



REASONS FOR ATTRITION AMONGST NURSES IN FINLAND

A qualitative study

Roseline Dedua

Degree Thesis for Novia University of Applied Science

Master's Degree in Healthcare and Social Services

Vaasa, 2024

Master's Thesis

Author: Roseline Dedua

Degree Program and place of study: Master of Nursing, Novia University of Applied Sciences

Specialisation: Nursing Leadership

Supervisor(s): Emilia Kielo-Viljamaa

Title: Reasons for Attrition amongst Nurses in Finland.

Date: 9.4.2024 Number of pages: 72 Appendices: 4

ABSTRACT

There is a global shortage of nurses, which is further compounded by clinical nurses leaving the profession. Finland is also affected by this trend, with many nurses leaving the workforce. This study aimed to understand why Finnish nurses choose to pursue a career in nursing, as well as the factors that contribute to nurses leaving the profession. The study used a literature review and semi-structured interviews to collect data. Twelve articles met the eligibility criteria for the literature review, and five nurses who have left the profession voluntarily participated in the research interview. The data were analysed using content analysis, with the Herzberg Two-Factor Theory employed as the theoretical framework for this research.

The results of both the literature review and the interviews showed many similarities in the data obtained. However, additional insights emerged from the interviews, providing more detailed information about this study. Three main themes emerged from the content analysis: personal, professional, and motivator factors. The personal factor provided insight into individual nurses' circumstances that encouraged them to leave the profession. The professional factor highlighted organizational conditions and factors that caused dissatisfaction among nurses, leading to high attrition rates.

Furthermore, motivator factors focused on the reasons behind Finnish nurses choosing to become nurses. The results showed that nurse attrition is not caused by a single event but rather by a combination of dissatisfying circumstances, mostly in the workplace. To address the growing demand for nurses and low retention rates, there is a need for strategies and measures to attract and retain nurses, leveraging the perspectives shared by nurses.

Language: English

Key Words: Nurse, Nurse Attrition, Nursing, Nurse motivation, Nurse migration, Nurse intention to leave work.

Table of Contents

1	Introduction	1
2	Background.....	4
2.1	Definition of a Nurse	4
2.2	Nurse Attrition	5
2.3	Global Nursing Shortage	8
2.4	Nursing Shortage in Finland	9
2.5	Significance of Nurse Attrition and Retention	11
3	Aim, Objective of Research, and Research Questions.....	14
4	Methodology.....	14
4.1	Literature Review	16
4.1.1	Data Collection	17
4.1.2	Data Analysis.....	19
4.2	Interviews.....	23
4.2.1	Study Participants.....	24
4.2.2	Data Collection and Sampling	24
4.2.3	Data Analysis.....	25
4.3	Ethical Considerations	28
4.3.1	Application of Ethical Considerations in This Study.....	29
5	Theoretical Framework.....	29
6	Results.....	31
6.1.1	Results of the Literature Review	31
6.2	Result of semi-structured interview	42
7	Discussion	56
7.1	Discussion of the result	56
7.2	Discussion of the Methods.....	62
7.3	Significance of this Study	63
7.4	Limitations of the Study	64
8	Conclusion	64
9	References.....	66
10	Acknowledgments	79

1 Introduction

The number of nurses contemplating leaving the nursing profession continues to be on the rise, resulting in inadequate nursing staff in many countries. This issue is particularly relevant in today's healthcare environment, where a significant portion of nurses are planning to leave behind their roles due to stress induced by the adverse effects of excessive emotional burden (Elliott, 2017). Studies show that the preservation of staff and the management of turnover, especially among highly skilled nurses, pose substantial concerns for healthcare administrators (Wells, Roberts & Medlin, 2002).

Avraham, Wacht, Yaffe, and Grinstein-Cohen (2023) explain that given the significant rise in personnel shortages and the growing trend of professionals leaving the workforce, it is imperative to thoroughly comprehend the motivations that influence individuals to pursue a career in nursing. This understanding is critical not only for recruiting new students but also for retaining skilled and experienced professionals over the long haul. Nurses are a fundamental part of the global healthcare system (Brown, Gomez, Harper, & Olivares, 2023).

In healthcare systems, nurses play a vital role by participating in various aspects of healthcare, including prevention of disease, primary healthcare delivery, treatment, and rehabilitation (Canzan, Saiani, Mezzalira, Allegrini, Caliaro & Ambrosi, 2022). Nurses provide expertise, care, and compassion to individuals during their most challenging moments. (Elliott, 2017). Vanhanen-Nuutinen, Janhonen, Maunu and Laukkala (2012) state that nursing students collectively share a common goal which is the aspiration to become nurses. A substantial number of individuals seeking entry into nursing programs express their eagerness to assist and interact with individuals. They also anticipate that a career in nursing will offer them the chance for personal growth and development. Additionally, Jirwe and Rudman (2012) mention that nurses state that a genuine interest in caring for others was the main reason for joining the profession. Furthermore, the world has been significantly changed by the impact of COVID-19, which is also reflected in the realm of employment. The pandemic has brought in various environmental and social shifts, and it appears to have influenced individuals' inclination toward pursuing a career in nursing (Avraham, Wacht, Yaffe, & Grinstein-Cohen, 2023).

According to Erenstein and McCaffrey (2007), a healthy workplace atmosphere plays a crucial role in retaining nurses in care settings. There has continued to be a wide gap between the need for nurses in healthcare facilities and the availability of nurses (Brown, Gomez, Harper, & Olivares, 2023). Across the world, there is an increasing trend of nurses exiting from the profession. Evidently, the nurse shortage is a complex issue that goes beyond recruitment concerns. Administrative factors like resource allocation and authority, challenges associated with the medical field, and factors inherent to the nursing profession collectively contribute to nurse dissatisfaction and their decision to exit the profession (Vanhanen-Nuutinen, Janhonen, Maunu, & Laukkala, 2012). A combination of these challenges impedes the functionality of the healthcare system and results in suboptimal work environments, including excessive regulations, denial of care to those without insurance, inadequate staffing, and ineffective communication among healthcare professionals. These unpleasant work conditions generate job dissatisfaction among nurses. Also, nurses leave the profession and healthcare settings as a result of conflicting values (Bragg & Bonner, 2015).

There are consequences of inadequate nursing staff that can affect the provision of nursing care and the practice of the nursing profession (Erenstein & McCaffrey, 2007). There is insistent evidence indicating that unsupportive and adverse work environments result in errors made medically and environments considered unsafe for work. The turnover of nursing personnel worsens the already elevated stress levels among the remaining workforces. This is because existing staff frequently must step in and assist in the orientation of new colleagues, resulting in additional workloads and, potentially, increased levels of stress. (Erenstein & McCaffrey, 2007; Finlayson, Dixon, Meadows & Blair (2002). Moreover, research conducted in the United States, Canada, and Germany revealed that nurses were dedicating a substantial amount of their time to tasks that were unrelated to their nursing skills, including activities like cleaning rooms or handling food trays. Additionally, nurses reported an increasing demand to assume managerial duties, diverting their attention from direct patient care responsibilities. Finlayson, Dixon, Meadows & Blair (2002).

When nurses leave the work environment or the profession entirely in significant numbers, it results in a shortage of knowledge and skills, placing added strain on healthcare providers and, simultaneously, compromising the quality of patient care. Nurse attrition comes with a substantial financial cost for healthcare services, but it is equally important to acknowledge the personal toll it takes (Elliott, 2017). Additionally, an ineffective nursing work environment can manifest not only when experienced nurses opt to leave the workforce voluntarily but also when they opt for a passive approach to staying, and when newly employed nurses persist in an adaptive mode of staying while displaying a dehumanized attitude towards patients. (Zhu, Rodgers & Melia, 2014)

According to Bragg and Bonner (2015) to enhance the retention of nurses in hospitals, it is crucial for these healthcare facilities to improve their management of nurse departures. This involves a re-evaluation of resignation procedures, the treatment of nurses, and the obtaining of meaningful information to shape more informed nurse retention strategies. It is evident that to ease nurse burnout and work-related stress, there is a need for a deeper understanding and more effective management of the emotional needs of nurses (Elliott, 2017). The availability of social support from supervisors and colleagues plays a vital role in positively shaping nurses' emotional state, coping abilities, and overall well-being. Social support is a factor that impacts exhaustion, absence, job fulfilment, the intention to leave work, and organizational dedication. It seems that the actual presence and quality of the social support network are more critical than its size. Furthermore, social support stemming from information and knowledge significantly benefits both the nurse and the healthcare institution (Shirey, 2004).

Bogossian, Winters-Chang, and Tuckett (2014) highlight insights on potential strategies from nurses to mitigate this departure trend. One proposed solution involves granting nurses more autonomy in selecting their working hours, which could lead to improvements in the workforce. Moreover, a generational approach emerged, with older nurses collaborating with younger counterparts to explore ways to enhance the rostering system that accommodates the diverse needs, work expectations, and social priorities of each group. Additionally, exemplary managers who enable nurses to self-schedule, ensuring everyone receives essential time off, were identified as part of the solution. Furthermore, it is crucial to prioritize nurses' safety in the workplace, with a resolute stance of zero tolerance for workplace violence.

2 Background

This section begins with a definition and explanation of concepts used in the writing. The definitions are sourced from websites, online dictionaries, research, and educational institutions. It then explains the scale of the nursing shortage globally as well as the shortage of nursing in Finland. Finally, it highlights the significance of nurse attrition and retention in the profession.

2.1 Definition of a Nurse

The dictionary definition of the nurse is a professional whose task is to provide care for clients' health. In Finnish "*Sairanhoitaja*" is used to mean a licensed nurse (Sairanhoitaja, 2023). According to Currie and Carr-Hill (2013), the term nurse and registered nurse is used to denote nurses and the nursing workforce when used in research and literature writing.

A registered nurse is a healthcare professional who has concluded a nursing program and fulfilled the criteria instituted by the state or the appropriate licensing institution to acquire a nursing license. The scope of practice and professional responsibility of a registered nurse is normally stipulated by regulation and controlled by a professional authority (Registered nurse, 2023).

International Council of Nurses (ICN, 1987) defines a nurse as an individual who has successfully concluded a comprehensive, general nursing education program and has obtained authorization from a relevant regulatory body to engage in nursing practice within the authorized country. Fundamental nursing education is a formally acknowledged course of study that incorporates a comprehensive and solid groundwork in behavioural, life, and nursing sciences, preparing the nurse for general nursing practice, leadership roles, and further education in specialized or advanced nursing practices. The nurse is duly trained and authorized for:

- To partake in the comprehensive field of nursing practice, containing health promotion, illness prevention, and the care of individuals of all ages who are physically ill, mentally ill, or disabled, in numerous healthcare and community settings.

- To provide health education.
- To actively contribute as an integral member of the healthcare unit.
- To direct and instruct nursing and healthcare auxiliary personnel.
- To participate in research activities.

In Finland, a Nursing (AMK) degree signifies a university of applied sciences qualification in nursing. This nursing education is obtained through the nursing education program at the University of Applied Sciences, usually with a curriculum of 210 credits and an approximate duration of 3.5 years of study. Individuals, such as midwives, public health nurses, and paramedics, undergoing extended training, also attain a nursing qualification. The English language comparable to this nursing degree across numerous universities of applied sciences is known as the Degree Program in Nursing (Nurse, AMK 2023).

Moreover, in Finland, only persons holding a nursing degree have the right to work as nurses. The initial legislation governing the nursing profession, the Practice of Nursing Act, became effective on October 31, 1962. Presently, the authority to practice as a nurse is stipulated in the Healthcare Professionals Act and the associated regulation, put into practice on June 28, 1994. The granting of this professional privilege is overseen by the Social and Health Licensing and Supervision Agency Valvira and the right to practice is extended to nurses, midwives, and health nurses by Valvira which is also responsible for maintaining a centralized register called the 'JulkiTerhikki' of healthcare professionals to facilitate regulatory responsibilities (Sairaanhoitajat, n.d.)

2.2 Nurse Attrition

Nurse attrition as a term in this thesis is used to describe a phenomenon where nurses opt to leave their current work assignments or positions in the profession. This can happen for a variety of reasons and may result in the nurses either changing their health organization or even leaving the nursing profession altogether. A high rate of nurse attrition can exacerbate the nursing shortage and have a detrimental impact on healthcare institutions as a whole. To effectively address this issue, it is crucial to identify and tackle the underlying causes, foster a supportive work environment, and implement retention plans for nursing staff.

The exact definition of nurse attrition is missing in previous research and various terms have been used to describe the trend, see table 1 showing the terms used in synonymously with nurse attrition in previous research and in this thesis. Al Yahyaei, Hewison, Efstathiou, & Carrick-Sen (2022) state that terminologies such as '*intent to stay*', '*intention to leave*', '*nurse turnover*' and '*nurse retention*' are commonly used together. This makes it challenging to understand the impact of these words.

According to Simon, Müller and Hasselhorn (2010), the concept of ***Intention to leave*** could be used to mean changing the work organization or changing the profession entirely. This intention of nurses to leave the work environment may be intentional or unintentional (Kovner, Brewer, Fatehi, & Jun 2014). Moreover, the intention of nurses to leave can initiate a withdrawal process, commencing with their departure from the work organization, followed by a successive exit from the nursing profession altogether (Lee, 2022).

The reasons for ***nurses' exodus*** from the health institution as employees may be due to personal internal issues rather than common belief of extrinsic causes (Sumner, & Townsend-Rocchiccioli, 2003). The Nurse exodus is a significant global issue as it results in the nursing shortage, posing a risk to societal well-being. The factors influencing nurses, the workplace conditions, and the sentiments nurses harbour toward their jobs (or organizations) play a role in shaping their intentions to leave (Takase, Yamashita, & Oba, 2008).

Nurse turnover can be explained as either voluntary (including retirement) or involuntary, whether avoidable or not. It may be internal, indicating a transition to another nursing or non-nursing position within the same organization, or external, involving a move to another nursing or non-nursing role in a different organization. In addition, turnover incorporates situations where nurses exit the nursing profession but remain on a nurses' register, leave a nurses' register, or a combination of these descriptors. The lack of consistency in defining and measuring turnover has led to estimates of nurse turnover rates ranging from 4 to 54% among those intending to leave the profession internationally (Halter, Boiko, Pelone, Beighton, Harris, Gale, Gourlay, & Drennan, 2017).

Noteworthy, nurse turnover has adverse effects on the working environment for those who remain, leading to increased job pressures and workloads. In addition, nurse turnover

incurs financial costs, not only due to the loss of productivity from an experienced worker but also the logistical expenses associated with employee replacements. Quantifying the financial impact of nurse turnover is deemed challenging; however, it is suggested that the cost of replacing a single nurse exceeds an annual salary, and this cost escalates the longer the vacancy remains unfilled. The main conclusions imply that nurses are more likely to stay when the workplace culture and conditions align with their personal and professional requirements. Supportive, trusting professional relationships that foster a sense of safety and belonging impact nurses' choosing to remain in their positions (Pressley & Garside, 2023).

With a number of research done on nurses' intention to leave the profession, the focus has brought the realisation of some **nurses' intention to stay**. This intention to stay involves a combination of more than two thought stages although considered more passive than the intention to leave (Al Yahyaei, Hewison, Efstathiou, & Carrick-Sen, 2022). The inclination to remain in a position (nurse intention to stay) was influenced by the perceived fairness in the implementation of human resource practices by nurse supervisors and the satisfaction of nurse managers. When there was a perception of equitable administration of human resource practices by nurse managers (justice and fairness), older nurses expressed higher satisfaction with their nurse manager, subsequently increasing the likelihood of their intention to stay (Armstrong-Stassen, Freeman, Cameron, & Rajacic, 2015).

Lee and Shin (2020) state that identifying and enhancing the intention of registered nurses (RNs) in nursing facilities to stay, along with addressing other factors influencing their retention, is crucial. This focus enhances organizational effectiveness by empowering skilled nurses to address concerns and maintain their nursing positions before considering departure.

Table 1 shows terms used in synonymously with nurse attrition.

Intent to leave	The desire and plan of nurses to exit the profession	Simon, Müller and Hasselhorn (2010),
Nurse exodus	The term used to describe when nurses depart the profession	Sumner, & Townsend-Rocchiccioli, 2003).

Nurse turnover	Nurse turnover describes to the rate at which nurses leave their current job role or employment within a defined period, usually resulting in a nursing shortage.	Boiko, Pelone, Beighton, Harris, Gale, Gourlay, & Drennan, 2017,
Nurse intention to stay	Nurse intent to stay refers to nurses' expressed dedication to remain in their current role.	Al Yahyaei, Hewison, Efstathiou, & Carrick-Sen, 2022, Armstrong-Stassen, Freeman, Cameron, & Rajacic, 2015

2.3 Global Nursing Shortage

Nurses are fundamental in achieving World Health Organization (WHO) goals of development; however, it is known that the global shortage of nurses has lasted for decades. WHO states that there is about six million nurse shortage globally. In the United States, records provided by the Department of Labor show that by 2026, there will be a demand for more than one million nurses. The recent COVID-19 pandemic has worsened the situation, with inadequate healthcare personnel (Bialous & Baltzell, 2020).

Moreover, the International Council of Nurses (ICN, 2021) states that an estimation of about thirteen million nurses is required to meet the worldwide nursing shortage gap in years to come. As the nursing labour force continues to age, it is estimated that 17% of nurses worldwide will retire in the coming decade. To simply sustain the current workforce levels and address the existing shortages, an additional 4.7 million nurses will have to be professionally trained and employed. In entirety, by the year 2030, a need for 10.6 million more nurses will arise. This estimation and its demand are a result of the current shortage of nurses, the advancing age of practising nurses, and the effect of COVID-19. There is a need for a critical discussion of policies and a strategic plan to provide education for nurses to meet their global demand (Bialous & Baltzell, 2020).

Challenges involving attracting and keeping nurses during a competitive healthcare labour market in the profession have been heightened by the fundamental concerns related to

nursing attrition in the profession. A number of individuals exit the profession even before graduation or during clinical placement. Noteworthy, a notable rate of turnover is evident within the initial 5 years of entering the nursing profession. Approximately one in three hospital nurses who are younger than 30 years old intends to change their current job within the coming year (Crow & Hartman, 2005). Moreso, a survey revealed that 45% of nurses in the Nordic nation had weekly thoughts of leaving their profession during the COVID-19 pandemic, a significant increase from the 11% who had such thoughts before the pandemic. Moreover, 16% reported contemplating leaving on a daily basis during the pandemic (Church, 2023). With regards to this, a report made by Rosseter (2023) in the United States shows that over 25 per cent of registered nurses intend to either completely leave the profession or retire in five years' time.

Ted (2021) explains that it is not unexpected for those employed in healthcare to acknowledge the current retention challenges. Healthcare professionals including nurses and other hospital staff are departing their roles. The nursing shortage, in particular, is creating a crisis in numerous hospitals, and temporary fixes are proving to be unsustainable. While hospitals have encountered staffing problems to different extents in the past, the recent COVID-19 pandemic has intensified the situation. Moreso, nurses are departing the healthcare sector due to persistent stress and long-term exhaustion.

2.4 Nursing Shortage in Finland

Nursing was the third most common profession among employed Finns in 2020. Of those working in nursing professions, nearly 85% worked as nurses, 3% as midwives, and 12% as public health nurses. However, there is currently a shortage of nursing assistants, nurses, and public health nurses in Finland. This shortage is especially severe in many parts of the country, except in the Pirkanmaa region where it is moderate. Finnish nurses receive the lowest salary compared to their Nordic colleagues even with work experience. An experienced nurse in Norway, Denmark, and Iceland receives a much higher salary than a newly graduated nurse in Finland. (Sairaanhoitajat, n.d).

According to a report by the National Supervisory Authority for Health and Welfare (Valvira) in 2022, there was a significant increase in the number of requests for removal from the nursing register. In 2021, only 46 of such requests were received, while in 2022, the number increased to 997. The reasons cited for leaving the profession included factors

such as health issues, retirement, job changes, and dissatisfaction with the current state of the nursing profession (Yle, 2022).

Moreover, Cubelo (2023) states that a plunging workforce of nurses is expected with a rising number of proficient nurses exiting the profession accompanied by a decline in the recruitment rate in successive decades. According to a survey carried out by Church (2023), approximately 50% of nurses in Finland contemplated leaving their profession amidst the COVID-19 pandemic, with the vast majority expressing dissatisfaction with their compensation as practising nurses. Consequently, this position affects the workforce and work satisfaction and ultimately leads to a shortage of nursing staff.

Cubelo (2023) highlights that the main reasons for the nursing shortage in Finland are based on a variety of factors and it is complex in nature. Poor remuneration and devaluation of the profession during the COVID-19 pandemic are a few of the most challenging encounters nurses experience in the practice of their profession in Finland. Consequently, nurses in Finland, leveraging the authority of trade unions and industrial warfare in response to the poor working conditions they face carry out actions. Noteworthy, Finland's Health Care Professions Act stipulates that nurses can temporally or permanently revoke their licence digitally as they wish. Thus, many nurses in Finland have done so as a form of last resort.

The revocation of a licence has been used as an aftermath of a lack of support and the difficulties of the work environment nurses in Finland face. In a bid to increase societal awareness of the plight of nurses working conditions in Finland, public shows of dissatisfaction have been made. As a result of such displays the number of new nursing applications, pursuing nursing career and staying in the profession have significantly reduced. Global understanding shows that the level of safety and health care as well as national growth suffer when competent nurses leave the profession (Cubelo, 2023).

Furthermore, according to Finland's Ministry of Employment, there is a need for 200,000 new workers in the healthcare and social department and to fill this need, at least, 10 per cent will be from abroad (YLE STT, 2023).

Sairaanhoitajat (n.d.) explains that the change in the profession of nurses has been increasingly discussed in recent years. However, it remains to be seen what the situation will be like in the coming years. Compared to the number of nurses in 2021, 4.5% (3359

people) of those nurses who had worked as nurses a year earlier (in 2020) were working in other fields. The exit to another sector was slightly higher than the levels of 2020 (4.3%) and 2018 (4.4%). However, in 2019, a number of 1,300 nurses had moved to other fields compared to the years 2018-2021. Of the nurses who were working in 2018, 7,426 people had moved to another field in the three years by 2021, which is 10% of the number of nurses who were working in 2018 and 9.9% of the number of nurses who were working in 2021.

For the five-year period (2016-2021), the corresponding departure is quantitatively 12.3% of the number of nurses in 2021 and 13.3% of the number of nurses in 2016. In 2021, a total of 7,595 nurses left the profession, of which 44% (3,359 people) moved to another field. Although there were departures due to retirement and other reasons, change of field is the biggest reason for the annual leaving of the nursing profession. The industry changes were focused on the younger age groups, with 35% of the 3,243 industry changers under the age of 61 being 31-40 years old. It is worth noting that the change of field can also be temporary and some of the nurses may remain in social and healthcare positions (Sairaanhoitajat, n.d).

2.5 Significance of Nurse Attrition and Retention

Nurses play a fundamental role in the healthcare system as they deliver patient care and closely assess the patient's condition through continuous direct contact. The opportunities for nurses within healthcare settings are limitless, encompassing options such as nursing homes, hospice care, hospitals, and private medical practices, among others. (Fritz, Chaitow & Hymel, 2007; Sharififard, Asayesh, Rahmani-Anark, Qorbani, Akbari & Jafarizadeh, 2019).

Nurses undergo training with an emphasis on holistic care, characterized as patient-led and patient-focused, to deliver individualized care and address the patient as a complete entity rather than divided parts. This approach emphasizes nurses' education to be attentive to the entirety of the person, not solely the specific health issue presented (Jessup 2012).

According to Jessup (2012) registered nurses account for the largest segment of healthcare providers, constituting nearly one-third of healthcare professionals. The World Health Organization forecasts a substantial deficit of 12.9 million nurses, by the year 2035. A major

contributing factor to the global shortage of nurses is the attrition from the nursing profession (Maleki, Janatolmakan, Fallahi, Andayeshgar & Khatony, 2023). Nurse attrition is a significant issue in the healthcare sector, involving nurses leaving their positions or the profession, posing a major concern (Bae, 2022).

Lee (2022) states that the intention of nurses to leave can begin with a distancing activity. Initially, nurses may leave their organization, and subsequently, they may exit the profession altogether. In addition, research indicates a cascading effect, where several nurses initially depart from the nursing unit, followed by leaving the hospital and ultimately exiting the profession (de Oliveira, Griep, Portela & Rotenberg, 2017). Given that health administrators can intervene and prevent the initial departure from the organization, nurses may be deterred from quitting their professional roles (Lee, 2022). The retention of nurses is a significant and urgent issue on a global scale within healthcare, impacting healthcare systems, individual well-being, and the quality of patient care (Collard, Scammell, & Tee, 2020). In ten countries in Europe (Belgium, Finland, Germany, Ireland, Netherlands, Norway, Poland, Spain, Switzerland, and the UK), the turnover rate for registered nurses leaving the profession ranged from 5 to 17%. Moreover, newly qualified nurses exhibit a higher rate of leaving the profession compared to individuals at other experience levels or during different life transition periods (Collard, Scammell, & Tee, 2020).

Nurse attrition is an expensive phenomenon that undermines the quality of nursing care and outcomes. Both nursing care outcomes (for instance, mental health and job fulfilment) and patient outcomes (including patient satisfaction) are influenced by nurse turnover. While it is difficult to quantify the rate of nursing turnover rates, various studies indicate that turnover rates are consistently high on a global scale (Bae, 2022). The exit of nurses from the profession is a significant global issue as it compounds the nursing shortage, posing a threat to societal well-being. Factors such as the individual traits of nurses, the workplace environment, and the sentiments of nurses toward their jobs or organizations influence their intentions to leave (Takase, Yamashita, & Oba, 2008). The departure of each nurse adversely affects the working conditions of the remaining nurses at work, particularly as job pressures and workloads increase. (Pressley & Garside, 2023).

Beyond the impact on working experiences, nurse attrition incurs significant commercial costs, involving the loss of productivity from a skilled worker and the logistical expenses

associated with employee replacements. While the financial impact of nurse turnover is challenging to quantify precisely, replacing a single nurse alone is believed to surpass an annual salary, and these costs increase the longer a vacancy remains unfilled. Nurse attrition is a concern during shortages due to non-economic and economic factors. Non-economic issues include retaining registered nurses, preventing overburdening staff, and attracting quality registered nurses. Economic concerns include turnover costs, loss of nursing capital, and quality of care. These concerns are raised by bedside nurses, managers, executives, and hospital economists. The costs directly associated with nurse turnover can be seen in advertising and recruitment expenses incurred by healthcare organizations when filling nursing positions that have been vacated due to turnover. Whereas direct costs are more tangible and obvious, indirect costs are typically harder to assign to a specific activity and may be less apparent, such as the loss of organizational knowledge and a decrease in productivity. However, it can be challenging to categorize costs as either direct or indirect (Jones & Gates, 2007).

On the contrary, the quantification of the benefits of nurse retention has been mostly overlooked. This could be because healthcare leaders are more concerned with reducing nurse turnover rather than measuring its benefits, the expenses of turnover are assumed to outweigh the benefits, or determining the benefits of turnover is considered too complicated. Tables 2 and 3 below show the cost and benefits of nurse attrition as stated by Jones and Gates (2007).

Table 2 shows Nurse attrition costs

<ul style="list-style-type: none"> ➤ Expenditure associated with filling vacancies, such as the payment of agency nurses, overtime, closed beds, and hospital diversions. ➤ Recruitment of new staff ➤ Orientation and training of new staff ➤ Reduced efficiency/productivity ➤ Dismissal of employees ➤ Potential errors on patients by nurses ➤ Compromised quality of care for patients ➤ Negative work environment and culture leading to dissatisfaction and distrust. ➤ Loss of organizational knowledge ➤ Increased turnover rate

Table 3 shows Nurse attrition benefits

- | |
|--|
| <ul style="list-style-type: none"> ➤ Newly hired nurses will accept reduced salaries and benefits. ➤ Departing nurses will also experience falls in their salaries and benefits. ➤ The organization will save money by not paying bonuses to outgoing nurses. ➤ Replacement nurses will bring fresh ideas, creativity, and innovations. ➤ Poor performers will be eliminated from the team. |
|--|

Studies underscore that nurses are more likely to remain in their positions when the workplace culture and conditions align with their personal and professional needs. Supportive, trusting professional relationships that foster a sense of safety and belonging contribute to nurses choosing to stay (Pressley & Garside, 2023). Summarily, various

methods have been proposed to improve the retention of nurses and consequently reduce the nursing shortage. These methods involve transforming the workplace through the provision of strong, high-level nursing leadership and supportive nursing supervision throughout the organization. Also, involving nurses in decision-making related to patient care delivery and practice, redesigning nurses' workspaces to be less physically demanding and more ergonomic, creating a culture of safety, limiting nurses' work hours, ensuring safe staffing levels, offering flexible work schedules and employment opportunities such as job sharing, and improving nurses' wages (Jones & Gates, 2007). The table 3 below summarizes the benefits of nurse retention.

The table 4 shows the benefits of nurse retention.

- ✓ *Cutting down on advertisement and recruitment expenses.*
- ✓ *Reducing the number of vacant positions and vacancy-related expenses.*
- ✓ *Decreasing the number of new hires and associated hiring costs.*
- ✓ *Lowering the number of new employees who need orientation and training, leading to reduced orientation and training expenses.*
- ✓ *Maintaining or increasing productivity levels.*
- ✓ *Reducing the number of employee terminations and associated costs.*
- ✓ *Lowering the occurrence of patient errors and increasing the overall quality of care.*
- ✓ *Improving the work environment and culture, which leads to increased job satisfaction, trust, and accountability.*
- ✓ *Preserving organizational knowledge and making nurse recruitment easier.*

3 Aim, Objective of Research, and Research Questions

This thesis aims to increase knowledge and understand the factors that motivate Finnish nurses to pursue a career in nursing and the underlying reasons that drive them to leave the profession in Finland.

The goal of this study is to provide insights into the factors leading to nurses leaving the profession and to provide strategies on how to reduce the future occurrence of nurse attrition in Finland.

The research questions:

1. What is known about nurse attrition in previous international literature?
2. How do nurses explain their motivation to become nurses in Finland?
3. How do Finnish nurses explain the reasons behind nurse attrition?

4 Methodology

This writing will employ qualitative research to elicit answers to the research question in this thesis. According to Saldana (2011), qualitative research is a canopy term used to

describe a collection of practices and approaches used in the study of real relational life. Data acquired from this qualitative research are analysed purely with non-numerical methods, including documents, visual resources, interview excerpts, and fieldnotes that focus on relaying human experiences either from personal life or as experienced by another person in social and spontaneous conditions. The purpose of embarking on qualitative research is numerous and varies according to the intent of the writings. Findings usually comprise vital depictions and presentations of relevant findings from synthetically analysed data.

Qualitative research incorporates a myriad of approaches including but not limited to interviews and detailed review of historical data with a focus on recounting comprehensively some experiences. This explains that research done qualitatively presents information and its consequent meaning as articulated by the narratives recounted by people in their natural settings. Case study, one's experience, the story of one's life, interviewing, introspective, relational, and visual language texts that communicate daily activities, unpleasant incidences and significances to people's lives encompasses qualitative research (Aspers & Corte, 2019).

Furthermore, Holloway and Galvin (2016) explain that to elicit the attitudes, feelings, and life experiences of people and the essence of their lives, scholars employ qualitative research methods. Observation, listening, asking questions and focused attention in the life of a research participant are some of the strategies employed in qualitative research writing. This approach to research writing generates valuable information as well as tracks the change that occurs over some time. The patterns of interaction, strategies in seeking knowledge, and exploring the lives of others in relation to their experience through their lens can be done through qualitative research. It is as simple as just listening to the life stories of others as recounted through their own outlook and reflective mind. Qualitative writing avoids imposing frames and structures of their own that might influence the thoughts of the partakers rather, it endeavours to understand the perceptions, feeling, encounters of the participants being studied. This method of research writing allows people to communicate incidences and experiences using their own words, thus unearth the connotations people associate to their encounters. By observation and the use of listening skill, writers intend to comprehend the way people act and the factors that influences these actions (Holloway & Galvin, 2016). Qualitative literature review was employed in this thesis

with the aim of eliciting in-depth understanding of the experiences and perceptions of Finnish nurses as to why they decided to pursue a career in nursing and the factors that necessitated the decision to leave the profession.

4.1 Literature Review

A literature review was undertaken to synthesize the findings from various research publications in order to provide in-depth insights into the motivation to become a nurse and the factors contributing to exiting the profession in Finland.

Literature review as a methodology in research was employed in the data collection of this study. Aveyard (2010) states that a literature review in research is a thorough study and analysis of literature relating to a specific topic. When a researcher undertakes a literature review as a method of research, the aim is to find answers to a research question by examining various research publications relating to a particular topic. In addition, a literature review is a methodical approach to gathering, critically evaluating, integrating, and presenting findings from numerous research studies related to a specific research question or topic. Literature review enables a more extensive and accurate understanding of the existing evidence on the focus of interest, compared to traditional literature reviews. Literature reviews include standardized methodologies and guidelines to systematically search, filter, review, critique, interpret, synthesize, and report findings from multiple publications in a particular field of study (Pati & Lorusso, 2018).

The exploration of literature is regarded as a crucial element in the review procedure. This entails a methodical seek for studies and strives for a clear and transparent presentation of how studies were identified. This approach ensures that readers are well-informed about the steps taken to locate studies and understand how the review's findings fit into the broader body of relevant evidence. (Cooper, Booth, Varley-Campbell, Britten & Garside, 2018). Literature review as a research methodology employs three main steps by a researcher. The first step requires a broad knowledge from the researcher about the concepts and themes of the research, past and present writings relevant to the research as well as the direction of the research. Secondly, the writer demonstrates the ability to analyse themes, strengths, and weaknesses in relevant research. The final integral step to

be undertaken by a researcher is communicating the findings from the research in a logical way (Reardon, 2006).

The review process involves evaluating and synthesizing the outcomes of this search in a structured and predetermined manner. The objective of literature review is to contribute insights for practice, policy, and occasionally, additional research. Literature reviews adhere to a rigorous methodology, ensuring both the reliability and relevance of the results to users. These reviews are often regarded as a cornerstone in evidence-based healthcare and play a crucial role in shaping reliable clinical recommendations (Munn et al.,2018).

4.1.1 Data Collection

Databases used in literature search included Academic Search Elite, CINAHL and PubMed. An advanced search was conducted using the keywords “nurse or nurses or nursing” AND “nurse attrition” OR “nurse motivation” OR “nurse migration” AND “factors influencing nurses intention to leave work”.

The literature search utilized publications within ten years being 2013 to 2023. Articles published in English only were included. Other search filters are articles that are peer-reviewed and articles that are relevant to the research question. The table 5 below shows the search filters and limiters included in obtaining the relevant articles used in this literature review as well as the exclusion criteria.

The literature review is regarded as an essential element in a research review procedure. This entails a methodical search for studies to provide a clear and transparent account of how studies were identified. The objective is to ensure that readers have a clear understanding of the methods used to find studies, as well as how the findings of the review fit into the larger context of relevant evidence (Cooper et al., 2018). Additionally, a literature review performs many important roles. They can offer comprehensive summaries of the existing knowledge in a particular field, assisting in the identification of future research priorities. Likewise, systematic reviews can tackle questions that individual studies may not address, pinpoint issues in primary research that need rectification in subsequent studies and contribute to the development or assessment of theories explaining the occurrence of phenomena (Page et al.,2021).

Table 5 shows the literature search filters and limiters as well as the exclusion criteria.

Search filters and limiters	Exclusion Criteria
Articles available in full-text access	Articles that focused on specific concepts to explain why nurses leave the profession. For instance, how nurse preceptorship impact turnover among nurses
Peer-reviewed articles	Articles that provided information on how to deal with nurse shortage without addressing the root cause of the attrition.
Articles Published between 2013 and 2023	
Articles written in English	

According to Page et al. (2021) in 2009, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement was published to assist researchers in providing clear and comprehensive reports on the purpose, methods, and findings of their reviews systematically and transparently. The PRISMA 2020 statement replaced the 2009 statement with more features and updates included. The new reporting structure incorporates methodological advancement in the identification, selection, appraisal, and synthesis of studies. The plan and outline of the PRISMA statement have been adjusted to ensure utilization.

According to Page and Moher (2017) The PRISMA Statement is a reporting guideline that aims to enhance transparency in systematic reviews and meta-analyses. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA), similar to the Cochrane Collaboration, was developed by an international network of health-based collaborators. PRISMA establishes a framework for literature reviews to ensure methodological rigour and quality. It includes a checklist and flowchart that serve as evidence-based tools for authors conducting systematic literature reviews and meta-analyses (Pati, & Lorusso, 2018). Figure 1 below shows the Prisma 2020 flow statement utilized in this thesis. A total of twelve articles were included in the literature review. See Appendix 1 for the study characteristics.

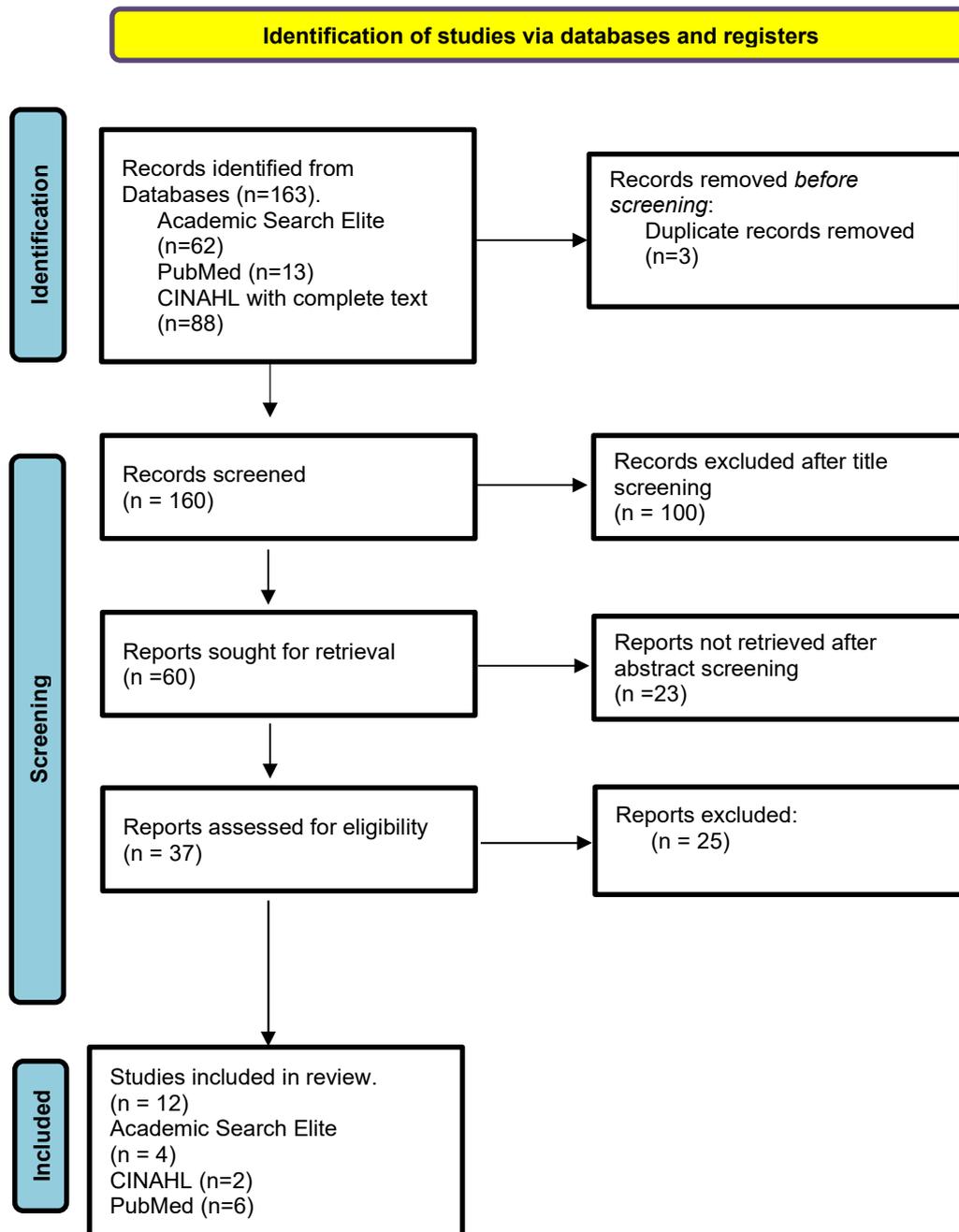


Figure 1. Prisma 2020 flow statement

4.1.2 Data Analysis

Data analysis involves exploring, clarifying, and comprehending everyday experiences concerning the specific trend that the research study is investigating (De, 2014). This writing utilizes content analysis.

Content analysis is a research approach that allows for reliable and accurate conclusions to be drawn from data in its context. The goal of content analysis is to provide knowledge, novel perspectives, a factual representation, and an actionable practical guide. The objective is to achieve a concise and comprehensive interpretation of the phenomenon,

and the result of the analysis is terms or categories that describe the phenomenon. (Elo & Kyngäs, 2008). Content analysis is a research method used to analyse written, spoken, or visual communication notes. Content analysis is also considered a systematic and objective means of describing and quantifying phenomena. It is also known as a method of analysing documents. (Elo & Kyngäs, 2008). Qualitative content analysis is frequently used by nurse researchers (Vaismoradi, Turunen & Bondas, 2013).

Content analysis is a research technique incorporated in research writing for creating reliable and accurate deductions from written material (or any other significant content) that can be applied to relevant contexts. (Krippendorff, 2018)

According to Stemler (2000), content analysis entails the utilization of a set of explicit coding rules used in a systematic, replicable technique to compress a large number of words of text into fewer content categories. Content analysis compresses text into categories using coding rules, making it ideal for handling large amounts of data unobtrusively. This technique extends beyond word frequency counts.

Content analysis is used for purposes of description and inference. It involves extracting implicit and/or explicit information from content through the process of coding and classification. The process of content analysis is employed to describe and infer information. It encompasses the extraction of implicit and/or explicit data from sources by using coding and classification techniques. (Griffin & Griffin 2021)

The utilization of content analysis helps researchers to test their theoretical assumptions, thereby gaining a better insight into the data. Employing content analysis, it is feasible to condense words into fewer categories that are related to the content. It is postulated that when words, phrases, and similar statements are grouped under the same categories, they share a common significance (Elo & Kyngäs, 2008). Deductive content analysis is a method of analysis that uses a pre-existing theoretical framework as a basis for examining data. This approach is particularly useful when the aim is to test a previously established theory in a different context, or to compare categories over time. By utilizing a deductive approach, researchers can ensure that their analysis is consistent with previous research, making it easier to draw meaningful conclusions (Elo & Kyngäs, 2008).

This literature review used inductive content analysis to group the most recurring findings from each article to explore the factors influencing nurse attrition in Finland as well as the

relationship between the motivation to be a nurse and nurse attrition in Finland. This inductive content analysis process comprises of three essential stages, namely open coding, category creation, and abstraction. During open coding, notes and headings are meticulously documented while reading through the text (Elo & Kyngäs, 2008). Themes are typically considered a group that is identified by the researcher based on their data. These themes are usually related to the research topic and may help to form the theoretical understanding of the data, as well as answer research questions. Data within a theme is usually condensed or grouped by attaching codes to it. These codes may have been predetermined, or they may be developed as the fieldwork progresses. The researcher transcribes each interview and shares the transcript with the interviewee. The purpose is to ensure that the interviewee understands the language used. Next, the obtained data is analysed by listening to the tapes, reading the transcripts multiple times, and reflecting on each interview to gain familiarity with the range, depth, and diversity of the data. The description stage involved identifying codes and clustering similar codes under theme headings. Lastly, the data clustered under these themes were scrutinized again, and presented within a framework of main headings. (Gerrish, 2015). Table 6 below shows the content analysis of the articles reviewed. This study used Microsoft Windows 10 for the categorization of the themes from the literature review.

Table 6 shows a thematic analysis of the articles obtained.

Codes	Sub-themes	Themes
Marital status (single nurses) Age less than 39 years Younger age Gender (Male) Having children Support from family and friends	Family influence	PERSONAL FACTOR
Less than 21 years of work experience Individual employment type No nursing specialty Bachelors' degree or less educational level	Individual advantage	
Desire to try new areas of life. Availability of other career opportunities Availability of new opportunities elsewhere Availability of role models in the profession	Social adventure	
Increased workload Inadequate nursing staff available Overtime with over 15 hours per week		

Increased overtime per month Burnout Exhaustion Assignment beyond the nurse's capability Ward assignment preference	Physical burden	PROFESSIONAL FACTOR
Increased job stress Psychological stress Elevated level of stress Inability to manage work stress. Too much stimulating action in the work environment. Cynicism	Psychological burden	
Inability to resolve role conflict. Inability to resolve work conflict. Too many work regulations	Work conflict	
Lack of support at the workplace Lack of support in clinical decision-making Lack of support in time management skills Lack of support from managers Unsupportive Hospital policies and practices Inflexibility in responding to individual staff demands. Lack of role models in the profession	Poor support	
Undervalued at work. Lack of influence and autonomy at work Poor consideration of nurses' opinions and suggestions for policies and practices. Lack of nurse recognition Poor sense of the value of nurses' work by Hospitals	Underappreciation	
Lack of career advancement opportunities Poor professional growth	Professional stagnation	
Bullied at work. Nurse-to-nurse incivility Feeling isolated Low social support Poor socialisation due to lack of support	Social issues	
Low salary Poor money reward Inappropriate salary composition concerning work done. Poor monthly income	Financial Issues	
It has job benefits. I do it for monetary reasons I do this job for the paycheck. I have job security.	Monetary attraction	
My desire to help others. My reputation depends on it. It helps me to achieve my life's goals. Opportunity to have personal nursing experience. My Interest in science	Personal fulfilment	MOTIVATION FACTOR

4.2 Interviews

Interviews can serve as a valuable means of gathering both qualitative and quantitative data. The level of structure in interviews is typically determined by the design and objectives of the research. Conducting effective interviews requires skills such as the design of a comprehensive data collection tool, planning for a suitable environment, the establishment of rapport with interviewees, and creating a balance in the level of direction and flexibility in questioning. Interviews can provide in-depth insights into the insights of participants and are particularly useful when researching sensitive topics. They present a unique prospect to explore a diverse range of subjects and experiences related to nursing and health services (Gerrish, 2015).

Moreover, the semi-structured interview is a dynamic discussion of ideas between a researcher and an interviewee. The researcher poses open-ended questions and probes for elaboration to elicit detailed explanations. Questions used are loosely sequenced and may be arranged or modified in response to the interviewee's participation. The primary objective of a semi-structured interview is to acquire an in-depth understanding of the interviewee's experiences or opinions (Trainor & Graue, 2012).

Additionally, this type of interview is particularly useful in situations where the researcher seeks to obtain rich, detailed accounts of the interviewee's experiences and perceptions. The semi-structured interview allows for the exploration of topics in greater depth than a structured interview, while still providing some control over the interview process. The success of a semi-structured interview depends on the interviewer's ability to maintain a balance between structure and flexibility. The interviewer should have a clear understanding of the research objectives and be skilled in adapting to the interviewee's responses (Grammarly, 2024). Ethical guidelines, purpose, consequences, consent, identity, relationships, confidentiality, and protection are important considerations in the interview process (Rabionet, 2011).

Summarily, semi-structured interview utilization in data collection requires that the researcher plans for many questions or at least themes in advance, but further unscripted questions are pursued within the interview, to follow up on interesting and unexpected insights that may emerge. Interviews are best appropriate for understanding the perceptions and experiences of people (Brinkmann, 2014). In this thesis, a semi-structured

interview approach was used to gather detailed explanations from the study participants. The interviewees were provided with pre-determined question guidelines to facilitate the process. This approach allowed the participants to express their experiences and perceptions objectively, without any restrictions or limitations that might have hindered the collection of information relevant to the research question.

4.2.1 Study Participants

The study participants for the research were three registered nurses and two practical nurses who worked in different healthcare settings in Finland. Registered nurses as well as practical nurses in Finland receive the right to practice haven met the educational requirements and licensing requirements by the National Supervisory Authority for Welfare and Health (VALVIRA) (Nurse, AMK 2023; Sairaanhoitajat, n.d). The inclusion criteria for the research are nurses who have worked and have clinical work experience in Finland. Additionally, nurses who have left the profession for more than 6 months and do not have an active contract with any nursing or healthcare organization were included in the study. In total, five nurses participated in this study.

4.2.2 Data Collection and Sampling

Data collection in this study was achieved through semi-structured interviews with individual participants. The participants are members of a Facebook group called "Bye-Bye Hoitoala" with 13,700 members as of January 21, 2024. The researcher sought permission from the admins of the Facebook groups to make a post on the group's platform inviting participants who have left the nursing profession to voluntarily share their experiences of the motivations to become a nurse and the decision to leave the profession. After the permission was granted by the admins and a Facebook post was made inviting both practical and registered nurses who had left the nursing profession for a minimum of six months to share their experience on joining and leaving the career (See Appendix 2 for more details). The participants were selected utilizing purposive sampling. The process of purposive sampling involves selecting sampling units randomly from a specific population group that possesses the greatest information about the characteristic of interest (Guarte & Barrios, 2006). Moreover, purposive sampling is a type of non-probability sampling that entails selecting individuals for a sample based on specific criteria planned by the

researcher. These criteria can include their expertise in the research topic, as well as their willingness and ability to participate in the study. This technique is frequently utilized when a researcher wants to study a specific group of people who have unique characteristics or experiences (Rai & Thapa, 2015).

Participants who were willing to share their insights were contacted through the Facebook messenger app. The aim of the study and as well as other ethical considerations were explained to the participants after that an online consent form showing details of what the research is about and the request to accept or decline to participate in the semi-structured interview (see Appendix 3) was sent to each participant. A suitable time and date were agreed upon between the researcher and the participants after the consent form had been signed. Before starting the interview, oral consent from the participants was sought and received and an explanation of the participants' ethical rights was stated. Participants were asked for oral permission to record the interview which was granted by the interviewees. During the interview, the interview guidelines shown in Appendix 4 were used with participants leading the discussion. In total three registered nurses and two practical nurses who have left the profession participated in the interview. Table 7 shows the inclusion criteria for the participants in the semi-structured interview.

Table 7 shows the inclusion criteria for study participants.

Inclusion Criteria
Nurses who have left the profession
Nurses who gave voluntary consent
Nurses who spoke English
Nurses who have experience working as a nurse in Finland.
Nurse with no intention to return the profession within a year.

4.2.3 Data Analysis

Content analysis is a commonly used qualitative research method. Nursing researchers typically start by identifying important concepts or variables, based on existing theory or past research, which serve as initial coding categories. Then, they use the theory to determine the operational definitions for each category. Content analysis is a versatile and practical approach to expanding our understanding of the human experience of health and

illness. (Hsieh & Shannon, 2005). Moreover, the process of content analysis involves coding and categorizing, followed by revisiting the raw data for further reflection. This includes becoming familiar with both the data and the hermeneutic spiral, dividing the text into units of meaning, condensing these meaning units, creating codes, and finally, establishing categories and themes. (Erlingsson & Brysiewicz, 2017). Themes are identified by the researcher based on data related to the research topic. Data is condensed or grouped by attaching codes. The researcher transcribes each interview and shares it with the interviewee. The data is analysed by listening to the tapes, reading the transcripts, and reflecting. Codes are identified, and similar codes are grouped under theme headings. Data clustered under these themes are scrutinized again and presented under main headings (Gerrish, 2015).

The recorded semi-structured interviews were transcribed verbatim manually into texts using Microsoft Word. The following step was listening and reading simultaneously to the recorded interviews and making sure the texts were correctly transcribed. Deductive content analysis was used to identify the main points answering the questions of the research. Similarities were identified and grouped under main codes followed by the identification of sub-themes and main themes from the transcribed data. Table 8 shows the content analysis of the codes and themes that emerged from the interview.

Table 8 shows the thematic content analysis of the semi-structured interview data.

Codes	Sub-Themes	Main Themes
Shift work as a single mother	Family influence	PERSONAL FACTOR
Need to meet family needs		
Physically demanding work	The need for work-life balance	
Need for life outside nursing		
Need for balance in life		
Risk of getting injured		
My personality did not suit the profession	Personality conflict	
Need to take initiative		
My personality conflicts with work		
Lack of leadership		
No support from nurse leaders		
Leadership does not care		
Old-fashioned nursing method		
Nursing hierarchy at workplace		

Lack of time to provide support from leaders.	Leadership problems	PROFESSIONAL FACTOR
Leadership because of years of experience		
Nursing hierarchy at the workplace		
Too much work	Physical Burden	
Unrealistic workload		
Physically demanding work		
Non-nursing related work		
Physical violence from patients	Career stagnation	
No career growth		
Poor career advancement		
No career growth		
No opportunities to grow professionally	Social issues	
Bad atmosphere at work		
No psychological support		
Victimization among colleagues		
Bully from coworkers		
Bad working environment		
Poor nursing environment	Financial issues	
Year of experience does not show on pay		
Poor remuneration		
More work with less pay		
Poor salary from work	Undervalued	
No recognition from leaders		
Need for appreciation and respect for nurses		
Nurses are undervalued		
Nurse opinions not valued		
Negative feedback to take initiative		
Poor feedback while trying to help	Personal satisfaction	
Desire to help others		
I am a helpful person		
My desire to serve others		
My interest in helping people		
Interest in science		
Curiosity in health care for self and others		
Nice profession for me		
Happy that my choice could help someone.		
A stable job for me		Financial benefits
I don't need to look for job		
Modest salary		
Job security		
		MOTIVATION FACTOR

4.3 Ethical Considerations

This writing adheres to the ethical research standard instituted by the Finnish Advisory Board on Research Integrity (TENK) by the Ministry of Education and Culture in Finland to ensure responsible conduct of research (RCR guideline) and the ethical principles of research with human participants.

The researcher adhered to the principles endorsed by the research community, which include integrity, meticulousness, and accuracy in conducting research, as well as in recording, presenting, and evaluating the research results. The researcher followed the standards set for scientific knowledge when planning and conducting the research, reporting the research results, and recording the data obtained during the research process (TENK, 2023). Moreover, it is essential to pay attention to the main ethical issues when planning and conducting research. These issues include respecting the participants, gaining explicit consent, and maintaining confidentiality. It is important that individuals are allowed to understand what their participation involves before deciding to take part in a study (TENK, 2023).

According to TENK (2023), informed consent is a fundamental principle in ethical research with human participants. Informed consent must be obtained from all research subjects (Knapp, 1998). Researchers should provide relevant and complete information that is easy to understand. The participant's consent should be freely given, and they should be given the chance to withdraw their consent at any point in the study (Gerrish, 2015; Knapp, 1998). Moreover, this discontinuation of consent is ensured to be done without difficulty. Participants have the right to participate willingly and decline without facing negative consequences. (TENK, 2019).

Furthermore, the researcher implements appropriate ethical principles which involve adhering to suitable research practices and obtaining research permissions through appropriate methods such as obtaining informed consent as a crucial way to protect the participants and the researchers from unreliable research (Ingham-Broomfield, 2017). A consent form is a common and appropriate way of obtaining informed consent (Knapp, 1998).

Noteworthy, confidentiality and anonymity protect research subjects' privacy. To ensure confidentiality, researchers must not use subjects' names and identifiers in published

reports, or group data to hide identities, and restrict access to authorized personnel. (Knapp, 1998). The privacy and anonymity of research participants are crucially important and must be protected at all times. To ensure this, researchers must take great care not to use any names or identifiers that could reveal their subjects' identities in published reports. The dignity and independence of research participants are held in high regard by the researcher. Trust is crucial in research with human participants, and it is maintained by respecting their human rights and dignity (TENK, 2019).

4.3.1 Application of Ethical Considerations in This Study

Before the interview, consent was received when participants submitted the online consent form agreeing to participate in the study. The human right of the participants was respected as the researcher explained that participation throughout the interview was voluntary and the interviewee reserved the right to decline to answer any question as well as end the interview at any point without any obligations. For confidentiality, personal phone numbers and identifications were not asked or used in preparation for the interview. As the participants had left the nursing profession and were no longer affiliated with any nursing organization the need for additional ethical committee approval was not required. The interview was conducted over a voice note on Facebook and pseudonyms were used in place of the actual names to protect the identity of the interviewees.

At the beginning of the interviews, the details of the aims of the study were explained as well as the voluntary nature of the participation, the right to withdraw at any stage and that the data collected would be treated with confidentiality. All participants orally consented to the interview again.

After the interview, the researcher received consent to use the participants' narratives in the research. More than once consent was utilised to maintain trust between the researcher and the interview participants. The data analysed contained no information through which the respondents could have been identified.

5 Theoretical Framework

This study employs Herzberg's two-factor theory to understand the factors contributing to nurse attrition among nurses.

The Two-Factor Motivation Theory, also known as Herzberg's Motivation-Hygiene Theory or Dual-Factor Theory, proposes that there are two distinct sets of factors in the workplace that have opposite effects on job satisfaction. Frederick Herzberg and his two collaborators, Mausner, and Snyderman developed the motivation-hygiene theory in their book *Motivation to Work* (Nickerson, 2023). Herzberg's Two-Factor Theory of motivation and satisfaction, which was proposed in 1959, has been widely tested empirically (Sanjeev & Surya, 2016).

According to Kennedy and Mohr (2023) the Two-Factor Theory posits that certain motivation factors improve job satisfaction (for example, recognition, work itself, responsibility, and growth) while other factors termed under hygiene or environmental aspects of work prevent job dissatisfaction (for instance, work conditions, income, policies, and management).

According to Herzberg, two factors can affect job satisfaction: hygiene and motivation. Hygiene factors are related to the need to avoid unpleasant experiences, while motivation factors directly contribute to job satisfaction by fulfilling an individual's need for self-growth and self-actualization (Nickerson, 2023). Herzberg's theory divides the factors that contribute to job satisfaction and dissatisfaction into two distinct categories, with little overlap. However, when applying this theory to different settings, it has been observed that some hygiene factors can be majorly motivating in encouraging job satisfaction, such as good relationships with peers and leaders. On the contrary, some motivators can lead to dissatisfaction, like a lack of recognition and an excessive workload (Kennedy & Mohr, 2023).

Additionally, job dissatisfaction is not the opposite of job satisfaction, but rather the lack of it. Similarly, the opposite of job dissatisfaction is not job satisfaction, but rather the absence of dissatisfaction. The existence of two distinct continua for job satisfaction and job dissatisfaction implies that an individual can be satisfied with certain aspects of their job while being dissatisfied with others (Nickerson, 2023).

It is important to note that certain factors can either motivate employees (known as "satisfiers") or cause dissatisfaction (known as "hygiene factors"). These factors are not static and can change over time, and their importance can vary depending on the individual and their personal and professional circumstances. It is also worth noting that the balance

between satisfiers and dissatisfiers can determine an employee's level of job satisfaction and their likelihood of staying in their current position (Nickerson, 2023).

According to Herzberg's theory, people are motivated when their jobs are enriched through "vertical loading" which means granting additional authority to employees in their activity or introducing new and more difficult tasks. Strategies to increase responsibility, growth, recognition, and achievement were associated with more positive job attitudes, greater job satisfaction, and better performance. Thus, workers with more control over their jobs such as decision authority, and schedule control, and who engage in complex work will be less likely to quit. The combination of high control in a job with high demands and high decision authority should encourage workers to stay. (Kennedy & Mohr, 2023).

Motivating factors in a job are those that keep employees engaged by satisfying their need for psychological growth. According to Herzberg, motivation is a result of receiving intrinsic rewards from engaging and challenging work. Psychological studies have found that worker motivation and retention increase when employees have high job demands and autonomy in decision-making. This is because people generally dislike being micromanaged or bored at work (Kennedy & Mohr, 2023).

6 Results

This section presents themes that have been derived from a content analysis of reviewed articles and interview data, in alignment with the research questions posed in this writing. No personal interpretation of the results is included in this section. Furthermore, the section is divided into two parts, with the first part detailing the results of the integrative review, and the second part reporting findings from the interview.

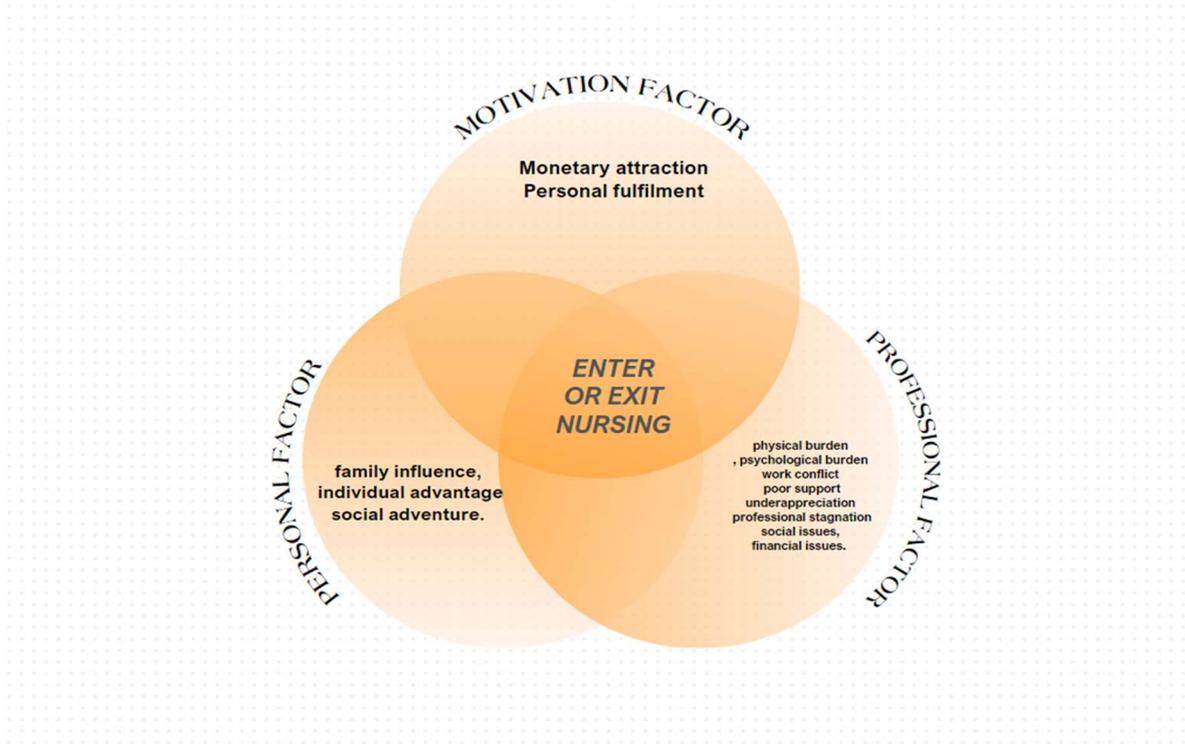
6.1.1 Results of the Literature Review

The literature review of this writing utilised content analysis to understand the reasons behind nurse attrition and motivation to become a nurse, based on an analysis of twelve selected scientific articles.

The reviewed articles' data were classified into three primary themes and thirteen sub-themes to answer the research question of exploring the reasons that motivated nurses to join the profession, as well as the reasons that led them to leave. The factors that resulted

in nurse attrition are grouped under the personal and professional factor themes. On the other hand, the motivation factors explain the reasons that encouraged nurses to pursue a career in this field (Refer to figure 2 for more details).

Figure 2 shows the factors that led to nurse attrition and the motivation to join the profession.



There were three sub-themes under the personal factor: family influence, individual advantage, and social adventure. The professional factor comprised eight themes: physical burden, psychological burden, work conflict, poor support, underappreciation, professional stagnation, social issues, and financial issues. Under the motivation factor, there were two sub-themes: monetary attraction, and personal fulfilment.

PERSONAL FACTOR

The personal theme of this nursing literature review gained an understanding of the personal life situations of individual nurses from different countries who chose to leave the profession. These choices are mainly influenced by the nurses' marital status, family obligations, and enticing opportunities outside of nursing. The sub-themes that emerged from the research are family influence, individual advantage, and social adventure.

Family Influence

Some nurses in Japan and Korea have reported that family status was one of the primary reasons for leaving the nursing profession. In Japan, nurses who are married with

dependent children often leave their jobs to care for their families, while assuming the caregiver role for older adults at home also contributes to the decision to exit the profession (Matsuo et al., 2021). Similarly, in Korea, nurses, particularly those who are young, unmarried, and under 40, have reported similar experiences which have led to an increase in the intention to leave the profession (Lee & Lim, 2023). Likewise, nurses in Saudi Arabia also stated that being single and having the support of family members and friends encouraged them to exit the profession (Mariano et al., 2023). During in-depth interviews, participants shared that males tend to be more satisfied with their nursing work environments than females. However, when it comes to the level of turnover intention, males ranked higher. This was observed in a study conducted by Asegid, Belachew, & Yimam (2014) in Southern Ethiopia. Moreover, a more recent study by Matsuo, Suzuki, Takayama, Shibata, & Sato (2021) in Japan found that there were no significant differences in intention to leave between female nurses and male nurses.

“The statistically significant variables were as follows: spouse living together, children living together (≤ 7 years), a caregiver living together, age, children living together, education, and family understanding of work also reached statistical significance” (Matsuo et al., 2021, p.6).

“Results showed that nurses who are aged ≤ 39 years, single...had a higher intent to leave than their peers” (Lee & Lim 2023, P.5).

Individual Advantage

According to a recent study conducted in Portugal, nurses who work under individual employment contracts are more likely to express an intention to leave their jobs compared to those who work under an employment contract in public functions. The study also found that nurses who are not specialists have a significantly higher internal intention to leave compared to those who are specialists (Neves et al., 2022). Moreover, in a study conducted by Lee and Lim in Korea in 2022, the results indicated that nurses with a bachelor's degree or lower education had a higher intention to leave their workplace compared to their peers. Moreover, nurses with fewer years of clinical experience and a poor monthly income were more likely to have an intention to leave than their peers. Additionally, nurses working in tertiary hospitals were more likely to have an intention to leave compared to those working in general hospitals.

“Nurses with individual employment contracts manifest a greater intention to leave than those with an employment contract in public functions... shows that nurses who do not work as specialists have significantly higher levels of internal intention to leave, compared to those who do work as specialists” (Neves et al., 2022. p4 &5).

“Nurses who have a bachelor’s degree or less had a higher intent to leave than their peers. Additionally, nurses with a total clinical experience of <21 years and a monthly income of ≤3,999,999 KRW had a higher intent to leave than their peers” (Lee & Lim, 2022. p.7).

Social Adventure

In a study conducted by Asegid, Belachew, and Yimam (2014) in Southern Ethiopia, it was found that nurses were happy about the possibility of finding another job if they decided to quit their current one. The study observed that nurses who were looking for more career opportunities or wanted to work in different areas had a higher intention to leave the nursing profession. In Korea, nurses in tertiary hospitals are more likely to leave than those in general hospitals. Moreover, the Intent to leave increases with external job opportunities (Lee & Lim, 2022). Furthermore, nurses in Japan also reported that having role models at work reduced their intention to leave the profession significantly, while a lack of role models was associated with an increased intention to exit the profession. (Tei-Tominaga, Asakura & Asakura, 2018).

“Most of the nurses 94 (38.8%) were happy about the easiness of finding another job if they may quit the current one... more career opportunities or want to work in different areas impacted the higher intention to leave the nursing profession” (Asegid, Belachew, & Yimam, 2014. p.10).

“There is a nurse I work with who represents a professional ideal for me” (Tei-Tominaga, Asakura & Asakura, 2018. p.5)

PROFESSIONAL FACTOR

The professional factor from the reviewed articles highlighted the workplace challenges and organizational conditions that led nurses in different countries to leave the nursing profession. These factors were not related to personal life situations but rather focused on the nursing profession and work environment, including the emotional, physical, relational, and managerial roles of nurse leaders. The eight sub-themes that emerged from the

professional theme include physical burden, psychological burden, work conflict, poor support, underappreciation, professional stagnation, social issues, and financial issues.

Physical Burden

Research reported that nurses in Japan are exposed to work-related stress factors such as working overtime, not being able to fulfil ward responsibilities as preferred, and being assigned duties beyond their capacity. Burnout and exhaustion are identified as the most significant factors that influence their intention to leave the job (Matsuo et al., 2021). Moreso, in Southern Ethiopia, nurses cited poor work environments, including high workload, and work stress, as reasons for leaving their profession. (Asegid, Belachew, & Yimam, 2014).

“Assignment of duties beyond individual capability. most dominant factors affecting intention to leave as burnout (cynicism) and burnout (exhaustion).” (Matsuo et al., 2021, p.5&6).”

Moreover, an inadequate availability of nursing staff resulted in a heavy workload and high turnover rates for nurses in Portugal, causing additional stress for the existing staff. (Neves et al., 2022). Likewise, in Japan, nurses' intention to leave the profession was significant among nurses who worked overtime for more than 15 hours a week. (Tei-Tominaga, Asakura & Asakura, 2018). Canadian nurses also reported that an overwhelming amount of workload as well as isolation at work contributed to leaving the nursing profession (McGilton et al., 2014). According to a study conducted in the United States, when nurses quit their jobs, the units they worked in are often left without enough staff. This can result in less experienced nurses being assigned to specialized areas. The remaining staff may be overworked, which can lead to psychological and physical exhaustion, and ultimately, they may also leave their job (Baptiste, 2015).

“In the face of an overwhelming workload, nurses in this study. However, nurses also acknowledged feeling isolated during staff...” (McGilton et al., 2014. P.923-924)

“When nurses vacate their positions, units are often left short-staffed, sometimes with less-skilled nurses in a given speciality area. Remaining staff may be burdened with increased workload, and for some, this increased workload may also lead to psychological and eventually physical withdrawal from the employer” (Baptiste, 2015. p.8).

On the contrary, according to a study by Mariano et al. (2023) in Saudi Arabia, factors such as work-related stress, burnout, and low nurse-to-patient ratios were not found to be significant reasons for leaving nursing jobs.

“Unlike other studies, work-related stress, burnout, low wages, low nurse-to-patient ratio...were not compelling reasons for leaving work” (Mariano et al., 2023. p.6).

Psychological Burden

According to a study conducted by Asegid, Belachew, and Yimam (2014) in southern Ethiopia, nurses were dissatisfied with the level of stimulation in their work environment. This, along with high levels of stress, were cited as reasons for nurses leaving the profession. Additionally, studies in the United States have found that nursing employees leaving an organization is often linked to the organization's psychosocial work environment and the perception of work demands being overwhelming and negatively affecting their well-being beyond an acceptable level. Additionally, ambiguity in responsibilities at work or absence of clarity regarding job tasks has been identified as a factor leading to nurses leaving their employers (Baptiste, 2015). Similarly, a study conducted in the United States found that increased stress, psychological distress, and cognitive distraction at work are leading causes of nurse attrition (Cochran, 2017). According to Lee and Lim (2023) in Korea, disappointment with the nursing work environment could lead to increased intent to leave and impact staff turnover.

“Most of the nurses 104 (43.0%) were dissatisfied with the stimulating action of the working environment...low social support, and high level of stress are among the reasons indicated by nurses for leaving nursing” (Asegid, Belachew, & Yimam, 2024. p10 &13).

“External turnover (i.e., leaving the organization) is associated with organizational factors including the psychosocial work environment...associated with work are overwhelming ...Role ambiguity or lack of role clarity is also a contributor in nurses’ decision to leave their employer” (Baptiste, 2015. p.8)

Work Conflict

Unresolved work conflicts played a huge role in encouraging nurses' intention to leave the profession. According to Cochran (2017), authors have discovered that many new graduate nurses in the United States leave the nursing profession or hospitals soon after joining due

to a sense of neglect and lack of support in making clinical decisions, developing time management skills, resolving role and job conflicts, and managing stress. This feeling left a perception of an unfavourable work environment in the minds of nurses in Portugal (Neves et al., 2017). Similarly, nurses in Canada highlighted the various limitations that they face in their practice while working in long-term care homes. They mentioned that the regulations in such settings often restrict their creative thinking and professional judgment, making it difficult to respond to the individual needs of residents. They felt that the regulations tend to promote a factory-like performance of daily care tasks. (McGilton et al., 2014; Asegid, Belachew, & Yimam, 2014).

“Nurses perceive the work environment as unfavourable” (Neves et. al 2022. p2)

“A lot of these standards that Ministry of Health made, when you try to, go by them, right, it’s really hard, they should come in the nursing home setting and try themselves to go by the rules and regulations that they made. It’s impossible ninety-nine per cent of the time” (McGilton et al., 2014. p 921).

Poor Support

The limited or lack of support for nurses in the workplace has been reported by nurses as one of the significant factors that necessitated their exit from the profession. Saudi Arabian nurses reported that lack of support from managers contributed to nurses leaving their nursing careers (Mariano et al., 2023).

“Reasons for leaving are often driven by a lack of support from managers” (Mariano et al., 2023. p.6).

Moreso, Canadian nurses stated experiencing work distress resulting from a deficiency in supportive leadership. Nurses conveyed dissatisfaction with the absence of acknowledgement from management regarding exceptional job performance, particularly in instances of notable contributions such as taking on additional shifts.

“Nurses expressed disappointment for the lack of recognition by management for excellent job performance, especially for significant contributions (e.g., picking up extra shifts)” (McGilton et al., 2014. p. 922).

Moreover, in the United States, internationally educated nurses, when confronted with what they interpret as persistent and unavoidable instances of discrimination in an unsupportive environment, initiate psychological withdrawal, manifested through disengagement and burnout. This psychological withdrawal is frequently succeeded by physical withdrawal behaviours, such as tardiness, absenteeism, and contemplation of the intention to leave, which serves as a precursor to actual turnover (Baptiste, 2015). Similarly, in the context of Japan, nurses' perceptions of a supportive workplace encompassed aspects such as a sense of organizational belonging, recognition, opportunities for showcasing capabilities, satisfaction with welfare benefits, clarity of role expectations, collaborative work environment, confidence in handling medical accidents, assurance in case of such accidents, transparency in discussions, awareness of nurse turnover rates, flexibility in holiday scheduling, and the provision of adequate patient care along with the availability of necessary care supplies (Matsuo et al., 2021).

In addition, in Australia, recent nurse graduates highlighted that when lacking proper support in their socialization process, they exhibit lower satisfaction levels, suboptimal performance, and a diminished commitment to continuing in the profession (Goodare, 2015, p. 40). A similar phenomenon was also reported by nurses in the United States (Cochrane 2017).

“When IENs are faced with what they perceive as inescapable and consistent expressions of discrimination in an environment in which they are not supported...deliberation regarding intention to leave (the predecessor of actual turnover)” (Baptiste, 2015, p. 8).

“New graduates, who are not appropriately supported in their socialisation process are found to be less satisfied, perform poorly and are not committed to remaining in the profession” (Goodare, 2015, p. 40).

Underappreciation

Nurses across different countries reported that the lack of appreciation and undervaluation experienced in the workplace strengthened their decision to make a career change leaving the nursing field. Nurses in Ethiopia's South expressed dissatisfaction with the degree of recognition received for their efforts in their respective organizations.

In addition, nurses expressed frustration with the degree of respect afforded to their opinions and suggestions for changes in work settings or practices. Work satisfaction, nurses stated, would be higher in a workplace where peers participate in decision-making and task definition, as well as supervisors and subordinates interact with one another (Asegid, Belachew & Yimam, 2014). Canadian nurses also expressed a feeling of being underappreciated as a result of nurse management's unawareness of work overload as well as the delicate balance between quantity and quality of work (McGilton et al., 2014).

“Nurses were dissatisfied with the level of consideration given to their opinion and suggestion for change in the work setting or practice” (Asegid, Belachew, & Yimam, 2014. p.10).

“Nurses said they felt underappreciated because management had no sense of “too much work” or of understanding the delicate balance between quality and quantity of work” (McGilton et al., 2014. p. 923).

Professional Stagnation

One of the articles reviewed in Ethiopia showed that the absence of professional growth and possibilities to grow in the nursing career led to dissatisfaction and raised the intention to leave the career (Asegid, Belachew, & Yimam, 2014).

“Lack of career advancement opportunities ... lack of significant influences of autonomy and professional growth might be identified as “dissatisfies” by nurses in southern Ethiopia” (Asegid, Belachew, & Yimam, 2014. p.13)

Social Issues

Research conducted in the United States revealed that nurses with international education have experienced emotional and professional setbacks as a result of perceived discriminatory actions by managers and other nurses. These findings bolster the idea that discriminatory behaviours can lead to psychological distress. This has led to the discovery that organizational factors such as the psychosocial work environment, a lack of team support, and employees' conviction that the physical and psychological demands of their jobs are too onerous and adversely affect their well-being to an unacceptable degree are linked to external turnover, or nurses quitting their jobs (Baptiste, 2015). A similar study conducted in the United States reported that incivility among nurses must be discussed

since the review concluded that the current reaction to rudeness among nurses at work was to assume it would happen (Cochrane, 2017).

“IEN’s experiences have reported emotional and professional consequences of perceived discriminatory behaviours by nursing colleagues and managers; these studies support discriminatory behaviours as a source of psychological stress” (Baptiste 2015,7).

“Nurse-to-nurse incivility must be addressed. An unfortunate finding of this review was the current response to incivility was to expect it to occur...” (Cochrane, 2017. p.5)

In Canada, some nurses reported feelings of isolation during meetings among staff. It is important to note that, coworker connections that are supportive and meaningful have been identified as a significant factor influencing nurses' intentions to stay in their jobs. The significance of creating a community where nurses could reside, work, and socialize with one another was brought up by the nurses. Nurses described mutual understanding, sharing of work life, and reliance among coworkers—including lending a hand when needed—as characteristics of excellent relationships among colleagues (McGilton et al.,2014).

“However, nurses also acknowledged feeling isolated during staff meetings” (McGilton et al., 2014, p.923).

Financial issues

Financial dissatisfaction was reported by different studies across various countries as a contribution to nursing the intention to leave the nursing field. In Ethiopia, poor salaries were noted as a measure of dissatisfaction among nurses also over eighty per cent of nurses reported that the appropriateness of their employment pay was dissatisfying. (Asegid, Belachew, & Yimam, 2014)

“More than three-fourth of respondents were dissatisfied with appropriateness of salary composition for their employment 196 (81.0%) ...” (Asegid, Belachew, & Yimam, 2014. p.10).

Two different studies in Japan reported that the one of the most significant factors that strengthened the decision to leave the nursing profession was poor salary. All age group of

nurses reported similar opinions about salary dissatisfaction (Matsuo et al., 2021; Tei-Tominaga, Asakura & Asakura, 2018).

“Most dominant factors affecting intention to leave as... salary satisfaction” Matsuo, Suzuki, Takayama, Shibata, & Sato (2021. p.6).

MOTIVATION FACTOR

The motivation theme of the reviewed articles gained insights into the motivations that necessitated the choice to consider becoming a nurse and pursuing a career in the nursing profession. These choices are mainly influenced by the nurses' altruistic nature and monetary benefits. The sub-themes that emerged from the research are monetary attraction and personal fulfilment.

Monetary Attraction

A study conducted in the United States revealed that nurses' primary reasons for choosing to become nurses were related to their personal, professional, and lifestyle aspects. The individuals who chose their school based on accreditation wanted to work in private industry, expected to make over \$110,000 annually, and received recommendations all expressed these expectations were for financial reasons. One of the primary reasons people choose to become registered nurses was the feeling of career stability. Similarly, according to a study done in Finland by Toode et al. (2015) stated that pay was the primary external incentive for starting and maintaining a nursing practice. Additionally, nurses in Australia stated that the desire for stable work was the reason why nursing students wanted to pursue the profession (Goodare, 2015). Interestingly, studies reported that there were no differences based on age, sexual role, or ethnicity in motivation to become nurses (Carrillo, Massimino, & Santella, 2022).

“Job Security” within the “Employment” motivation category; and ... Motivation to Pursue Becoming a Registered Nurse: The motivators for becoming an RN are listed here in ranked order: #1 “Inherent/Internal” Motivators (Personal Values, Altruism, Desire to Help Others” (Carrillo, Massimino, & Santella, 2022, p.9).

‘I do this job for the paycheck’, (Toode et al., 2015, p.251).

Personal Fulfilment

According to nurses in the United States, their reasons for becoming nurses included a desire to serve others, firsthand experience in the field, and a personal interest in science (Carillo, Massimino, & Santella, 2022). Some nurses in Finland reported low self-esteem when their nursing job was done poorly. Nurses reported that they chose the nursing job because it allowed them to reach their life goals therefore making the nursing career enjoyable. In addition, nurses reported that the nursing profession dictated their social status (Toode et al., 2015).

'I chose this job because it allows me to reach my life goals'. One example of an intrinsic work motivation statement is: 'Because I enjoy this work very much'. (Toode et al., 2015, p.251).

"Desire to Help Others" was the most important in the "Personal" motivation category..." (Carillo, Massimino, & Santella, 2022, p.9).

Similarly, Australian nursing students were motivated to become nurses by a desire to serve others as well as a sense of personal fulfilment that comes from being helpful. (Goodare, 2015). Furthermore, Saudi Arabian nurses stated that their motivation to be nurses was the desire to keep working and commitment to nursing career not necessarily career advancement (Mariano, et al., 2023).

"Nursing students of post-modern society have differing motives for choosing nursing as their profession. Common motives of the undergraduate nurse, of today, are to "help others", "do something useful..." (Goodare, 2015. p.40).

6.2 Result of semi-structured interview

A total of five Finnish nurses voluntarily participated in the semi-structured interviews using purposive sampling. Most of the participants were female (n=4), and one (n=1) was male. Most of them worked as registered nurses before with (n=3) and only (n=2) worked as practical nurses before leaving the profession. All currently do not have an active nursing contract neither have worked as nurses in the last six months. The ages are between 25 and 45. Participants had clinical experience in different nursing specialities Table 9 below shows the characteristics and frequency of the participants. At the time of the interview, most of the participants have successfully transitioned to a new career outside of nursing.

Table 9 below shows the characteristics and frequency of the participants.

		Frequency
Participants	Female	4
	Male	1
Nurse education	Practical nurse	2
	Registered nurse	3
Age	25-35	2
	35-45	3
Years of working experience	10 years or less	2
	10 years or more	3
Nursing speciality	Hospital setting	2
	Home care nursing and others	3
Number of years since nursing exit	Less than 2 years	2
	Over 3 years	3

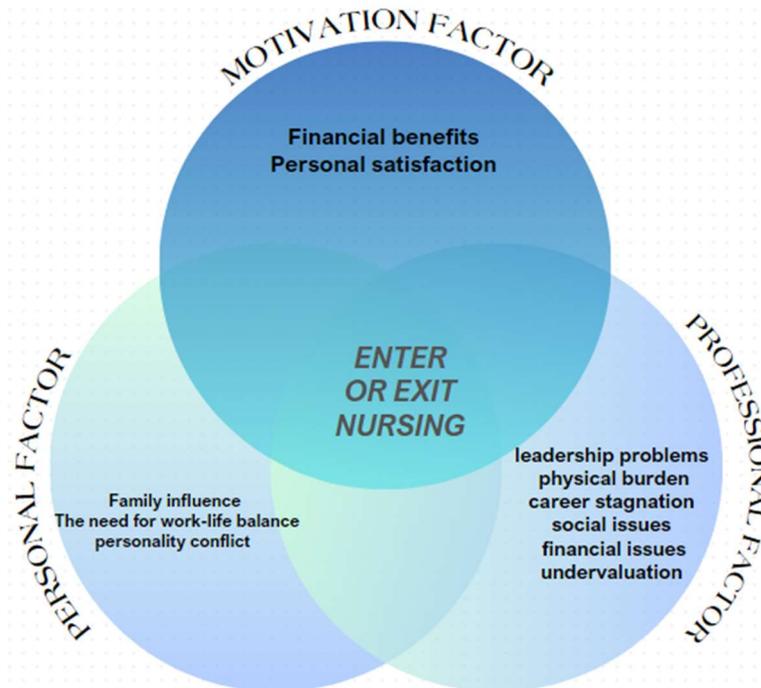
The result section of this research writing presented the findings by categorizing the data into three main themes based on the results obtained from the literature review section for ease of understanding and clarity of reports as well as coherence of the writing. After the manual transcription, the interview data resulted in 12 pages of Microsoft Word Document. Each of the interviews lasted for an average of 25 minutes. All interviewees, although their mother tongue was the Finnish language, were fluent in English language. Additionally, In the semi-structured interview, participant names were replaced with pseudonyms to protect participants' confidentiality.

The inductive content analysis of the interview data produced three main themes: Personal, professional and motivation factors with the first two themes providing insights into the reasons that necessitated the decision to leave the nursing profession in Finland while the last factor focused on understanding the aspects that encouraged nurses to join the profession.

In total eleven sub-themes emerged from the interview result writing. Family influence, the need for work-life balance and personality conflict emerged under the personal factor. The professional factor produced six themes: leadership problems, physical burden, career stagnation, social issues, financial issues, and undervaluation. The two sub-themes that

were produced from the motivation factor were: personal satisfaction and financial benefits (See figure 3 for more details).

Figure 3 shows the factors that led to nurse attrition as well as motivation to join the nursing program in Finland.



PERSONAL FACTOR

The personal factor of this interview data focused on the nurses' personal life circumstances to understand the reason for nurse attrition. The main reasons for exiting the nursing profession were meeting one's family's needs, creating a good balance of career life and incompatible personality with the profession. The sub-themes are family influence, the need for work-life balance and personality conflict.

Family Influence

The participants reported that the decision to leave the nursing profession was greatly influenced by their families. Although nurses often chose to stay in their meaningful profession, the most important factor that determined if they stayed or left was their families. For some nurses, their family comes first and takes priority over their work decisions. The ability to provide for their family financially while working as a nurse was integral to their decision to exit the profession.

I have a wife and three kids, so I had to make ends meet, yes, family is the most important thing. Family comes first. (Sam, 17.1.2024).

A change in family status had a significant impact on a nurse's ability to continue providing care to their patients. Adjustments that came with taking on a new role or becoming the sole caregiver for children can threaten how nurses viewed their profession. Family responsibilities took the highest priority and combining shift work with no support and a new family status led to nurses leaving the profession to prioritize caring for their families.

...last year, I got divorced that means that I had to be with the child. Shift work is a really hard combination... (Aisha, 16.1.2024).

The need for work-life balance

According to the interviewees in this research, the need for a balance between work and personal life was a significant factor that influenced their decision to leave the nursing profession. After work, they often felt drained and lacked the energy to focus on themselves or maintain their personal health. As a result, they often failed to achieve their personal goals of staying physically fit and engaging in sports, which compounded their health issues. In a physically demanding work environment like nursing, dealing with health issues was a challenging task, leaving them to strategize repeatedly on how to maintain a good balance, both physically and mentally.

I was really exhausted after each day, and I realised that I would not have any other life than nursing if I were to continue. That was the main reason I left the profession. Mental and physical health. It is physically challenging to work as a nurse and there is the possibility that one could get injured... (Sylvia, 17.1.2024).

Nursing is physically demanding and how to balance family, and work and also have time to do some sports, because if I don't do sports then back pain. So, it is a lot of balancing and mental health also. It is a lot of balancing. (Aisha, 16.1.2024).

Personality Conflict

During the interview, one of the participants shared her thoughts about the nursing profession and its work culture. She explained that the principles of nursing conflicted with her personality. As a nurse, she had to follow guidelines and take orders from others, even if those guidelines were not beneficial for nurses and patients. She further explained that

taking the initiative to solve problems was not always appreciated and often led to negative consequences. Consistently dealing with daily issues that conflicted with her values led to mental health issues requiring medical attention. Another participant expressed that nursing has lost its true meaning, and nurses now focus on doing the bare minimum with care that lacks human compassion. Money has become the top priority, overshadowing actual nursing care and ethical nursing care.

My personality does not suit the profession. I was diagnosed with depression during my work years, before joining the profession, I did not have such a diagnosis... because of my personality I wanted to do everything from the book, do a perfect job and ask doctors why they were doing what they did and for that reason, there were people who find that annoying (Annie, 21.1.2024).

I have a too big heart for it. It is painful to work as a nurse because everyone is talking about money so you can't do the nursing work as well as you'd want to and it was too heavy on my heart (Alisa, 25.1.2024).

Additionally, it was reported that having a diagnosis of mental illness is a legal factor that disqualifies one from providing care to the public under the title of a nurse, irrespective of whether the diagnosis came from work stressors or not. Thus, the exit from the nursing profession.

A psychologist also told me that my personality did not suit the nursing profession and that a job that required me to take initiative and make an independent profession would be a better choice for me. (Annie, 21.1.2024).

PROFESSIONAL FACTOR

Data categorised under the professional factor from the interview provided information on the reasons for nurse attrition among nurses in Finland. These factors highlight the organisational components that necessitated the decision to exit the nursing profession as explained by the participants of this study with the most frequent root of dissatisfaction with the nursing profession being leadership related issues in the workplace. The six main themes that emerged from the data analysis were leadership problems, physical burden, career stagnation, social issues, financial issues, and undervaluation.

Leadership problems

All the participants interviewed in the study reported that the leadership style and its impact were the single most important reason for leaving the profession. Nurse leaders have been described as being ignorant of the realities faced by nurses in their work environment and having no idea how to intervene in the situation. The focus of nurse managers seems to be on the financial aspects of care and how to maximize outcomes without addressing the root cause of the challenges faced by nurses.

Similarly, some participants have expressed that the main cause of these poor leadership qualities could be due to the structure of the nursing hierarchy system, where nurses automatically assume a leadership role based on years of experience without thoughtful examination of the nurse's personality and ability to lead others. The absence of adequate leadership training has led to a negative work environment, causing dissatisfaction among nurses towards their leaders. Some nurse leaders have handled sensitive issues impolitely, lacking the necessary tact and skill required to intervene effectively. Others have made their workers feel unimportant by not listening to their concerns in the workplace.

Bad leadership is the most significant reason for leaving the profession. I feel like bosses don't know what nurses do or the kind of work nurses are doing there, and they don't know the realities in nursing. They are just thinking about the money and how you can be fast at work it feels like they don't really know where they are working (Alisa, 25.1.2024)

...old-fashioned ways of doing things, the lack of leadership from the supervisors. The idea of making things better in the workplace is almost never valued by nurses because you are not in a leadership position to make the proposition...I have seen how supervisors did not care I did not want to be a part of that (Sam, 17.1.2024)

The nursing work hierarchy is a big problem, and the work environment was bad. I also see that nursing leaders lack education in leading. They do not understand how to manage people and solve problems in the workplace. They are selected for the job based on work experience and how long they have worked. That is not a good way to choose leaders, leaders should be educated in leading and should have the personality for leading people and not impolite way of treating people and colleagues and shouting at others. I did not like

them and that was one of the reasons for leaving the profession...Nurse leaders lack of knowledge in leading people is one thing I am dissatisfied about. (Annie, 21.1.2024).

Moreover, according to reports from nurses, their leaders were perceived as unsupportive, disbelieving, and unresponsive to their concerns. Despite their job description, nurse leaders were not always available to listen to the unpleasant encounters faced by nurses during work. Some nurses reported that when they sought help from their leaders, they received blame and unwillingness to listen. It seemed like these leaders lacked the time and skills necessary to manage the issues. Furthermore, some nurses perceived that their leaders did not believe their narrations about the challenges they faced in their work environment. Leaders gave the impression that they did not have the time to listen to their concerns, nor did they possess the skills required to manage the issues. This lack of support made nurses feel undervalued and unsupported in the work environment. Another nurse added that in situations where nurses have the competency to provide good leadership in the work environment, they often lack the power to implement changes to resolve the stressful situations faced by nurses.

I think the biggest problem was the boss and the station head nurse. I've been working in many companies and gigs, so I saw a lot of bosses and head nurses. And the skills to be a boss most of the time, was really bad...My experience is that in Finland, bosses don't really believe you. It is always like you have to learn better...for example, there was a time we had a really violent patient and we reported but they didn't believe us... they did not take the time to check the medication or things like that. They were just blaming, and they really did not listen. (Aisha, 16.1.2024)

The management does not have skills or time, I don't know why because the stress comes from work and when nurses have violent situations...There is no support from nurse leaders. In one place where I worked as a home care nurse and I asked about the stressfulness of the workplace, the manager and supervisor acknowledged that there is stress but that there is nothing to be done about it. She was honest about the situation with her answer, it was good but at the same time, she said there was nothing to be done. (Sylvia, 17.1.2024).

Physical Burden

Nursing is a highly demanding profession that requires a great deal of physical exertion and can consequently take a toll on the health and well-being of nurses. Many nurses have reported leaving the field due to the physical demands of the job. A participant shared that the physical demands of work made it difficult to balance life outside the nursing environment. Another participant highlighted that the job can be especially physically taxing for home care nurses who often feel overwhelmed by an excessive workload that includes non-nursing tasks. In addition to the physical demands, nurses also face tight schedules that can make working in the profession difficult. Although the nurses' workload was overwhelming with unrealistic demands to be in different places at the same time providing nursing care, the workload did not contribute to the decision to leave the nursing profession for this participant.

Nursing is physically demanding...how to balance family, work and also have time... (Aisha, 16.1.2024).

...there are lots of them but also there are unrealistic workload...the rehabilitation work there are six to seven places where you should be at the same time but that did not make me leave the profession. (Sylvia, 17.1.2024).

When you are working it is not about the work of a nurse, you need to do laundry, you need to be a cleaner and cook, change the light bulbs in the kitchen and bathroom. I dunno you can't just focus on your job (Alisa, 25.1.2024).

It was not going to be easy for me to work as a nurse given the strict schedule one needs to follow like going to work at 0730-1500. (Annie, 21.1.2024).

Career Stagnation

Nurses mentioned that the reason for leaving the nursing profession was due to the lack of professional growth and limited opportunities for advancement in their career. A practical nurse who participated in the interview stated that practical nurses did not have any opportunities for professional growth. While there are some new skills that nurses can learn, they were not considered as a significant factor for career advancement.

No, there are not really career advancements as a practical nurse, career growth is little for RN they can be charge nurses or learn new skills but not really career growth. (Aisha, 16.1.24).

Another nurse mentioned that opportunities to participate in organized training for nurses were rare. Similarly, other nurses expressed dissatisfaction with the limited career growth available to registered nurses with adequate years of experience. They stated that the only path for growth was to become an administrator, which was not only a dissatisfying position but also removed them from the practice setting - an important aspect of nursing that they enjoyed.

I attended training as a nurse only once all through my working time. The opportunities to develop as minimal at the workplace (Sylvia, 17.1.24)

Not really the kind of progress that I would like to have, I did not want to leave the operating room to be a nursing administrator in the form of career growth and because I have seen how supervisors did not care I did not want to be a part of that. I was already at the highest I could ever be and so it could not get any better. (Sam, 17.1.2024).

Social Issues

The challenging working conditions experienced by nurses in healthcare facilities have been cited as a significant factor motivating them to pursue alternative career paths outside of nursing. A nurse participant conveyed that the nursing environment can be toxic, and as well as the people within it. Another participant concurred, indicating that the work environment in many nursing settings is unwelcoming. In addition, a participant shared that strained relationships among colleagues within the nursing profession, stemming from poor work culture and an unfavourable working environment, contributed to widespread dissatisfaction and, in some cases, prompted nurses to seek alternative career paths.

I think the nursing environment is really toxic and also your coworkers can really be toxic (Aisha, 16.1.2024)

There is a really bad atmosphere in most of the units during my practice period as a student nurse (Sylvia, 17.1.2024)

The relationship between nurses is not good. (Alisa, 25.1.2024)

There were lots of unsatisfied people in the profession... (Annie, 21.1.2024)

Furthermore, many nurses have shared their personal experiences that highlight the social issues they face in their profession. These issues include nurse incivility and violence from both colleagues and clients. Working with mentally ill patients exposed nurses to physical assault from these patients, which forced them to quit their jobs.

Another nurse stated that violence in the workplace among nursing colleagues took on forms other than physical contact. Psychological tools such as disrespectful words and gestures are often used to convey unacceptance towards nurses in the work environment. Common examples include bullying, gossip, defamation of character behind one's back, and displaying strong emotions or coldness.

One nurse has claimed that those who disapproved of bullying in the workplace often ended up becoming the next target. In general, nurses are dissatisfied with the poor interpersonal relationships that exist among their colleagues. However, another participant reported having a positive experience with colleagues and teamwork. Although the work environment was good, it was not enough to prevent them from leaving the profession.

Why I decided to leave the nursing in the first place is because of violence on so many levels. One should not be afraid of violence when you are working. The violence was mostly from the patient and some of the coworkers are really badmouthing you when you are not around, they don't point the problem directly to you but when you are not there they talk about false things about you. Coworkers can really be of great help or they can make your life a hell. I think is it the bully for example, the nurses do not know how to deal with patients or coworkers and how they can use hard emotions because they do not know any better. They can be unnatural to emotions and cold. Most of the time, they do not know any better or they don't have the skills. (Aisha, 16.1.2024).

The violence is from both patients and colleagues. Violence from coworkers is of course not physical but mental violence, people put down or belittled it is something that they do not say in words that they don't like you but it comes out in gestures, the tone of voice and these types of communication. And also poisoning the air, if you don't become a similar person like them then you become the victim (Sylvia, 17.1.2024).

... people who mistreated others and I was also a victim of that (Annie, 21.1.2024)

The relationship between nurses is not good. I don't like how nurses treat each other the atmosphere is not the best and it is one of the biggest reasons I left nursing. (Alisa, 25.1.2024)

My coworkers were super cool, and the teamwork was super good, I miss those people, but it was not enough for me to not leave the profession. (Sam, 17.1.2024).

Financial issues

Poor remuneration is a common reason why many nurses choose to leave their profession. Nurses have highlighted that their compensation does not align with the level of responsibility that comes with their job, and when compared to other professions that do not have the same responsibility for the preservation of life, nurses' salaries are considered inadequate. Even after years of service, some nurses have reported no significant increase in their salary and that there seems to be a predetermined financial cap that they are unable to surpass. Some nurses who are content with their salary have admitted to working overtime and weekends to make ends meet. Despite increased education and experience bringing more responsibility, it does not necessarily equate to a significant increase in salary. Nurses also reported that there seemed to be limited opportunities to earn more in the nursing profession. While poor financial compensation is a significant factor in leaving the profession, some nurses acknowledge that it is not the sole reason for their departure.

I think the salary of a nurse is not worth it, one could earn the same salary working in a food market with no responsibilities of someone's life. (Alisa, 25.1.2024)

The salary made me leave the profession. The salary was not enough, and I could not get a better position in the nursing profession to get better money. The salary is absolutely not a good pay compared to the nursing education you need to get and the amount of responsibility in the job and taking care of human lives, the salary is definitely not good. It basically forces you to do overtime work all the time just to make ends meet...over 15 years of experience and still 3000e in a month (Sam, 17.1.2024).

In Finland, if I think that I got good money it is because I did all the weekends and night shifts and extra work. I can't say that the salary was good then. I didn't have family back then. (Aisha, 16.1.2024).

The salary did not make me leave the profession, but I could see that not many opportunities to earn more no matter how much your education you earn you cannot exceed the 3000e in a month (Annie, 21.1.2024).

Undervaluation

Participants reported that a lack of recognition and respect is a significant source of dissatisfaction in their profession. This unfortunate reality has led many nurses to contemplate leaving the field altogether. Nurses were eager to receive genuine appreciation and respect for their efforts, rather than mere lip service that is not backed up by tangible actions. Nurse leaders and relevant authorities in the workplace failed to acknowledge the hard work of nurses.

I wish that nurses will really be respected and appreciated, it is not enough for bosses to say that but in reality, it is not so. You can see it from the salary and how the company operate and lack of benefits. Bosses don't come to you to say hey you did a good job. Nurses are not really seen by the bosses. (Alisa, 25.1.2024)

Moreover, several participants expressed their frustration with the lack of attention given to nurses' perspectives and insights in important decision-making processes that impact their work. They noted that regulations are often imposed on them by individuals who have little to no understanding of the unique challenges that nurses face in their clinical settings. Even when nurses are asked for their opinions, their suggestions are frequently disregarded, leading to feelings of discouragement and hesitancy to propose new ideas. One nurse recounted attending numerous meetings and workshops, only to have their ideas consistently overlooked, which left them feeling as if their time was wasted instead of being spent with patients.

...it is not functional that policies come from the top, people who do not take care of patients directly are the ones who tell health personnel how to take care of patients and that is totally backwards. Lots of expertise at the base who work with clients whose voices are not heard which is very backwards. The idea of making things better in the workplace is almost never valued by nurses because you are not in a leadership position to make the proposition. (Sam, 17.1.2024).

MOTIVATION FACTOR

The motivation factor of this study focused on understanding the reasons why individuals in Finland choose to become nurses and the conditions that encourage them to pursue a career in nursing. The primary factors that influenced these nurses' decisions were their

intrinsic desire to assist others and the financial rewards associated with the job. The sub-themes that emerged from the interview were personal satisfaction and monetary benefits.

Personal satisfaction

The most recurring statement participants mentioned as to why they joined the nursing profession was the need to fulfil their altruistic nature of helping and serving others. One nurse explained that it felt natural to her to care for others. Another added that she was kind-hearted and wanted to show kindness as well as make others happy. Similarly, another participant stated that nursing was all about aiding others, and he decided to join the profession because his friends often turned to him for help.

I think it is my nature to help. I was raised by my grandmother, so it felt natural to me to take care of others. (Alisa, 25.1.2024)

I was interested in helping people (Annie, 21.1.2024)

...to help people, yes, interest to help, yeah. Serving people, making others feel happy. Doing things for others. (Aisha, 16.1.2024)

It was about helping people. I have always been like that helping my friends. (Sam, 17.1.2024)

I was originally interested in nursing because I thought that I am a kind person, and it will be nice for me (Sylvia, 17.1.2024)

In addition, participants highlighted that their personal passion for healthcare, medicine, and nursing was the primary factor that led them to pursue a career in nursing. These individuals were driven by a genuine interest in the healthcare industry and a desire to make a positive impact on patients' lives.

Furthermore, some participants mentioned that they were initially intrigued by the field of nursing, which further motivated them to explore it as a potential career option. One of the nurses shared that their curiosity was initially sparked by a desire to learn more about the unique skills and responsibilities of nurses. According to another nurse, nursing skills are believed to shape one's character and habits well into adulthood.

From a younger age I have been interested in health and well-being what constitutes good nursing and taking care of oneself and others also I thought nursing skills is important because it form our personality and habits later in life and it is very important aspect in our personal life. So, these are the motivations for getting into the field and the profession. I was curious about what nurses did, I wanted to know how they do things. I think that is most of the reason of becoming a nurse for me. (Aisha, 16.1.2024).

Personal curiosity and taking care of myself and others (Sylvia, 17.1.2024).

...and I was interested in medicine from a young age (Annie, 21.1.2024).

Monetary Benefits

Participants have cited financial compensation as one of the key reasons for choosing their profession. The majority of participants reported that job security and not having to worry about finding employment due to the high demand for nurses were the main factors that led them to pursue a career in nursing. Additionally, the moderate salary that comes with working as a nurse was also considered when deciding to enter the nursing profession. Interestingly, one participant suggested that better financial rewards and more opportunities for personal development could further motivate nurses to pursue their careers in nursing.

...also a modest salary and the thoughts of not losing a job. (Sylvia,17.1.2024).

Nursing job is one that is stable that I did not need to worry about finding a job. (Sam 17.1.2024).

I was interested in nursing, but I would have preferred a job where I could develop myself personally and as well as get a better salary (Annie, 21.1.2024).

Also the fact that I knew I will never in need of job, they also need nurses or practical nurses. (Alisa, 25.1.2024).

I thought I could earn a modest living from it. (Sylvia, 17.1.2024).

7 Discussion

This thesis aimed to increase the knowledge and understanding of the factors that motivated nurses to pursue their careers as well as the underlying reasons that drove them to leave the profession in Finland. The discussion section is divided into two parts. The first part of the discussion is focused on the results interpretations while the second part of the discussion provides information about the methods used in the thesis writing.

7.1 Discussion of the result

The results of the articles obtained using literature review and findings from the semi-structured interviews were similar to each other and highlighted the personal as well as the professional factors that necessitated the attrition amongst nurses as well as the reasons nurses decided to join the nursing profession. Figure 4 below shows the similarities as well as additional insights which reflect congruence of the both the sub-themes and main themes: personal, professional and motivation factors.

In the literature review, data collected from different nurses across different countries showed the main personal reasons for leaving the nursing profession were due to the reason to meet a family's needs. A study in Japan reported that nurses who were married with dependent children often leave their jobs to care for their families, while assuming the caregiver role for older adults at home also contributes to the decision to exit the profession (Matsuo et. al., 2021). Moreover, the articles cited that being single with the availability of enticing opportunities outside the nursing field were other personal reasons nurses in other countries provided as the reason for attrition from the profession (Lee & Lim 2023, P.5). Both results from the articles reviewed as well as the interview data reported that one's gender did not significantly influence a nurses intention to stay or leave the profession. Similarly, nurses in Finland reported that family needs are a major determinant in their decision to leave the nursing profession. However, unlike in other countries, financial needs and changes in marital status were found to be the primary personal reasons for leaving the profession amongst Finnish nurses, rather than taking on the role of caregiver. In addition, Finnish nurses prioritize maintaining a healthy work-life balance over being in a physically demanding profession that could impact their overall health. Interestingly, the study found that nurses' personalities and values also influenced their decision to exit the nursing profession. Finnish nurses reported that they deeply care

about providing true nursing care to their patients, and when the work culture and environment deviated from nursing ethical standards, it created a conflict that was resolved by leaving the profession.

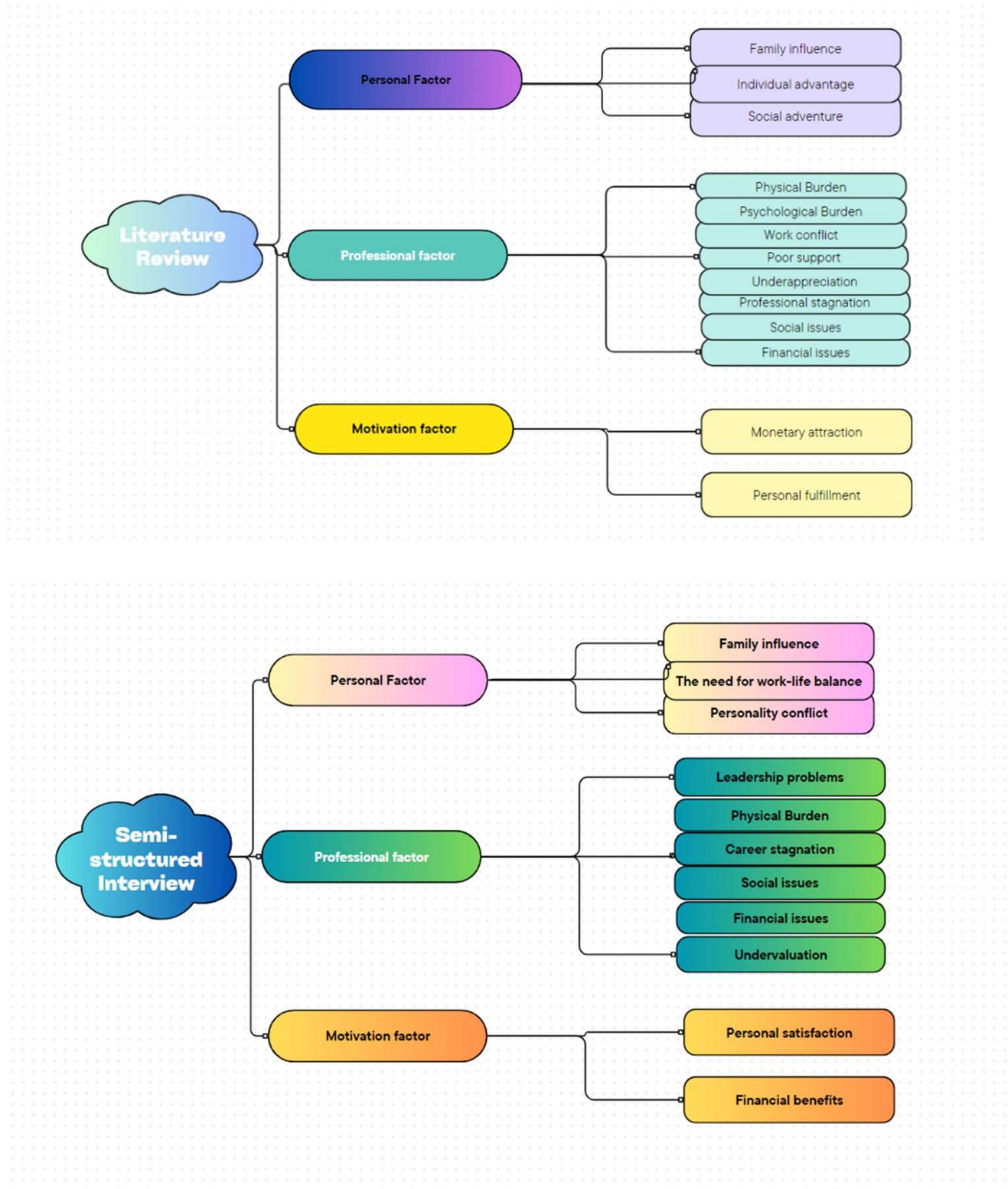
The results of this thesis were found to be similar to the previously conducted studies on the professional factors that nurses in different countries reported as the reason for leaving the nursing profession. These factors are overbearing physical demand, psychological strain, work conflict, inadequate support, poor appreciation, professional stagnation, social challenges, and financial problems.

According to Matsuo et al., (2021), a study conducted in Japan has found that nurses in the country experience work-related stress due to various factors such as working overtime, being unable to fulfil their ward responsibilities as they would like, and being assigned duties that exceed their capacity. The study identifies burnout and exhaustion as the most significant factors influencing a nurse's intention to leave their job. Similarly, interviewed participants reported similar experiences of the physical strain involved in working as a nurse in Finland. A home care nurse in Finland reported that in addition to the unrealistic nursing workload and inadequate time to complete required tasks, the performance of unrelated nursing responsibilities strengthened the decision to leave the organisation and ultimately the profession.

Canadian nurses also reported that an overwhelming amount of workload as well as isolation at work contributed to leaving the nursing profession (McGilton et al., 2014).

Nurses in Finland have expressed that their work environment and colleagues are toxic. Many nursing settings were reported to be unfriendly and unwelcoming due to strained relationships among colleagues, poor work culture, and an unfavourable social working environment. These factors have resulted in widespread dissatisfaction and nurse attrition. Furthermore, Finnish nurses have reported that violence from both clients and colleagues, nurse incivility, workplace gossip, bullying, and victimization have contributed to psychological issues in the nursing work environment.

Figure 4 shows similarities as well as additional insights into interview and literature review results.



These factors have created a need for nurses to exit the profession. Likewise, nurses in the United States with similar psychological experiences at the workplace reported that high

levels of stress, psychological distress, and cognitive distraction are the leading reasons why they left their jobs (Cochran, 2017).

All the interviewed participants of this study explained that the most fundamental reason that necessitated their exit from the nursing profession can be traced to leadership challenges in the work environment. Poor leadership was highlighted as the main reason why Finnish nurses left the profession. Nurse managers in Finland were reported to lack understanding of the realities faced by nurses, and their focus was on maximizing outcomes without addressing the root cause of challenges. The Finnish nursing hierarchy system's structure automatically assumes a leadership role based on years of experience without considering the ability to lead and the need for leadership education. The absence of adequate leadership training led to a negative work environment, causing dissatisfaction among Finnish nurses. Nurse leaders in Finland were also perceived as unsupportive and unresponsive to nurses' concerns. Additionally, Saudi Arabian nurses reported that lack of support from managers contributed to nurses leaving their nursing careers (Mariano et al., 2023).

Furthermore, nurses in Southern Ethiopia shared their experience with being undervalued and the disregard of their opinions at the workplace. These nurses have expressed a deep sense of dissatisfaction and frustration with the current work environment. They feel that their opinions and suggestions for changes in work settings or practices are not being given due consideration, which has left them feeling undervalued and ignored. According to the nurses in Southern Ethiopia, their work satisfaction would be significantly higher if they were given a more active role in decision-making and task definition, working alongside their peers. They believe that this would create a more collaborative environment, where everyone's input is valued and considered. Moreover, the nurses suggest that there needs to be a better level of communication and interaction between supervisors and subordinates. They feel that the lack of interaction and feedback has contributed to the current state of dissatisfaction and frustration among the nursing staff. (Asegid, Belachew & Yimam, 2014; Baptiste, 2015). Likewise, Finnish nurses also discussed the feeling of being undervalued and the lack of recognition in their professional work environments, supporting the decision of some of them to leave the profession. Nurses in Finland noted that they wanted genuine appreciation and respect, not just lip service. Nurse leaders and authorities failed to acknowledge their hard work and their perspectives in decision-

making. Additionally, regulations are often imposed without an understanding of the unique challenges nurses face in their clinical settings. Moreso, nurses' suggestions were frequently disregarded, leading to discouragement and reluctance to propose new ideas.

Financial issues were discussed as one of the many professional challenges nurses faced that strengthened their resolve to leave the nursing profession. Both studies reported that nurses expressed dissatisfaction with their salaries when compared with their nursing responsibilities. Nurses in Finland expressed dissatisfaction with their compensation and their job expectations. It's noteworthy that nurses are paid significantly less or just about the same amount compared to employees in other sectors whose decisions do not have a direct impact on human life.

Similarly, Finnish nurses expressed their dissatisfaction with the fixed amount of salary they receive irrespective of their nursing experience and working hours. This may be due to the regulations on the maximum number of working hours for nurses to ensure safe care for patients, as well as the high tax rates in Finland. Similarly, in Ethiopia, poor salaries were also reported as a source of dissatisfaction among nurses, with over eighty per cent of them stating that their pay was inappropriate. (Asegid, Belachew, & Yimam, 2014)

The findings from the reviewed articles and reports from interviewed participants reveal that there are several common reasons why nurses are drawn to the nursing profession. One of the most significant reasons is nurses' altruistic nature, where they have an innate desire to help and care for others.

The study conducted in the United States highlighted that nurses' motivation to join the profession is a combination of a desire to serve others, firsthand experience in the field, and a personal interest in science (Carillo, Massimino, & Santella, 2022). Similarly, a study in Australia found that nurses were motivated by a sense of personal fulfilment that comes from being helpful and the desire to serve others (Goodare, 2015).

Finnish nurses also reported similar reasons for entering the nursing profession, such as a desire to serve others and a sense of personal fulfilment. Furthermore, financial benefits were an added motivation factor for both interviewed participants as well as reported from the reviewed articles. Interestingly, the Finnish nurses did not cite the high nursing wage as the primary motivation, as they only receive a modest salary. Instead, they were motivated by job security since nurses are in high demand globally.

The Two-Factor Theory of motivation and hygiene was applied in this research to illuminate the factors that contributed to nursing career attraction and attrition among nurses. This assisted in determining nurses' intent to leave the profession and the factors that necessitated the actual nurse attrition.

Based on this writing, it was found that certain hygiene factors failed to create a caring work environment for nurses and did not prevent them from experiencing job dissatisfaction. These hygiene factors are poor money rewards, nurse-to-nurse incivility, lack of support, feelings of isolation, bullying at work, lack of support at the workplace, too many regulations at work, unresolved work conflicts, work stress, exhaustion burnout. According to Kennedy and Mohr (2023), hygiene factors refer to the minimum conditions that employees expect in their jobs, such as supportive coworkers, adequate resources, and a responsive and caring supervisor. Research suggests that a "caring climate" that lessens workplace stressors and enables workers is associated with a lower intent to quit and greater job satisfaction. A work culture that exemplifies support, care, safety, open communication, fair compensation and benefits, and assistance with managing work-life conflicts are key job features that employees expect. According to Herzberg, these elements help ensure that employees are not dissatisfied with their jobs. Improving aspects of hygiene will help eliminate challenges to fostering positive job attitudes. When these elements decline below a level deemed acceptable by the employee, job dissatisfaction follows. (Herzberg,2017).

Furthermore, in this study, nurses have shared their thoughts and experiences on what motivated them to join the nursing profession and what factors would keep them engaged in their work. These factors include the type of hospital, work unit, position within the nursing profession, job benefits, social status, personal fulfilment, and flexibility in work hours and schedules. However, some nurses faced challenges such as a lack of opportunities for career advancement and professional growth, as well as feelings of being undervalued and lacking influence and autonomy in the workplace. Poor consideration of nurses' opinions and suggestions for policies and practices, a lack of recognition for their hard work, and unfair ward assignment preferences also contributed to their intention to leave the profession, which ultimately led to attrition among nurses.

Researchers can use Herzberg's Motivation-Hygiene Theory to identify factors that lead to work satisfaction as well as work situations that contribute to dissatisfaction and high nurse

turnover which could be fundamental in strategizing efforts to attract and retain nurses in the workplace and the profession.

7.2 Discussion of the Methods

Literature review and interviews were utilized as methods for data collection. Despite the differences between these two methods employed, a significant amount of similarities was attained. Twelve articles were included in the literature review while five nurses participated in the semi-structured interview. The articles selected in this study provided answers to the reason nurses decided to pursue a career in nursing and the factors that led to leaving the profession on a wider and global level with studies across different countries including Portugal, Japan, Korea, Saudi Arabia, Australia, Finland, United States, Canada, Southern Ethiopia whereas, the participants in the interviews were from all from Finland who had different Finnish clinical working experiences.

Ethical considerations were adhered to in conducting this research. The participants in the study gave their voluntary consent by signing and submitting the online consent form. The researcher explained that participation throughout the interview was optional, and the interviewee had the right to decline to answer any question or end the interview at any time without any obligation. To maintain confidentiality, personal phone numbers and identifications were not requested or used during the interview preparation and conducting. Since the participants were no longer affiliated with any nursing organization, additional ethical committee approval was not required. The interview was conducted over a voice note on Facebook, and pseudonyms were used instead of actual names to avoid individual identification of the participants.

According to Elo et al. (2014) when it comes to qualitative research, trustworthiness is often assessed using criteria such as credibility, dependability, conformability, transferability, and authenticity. The author of the study believed that a sample size of twelve articles for a literature review and five participants for interviews was appropriate. Although a larger sample size could have provided more information, it is worth noting that this research combined two different data collection methods.

Dependability encompasses the consistency and reliability of findings, indicating that data must remain stable over time and under varying conditions (Elo et al., 2014). In other

words, dependable data should retain its accuracy and validity despite the presence of external factors that may affect it. To that end, any research or study must strive to achieve dependability, which is a critical aspect of ensuring that the results obtained from a given study are trustworthy and can be used to inform decision-making. It is worth noting that achieving dependability is not a one-time event, but rather an ongoing process that requires continuous monitoring and evaluation. The researcher ensured dependability in this research by presenting of the findings accurately and ensuring that data were properly read and interpreted throughout the writing process.

The findings of this thesis have been similar to the previous studies done on the topic. The author has endeavoured to eliminate any potential bias and accurately represent the outcomes derived from both data collection methodologies, thereby ensuring conformability. To achieve this objective, direct quotations have been extracted from the chosen articles for the literature review, as well as from the interviewees themselves. By doing so, the author has ensured that the resulting findings are reflective of the research outcomes and not influenced by external factors.

While a single study cannot comprehensively address the multitude of factors contributing to nurse attrition, valuable insights can be gleaned by analysing scientific literature and conducting interviews. These findings can then be transferred to various healthcare contexts, enabling nurse leaders and policymakers to develop effective strategies for attracting and retaining nurses in their respective workplaces and the profession at large. The authenticity of the study was ensured by thorough and careful attention throughout the process of data analysis and reporting.

7.3 Significance of this Study

The results from this study are significant for several reasons. Firstly, registered nurses as well as practical nurses in Finland were provided the opportunity to verbalise their thought processes and recount the stories that necessitated their decision to leave the profession they were once motivated to pursue. The voices of nurses as well as their perspectives of the realities of working have rarely been heard or studied. Secondly, while previous research focused on nurses' global shortage, nurse turnover and intention to leave the profession, a unique feature of this study is that it provided insights from nurses who have left the profession and the challenges that led to the choice to exit the career with the hope

that these insights will help nurse leaders, as well as health care policymakers, implement necessary changes to keep the workforce and create a better work environment that motivates nurses to stay in the profession. Additionally, this writing provides unique real-life stories and experiences of practical and registered nurses in Finland leaving their careers. This knowledge can be used as a basis for further studies and in discussions relating to nurses' intentions to leave and the actual exit of the general nurse work satisfaction and leadership perspective. The intention of this writing was not to find universal explanations for why Finnish nurses are leaving the nursing profession. Further empirical and statistical research is necessary to measure and better understand the reasons behind nurse attrition in Finland and beyond.

7.4 Limitations of the Study

The study's results should be considered in the context of its limitations. The sampling methods utilized in this study may have constrained the reported findings, as the sample size was not as extensive as it could have been. The eligibility criteria exclusively targeted Finnish nurses who had left the profession and were proficient in English. It is possible that a larger number of participants could have provided additional valuable insights. Nonetheless, the participants who voluntarily shared their experiences on why they left the profession represent a distinct and diverse group of nurses, including both genders.

Manual interview transcription and data analysis were time-consuming tasks, particularly given that I was the only researcher involved. However, these activities and experiences provided me with an excellent opportunity to thoroughly engage with the data, ultimately leading to improved comprehension and interpretation.

8 Conclusion

The worldwide issue of nurse attrition is a cause for concern. The amount of nurses leaving the nursing profession is increasing, leading to a shortage of nursing staff in many countries. This study aimed to comprehend the reasons behind Finnish nurses' decision to pursue a career in nursing and the factors that cause them to leave the profession. Interestingly, the research showed that the decision to leave nursing was not triggered by a single incident but by a combination of various factors. Personal, professional, and motivational factors

emerged as the main themes from the literature review articles and the data from semi-structured interviews.

Finnish nurses expressed dissatisfaction directly related to the nurse leaders at their workplace, with personal contact with the nurses. The primary cause of dissatisfaction was the professional and organizational work environments which did not foster a thriving relationship for nurses, invariably causing workplace conflict among nurse colleagues. Finnish nurses who had left the profession explained that professional relationships, nursing workplace culture, and the nursing practice environment were not ideal, leading to dissatisfaction and the need for a career change. Nurses' narratives also highlighted ethical dilemmas associated with not being able to provide humane and proper care, not being able to do their best, and not being able to influence working conditions due to inadequate support and lack of leadership from nurse leaders.

Nurses were motivated by both external and internal factors to join the profession and provide care to the public. However, mere personal motives to care do not retain the passion to continue caring if the work environment is unwelcoming. Identifying areas of dissatisfaction within professional nursing practice is not enough. It is crucial to contemplate actionable solutions for improvement. Thorough comprehension of personal and professional dissatisfiers that emerged from this research, such as welcoming work culture and environments, can help develop these solutions. Other strategies can be gleaned from an understanding of the motivators to pursue a career in nursing. These can be the bedrock of strategic solutions that can be implemented across various healthcare settings and can also be utilized by policymakers as a guideline for the recruitment and retention of nurses in the workplace. Since human behaviours and wants, in this case, nurses', are ever-evolving, further studies can explore and gain a newer understanding of nurse attrition in Finland and as well as across the globe.

9 References

- Al Yahyaei, A., Hewison, A., Efstathiou, N., & Carrick-Sen, D. (2022). Nurses' intention to stay in the work environment in acute healthcare: a systematic review. *Journal of research in nursing : JRN*, 27(4), 374–397. <https://doi.org/10.1177/17449871221080731>
- Asegid, A., Belachew, T., & Yimam, E. (2014). Factors Influencing Job Satisfaction and Anticipated Turnover among Nurses in Sidama Zone Public Health Facilities, South Ethiopia. *Nursing research and practice*, 2014, 909768. <https://doi.org/10.1155/2014/909768>
- Aspers, P., & Corte, U. (2019). What is Qualitative in Qualitative Research. *Qualitative sociology*, 42(2), 139–160. <https://doi.org/10.1007/s11133-019-9413-7>
- Armstrong-Stassen, M., Freeman, M., Cameron, S., & Rajacic, D. (2015). Nurse managers' role in older nurses' intention to stay. *Journal of health organization and management*, 29(1), 55–74. <https://doi.org/10.1108/JHOM-02-2013-0028>
- Aveyard, H. (2010). *Doing a literature review in health and social care : A practical guide*. McGraw-Hill Education. ProQuest Ebook Central, <http://ebookcentral.proquest.com/lib/novia-ebooks/detail.action?docID=771406>.
- Avraham, R., Wacht, O., Yaffe, E., & Grinstein-Cohen, O. (2023). Choosing a Nursing Career During a Global Health Event: A Repeated Cross-Sectional Study. *Nurse educator*, 48(4), E116–E121. <https://doi.org/10.1097/NNE.0000000000001392>
- Bae S. H. (2022). Noneconomic and economic impacts of nurse turnover in hospitals: A systematic review. *International nursing review*, 69(3), 392–404. <https://doi.org/10.1111/inr.12769>
- Baptiste, M. M. (2015). Workplace Discrimination: An Additional Stressor for Internationally Educated Nurses. *Online Journal of Issues in Nursing*, 20(3), 1. <https://doi.org/10.3912/OJIN.Vol20No03PPT01>
- Bialous, S. A., & Baltzell, K. (2020). The World Needs 6 Million More Nurses: What Are We Waiting For? *The American journal of tropical medicine and hygiene*, 103(1), 1–2. <https://doi.org/10.4269/ajtmh.20-0451>
- Bragg, S., & Bonner, A. (2015). Losing the rural nursing workforce: Lessons learnt from resigning nurses. *The Australian journal of rural health*, 23(6), 366–370. <https://doi.org/10.1111/ajr.12251>
- Brinkmann, S. (2014). Unstructured and semi-structured interviewing. *The Oxford handbook of qualitative research*, 2, 277-299.
- Brown, J. S., Gomez, N., Harper, M., & Olivares, R. (2023). Combating the Nursing Shortage: Recruitment and Retention of Nephrology Nurses. *Nephrology Nursing Journal*, 50(1), 49–53. <https://doi-org.ezproxy.novia.fi/10.37526/1526-744X.2023.50.1.49>
- Canzan, F., Saiani, L., Mezzalira, E., Allegrini, E., Caliaro, A., & Ambrosi, E. (2022). Why do nursing students leave bachelor program? Findings from a qualitative descriptive

study. *BMC Nursing*, 21(1), 1–10. <https://doi-org.ezproxy.novia.fi/10.1186/s12912-022-00851-z>

Carillo, I. M., Massimino, P. M., & Santella, A. J. (2022). Exploring the Motivations of Nursing Students in New York State. *American Journal of Health Studies*, 37(1), 7–18. <https://doi.org/10.47779/ajhs.2022.716>

Church, E. (2023). Almost half of Finnish nurses considered quitting during Covid, survey finds. *Nursing Times*. Retrieved 2023, October 25 from <https://www.nursingtimes.net/news/workforce/almost-half-of-finnish-nurses-considered-quitting-during-covid-survey-finds-22-08-2023/>

Cochran, C. (2017). Effectiveness and Best Practice Of Nurse Residency Programs: A Literature Review. *MEDSURG Nursing*, 26(1), 53–63. <https://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=121353515&site=ehost-live>

Collard, S. S., Scammell, J., & Tee, S. (2020). Closing the gap on nurse retention: A scoping review of implications for undergraduate education. *Nurse education today*, 84, 104253. <https://doi.org/10.1016/j.nedt.2019.104253>

Cooper, C., Booth, A., Varley-Campbell, J., Britten, N., & Garside, R. (2018). Defining the process to literature searching in systematic reviews: a literature review of guidance and supporting studies. *BMC medical research methodology*, 18(1), 85. <https://doi.org/10.1186/s12874-018-0545-3>

Cubelo, F. (2023). Self-revocation of nurse licences in Finland – nursing response to deteriorating workplace and patient safety: Implications for future nursing action. *International nursing review*, 70(3), 286–290. <https://doi.org/10.1111/inr.12834>

Currie, E.J. & Carr-Hill, R. (2013). What is a nurse? Is there an international consensus? *International nursing review*. https://www.researchgate.net/publication/235619412_What_is_a_nurse_Is_there_an_international_consensus

Crow, S.M, & Hartman, S.J. (2005). Nurse attrition as a process. *Health Care Manager*, 24(3), 276–283. <https://search.ebscohost.com.ezproxy.novia.fi/login.aspx?direct=true&db=ccm&AN=106543082&site=ehost-live>

De, C. M. (Ed.). (2014). *Nursing research using grounded theory: Qualitative designs and methods in nursing*. Springer Publishing Company, Incorporated. <http://ebookcentral.proquest.com/lib/novia-ebooks/detail.action?docID=1747048>.

Created from novia-ebooks on 2023-12-11 17:40:40.

de Oliveira, D. R., Griep, R. H., Portela, L. F., & Rotenberg, L. (2017). Intention to leave profession, psychosocial environment and self-rated health among registered nurses from large hospitals in Brazil: a cross-sectional study. *BMC health services research*, 17(1), 21. <https://doi.org/10.1186/s12913-016-1949-6>

Elliott, C. (2017). Emotional labour: learning from the past, understanding the present. *British Journal of Nursing*, 26(19), 1070–1077. <https://doi-org.ezproxy.novia.fi/10.12968/bjon.2017.26.19.1070>

- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of advanced nursing*, 62(1), 107-115.
https://elearning.unimib.it/pluginfile.php/1491989/mod_resource/content/1/EloKyngas2008.pdf
- Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *SAGE open*, 4(1), 2158244014522633.
<https://journals.sagepub.com/doi/pdf/10.1177/2158244014522633>
- Erenstein, C. F., & McCaffrey, R. (2007). How healthcare work environments influence nurse retention. *Holistic nursing practice*, 21(6), 303–307.
<https://doi.org/10.1097/01.HNP.0000298615.25222.de>
- Erlingsson, C., & Brysiewicz, P. (2017). A hands-on guide to doing content analysis. *African Journal of Emergency Medicine*, 7(3), 93-99. <https://doi.org/10.1016/j.afjem.2017.08.001>
- Fritz, S., Chaitow, L., & Hymel, G. M. (2007). Medical and Health-Related Professions. *Clinical Massage in the Healthcare Setting*, 54-85. <https://doi.org/10.1016/B978-032303996-3.50009-X>
- Guarte, J. M., & Barrios, E. B. (2006). Estimation under purposive sampling. *Communications in Statistics-Simulation and Computation*, 35(2), 277-284.
<https://www.tandfonline.com/doi/abs/10.1080/03610910600591610>
- Gerrish, K. (2015). *The research process in nursing*. John Wiley & Sons, Incorporated. ProQuest Ebook Central, <https://ebookcentral-proquest-com.ezproxy.novia.fi/lib/novia-ebooks/detail.action?docID=7103762>.
- Goodare, P. (2015). Literature review: “Are you ok there?” The socialisation of student and graduate nurses: do we have it right? *Australian Journal of Advanced Nursing*, 33(1), 38–43.
<https://search.ebscohost.com/login.aspx?direct=true&db=afh&AN=109371565&site=ehost-live>
- Grammarly. (2024). *Grammarly* (Jan 2 version) [Large language model]. Accessed 2024, January 2, from <https://app.grammarly.com/>
- Griffin, V. W., & Griffin, O. H. (2021). Content Analysis. *The Encyclopedia of Research Methods in Criminology and Criminal Justice*. Wiley Online Library, 375-380.
<https://doi.org/10.1002/9781119111931.ch75>
- Halter, M., Boiko, O., Pelone, F., Beighton, C., Harris, R., Gale, J., Gourlay, S., & Drennan, V. (2017). The determinants and consequences of adult nursing staff turnover: a systematic review of systematic reviews. *BMC health services research*, 17(1), 824. <https://doi.org/10.1186/s12913-017-2707-0>
- Herzberg, F. (2017). *Motivation to work*. Routledge.
https://books.google.fi/books?hl=en&lr=&id=xpsuDwAAQBAJ&oi=fnd&pg=PR12&ots=Cghiv_K9de&sig=GokT00fOVX7VsNYF5t7hUfBg76Y&redir_esc=y#v=onepage&q&f=false

- Holloway, I., & Galvin, K. (2016). *Qualitative research in nursing and healthcare*. John Wiley & Sons, Incorporated. <https://ebookcentral-proquest-com.ezproxy.novia.fi/lib/novia-ebooks/reader.action?docID=4622920&query=What+is+qualitative+research#>
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative health research*, 15(9), 1277-1288.
- Ingham-Broomfield, R. (2017). A nurses' guide to ethical considerations and the process for ethical approval of nursing research. *Australian Journal of Advanced Nursing*, The, 35(1), 40-47.
- International Council of Nurses (ICN, 1987). Nursing Definitions. Retrieved 2023, November 12 from <https://www.icn.ch/resources/nursing-definitions>
- Jessup, A. N. (2012). Diabetes Mellitus: A Nursing Perspective. Nutritional and Therapeutic Interventions for Diabetes and Metabolic Syndrome, 103-110. <https://doi.org/10.1016/B978-0-12-385083-6.00008-5>
- Jirwe, M., & Rudman, A. (2012). Why choose a career in nursing?. *Journal of advanced nursing*, 68(7), 1615–1623. <https://doi.org/10.1111/j.1365-2648.2012.05991.x>
- Jones, C., & Gates, M., (2007). The Costs and Benefits of Nurse Turnover: A Business Case for Nurse Retention, OJIN: The Online Journal of Issues in Nursing. Vol. #12 No. #3, Manuscript 2
<https://www.proquest.com/openview/03b18eb5d12f7042b85b70920b61e731/1?pg-origsite=gscholar&cbl=43860>
- Kennedy, K. A., & Mohr, D. C. (2023). Job Characteristics Associated with Intent to Quit Among Nursing Home Employees and Managers. *The Gerontologist*, 63(1), 108–119. <https://doi.org/10.1093/geront/gnac134>
- Knapp, T. R. (1998). *Quantitative nursing research*. SAGE Publications. *ProQuest Ebook Central*, <https://ebookcentral-proquest-com.ezproxy.novia.fi/lib/novia-ebooks/detail.action?docID=997107>.
- Kovner, C. T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate?. *Policy, politics & nursing practice*, 15(3-4), 64–71. <https://doi.org/10.1177/1527154414547953>
- Krippendorff, K. (2018). *Content analysis: An introduction to its methodology*. Sage publications.
- Lee J. (2022). Nursing home nurses' turnover intention: A systematic review. *Nursing open*, 9(1), 22–29. <https://doi.org/10.1002/nop2.1051>
- Lee, J. Y., & Shin, J. H. (2020). Why Do They Stay? Intention to Stay among Registered Nurses in Nursing Homes. *International journal of environmental research and public health*, 17(22), 8485. <https://doi.org/10.3390/ijerph17228485>
- Lee, M. A., & Lim, S. H. (2023). Effects of External Employment Opportunities, Nursing Professionalism, and Nursing Work Environments on Korean Hospital Nurses' Intent to Stay or Leave. *International journal of environmental research and public health*, 20(5), 4026. <https://doi.org/10.3390/ijerph20054026>

- Maleki, R., Janatolmakan, M., Fallahi, M., Andayeshgar, B., & Khatony, A. (2023). Intention to leave the profession and related factors in nurses: A cross-sectional study in Kermanshah, Iran. *Nursing open*, *10*(7), 4298–4304. <https://doi.org/10.1002/nop2.1670>
- Mariano, M. E. M., Woodman, A., Al Zahrani, E. M., Al Naam, Y. A., Farrelly, R. R., Al-Jamea, L. H., Al Mutair, A., Al-Ansari, R. Y., Quiambao, J. V., & Balilla, J. (2023). Turnover-attachment motive of Saudi Arabia nursing workforce: A Cross-Sectional study. *Nursing open*, *10*(2), 988–997. <https://doi.org/10.1002/nop2.1366>
- Matsuo, M., Suzuki, E., Takayama, Y., Shibata, S., & Sato, K. (2021). Influence of Striving for Work-Life Balance and Sense of Coherence on Intention to Leave Among Nurses: A 6-Month Prospective Survey. *Inquiry : a journal of medical care organization, provision and financing*, *58*, 469580211005192. <https://doi.org/10.1177/00469580211005192>
- McGilton, K. S., Boscart, V. M., Brown, M., & Bowers, B. (2014). Making tradeoffs between the reasons to leave and reasons to stay employed in long-term care homes: Perspectives of licensed nursing staff. *International Journal of Nursing Studies*, *51*(6), 917–926. <https://doi.org/10.1016/j.ijnurstu.2013.10.015>
- Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC medical research methodology*, *18*(1), 143. <https://doi.org/10.1186/s12874-018-0611-x>
- Neves, T., Parreira, P., Rodrigues, V., & Graveto, J. (2022). Organizational Commitment and Intention to Leave of Nurses in Portuguese Hospitals. *International journal of environmental research and public health*, *19*(4), 2470. <https://doi.org/10.3390/ijerph19042470>
- Nickerson, C. 2023. Herzberg's Two-Factor Theory of Motivation-Hygiene. *Simple Psychology*. Accessed 2024, January 11 from <https://urls.grow.me/DdwrKEqMb>
- Nurse (AMK). (2023, October 21). In Wikipedia. Retrieved from 2023, November 12 from [https://fi.wikipedia.org/wiki/Sairaanhoitaja_\(AMK\)](https://fi.wikipedia.org/wiki/Sairaanhoitaja_(AMK))
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, et al. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ (Clinical research ed.)*, *372*, n71. <https://doi.org/10.1136/bmj.n71>
- Page M.J., & Moher, D. (2017). Evaluations of the uptake and impact of the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) Statement and extensions: a scoping review. *Systematic reviews*, *6*(1), 263. <https://doi.org/10.1186/s13643-017-0663-8>
- Pati, D., & Lorusso, L. N. (2018). How to Write a Systematic Review of the Literature. *HERD*, *11*(1), 15–30. <https://doi.org/10.1177/1937586717747384>
- Pietilä, A. M., Nurmi, S. M., Halkoaho, A., & Kyngäs, H. (2020). Qualitative research: Ethical considerations. The application of content analysis in nursing science research, 49-69.
- Pressley, C., & Garside, J. (2023). Safeguarding the retention of nurses: A systematic review on determinants of nurse's intentions to stay. *Nursing open*, *10*(5), 2842–2858. <https://doi.org/10.1002/nop2.1588>

- Rai, N., & Thapa, B. (2015). A study on purposive sampling method in research. *Kathmandu: Kathmandu School of Law*, 5.
- Rabionet, S. E. (2011). How I learned to design and conduct semi-structured interviews: an ongoing and continuous journey. *Qualitative Report*, 16(2), 563-566.
- Reardon, D. (2006). *Doing Your Undergraduate Project*. SAGE Publications. ProQuest Ebook Central, <https://ebookcentral-proquest-com.ezproxy.novia.fi/lib/novia-ebooks/detail.action?docID=334378>.
- Registered Nurse (2023, June 9). Insurancepedia. Retrieved 2023, November 12 from <https://www.insuranceopedia.com/definition/5626/registered-nurse>.
- Rosseter R. (2023). Nursing Workforce Fact Sheet. American Association of colleges of Nursing. Retrieved October 26, 2023 from [Nursing Workforce Fact Sheet \(aacnnursing.org\)](https://aacnnursing.org)
- Sairanhoitaja. (2023). Wikisankirja. Retrieved 2023, November 12 from <https://fi.wiktionary.org/wiki/sairanhoitaja>
- Sairanhoitajat (n.d.). Nurses' Right to practice. Retrieved 2023, November 12 from <https://sairanhoitajat.fi/ammatti-ja-osaaminen/sairanhoitajan-ammatinharjoittamisoikeus/>
- Saldana, J. (2011). *Fundamentals of qualitative research*. Oxford University Press, Incorporated. <http://ebookcentral.proquest.com/lib/novia-ebooks/detail.action?docID=665394>
- Sharififard, F., Asayesh, H., Rahmani-Anark, H., Qorbani, M., Akbari, V., & Jafarizadeh, H. (2019). Intention to Leave the Nursing Profession and Its Relation with Work Climate and Demographic Characteristics. *Iranian journal of nursing and midwifery research*, 24(6), 457–461. https://doi.org/10.4103/ijnmr.IJNMR_209_18
- Shirey M. R. (2004). Social support in the workplace: nurse leader implications. *Nursing economic\$, 22(6)*, 313–291. <https://pubmed.ncbi.nlm.nih.gov/15651589/>
- Simon, M., Müller, B. H., & Hasselhorn, H. M. (2010). Leaving the organization or the profession - a multilevel analysis of nurses' intentions. *Journal of advanced nursing*, 66(3), 616–626. <https://doi.org/10.1111/j.1365-2648.2009.05204.x>
- Stemler, S. (2000). An overview of content analysis. *Practical assessment, research, and evaluation*, 7(1), 17..DOI: <https://doi.org/10.7275/z6fm-2e34>
- Sumner, J., & Townsend-Rocchiccioli, J. (2003). Why are nurses leaving nursing?. *Nursing administration quarterly*, 27(2), 164–171. <https://doi.org/10.1097/00006216-200304000-00010>
- Takase, M., Yamashita, N., & Oba, K. (2008). Nurses' leaving intentions: antecedents and mediating factors. *Journal of advanced nursing*, 62(3), 295–306. <https://doi.org/10.1111/j.1365-2648.2007.04554.x>
- Ted, A. J. (2021). Attract and Retain the Clinical Workforce. *Trends in Medicine*. Retrieved 2023, October 24 from <https://postgraduateeducation.hms.harvard.edu/trends-medicine/attract-retain-clinical-workforce>.

Tei-Tominaga, M., Asakura, K., & Asakura, T. (2018). Generation-Common and -Specific Factors in Intention to Leave among Female Hospital Nurses: A Cross-Sectional Study Using a Large Japanese Sample. *International journal of environmental research and public health*, 15(8), 1591. <https://doi.org/10.3390/ijerph15081591>

TENK. (2019). The ethical principles of research with human participants and ethical review in the human sciences in Finland. e Finnish National Board on Research Integrity. https://tenk.fi/sites/default/files/2021-01/Ethical_review_in_human_sciences_2020.pdf

TENK. (2023, September 7). *Responsible conduct of research (RCR)* [Web Article]. Finnish National Board on Research Integrity TENK. <https://tenk.fi/en/research-misconduct/responsible-conduct-research-rcr>

Toode, K., Routasalo, P., Helminen, M., & Suominen, T. (2015). Hospital nurses' work motivation. *Scandinavian Journal of Caring Sciences*, 29(2), 248–257. <https://doi.org/10.1111/scs.12155>

Trainor, A. A., & Graue, E. (Eds.). (2012). *Reviewing qualitative research in the social sciences: A guide for researchers and reviewers*. Taylor & Francis Group.

Vaismoradi, M., Turunen, H. and Bondas, T. (2013), Qualitative descriptive study. *Nurs Health Sci*, 15: 398-405. <https://doi.org/10.1111/nhs.12048>

Vanhanen-Nuutinen, L., Janhonen, S., Maunu, M., & Laukkala, H. (2012). Changes in Finnish nursing students' nursing orientations between mid 1990s and mid-2000s. *Nurse education today*, 32(5), 490–496. <https://doi.org/10.1016/j.nedt.2011.08.010>

Wells, N., Roberts, L., & Medlin, L. C. (2002). Issues related to staff retention and turnover. *Seminars for nurse managers*, 10(3), 171–179.

Yle (2022). 1k nurses turned in their practitioners' permits last year. Retrieved 2023, November 11 from <https://yle.fi/a/74-20016593>

Yle STT: Finland needs 20,000 foreign health and social care workers, but few have arrived lately. Retrieved 2023, October 25 from <https://yle.fi/a/3-12681978>

Zhu, J., Rodgers, S., & Melia, K. M. (2014). A qualitative exploration of nurses leaving nursing practice in China. *Nursing open*, 2(1), 3–13. <https://doi.org/10.1002/nop2.11>

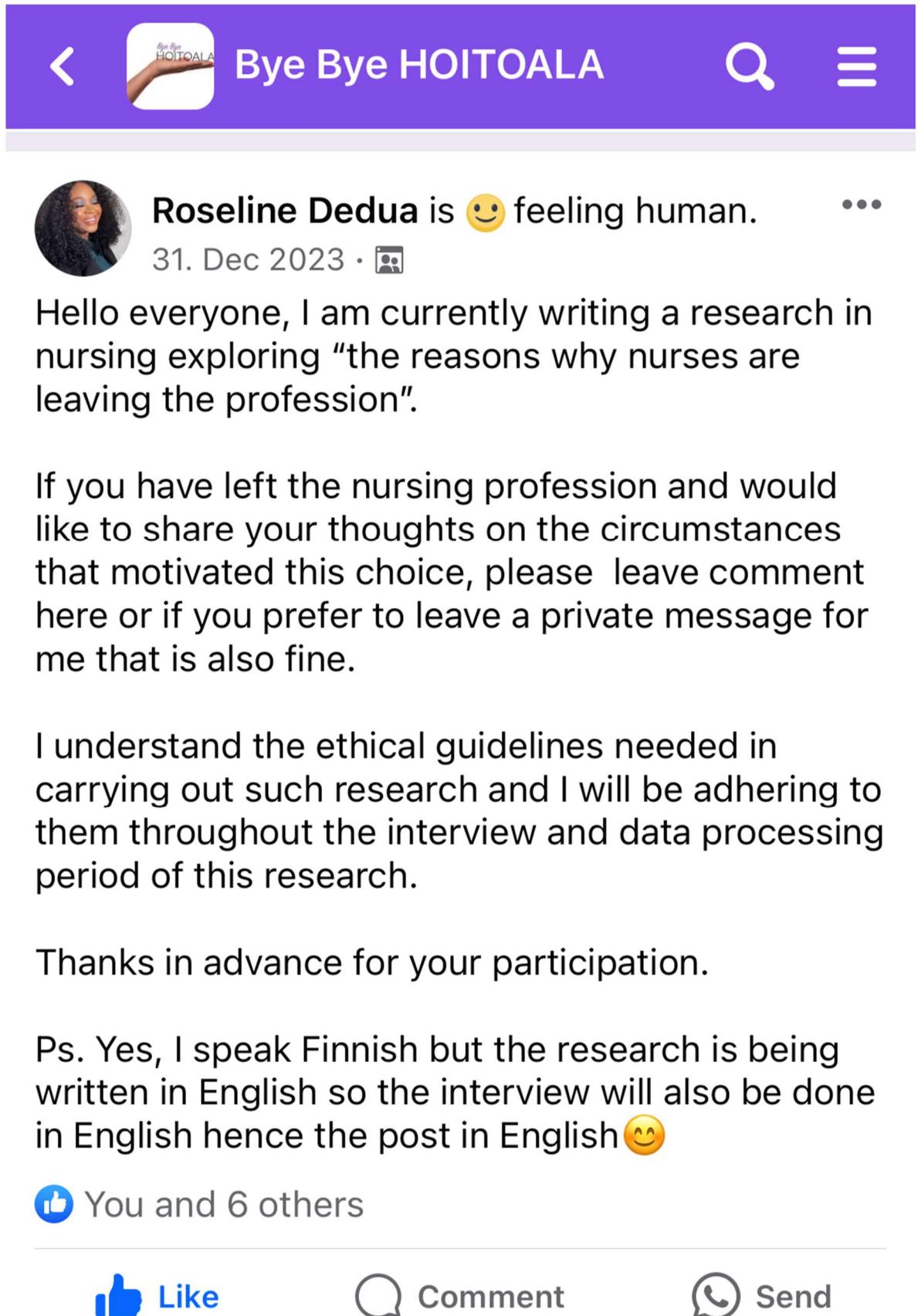
Appendix 1 Literature Review Study Characteristics

NO	Title, Author(s), and Year	Location	Aim	Study Methods	Results
1	Organizational Commitment and Intention to Leave of Nurses in Portuguese Hospitals. Neves, T., Parreira, P., Rodrigues, V., & Graveto, J. (2022).	Portugal	To characterize organizational commitment and intention to leave.	An observational, cross-sectional study	Unfavourable work environment, poor staffing, type of employment contract and no nursing speciality contributed to nurse attrition intention.
2	Generation-Common and -Specific Factors in Intention to Leave among Female Hospital Nurses: A Cross-Sectional Study Using a Large Japanese Sample, Tei-Tominaga, M., Asakura, K., & Asakura, T. (2018).	Japan	To examine factors influencing intention to leave among female hospital nurses in a large Japanese sample, classified into four generations by age and considering economic conditions.	A cross-sectional survey	Overcommitment, overtime work, money rewards and role model presence contributed to nurse attrition intention.
3	Influence of Striving for Work-Life Balance and Sense of Coherence on Intention to Leave Among Nurses: A 6-Month Prospective Survey. Matsuo, M., Suzuki, E., Takayama, Y., Shibata, S., & Sato, K. (2021).	Japan	investigates the influence of work-life balance and sense of coherence on intention to leave among hospital nurses.	A questionnaire survey	Burnout in form of cynicism and exhaustion. Overtime per month, salary satisfaction, family, and educational factors led to high nurse attrition rate.

4	Effects of External Employment Opportunities, Nursing Professionalism, and Nursing Work Environments on Korean Hospital Nurses' Intent to Stay or Leave. Lee, M. A., & Lim, S. H. (2023).	Korea	To explore Korean Hospital nurses' intent to stay or leave their working environment, and to identify the difference between the intent to stay and the intent to leave by identifying the relationship between external employment opportunities, professionalism, and work environment.	An online survey	Single status, clinical experience of less than 21 years and low income. Bachelor's degree or less educational level resulted in nurse intention to leave.
5	Factors Influencing Job Satisfaction and Anticipated Turnover among Nurses in Sidama Zone Public Health Facilities, South Ethiopia. Asegid, A., Belachew, T., & Yimam, E. (2014).	Southern Ethiopia	To assess factors influencing job satisfaction and intention to turnover among nurses in Sidama zone public health facilities, in Southern Ethiopia.	Cross-sectional study using interview	Factors resulting in high attrition rate are high level of stress, high workload and poor social support, poor work environment, and poor remuneration. Inadequate career advancement and non-supportive organizational policies.
6	Turnover-attachment motive of Saudi Arabia nursing workforce: A Cross-Sectional study. Mariano, et al. (2023).	Saudi Arabia	To explore the association of turnover-attachment motive with socio-demographic data among Saudi and	A cross-sectional correlation	Single nurses, poor support from managers, new career opportunities are reasons associated with nurse intention to

			foreign nurses in a hospital in the Eastern Province of Saudi Arabia.		leave the profession.
7	Effectiveness and Best Practice of Nurse Residency Programs: A Literature Review. Cochran, C. (2017).	United States	To determine if nurse residency programs (NRPs) are effective in reducing the attrition rate of new nurses, and if so, to identify best practice in supporting the newly licensed nurse during the transition from academia to professional practice in the acute care setting.	Literature Review	Factors provided for the nurse attrition high rate are increased job stress, psychological distress, and cognitive distraction, poor nurse recognition at work. Unresolved conflicts and nurse incivility.
8	Exploring the Motivations of Nursing Students in New York State. Carillo, Massimino, & Santella, (2022).	United States	To determine the motivation to pursue a career in nursing, including a career as a Registered Nurse (RN).	A Cross-sectional online survey	The motivation to become a nurse comes from personal factors, financial rewards as well as lifestyle choices.
9	Hospital nurses' work motivation. Toode, Routasalo, Helminen, & Suominen (2015).	Finland	Investigates the motivation of Estonian nurses in hospitals, and how individual and organisational background factors influence their motivation to work.	A quantitative and cross-sectional.	Motivation to work as a nurse: Financial rewards, personal factors, organizational setting and self-fulfilment.
10	Literature review: "Are you ok there?" The	Australia	To determine the effectiveness of	Literature Review	Desire to help people, job security and

	socialisation of student and graduate nurses: do we have it right? Goodare, P.(2015).		the current socialisation processes for student and graduate nurses, into the clinical practice setting.		altruistic nature are motives of joining the nursing profession.
11	Making tradeoffs between the reasons to leave and reasons to stay employed in long-term care homes: Perspectives of licensed nursing staff. McGilton, K. S., Boscart, V. M., Brown, M., & Bowers, B. (2014).	Canada	To understand factors that influence nurses' intentions to remain employed at their current job.	Qualitative descriptive study	Isolation, high workload, undervalued, insufficient management and poor support from leaders led nurse turnover.
12	Workplace Discrimination: An Additional Stressor for Internationally Educated Nurses. Baptiste , M. M. (2015).	United States	To address motivation and challenges associated with international nurse migration.	Qualitative and Quantitative studies	Discrimination in an environment compounded with poor support. High workloads result in high nurse attrition rate.



The image shows a screenshot of a Facebook post. At the top, there is a purple navigation bar with a back arrow, a profile picture of a woman, the name 'Bye Bye HOITOALA', a search icon, and a menu icon. Below this, the post is from 'Roseline Dedua' with a profile picture of a woman, dated '31. Dec 2023'. The post text is in English and discusses a research project on nurses leaving the profession. At the bottom, there are interaction options: 'Like', 'Comment', and 'Send'.

Bye Bye HOITOALA

Roseline Dedua is 😊 feeling human. ⋮

31. Dec 2023 · 👤

Hello everyone, I am currently writing a research in nursing exploring "the reasons why nurses are leaving the profession".

If you have left the nursing profession and would like to share your thoughts on the circumstances that motivated this choice, please leave comment here or if you prefer to leave a private message for me that is also fine.

I understand the ethical guidelines needed in carrying out such research and I will be adhering to them throughout the interview and data processing period of this research.

Thanks in advance for your participation.

Ps. Yes, I speak Finnish but the research is being written in English so the interview will also be done in English hence the post in English 😊

👍 You and 6 others

👍 Like 💬 Comment 🗨️ Send

Appendix 3 Online Consent Form for Interviewees

" I invite you to participate in a semi-structured interview, which will take approximately 20-25 minutes to complete, depending on your answers. I will conduct the interview online using Facebook voice call based on your availability and schedule. During the interview, we will discuss your experiences choosing to become a nurse and the reasons that made you leave the profession and I may ask follow-up questions to gain a deeper understanding of your perspectives. You can speak English during the interview. Please note that I will record voice call accuracy, but I will keep your responses confidential and only use them for academic purposes. All the material will be kept and destroyed three months after the thesis presentation. Your participation is entirely voluntary, and you can withdraw from the study at any time without any consequence. If you accept to participate, please let me know your preferred time availability, and I will arrange a suitable time for the interview. Thank you for your time and consideration. Please feel free to contact me if you have any questions or clarifications.

" You are being invited to participate in a research titled
"REASONS FOR ATTRITION AMONG REGISTERED NURSES IN FINLAND"

Continue press Enter ↵

" The purpose of this study is to provide insights into the factors leading to nurses leaving the profession and to provide strategies on how to reduce the future occurrence of nurse attrition in Finland.

Continue press Enter ↵

1 → Do you consent to participate in the semi-structured interview on reasons for attrition among registered nurses in Finland?

Y Yes

N No

Submit

Never submit passwords! - Report Abuse

Appendix 4 The Semi-Structured Interview Guidelines

Ethical Considerations:

- *Oral consent from participants*
- *Ethical rights: Voluntary participation, pseudonymisation, confidentiality, right to withdraw, right to decline from answering questions,*

Nursing Background:

- *Age range?*
- *Gender?*
- *Registered nurses or practical nurses?*
- *What nursing speciality worked?*
- *How long have you left the profession?*
- *Years /length of work as a nurse before leaving the profession.*

Actual Interview questions related to the research:

- *What motivated you to get into the nursing profession?*
- *What personal factors/reasons made you leave the nursing profession?*
- *What organizational factors made you leave the profession?*
- *What are you satisfied with, and dissatisfied with nursing?*
- *Are there any insights you would like to share relating to the research?*

After Interview

- *Thank you for your time.*
- *Manuscript sent to confirm interpretations of experience shared.*
- *Data to be discarded after thesis presentation.*
- *Published work to be sent to participants upon request.*

10 Acknowledgments

The author is deeply grateful to all the nurses who participated in the interviews and shared their stories and experiences. Hearty gratitude to the thesis supervisor for the brilliant insights shared during the writing process and to the Novia University of Applied Science for encouraging the skill of independent research writing among master's degree students in Nursing. Most importantly, all thanks to God for the grace to start and complete this academic milestone.