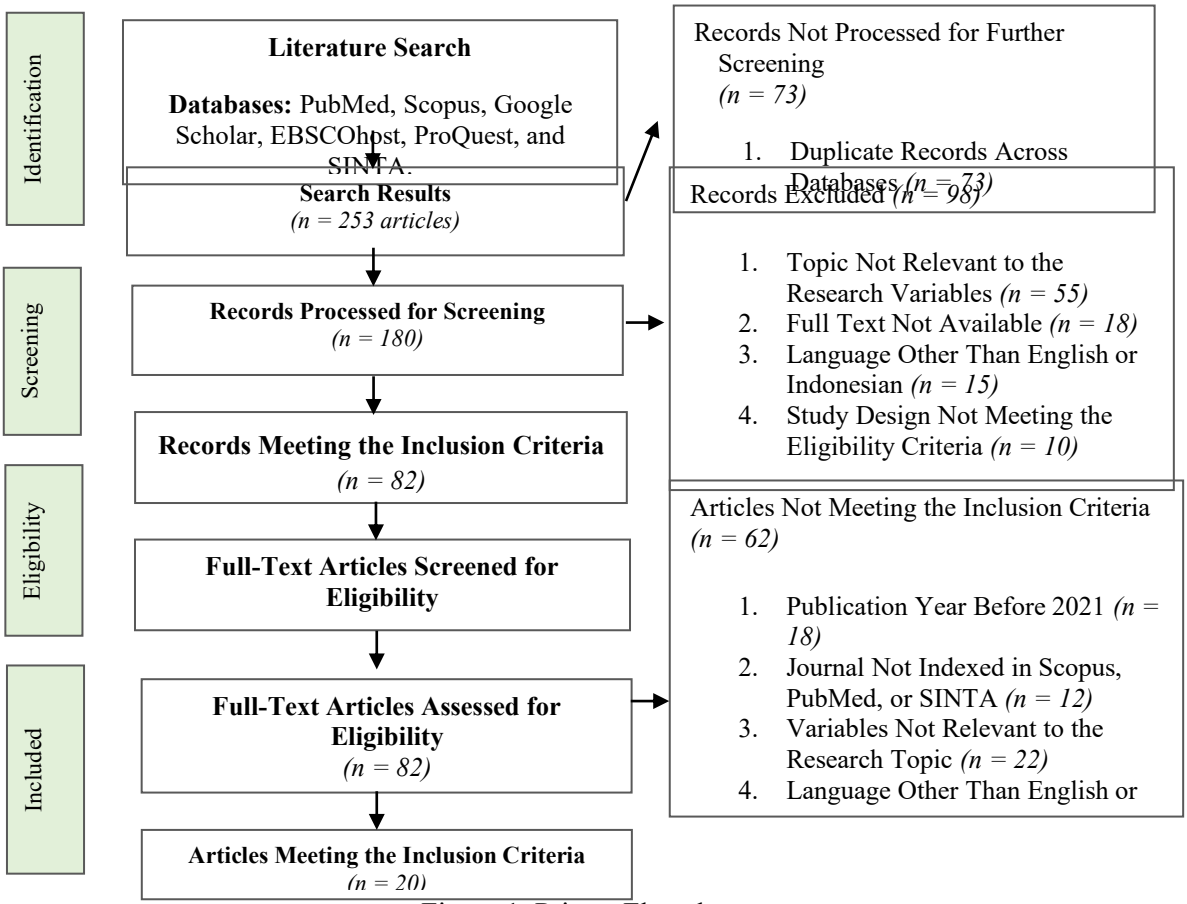


Figure 1. Prisma Flowchart

Table 1.
Analysis Article

No	Title / Author / Setting / Year	Objective	Design, Population & Sample, Instrument, Analysis	Variables	Findings	GAP / Research Gap
1	Nurses' and Patients' Assessments of Hospital Nursing Care: International Hospital Outcomes StudyAuthors: Aiken, L.H., Sloane, D.M., Barnes, H., Cimiotti, J.P., Jarrin, O.F., & McHugh, M.D.Setting: International multicenter study (USA, Europe, and Asia)Year: 2023	To assess nurses' and patients' perceptions of nursing care conditions and to examine the mediating role of burnout syndrome in the relationship between the work environment and nurses' intention to leave the profession.	Design: International multicenter cross-sectional studyPopulation: Nurses (N=13,274) and patients (N=11,318) from 60 hospitals in 8 countriesSampling: Stratified random samplingInstruments: Nurse Work Environment Scale, Maslach Burnout Inventory (MBI), Patient Satisfaction Survey, Turnover Intention ScaleAnalysis: Structural Equation Modeling (SEM), logistic regression, and multilevel analysis	Independent: Nurses' work environment Mediator: Burnout syndromeDependent: Nurses' turnover intention	Burnout was a significant mediator between a poor work environment and intention to leave the profession. Nurses with high levels of burnout were 3.8 times more likely to intend to leave their jobs. Burnout fully mediated the relationship between the work environment and turnover intention (indirect effect=0.42, 95% CI [0.31–0.53]).	QNWL dimensions were not specifically examined; job stress was not assessed as a separate variable; developing-country contexts such as Indonesia were not addressed.
2	Turnover Intention, Work Environment, Burnout, and Job Satisfaction in Nurses: A Comparative StudyAuthors: Al-Hamdan, Z., Dalky, H., Al-Ramadneh, J., & Hamdan-Mansour, A.Setting: Public and private hospitals in JordanYear: 2021	To compare turnover intention, work environment, burnout syndrome, and job satisfaction among nurses in public and private hospitals in Jordan and to identify the main predictors of turnover intention.	Design: Comparative cross-sectional studyPopulation: Nurses from 6 hospitals (N=450)Sample: Proportional random sampling (n=315)Instruments: Nursing Work Index-Revised (NWI-R), Maslach Burnout Inventory (MBI), Minnesota Satisfaction Questionnaire (MSQ), Turnover Intention ScaleAnalysis: Independent t-test, MANOVA, Spearman correlation, and multiple regression	Independent: Work environment, burnout syndrome, job satisfactionDependent: Nurses' turnover intention	A high prevalence of turnover intention was reported (67.2%). Burnout syndrome was significantly and positively correlated with turnover intention ($r=0.52$, $p<0.001$). A poor work environment increased burnout ($\beta=0.44$, $p<0.001$). Burnout and job satisfaction were the dominant predictors of turnover intention ($R^2=0.51$).	QNWL was not assessed as a separate construct; job stress was not specifically examined; the Jordanian context differs from private hospitals in Indonesia.
3	Quality of Nursing Work Life and Its Association with Nurse-Reported Outcomes: A Mixed-Methods Systematic ReviewAuthors: Alotaibi, J., Paliadelis, P.S., & Valenzuela, F.R.Setting: International (multiple countries)Year: 2022	To synthesize scientific evidence regarding the relationship between QNWL and nurse-reported outcomes, including turnover intention, job satisfaction, and burnout.	Design: Mixed-methods systematic reviewPopulation: 25 studies involving 12,467 participantsSample: Studies meeting the systematic review inclusion criteriaInstruments: QNWL Questionnaire (Brooks & Anderson), CASP appraisal toolAnalysis: Meta-synthesis, narrative synthesis, and thematic analysis	Independent: Quality of Nursing Work Life (four dimensions: home/work life, work design, work context, and work world)Dependent: Turnover intention, job satisfaction, burnout, and performance	Low QNWL was consistently associated with higher turnover intention (OR=3.2, 95% CI [2.1–4.9]). The work design and work world dimensions had the strongest influence on turnover. Nurses with low QNWL were 3.2 times more likely to report turnover intention.	Studies were predominantly conducted in Western countries; the mediating role of burnout in the QNWL–turnover relationship was not examined; very few studies were conducted in Southeast Asia and Indonesia.
4	Influence of Workplace Incivility on Nurse Burnout and Resilience: A Mediation StudyAuthors: Alshehry, A.S., Alquwez, N.,	To examine the effect of workplace incivility on nurses' burnout syndrome and resilience and to assess the mediating role	Design: Cross-sectional study with mediation analysisPopulation: Hospital nurses in Saudi Arabia (N=320)Sample: Convenience sampling (n=280)Instruments: Workplace Incivility Scale, MBI, Connor-Davidson	Independent: Workplace incivilityMediator: ResilienceDependent: Nurses' burnout syndrome	Workplace incivility had a significant positive effect on burnout ($\beta=0.48$, $p<0.001$). Resilience partially mediated the relationship between incivility and burnout (indirect effect=0.18,	The direct relationship between burnout and turnover intention was not specifically analyzed; QNWL and job

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	Almazan, J., Namis, I.M., Calvacante, M.C.B., & Cruz, J.P.Setting: Hospitals in Saudi ArabiaYear: 2022	of resilience.	Resilience Scale, sociodemographic questionnaireAnalysis: Baron and Kenny mediation test, Sobel test, and structural equation modeling		95% CI [0.09–0.29]). High burnout was negatively correlated with job satisfaction and positively correlated with turnover intention.	stress were not measured; the Saudi Arabian context differs substantially from Indonesia.
5	Defining Quality of Nursing Work LifeAuthors: Brooks, B.A. & Anderson, M.A.Setting: United StatesYear: 2021	To develop and clarify the conceptual definition and theoretical framework of Quality of Nursing Work Life (QNWL), including its four main dimensions and their relationship with nursing outcomes.	Design: Conceptual literature review (concept analysis)Population: Studies and literature related to QNWL (N=32 articles)Sample: Purposive selection of conceptual studiesInstrument: QNWL Survey (30 items covering four dimensions: home/work life, work design, work context, and work world)Analysis: Concept analysis using the Walker and Avant method; content validity index	Concept: QNWL (four dimensions)Antecedents: Individual and organizational characteristics Consequences: Job satisfaction, burnout, turnover intention, and nursing performance	QNWL was defined as nurses' ability to meet their personal needs through their work experiences. Four valid dimensions were identified: home/work life, work design, work context, and work world. Low QNWL was consistently associated with higher burnout and turnover intention.	This was a conceptual study without empirical data; causal relationships were not tested; further validation of the QNWL instrument is needed among Indonesian nurses.
6	Work-Related Factors, Job Satisfaction and Intent to Leave the Current Job among United States Nurses: A Systematic Review and Meta-AnalysisAuthors: Han, K., Trinkoff, A.M., & Gurses, A.P.Setting: United States (multiple studies)Year: 2022	To systematically synthesize the relationships between work-related factors, including workload, work environment, and physical working conditions, and nurses' job satisfaction and intention to leave their current jobs.	Design: Mixed-methods systematic review and meta-analysisPopulation: 41 studies involving 89,234 nursesSample: Studies meeting the PICOS criteriaInstruments: Various nursing work scales, Turnover Intention Scale, Job Satisfaction SurveyAnalysis: Random-effects meta-analysis, heterogeneity testing (I^2), and publication bias assessment (funnel plot)	Independent: Work-related factors (workload, shift work, work environment, compensation)Dependent: Job satisfaction and turnover intention	Excessive workload was negatively correlated with job satisfaction (r=-0.38) and positively correlated with turnover intention (r=0.42). Night-shift work increased the risk of turnover intention (OR=1.67, 95% CI [1.32–2.11]). Work-related factors explained 54% of the variance in turnover intention.	QNWL was not specifically assessed as a construct; burnout was not examined as a mediator; Southeast Asian contexts were not represented.
7	Work-Related Stress, Burnout, Job Satisfaction and General Health of Nurses: A Follow-Up StudyAuthors: Khamisa, N., Peltzer, K., Ilic, D., & Oldenburg, B.Setting: Public hospitals in South AfricaYear: 2022	To examine the relationships between work-related stress, burnout syndrome, job satisfaction, and general health among nurses and to assess changes over a two-year follow-up period.	Design: Longitudinal follow-up study (cross-sectional assessments at baseline and 24 months)Population: Nurses in South African public hospitals (N=1,200 at baseline; n=895 at follow-up)Sampling: Stratified cluster random samplingInstruments: Expanded Nursing Stress Scale (ENSS), MBI, Minnesota Satisfaction Questionnaire (MSQ), General Health Questionnaire-12Analysis: Paired t-test, Pearson correlation, multiple regression, and structural equation modeling	Independent: Job stressMediator: Burnout syndromeDependent: Job satisfaction, general health, and turnover intention	Job stress was significantly and positively correlated with burnout (r=0.58, p<0.001). The direct effect of job stress on turnover intention was not significant; however, it was significant through burnout as a mediator (indirect effect=0.31, p=0.002). Low QNWL exacerbated the effect of stress on burnout.	The South African context differs from Indonesia; QNWL was not specifically assessed; further research is needed among nurses in Indonesian private hospitals.
8	Factors Associated with Missed Nursing Care and Nurse-Assessed Quality of Care during the COVID-	To identify factors associated with missed nursing care and nurse-assessed quality	Design: Descriptive cross-sectional studyPopulation: Inpatient nurses from 8 hospitals in the Philippines (N=620)Sample: Stratified random sampling	Independent: Job stress, burnout, workloadDependent: Missed	High job stress was significantly associated with increased missed nursing care (OR=2.84, p<0.001).	QNWL and turnover intention were not examined; the study focused on

No	Title / Author / Setting / Year	Objective	Design, Population & Sample, Instrument, Analysis	Variables	Findings	GAP / Research Gap
	19 PandemicAuthors: Labrague, L.J., De Los Santos, J.A.A., & Fronda, D.C.Setting: Hospitals in the PhilippinesYear: 2022	of care during the COVID-19 pandemic, including the effects of job stress and burnout.	(n=465)Instruments: MISSCARE Survey, Nurse-Assessed Quality of Care Scale, Perceived Stress Scale (PSS), MBIAnalysis: Logistic regression, Pearson correlation, and multivariate analysis	nursing care and nurse-assessed quality of care	Burnout syndrome was positively correlated with missed care (r=0.52, p<0.001). Nurses with high burnout were 3.1 times more likely to report lower quality of care.	quality of care rather than nurse retention; the Philippine context differs from Indonesia.
9	Effects of Nurse Work Environment on Job Dissatisfaction, Burnout, Intention to LeaveAuthors: Nantsupawat, A., Kunaviktikul, W., Nantsupawat, R., Wichaikhum, O., Thienthong, H., & Poghosyan, L.Setting: Community hospitals in ThailandYear: 2022	To examine the effects of the nursing work environment on job dissatisfaction, burnout syndrome, and intention to leave among nurses in Thai community hospitals.	Design: Correlational cross-sectional studyPopulation: Nurses from 12 community hospitals (N=873)Sample: Proportional stratified random sampling (n=643)Instruments: Practice Environment Scale of the Nursing Work Index (PES-NWI), MBI, Job Satisfaction Scale, Turnover Intention ScaleAnalysis: Multiple logistic regression, chi-square, and Pearson correlation	Independent: Nursing work environment (five PES-NWI subscales)Mediator: Burnout syndromeDependent: Job dissatisfaction and turnover intention	A poor work environment increased burnout (OR=2.54, p<0.001) and turnover intention (OR=3.12, p<0.001). Job stress significantly affected turnover intention through burnout as a mediator (indirect effect=0.28, p=0.003). Burnout mediated the relationship between the work environment and turnover intention.	QNWL was not assessed as a separate construct; the community hospital setting in Thailand differs from private hospitals in Indonesia; mediation involving QNWL requires further investigation.
10	Development of an Empowerment Model for Burnout Syndrome and Quality of Nursing Work Life in IndonesiaAuthors: Nursalam, Fibriansari, R.D., Yuwono, S.R., Hadi, M., Efendi, F., & Bushy, A.Setting: Hospitals in East Java, IndonesiaYear: 2022	To develop an evidence-based nurse empowerment model to address burnout syndrome and improve QNWL in Indonesian hospitals.	Design: Research and Development (R&D) using mixed methodsPopulation: Nurses from 4 hospitals in East Java (N=487)Sample: Purposive and convenience sampling (n=312)Instruments: MBI, QNWL Survey (Brooks & Anderson), Workplace Empowerment Scale, Structural Empowerment ScaleAnalysis: Content validity, reliability testing, SEM-PLS, and quasi-experimental design	Independent: Empowerment modelMediator: Burnout syndromeDependent: Nurses' QNWL	The empowerment model significantly reduced burnout (p=0.001) and improved QNWL (p=0.002). Burnout syndrome was strongly and negatively correlated with QNWL (r=-0.68, p<0.001). Low QNWL was identified as a major predictor of burnout in Indonesian hospitals.	Turnover intention was not examined as an outcome; the QNWL–job stress–burnout–turnover pathway was not tested within a single mediation model; the study was limited to East Java.
11	QNWL (Quality of Nurse Work Life) during the COVID-19 Pandemic and Its Effect on Nurse TurnoverAuthors: Risca, S.A., Wahyudi, A., & Pratiwi, N.L.Setting: Hospitals in Palembang, South Sumatra, IndonesiaYear: 2022	To analyze the effect of QNWL during the COVID-19 pandemic on nurse turnover in hospitals in Palembang.	Design: Analytical cross-sectional studyPopulation: Inpatient nurses in hospitals in Palembang (N=215)Sample: Total sampling (n=154 after exclusion)Instruments: Modified Brooks & Anderson QNWL Survey, Turnover Intention Scale (TIS-6)Analysis: Chi-square test, Spearman correlation, and logistic regression	Independent: QNWL (four dimensions: home/work life, work design, work context, and work world)Dependent: Nurses' turnover intention	No significant overall association was found between QNWL and nurse turnover (p=0.215). However, the work context dimension was significantly and negatively correlated with turnover (r=-0.31, p=0.027). The COVID-19 pandemic increased stress and burnout, potentially weakening the effect of QNWL.	Burnout was not examined as a mediator; job stress was not measured; the non-significant association between QNWL and turnover warrants further investigation using burnout as a potential mediator.
12	Analysis of Factors Influencing Nurse Turnover Intention in IndonesiaAuthors: Sartika, D., Hapsari, W., &	To identify and analyze the determinants of turnover intention among nurses across different types	Design: Multisite analytical cross-sectional studyPopulation: Nurses from 10 hospitals of different types in Indonesia (N=782)Sample: Stratified proportional random	Independent: Job satisfaction, workload, job stress, QNWL, burnout, and	The dominant factors associated with turnover intention were low job satisfaction (OR=4.12, p<0.001), high burnout	Burnout was not tested as a mediator between QNWL/job stress and turnover

No	Title / Author / Setting / Year	Objective	Design, Population & Sample, Instrument, Analysis	Variables	Findings	GAP / Research Gap
	Mahardika, A.Setting: Multiple hospitals in IndonesiaYear: 2023	of hospitals in Indonesia.	sampling (n=486)Instruments: Turnover Intention Scale (TIS-6), Minnesota Satisfaction Questionnaire (MSQ), Nursing Activities Score (NAS), MBI, QNWL SurveyAnalysis: Logistic regression, multiple regression, and confirmatory factor analysis	compensation Dependent: Nurses' turnover intention	(OR=3.67, p<0.001), low QNWL (OR=2.98, p=0.003), and job stress (OR=2.41, p=0.002). QNWL and burnout jointly explained 62% of the variance in turnover intention.	intention; path analysis or SEM was not used; further research is needed in private type C hospitals.
13	The Effects of Compensation, Job Stress, and Job Satisfaction on Turnover Intention among Inpatient Nurses in a HospitalAuthors: Setiawan, R. & Suhartini, S.Setting: Ananda Hospital, Bekasi, West Java, IndonesiaYear: 2021	To analyze the effects of compensation, job stress, and job satisfaction on turnover intention among inpatient nurses at Ananda Hospital, Bekasi.	Design: Descriptive analytical cross-sectional studyPopulation: Inpatient nurses at Ananda Hospital (N=187)Sample: Total sampling (n=145 after exclusion)Instruments: Compensation questionnaire, job stress scale (HSE Management Standards Indicator), MSQ, TIS-6Analysis: Multiple linear regression, t-test, F-test, and coefficient of determination	Independent: Compensation and job stressMediator: Job satisfactionDependent: Nurses' turnover intention	Job stress had a significant positive effect on turnover intention (β=0.412, p=0.001). Job satisfaction had a significant negative effect on turnover intention (β=-0.387, p=0.002). Compensation did not have a significant direct effect on turnover intention (p=0.142).	Burnout was not examined as a mediator; QNWL was not measured; the mediating role of job satisfaction was not comprehensively analyzed; path analysis was not used.
14	The Relationship between Manager Behaviors and Nurses' Organizational Commitment and TrustAuthors: Sili, A., Vellone, E., & Alvaro, R.Setting: University teaching hospital in ItalyYear: 2021	To examine the relationship between nurse manager behaviors, including transformational and transactional leadership, and nurses' organizational commitment and trust.	Design: Correlational cross-sectional studyPopulation: Nurses in an Italian teaching hospital (N=380)Sample: Proportional random sampling (n=298)Instruments: Multifactor Leadership Questionnaire (MLQ-5X), Organizational Commitment Questionnaire (OCQ), Organizational Trust InventoryAnalysis: Pearson correlation, multiple regression, and Sobel mediation test	Independent: Managerial behaviors (transformational and transactional) Dependent: Organizational commitment and trustModerator: Teamwork quality	Transformational leadership was strongly and positively correlated with organizational commitment (r=0.57, p<0.001). Effective managerial leadership reduced the risk of turnover intention through increased organizational commitment. Work environment quality moderated the relationship between leadership and commitment.	QNWL, job stress, and burnout were not directly assessed; the Italian teaching-hospital context differs from private hospitals in Indonesia; turnover intention was not explicitly measured.
15	The Relationship between Quality of Work Life and Turnover Intention among Nurses at Dadi Keluarga Hospital, PurwokertoAuthor: Sumarni, S.Setting: Dadi Keluarga Hospital, Purwokerto, Central Java, IndonesiaYear: 2024	To examine the relationship between nurses' quality of work life (QNWL) and turnover intention at Dadi Keluarga Hospital, Purwokerto.	Design: Descriptive correlational cross-sectional studyPopulation: Inpatient nurses at Dadi Keluarga Hospital (N=142)Sample: Total sampling (n=112 after dropout)Instruments: Adapted Brooks & Anderson QNWL Survey, Turnover Intention Scale (TIS-6)Analysis: Spearman rank test, chi-square test, and logistic regression	Independent: Quality of Nursing Work Life (QNWL)Dependent: Nurses' turnover intention	A significant relationship was found between QNWL and turnover intention (p=0.001, r=-0.52). Low QNWL increased the risk of turnover intention (OR=4.21, 95% CI [2.13–8.32]). The work context dimension was the strongest predictor (β=-0.48).	Job stress and burnout syndrome were not examined; the cross-sectional design limits causal interpretation; burnout was not tested as a mediator; the study was limited to one hospital and requires replication in type C hospitals in Bali.
16	Can Mindfulness-Based	To synthesize evidence	Design: Systematic review and meta-	Independent: Mindfulness	Mindfulness significantly reduced	The relationships

No	Title / Author / Setting / Year	Objective	Design, Population & Sample, Instrument, Analysis	Variables	Findings	GAP / Research Gap
	Interventions Improve Nurse Burnout? A Systematic Review and Meta-AnalysisAuthors: Zhang, Y., Huang, X., Xu, S., Xu, C., Feng, X., & Li, Z.Setting: International (multiple studies)Year: 2022	regarding the effectiveness of mindfulness interventions in reducing burnout among nurses and to identify the burnout dimensions most responsive to these interventions.	analysisPopulation: 18 RCTs involving 1,892 nursesSample: RCTs evaluating mindfulness interventions among nursesInstruments: MBI, Copenhagen Burnout Inventory (CBI), ProQOLAnalysis: Random-effects meta-analysis, standardized mean difference (SMD), I^2 heterogeneity, and funnel plot	interventionDependent: Burnout syndrome (three MBI dimensions: emotional exhaustion, depersonalization, and personal accomplishment)	emotional exhaustion (SMD=-0.54, 95% CI [-0.83 to -0.24]) and depersonalization (SMD=-0.41, p=0.003). Nurses experiencing high job stress appeared to benefit most. Burnout was identified as a potential mediator between job stress and turnover intention.	among burnout, QNWL, and turnover intention were not examined simultaneously; mindfulness interventions remain insufficiently studied in Indonesian hospital settings.
17	Burnout in Nursing: A Theoretical ReviewAuthors: Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P.Setting: International theoretical reviewYear: 2022	To comprehensively review the concept of burnout in nursing, including its definition, dimensions, contributing factors, consequences, and relationships with QNWL and turnover intention.	Design: Theoretical/narrative reviewPopulation: Studies on burnout among nurses (N=78 selected articles)Sample: Purposive selection based on relevance and qualityInstruments: MBI, Copenhagen Burnout Inventory, Oldenburg Burnout InventoryAnalysis: Narrative synthesis, critical appraisal, and theoretical framework analysis	Construct: Burnout (three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment)Antecedents: Job stress and low QNWLConsequences: Turnover intention and quality of care	Burnout was associated with chronic job stress (OR=3.1–5.2) and low QNWL. Emotional exhaustion was the strongest burnout dimension associated with turnover intention (r=0.48–0.64). Burnout was identified as a potential mediating mechanism between working conditions and turnover.	No empirical data from Indonesia were provided; empirical validation of the theoretical model is needed in Southeast Asian private hospitals, particularly incorporating QNWL and job stress.
18	Impact of Nurse Burnout on Organizational and Position TurnoverAuthors: Kelly, L.A., Gee, P.M., & Butler, R.J.Setting: Academic and community hospitals in the United StatesYear: 2021	To examine the impact of burnout syndrome on organizational turnover (leaving the institution) and position turnover (moving between units) among nurses.	Design: Predictive cross-sectional studyPopulation: Registered nurses from 10 US hospitals (N=1,837)Sample: Online convenience sampling (n=1,349 valid responses)Instruments: MBI, CBI, Turnover Intention ScaleAnalysis: Logistic regression, odds ratio calculation, and multivariate analysis	Independent: Burnout syndrome (MBI: emotional exhaustion, depersonalization, personal accomplishment)Dependent: Organizational and position turnover intention	Burnout syndrome significantly predicted organizational turnover intention (OR=3.87, p<0.001) and position turnover (OR=2.54, p<0.001). Emotional exhaustion was the strongest predictor (OR=4.12). Burnout explained 43% of the variance in turnover intention. High job stress increased all burnout dimensions.	QNWL was not directly assessed; the US hospital context differs from Indonesia; the effects of job stress on the burnout–turnover pathway were not examined using a mediation model.
19	Work-Related Stress among Nursing Staff Working in Government Hospitals and Primary Health Care CentersAuthors: Alenezi, A.M., Aboshaiqah, A., & Baker, O.Setting: Government hospitals and primary healthcare centers in Saudi	To identify the sources and levels of job stress among nurses in government hospitals and primary healthcare facilities and to examine their relationships with burnout and turnover intention.	Design: Descriptive correlational cross-sectional studyPopulation: Nurses from 8 government hospitals and 12 primary healthcare centers in Saudi Arabia (N=644)Sample: Stratified random sampling (n=486)Instruments: Expanded Nursing Stress Scale (ENSS), MBI, TIS-6, sociodemographic questionnaireAnalysis: Descriptive statistics, Pearson correlation, and logistic regression	Independent: Job stress (ENSS: nine domains)Mediator: Burnout syndromeDependent: Nurses' turnover intention	High job stress was reported by 68.3% of nurses. The highest stress domains were workload (M=3.82) and uncertainty concerning treatment (M=3.61). Job stress was positively correlated with burnout (r=0.63, p<0.001) and turnover intention (r=0.48, p<0.001). Burnout partially mediated the relationship between	QNWL was not examined; the Saudi Arabian context differs from Indonesia; further research is needed using a comprehensive mediation model incorporating QNWL, job stress, burnout,

No	Title / Author / Setting / Year	Objective	Design, Population & Sample, Instrument, Analysis	Variables	Findings	GAP / Research Gap
	ArabiaYear: 2021				job stress and turnover intention.	and turnover intention in private hospitals.
20	Job Stress and Burnout among Nurses in Indonesia: A Systematic ReviewAuthors: Rahma, S., Pertiwi, D.A., & Widiasih, R.Setting: Indonesia (multiple national studies)Year: 2023	To synthesize scientific evidence on the relationship between job stress and burnout syndrome among nurses in Indonesia and to identify the major contributing factors.	Design: Systematic/narrative reviewPopulation: 15 studies conducted in Indonesia (2018–2023), involving 3,412 nursesSample: Purposive selection based on relevance and qualityInstruments: Various instruments, including MBI, Copenhagen Burnout Inventory, ENSS, NAS, and other job-stress questionnairesAnalysis: Narrative synthesis, critical appraisal, and thematic analysis	Independent: Job stress (workload, shift work, role conflict, role ambiguity)Dependent: Burnout syndrome (three MBI dimensions)	Burnout prevalence among Indonesian nurses ranged from 42.3% to 78.6%. Job stress was a major predictor of burnout (OR=3.1–7.4 across studies). Excessive workload and night-shift work were the dominant sources of stress. Burnout was positively associated with turnover intention in 11 of the 15 studies.	Most included studies were conducted in type B/A hospitals, with limited evidence from private type C hospitals. QNWL was rarely examined alongside job stress and burnout. A comprehensive mediation study is therefore needed.

Study Selection

The initial literature search across PubMed, Scopus, Google Scholar, EBSCOhost, ProQuest, and SINTA identified 253 articles. After removing 73 duplicate records, 180 articles remained for title and abstract screening. Of these, 82 articles met the initial inclusion criteria and underwent full-text assessment. Following the application of the predefined inclusion and exclusion criteria, 20 articles were eligible and included in the final synthesis.

Study Characteristics

The studies included in this *scoping review* were published between 2021 and 2024. Geographically, the evidence comprised international multicenter studies conducted across the United States, Europe, and Asia (Aiken et al., 2023; Alotaibi et al., 2022; Zhang et al., 2022), as well as studies conducted specifically in Jordan (Al-Hamdan et al., 2021), Saudi Arabia (Alshehry et al., 2022; Alenezi et al., 2021), South Africa (Khamisa et al., 2022), the Philippines (Labrague et al., 2022), Thailand (Nantsupawat et al., 2022), Italy (Sili et al., 2021), and the United States (Brooks & Anderson, 2021; Han et al., 2022; Kelly et al., 2021). In Indonesia, studies were conducted in East Java (Nursalam et al., 2022), Palembang (Risca et al., 2022), Bekasi (Setiawan & Suhartini, 2021), and Purwokerto (Sumarni, 2024), as well as through national multi-site reviews (Sartika et al., 2023; Rahma et al., 2023).

The study settings included public and private hospitals (Al-Hamdan et al., 2021; Nursalam et al., 2022), public and community hospitals (Khamisa et al., 2022; Nantsupawat et al., 2022; Kelly et al., 2021), university teaching hospitals (Sili et al., 2021), and primary healthcare facilities (Alenezi et al., 2021). Most studies employed a cross-sectional design (Alshehry et al., 2022; Nantsupawat et al., 2022; Risca et al., 2022; Sartika et al., 2023; Setiawan & Suhartini, 2021; Sumarni, 2024; Alenezi et al., 2021). Other approaches included mixed-methods research and development (R&D) studies (Alotaibi et al., 2022; Han et al., 2022; Nursalam et al., 2022), longitudinal studies (Khamisa et al., 2022), and theoretical reviews or meta-analyses (Brooks & Anderson, 2021; Zhang et al., 2022; Dall'Ora et al., 2022; Rahma et al., 2023).

Synthesis of Relationships Among Variables

Quality of Nursing Work Life (QNWL) was significantly and negatively associated with turnover intention, with low QNWL increasing the likelihood of turnover intention by 3.2 to 4.21 times (Alotaibi et al., 2022; Sumarni, 2024). In Indonesia, the *work context* dimension, particularly working conditions, was identified as the strongest predictor of nurses' intention to leave (Risca et al., 2022; Sumarni, 2024). However, during the COVID-19 pandemic, the overall association between QNWL and turnover was not consistently significant, except for the *work context* dimension (Risca et al., 2022).

Work-related stress was also positively and significantly associated with turnover intention, with an estimated 2.41-fold increase in risk (Sartika et al., 2023; Setiawan & Suhartini, 2021; Alenezi et al., 2021). Excessive workload and night-shift schedules were identified as major sources of stress that contributed to nurses' intention to leave their jobs (Han et al., 2022; Rahma et al., 2023). High levels of work-related stress were also associated with missed nursing care (Labrague et al., 2022).

Burnout syndrome emerged as one of the strongest predictors of turnover intention. Nurses experiencing high levels of burnout were 3.67 to 3.87 times more likely to intend to leave their profession or organization (Aiken et al., 2023; Al-Hamdan et al., 2021; Sartika et al., 2023; Kelly et al., 2021). Among the dimensions of burnout, *emotional exhaustion* was identified as the strongest predictor of both unit transfer and organizational turnover (Dall'Ora et al., 2022; Kelly et al., 2021). The high prevalence of burnout among Indonesian nurses, ranging from 42.3% to 78.6%, was associated with an increased risk of turnover (Rahma et al., 2023).

When the variables were considered simultaneously, *burnout syndrome* appeared to function as a mediating mechanism linking poor work environments, low QNWL, and high work-related stress to turnover intention (Aiken et al., 2023; Khamisa et al., 2022; Nantsupawat et al., 2022; Zhang et al., 2022; Dall'Ora et al., 2022). Empirical evidence indicated that QNWL and burnout together explained up to 62% of the variance in nurses' turnover intention (Sartika et al., 2023). Interventions aimed at improving QNWL through empowerment models were effective in reducing burnout among hospital nurses (Nursalam et al., 2022), while effective managerial behaviors could strengthen organizational commitment and reduce the risk of turnover intention (Sili et al., 2021). Enhancing resilience and implementing mindfulness-based interventions were also reported to mitigate the effects of work-related stress on burnout (Alshehry et al., 2022; Zhang et al., 2022).

Research Gaps

The reviewed evidence revealed several important research gaps. Geographically, the literature remains predominantly focused on Western countries, while evidence from Southeast Asia, particularly Indonesia, remains limited (Aiken et al., 2023; Alotaibi et al., 2022). Regarding study settings, most research has been conducted in public or large hospitals, resulting in limited empirical evidence concerning nurses working in type C private hospitals (Al-Hamdan et al., 2021; Sartika et al., 2023; Sumarni, 2024; Rahma et al., 2023).

From an analytical perspective, many studies have not examined an integrated mediation model incorporating QNWL, work-related stress, burnout, and turnover intention simultaneously (Alotaibi et al., 2022; Nursalam et al., 2022; Risca et al., 2022; Setiawan & Suhartini, 2021; Kelly et al., 2021; Alenezi et al., 2021). Methodological gaps also remain, particularly the limited use of path analysis or Structural Equation Modeling (SEM) to examine the proposed relationships and the relatively small number of longitudinal studies compared with cross-sectional research (Brooks & Anderson, 2021; Han et al., 2022; Khamisa et al., 2022; Sumarni, 2024; Dall'Ora et al., 2022). In addition, inconsistent findings regarding the influence of QNWL during the COVID-19 pandemic highlight the need for further investigation of potential mediating variables (Risca et al., 2022; Zhang et al., 2022).

DISCUSSION

Significance of QNWL in Relation to Nurses' Turnover Intention

Quality of Nursing Work Life (QNWL) is a multidimensional concept reflecting nurses' perceptions of the balance between their work and personal lives, encompassing physical, psychological, social, and environmental aspects (Thobari et al., 2025). Theoretically, QNWL refers to nurses' ability to fulfill their personal needs through their work experiences within an organization. It comprises four main dimensions: *work life–home life, work design, work context,* and *work world* (Brooks & Anderson, 2021). QNWL is shaped by complex interactions between internal factors, such as individual characteristics, and contextual social and environmental conditions, as well as external factors including hospital operations, administrative policies, healthcare systems, and patient demands (Dall'Ora et al., 2020). When these dimensions are inadequately addressed, nurses are at greater risk of experiencing a substantial decline in their quality of work life.

The relationship between QNWL and turnover intention has consistently been reported as negative and significant, with low QNWL serving as an important driver of nurses' intention to leave their profession or organization (Sumarni, 2024; Sartika et al., 2023). The synthesized evidence indicates that nurses with low QNWL are 3.2 to 4.21 times more likely to report turnover intention than those with high QNWL (Alotaibi et al., 2022; Sumarni, 2024). This relationship may occur because poor QNWL contributes to increased work-related stress, facilitates the development of burnout syndrome, and reduces nurses' job satisfaction (Thobari et al., 2025). Nevertheless, evidence from the COVID-19 pandemic suggests that the overall relationship between QNWL and turnover was not always significant, although the *work context* dimension remained a strong predictor (Risca et al., 2022).

Further analysis of QNWL dimensions indicates that *work context*, particularly working conditions, is often the most influential factor affecting nurses' decisions to remain in their jobs (Risca et al., 2022; Sumarni, 2024). Administrative factors, including fair remuneration, clear policies, transparent promotion systems, and career advancement opportunities, are also important determinants of positive perceptions of QNWL (Thobari et al., 2025). Organizational support, particularly through democratic leadership by nurse managers, plays a critical role in creating a supportive work environment and enhancing nurses' motivation and performance (Harleni et al., 2025; Thobari et al., 2025). A balance between job demands and available resources, as described by the *Job Demands–Resources Model*, is essential for maintaining staff motivation and productivity (Harleni et al., 2025). A psychologically and operationally supportive work environment, including flexible scheduling and adequate facilities, can reduce stress and significantly lower nurses' intention to leave (Harleni et al., 2025; Thobari et al., 2025).

Improving QNWL is therefore an essential strategic approach to retaining the nursing workforce and maintaining service stability in hospitals (Harleni et al., 2025; Thobari et al., 2025). System-level interventions through nurse empowerment and managerial improvements in governance and leadership can effectively reduce burnout and improve the quality of patient care (Nursalam et al., 2022; Thobari et al., 2025). Thus, efforts to strengthen QNWL should not focus solely on financial compensation but should also address organizational culture through open communication, professional recognition, and protection of nurses' psychological well-being.

Workload and Work-Related Stress as Factors Contributing to Turnover Intention

Workload and work-related stress have consistently been identified as major determinants of nurses' intention to leave their profession or organization (Rahagia & Zulkarnain, 2022; Sartika et al., 2023). Recent findings indicate that a substantial proportion of nurses experience high workloads, which directly contribute to increased turnover intention, with odds ratios (ORs) reaching 3.31 (Okstoria, 2022; Sartika et al., 2023). Excessive workload includes demanding tasks, high patient volumes, and intensive work schedules, all of which may contribute to frustration and

physical and psychological exhaustion (Rahagia & Zulkarnain, 2022; Han et al., 2022). More specifically, *psychological stress load* has been reported to have a stronger positive association with turnover intention than *time load* or *mental effort load* (Cinta et al., 2025). This finding is consistent with evidence identifying excessive workload as one of the most prominent sources of work-related stress among nurses across healthcare settings (Alenezi et al., 2021; Rahma et al., 2023).

Work-related stress has also been found to have a strong positive correlation with turnover intention ($r = 0.717$), indicating that increasing psychological pressure in the workplace is associated with a greater likelihood of nurses seeking alternative employment (Nasution et al., 2025; Tarawan & Ningrum, 2024). Important stressors include high demands from supervisors, role conflict, and intensive interactions with patients and their families, particularly when accompanied by complaints (Deswarta et al., 2021; Nasution et al., 2025). Beyond daily workload, operational factors such as long working hours, insufficient rest periods, and night-shift schedules have been reported to increase the risk of turnover intention by up to 1.67 times (Nasution et al., 2025; Han et al., 2022; Rahma et al., 2023). Poorly managed chronic stress not only threatens workforce retention but may also compromise quality of care by increasing the incidence of missed nursing care (Labrague et al., 2022; Rahagia & Zulkarnain, 2022). Therefore, reviewing work systems and ensuring a balanced distribution of responsibilities are critical strategies for hospital management to reduce turnover (Cinta et al., 2025; Okstoria, 2022).

The Role of Burnout Syndrome as a Mediating Mechanism in Turnover Intention

Burnout syndrome is understood as a psychological response to prolonged and poorly managed work-related stress, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Fathorrahman et al., 2025; Sinamo et al., 2026). Evidence from various studies indicates that burnout does not develop suddenly but rather results from the cumulative effects of high workloads, substantial responsibility for patient safety, and rotating shift schedules that continuously deplete healthcare workers' emotional resources (Sinamo et al., 2026; Han et al., 2022). Empirically, burnout has been significantly and positively associated with turnover intention, with nurses experiencing greater physical and psychological exhaustion showing a stronger tendency to leave their organization or profession (Al-Hamdan et al., 2021; Puteri & Syakurah, 2024). The *Job Demands–Resources Model* supports this relationship by explaining that an imbalance between high job demands and limited organizational resources generates stress, which may develop into burnout and subsequently become a major driver of turnover intention (Dianugraha et al., 2026; Fathorrahman et al., 2025).

In the relationship among these variables, *burnout syndrome* has been identified as a mediating variable linking work-related stress and QNWL to turnover intention (Aiken et al., 2023; Fathorrahman et al., 2025). The reviewed evidence suggests that work-related stress does not always directly lead nurses to resign; instead, it may first contribute to severe burnout (Khamisa et al., 2022; Nantsupawat et al., 2022). Nurses with high levels of burnout were up to 3.8 times more likely to report an intention to leave their jobs than those with lower levels of burnout (Aiken et al., 2023). A similar mechanism has been observed in relation to job satisfaction, whereby reduced satisfaction resulting from an unfavorable work environment may increase burnout, which subsequently predicts turnover intention (Puteri & Syakurah, 2024). Although most studies support this relationship, some findings differ. For example, Sartika et al. (2023) reported that burnout may not have a direct effect on turnover intention without intermediary factors such as organizational commitment.

Further analysis of burnout dimensions indicates that *emotional exhaustion* is the most dominant component in predicting turnover intention (Sinamo et al., 2026; Dall'Ora et al., 2022). This dimension reflects the depletion of nurses' emotional and physical energy, leaving them feeling unable to provide optimal care (Prakosa & Nursalam, 2021). Kelly et al. (2021) further

demonstrated that emotional exhaustion had the highest odds ratio (OR = 4.12) for predicting nurses' intention to leave their organizations. Depersonalization and reduced personal accomplishment also contribute to declining work motivation and professional self-esteem, potentially triggering withdrawal from the workplace as a coping response to ongoing stress (Prakosa & Nursalam, 2021; Sinamo et al., 2026). Poor work-life balance may further exacerbate this condition by limiting nurses' opportunities for psychological recovery (Dianugraha et al., 2026).

The implications of this phenomenon are highly significant for the stability and retention of the nursing workforce. High turnover not only creates financial costs for organizations through the recruitment and training of new staff but also disrupts continuity of care and may compromise the quality of patient care (Fathorrahman et al., 2025; Prakosa & Nursalam, 2021). Therefore, managerial interventions should focus on strengthening organizational commitment and empowering nurses to mitigate the effects of burnout (Prakosa & Nursalam, 2021; Nursalam et al., 2022). Strategies such as appropriate workload allocation, psychological support, and improvements in the quality of the work environment or QNWL are essential for maintaining nurses' psychological well-being (Sinamo et al., 2026; Dianugraha et al., 2026). Accordingly, preventing burnout syndrome through an integrated support system is not merely an optional strategy but a strategic necessity for hospital management to reduce turnover intention and ensure the sustainability of high-quality healthcare services.

CONCLUSION

Based on the findings of this *scoping review*, QNWL, work-related stress, and burnout syndrome are significantly associated with turnover intention among nurses. Low QNWL increases nurses' intention to leave their jobs, particularly in the presence of unsupportive work environments, limited organizational support, and poor work-life balance. In addition, psychological stress arising from nursing practice contributes to increased turnover intention. *Burnout syndrome* appears to be a key mediating mechanism linking QNWL and work-related stress to turnover intention. Among the dimensions of burnout, *emotional exhaustion* is the most prominent predictor of nurses' intention to leave their jobs. Therefore, improving the quality of nurses' working lives, managing work-related stress, and preventing burnout through organizational support and a supportive work environment should be prioritized to strengthen nursing workforce retention and sustain the quality of healthcare services.

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