



Impact of Burnout on Intention to Quit among Various Healthcare Providers: A Systematic Review

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ABSTRACT

Objective:

This review aims to identify and analyze the studies in which the impact of burnout on intention to quit among various healthcare providers.

Review methods:

A comprehensive search was conducted on PubMed, Google Scholar, Web of Science, Scopus, Medline, and Cochrane using the following alternate terms for intention to quit, burnout, and healthcare providers. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram guided the inclusion of the studies published from 2017 to 2024.

Results:

31 studies were included in this systematic review, revealing the impacts the impact of burnout on intention to quit among various healthcare providers. The prevalence of burnout and intention to quit among healthcare providers was high due to a variety of reasons; the most commonly reported reason was emotional exhaustion. The second reported reason for having high burnout was workload. The third reported reason for having high burnout was work-family conflicts. The fourth reason for having high burnout was depression. Other reasons reported for having high burnout were the personal accomplishment, organizational commitment, physical stress, and work environment. However, the studies included in this systematic review showed that burnout related factors adversely impact healthcare providers, which subsequently led to a high intention to quit their professions.

Conclusion:

The findings underscore the significance of recognizing the adverse impact of burnout on various healthcare providers' intention to quit. It is imperative to identify strategies such as occupational health surveillance that will aim at reducing the incidence of burnout at the workplace due to its consequences, one of them being the intention to quit. Policy makers must create strategies that will reduce the factors related with intention to quit thus insure retention among healthcare providers.

Key words: "Intention to Quit" "Burnout" "healthcare providers"



Background:

The shortage of healthcare providers has emerged as one of the most critical challenges facing healthcare systems globally (WHO, 2018). This shortage has prompted extensive research into the turnover of healthcare providers and their intentions to quit their profession (Aiken et al., 2013; Liu et al., 2012; AbuAlrub et al., 2016). High turnover rates among healthcare providers have adverse effects on various aspects of healthcare delivery, impacting patients, healthcare workers, and the overall health system outcomes (WHO, 2018; AbuAlrub et al., 2016; Al-Sabhan et al., 2022). Inadequate staffing created by excessive healthcare providers turnover resulted in high healthcare provider-to-patient ratios and decreased productivity and quality of healthcare (Poghosyan et al., 2010). In healthcare sector, shortages of healthcare providers threaten the existence of health facility and negatively can influence the quality of the healthcare delivery (Khamisa et al., 2013). In order to reduce the magnitude of intention to leave among the employees, the organization must understand the main reasons behind healthcare providers intentions to quit (Maniscalco et al., 2024; Skela-Savič., et al. 2023) .

Burnout factors that include workload, the work environment, exhaustion, work-family conflicts, and organizational management practices have been obviously noticed to influence healthcare providers' intention to quit their professions (Siraj et al., 2023; Maniscalco et al., 2024; Alkhateeb 2024; Skela-Savič., et al. 2023). Addressing these factors is essential for retaining healthcare providers (WHO, 2018). When healthcare providers quit, organizational performance is adversely affected (WHO, 2018; Epstein, 2014). This require the recruitment and training of new staff, leading to a loss of tacit knowledge (Choong et al., 2012). Furthermore, high turnover may exacerbate the shortage of healthcare providers, further straining the system.

Despite ongoing efforts by various countries to enhance healthcare services across all levels; primary, secondary, and tertiary, issues such as the intention to quit among healthcare providers in public hospitals considered as significant challenges (Opoku et al. 2022). However, an insufficient healthcare workforce and turnover are problems for the healthcare system in terms of cost, ability to care for patients and the quality of care (Bruyneel et al. 2023). At a time of current workforce shortage, it is important to understand the reasons why healthcare providers intend to quit their



professions. In the context of an ongoing workforce shortage, understanding the reasons behind healthcare providers intentions to quit is significant.

Physician and nurse turnover rates, for example, are among the highest within professional sectors (Aiken et al., 2012; AbuAlrub et al., 2016). Such high turnover levels have been shown to adversely impact healthcare systems leading to workforce shortages (Falatah & Salem, 2018; Aiken et al., 2012). Consequently, the ratio of healthcare providers to the population is significantly lower than necessary to meet demand (Lake et al., 2016; Azim & Islam, 2018).

In response to population growth, governments have increased investment in healthcare organizations, expanding the healthcare infrastructure and monitoring the quality of services (Khoja, 2016; AlYami & Watson, 2014). However, the shortage of healthcare providers has been associated to decreasing the quality of care delivery, patient safety, and increasing the levels of burnout, and intention to quit (Aiken et al., 2013; Liu et al., 2012).

High turnover affects the morale of healthcare providers and ability to provide high-quality care consequently their ability to meet patient needs (Bruyneel et al. 2023; Opoku et al. 2022). Also, less quality of work life, job satisfaction and organizational commitment, organizational culture, job stress, burnout, long shifts, and work-family conflict have been identified as variables that could force healthcare providers to quit the workplace (Al-Sabhan et al., 2022; Mosadeghrad, 2013; Almalki et al., 2012). Also, high rates of turnover among healthcare providers can negatively impact the overall organizational performance. To avoid shortage among healthcare providers, which leads to lower quality healthcare services delivery and extra costs to recruit and train more employees, determining intentions to leave levels among healthcare providers is significant. The best way to accomplish this is by investigating the direct relationship between burnout with intention to quit in the public health care systems.

Objective:

The aim of this current systematic review was to identify and analyze the studies in which the impact of burnout on intention to quit among virous healthcare providers.



Search strategy:

A systematic literature search was conducted to identify relevant studies on the impact of burnout on intention to quit among virous healthcare providers. The search adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Electronic databases including PubMed, Google Scholar, Web of Science, Scopus, Medline, and Cochrane were systematically searched using a combination of keywords that include intention to quit, burnout, and healthcare providers. The search was limited to articles published between January 2017 and December 2024.

An initial screening process involved a thorough examination of article titles and abstracts to eliminate irrelevant studies. Subsequently, a detailed assessment of the full text of selected articles was conducted to determine eligibility based on predefined inclusion criteria cited below.

Eligibility criteria:

Inclusion criteria

The inclusion criteria was limited to cross-sectional observational studies that were published within the timeframe of 2017 to 2024 and had reported the impact of burnout on intention to quit of virous healthcare providers across the globe by examining relevant literature were included.

Exclusion criteria

Unpublished papers uploaded online, articles where the full text was not available, case reports, review articles, and articles that were not in the English language were excluded.

Identification of the literature:

Findings from the electronic searches based on the selection criteria resulted in (n =31) papers that were included in this systematic review as illustrated in figure 1. The studies that met inclusion criteria were screened for eligibility and relevance based on titles and abstracts. In instances where the title/abstract did not yield the needed information or conclusive decision, a comprehensive assessment of the full articles was performed. After the full-text screening, papers not meeting the inclusion criteria were systematically removed. Any discrepancies in the selection process were thoughtfully resolved through discussion to reach an agreement. In total, 2312 articles were yielded

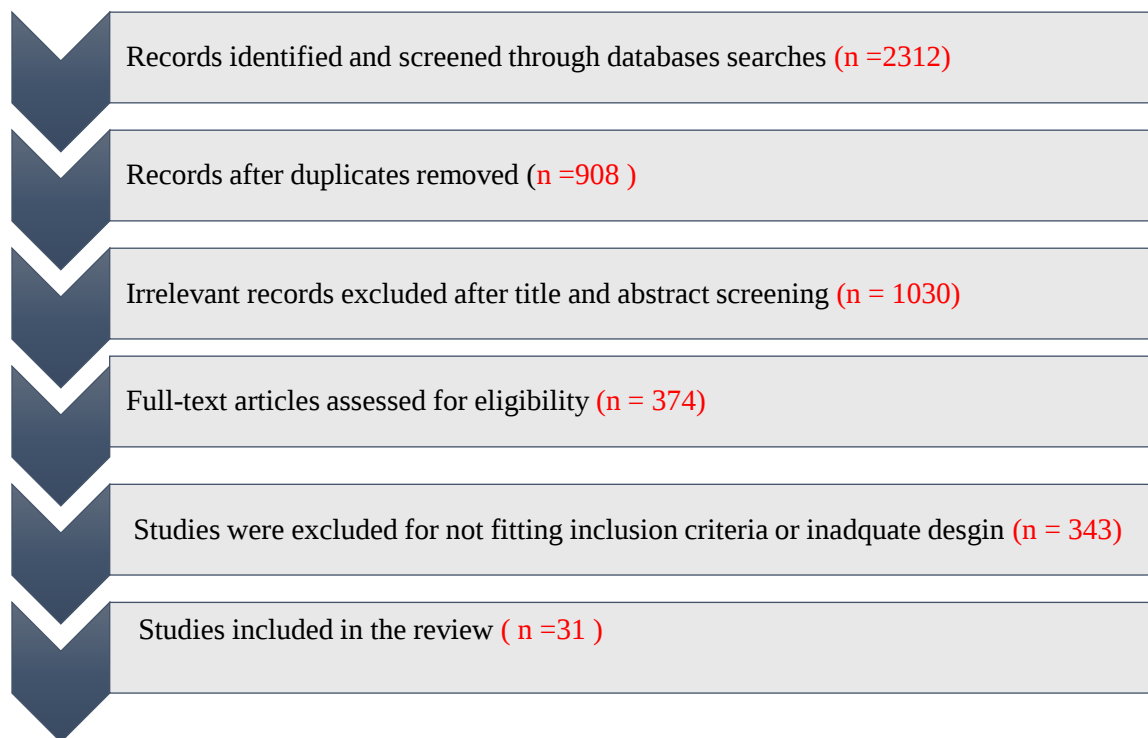
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from the initial database search, of which 908 articles were excluded for duplication. Following the review of their titles and abstracts, 1030 irrelevant articles were further excluded.

Among the 374 articles assessed for eligibility, 343 articles were excluded for not fitting the inclusion criteria. Finally, the total number of articles included in the current systematic review is 31.

Figure 1: Study selection flow chat



Data synthesis

The studies selected for this systematic review were conducted all over the globe. The selected 31 studies used a self-reporting questionnaire to collect data from the study participants through direct approach, online forums and survey panels, both physical and online.

Among the studies which were included in this systematic review, ten studies were conducted on various healthcare providers, ten studies were conducted on nurses, two were conducted on each



of dentists, public health specialists, pharmacists, midwives, and one was conducted on each of physicians, radiologists, and clinical lab specialists.

Twelve studies were conducted in North America, among which, eight studies were conducted in the United States, two in Canada, and one in Peru. Also, eleven studies were conducted in Asia; three in Saudi Arabia, Two in each of Jordan, Iran, Indonesia, and one in each of United Arab Emirates and Kuwait. Seven studies were conducted in Europe, among which, three studies were conducted in Germany, two in Belgium, and one in each of Romania and Slovenia. Also, one study was conducted in Ghana.

The primary focus of this study was to identify and analyze the studies in which the impact of burnout on intention to quit among various healthcare providers. These studies as illustrated in table 1 reported that healthcare providers had high burnout levels due to a variety of reasons; the most commonly reported reason was emotional exhaustion. The second reported reason for having high burnout was workload. The third reported reason for having high burnout was work-family conflicts. The fourth reason for having high burnout was depression. Other reasons reported for having high burnout were the personal accomplishment, organizational commitment, physical stress, and work environment. However, the studies included in this systematic review showed that burnout related factors adversely impact healthcare providers, which subsequently led to a high intention to quit their professions.



Table 1: Salient features of the studies included in this review

Author(s) Location	Aim(s) of study	Sample	Instrument	Key findings
Ahmadi & Maleki (2022) Iran	To examine the relationship between burnout and the intent to quit among midwives one year after the COVID-19	88 midwives	Maslach burnout questionnaire	A moderate level of intention to quit was reported (47.7%). There was a significant positive correlation between the intention to quit and all components of burnout. Emotional exhaustion ($\beta = 0.344$) and working rotational shifts ($\beta = 0.276$) were significant predictors of intent to quit.
LeClaire et al., (2022) US	To describe relationships between burnout, and intent to quit in critical care and non-critical care nurses and physicians.	165 Nurses, and 148 Physicians	A single, validated question was used to measure burnout	Burnout correlated strongly with intention to quit. Nurses experienced burnout more often (76%) than non-CC RNs (62%). Physicians (51%) was more frequent in CC nurses (44%) than non-CC nurses (23%).
Opoku et al. (2022) Ghana	To examine the effect of burnout on intention to quit the profession among nursing professionals.	375 Nurses	The Maslach Burnout Inventor	Nearly half of the participants had intention to quit the profession. Emotional exhaustion, depersonalisation and personal accomplishment were associated with intention to leave the profession.
Bruyneel et al. (2023) Belgium	To describe the prevalence of burnout risk and intention to leave and nursing profession among ICU nurses.	2321 ICU Nurses	The Practice Environment Scale of the Nursing Work Index (PES-NWI)	42.9% of ICU nurses had intention to leave. The burnout per hospital site was 17.6% and in Belgian ICUs was 71.6%.
Beramendi et al., (2019) Peru	To identify the association between burnout and the intention of physicians and nurses to quit.	5062 various healthcare providers	The National Survey of Health Users and Maslach Burnout Inventory-Human Services Survey	2.8% of the healthcare providers had high burnout and 7.4% had intention to quit. Emotional exhaustion was the burnout dimension most associated with intention to quit.
Phillips (2020) US	To describe the relationships between workload perception, burnout, and intent to quit among medical-surgical nurses.	58 medical-surgical staff nurses.	Individual Workload Perception Scale, and Maslach Burnout Inventory Scale	More than half of the respondents reported high workloads and intentions to quit. The overall burnout level for the sample was moderate to high. Moderate-to-strong intercorrelations were found between workload perception and intent to leave, burnout and intent to leave, and workload perception and burnout. Workload perception and burnout among medical-surgical nurses both factored significantly on the intent to quit a current job
Alnaeem et al. (2022) Jordan	To examine the factors related to the intention to quit among healthcare providers during COVID-19.	557 virois healthcare providers	Special designed questionnaire	Differences found in intention to quit during COVID-19 in relation to age, gender, and marital status. Participants with a high risk of exposure to COVID-19 and who experienced higher workloads had higher scores of intentions to quit during COVID-19, while being married had lower scores.



Phuekphan et al. (2021) Thailand	To develop and test a model of factors influencing nurses' intention to quit.	405 nurses	Special designed questionnaire	Burnout was the strongest factor influencing intention to quit, both directly and indirectly through job satisfaction and professional commitment. Work-family conflict and nurse practice environment influenced intention to quit, indirectly through burnout, job satisfaction, and professional commitment. Work-family conflict also directly influenced intention to quit, but the nurse practice environment had no direct effect. Job satisfaction only indirectly influenced intention to leave through professional commitment whereas employment opportunity directly influenced this.
Stoll & Gallagher (2019) Canada	To understand how burnout and occupational stress are experienced by midwives and whether burnout is linked to intentions to quit.	158 midwives	Copenhagen Burnout Inventory and the Depression, Anxiety, and Stress Scale.	(34.7%) had seriously considered leaving the profession, citing reasons that include: The negative impact of an on-call schedule on personal life (84.8%), mental health (80.8%) Physical health (57.6%).
Rotenstein et al. (2023) US	To characterize the association of work overload with rates of burnout and intent to quit.	43,026 various healthcare providers that include: 35.2% physicians, 25.7% nurses, 13.3% other clinical staff, 25.8% non-clinical staff	Special designed questionnaire	The overall burnout rate was 49.9% (56.0% in nursing, 54.1% in other clinical staff, 47.3% in physicians, and 45.6% in non-clinical staff. Intent to quit was reported by 28.7% of healthcare providers, with nurses most likely to report intent to quit (41.0%), followed by non-clinical staff (32.6%), other clinical staff (32.1%), and physicians (24.3%).
İssever & Bektas (2021). Germany	To determine the effects of learned resourcefulness, work-life quality, and burnout level on the Paediatric nurses' intention to quit.	268 paediatric nurses	Special designed questionnaire	41% of nurses reported intention to quit. The reasons of their intention to quite varied between: 21.5% because of work-life quality 27.6% burnout level 12.1% learned resourcefulness
Harry et al. (2022) US	To determine the association between CCS, anxiety and depression, burnout, and intention to quit.	15,766 physicians 11,409 nurses	Special designed questionnaire	Participants with CCS had 115% greater anxiety or depression and 80% greater burnout vs individuals without CCS. High CCS was associated with 28% greater intention to quit.
Cordova et al. (2022) US	To examine staffing personal protective equipment adequacy and physical exhaustion that contributed to burnout and intent to quit.	3030 nurses	Special designed questionnaire	64.3% reported burnout and 36.5% reported intent to quit within a year. There was a significant association between high levels of burnout and intent to quit, and there was no association between staffing and burnout.



Prakosa & Dewanti (2023) Indonesia	To know the effect of burnout syndrome on the level of intention to quit among nurses.	126 various healthcare providers	Special designed questionnaire	Among the healthcare providers, turnover among nurses was ranked highest. Burnout syndrome had a significant direct effect to intention to quit among nurse. The higher burnout, the higher intention to quit.
Al-Muallem, & Al-Surimi (2019) Saudi Arabia	To assess job satisfaction, work commitment and intention to quit.	325 pharmacists	Special designed questionnaire	Although most of the pharmacists were satisfied (satisfied and slightly satisfied) with their profession (39.1% and 24.6%, respectively), about two-thirds (61.9%) had the intention to leave. The most important predictors of pharmacists' intentions to leave were related to job satisfaction and work commitment.
Yousef et al., (2023) UAE	To examines the causes and consequences of burnout among nurses.	186 nurses	Special designed questionnaire	A positive relationship between burnout and intention to quit, as well as a negative relationship between burnout and job satisfaction.
Karimi et al., (2022) Iran	To assess the dimensions of professional burnout and intention to quit during (COVID-19)	170 nurses	Special designed questionnaire	The reduced personal accomplishment was identified as a positive predictor of intention to quit. Work position and interest in attending the organization were significantly correlated with intention to quit.
Skela-Savič, B., et al. (2023) Slovenia	To identify the relationship between job Burnout and intention to quit.	118 Nurses	Maslach Burnout Inventory (MBI), and Turnover Intention Questionnaire	One unit change in burnout leads to 43% change in the intention to quit. Majority of the Nurses experienced high levels of burnout and intention to quit. There was high positive correlation between occupational exhaustion, depersonalization, personal accomplishment, and intention to quit.
Alhomoud & Alrasheedy (2024) Saudi Arabia	To determine the prevalence and factors associated with burnout among pharmacists.	225 pharmacists	Copenhagen Burnout Inventory (CBI)	The prevalence of burnout was 83.63%, while the prevalence of burnout was 83.19%, and the prevalence of client-related burnout was 76.11%. The prevalence of burnout was higher among younger age, early-career pharmacists; staff pharmacists; pharmacists working ≥ 6 days per week; and those working in pharmacies with fewer pharmacy teams.
Chênevert et al., (2019) Canada	To identify the specific antecedents and intermediary stages involved in predicting intention to quit.	407 Physicians	Job Demands-Resources model and Structural equation modelling	Job demands (work stress, work overload, and work-family conflict) and job resources (patient recognition and meaning at work) influence intention to quit through two stages; health-impairment and motivational process related to health problems and professional commitment, respectively.
Hämmig (2018) Germany	To examine work-related explanatory factors or predictors of burnout and intention to quit.	1840 various healthcare providers	Special designed questionnaire	Burnout symptoms of physicians (43.3%) and for frequent thoughts of intention to quit among nurses and midwives (28.7%). One in twelve health providers showed increased burnout symptoms and every



				sixth one thought frequently of intention to quit. Physical, emotional and mental workloads and job stresses were strongly and positively associated with burnout. The relative risks of increased burnout symptoms and frequent thoughts of leaving the profession were highest in the case of effort-reward and work-life imbalances.
Alhenaidei et al., (2023) Kuwait	To explores professional burnout levels and intention to quit, and the correlation factors.	170 ICU nurses	The Copenhagen Burnout Inventory (CBI),	No association was found between intentions to quit and burnout. The total burnout score was high was 54.7 (17.6). There were high total average scores for the personal and work-related domains. More than half of the participants expressed their intention to quit as physicians.
Felicia et al. (2023) Indonesia	To examine the effect of burnout on intention to quit during COVID-19.	306 various healthcare providers	The Copenhagen Psychosocial Questionnaire and Burnout Assessment Tools (BAT),	Within the direct effect pathways, job satisfaction was the highest predictor of health workers' intention to quit, and workplace burnout significantly impacted employees' job satisfaction and burnout. Job satisfaction and burnout had partial mediatory power over the relationship between burnout and intention to quit. BS and JS were found to have a high and significant impact on employees' intention to quit.
Patel et al. (2021) US	To explore current trends and the factors influencing job satisfaction, burnout, and intention to quit.	554 dental hygienists	Job Satisfaction Survey, Oldenburg Burnout Inventory, and Turnover Intention Scale	Job satisfaction and burnout were associated with five factors related to intention to quit: frustration, achieving personal-work related goals, considering leaving, accepting another job, job satisfying personal needs, and looking forward to another day at work.
Silistraru et al., (2023) Romania	To examine the relationship between burnout and dentists' intentions to quit during COVID-19.	69 dentists	MBI-Human Services Survey for Medical Personnel-MBI-HSS (MP)	41 expressed a clear intention to quit, 15 were still determining if they would choose the same speciality, and 28 indicated they would not choose the medical field. The study's findings provide insight into how dentists' thoughts about perceived burnout during the COVID-19 pandemic significantly influenced their attitudes regarding their career paths.
Hilton (2017) US	To examine the effect of burnout on intention to quit.	184 clinical lab Specialists	Maslach Burnout Inventory – General Survey (MBI-GS)	A significant predictive relationship among all three dimensions of burnout (emotional exhaustion, cynicism, and professional efficacy) was found in a strong relationship with intention to quit.
Alkhateeb (2024)	To assess the levels of burnout and intention to quit and to explore the relationship between variables.	350 public health specialists	Maslach Burnout Inventory (MBI)	51.4% of the participants experienced moderate levels of emotional exhaustion. 45.7% reported moderate levels of depersonalization, and 45.7% had moderate levels of personal accomplishment. The overall intention to



Jordan				quit was high, with a mean total score of 18.6 (SD = 2.3). Correlation analysis revealed weak, non- significant relationships between burnout dimensions and intention to leave, suggesting that other factors may also contribute to the decision to leave.
Bastian et al., (2024) Germany	To analyse the prevalence and associated factors of burnout.	172 radiologists	Maslach Burnout Inventory	76.7% of participants were identified to be burnt out. The prevalence was significantly associated with increased workload, reduced sleep quality, suboptimal working conditions, reduced job satisfaction, and the negative interplay between work, family life, and health. Median work satisfaction was described as “satisfied” while median workload was assessed as “frequently overwhelming of work.” A total of 41.9% of respondents noted facing daily time pressure. Radiologists’ concerns about work interfering with private family life were voiced by approximately 70%, and 73.3% highlighted the perceived negative effects on their health.
Maniscalco et al., (2024) Belgium	To assess the shortage prevalence and understand its direct and indirect determinants to enhance the job retention strategies for physicians and nurses	381 physicians, and 1351 nurses	The Job Demands-Resources model	17% of physicians and 13.6%, of nurses expressed an intention to quit the hospital, while 9% intended to quit the profession. For nurses, the figures were 8.9% and Depersonalization and job dissatisfaction were identified as direct determinants of intention to quit, with work engagement being particularly relevant for nurses. A higher intention to quit the hospital among physicians was found, while nurses were more prone to quit their profession.
Belita et al., (2024) Canada	To determine the prevalence of burnout, symptoms of anxiety and depression, and intention to quit.	671 public health specialists	The Generalized Anxiety Disorder scale, and the Patient Health Questionnaire	The prevalence of burnout, and symptoms of depression and anxiety were 64%, 26%, and 22% respectively. 33% of participants reported they were intending to quit their public health position in the coming year.
Siraj et al., (2023) Saudi Arabia	To assess the prevalence of burnout and explore its association with intention to quit	1174 various healthcare providers	Maslach Burnout Inventory-Human Services Survey for Medical Personnel (MBI-HSS (MP)	77% were had high burnout levels: 58% with emotional exhaustion, 72% with depersonalization, and 66% with low personal accomplishment.



Discussion

This study aimed to systematically identify and analyze the studies in which the impact of burnout on intention to quit among healthcare providers. This report can be helpful in identifying the main reasons why healthcare providers have high intention quit, thereby helping the policymakers to take effective and appropriate steps to reduce healthcare providers turnover, career endings, and intention to quit by providing safe, comfortable, appropriate working conditions, increasing the learned resourcefulness level, and supporting healthcare providers. Reducing workload and job stress, and particularly reward frustration at work, as well as the difficulties in combining work and private lives among health providers, may help to prevent them from developing burnout and/or intention to quit the profession.

However, the majority of the studies included in this systematic review showed that healthcare providers are experiencing high levels of burnout, which subsequently leads to a high intention to quit their professions. The factors contributing to such high burnout levels are diverse, encompassing emotional exhaustion, workload, the demands of working in rotating shifts, work-family conflicts, depression, personal accomplishment, work environment, and organizational commitment (Siraj et al., 2023; Maniscalco et al., 2024; Alkhateeb 2024; Skela-Savič., et al. 2023).

The primary focus of this study was to identify and analyze the studies in which the impact of burnout on intention to quit among virous healthcare providers. These studies as illustrated in table 1. reported that healthcare providers had high burnout levels due to a variety of reasons; the most commonly reported reason was emotional exhaustion. The second reported reason for having high burnout was workload. The third reported reason for having high burnout was work-family conflicts. The fourth reason for having high burnout was depression. Other reasons reported for having high burnout were the personal accomplishment, organizational commitment, physical stress, and work environment. however, the studies included in this systematic review showed that burnout related factors adversely impact healthcare providers, which subsequently led to a high intention to quit their professions.

Healthcare providers worldwide, whether in developed or developing countries, have reported substantial burnout and an increased intention to quit. While healthcare providers expressed a high intention to quit in Indonesia, nurses were found to have the most intention to quit (Prakosa & Cuest.fisioter.2025.54(2):3136-3154



Dewanti 2023). The findings from this study suggest that the higher the level of burnout among nurses, the greater their intention to quit the profession (Prakosa & Dewanti 2023). In Germany, physicians were most likely to report high levels of burnout and intention to quit, followed by nurses and midwives (Hämmig, 2018). In the United States, however, nurses were the most likely to show intention to quit, with physicians reporting the lowest levels of such intention (Rotenstein et al. 2023). This suggests that nurses, who are often responsible for a considerable workload in hospitals, experience greater levels of burnout.

As they play a center and significant role in healthcare organizations, nurses were among the top providers that had high levels of burnout therefore intention to quit. Studies conducted among nurses in various countries, including Ghana, Belgium, and Germany, consistently found that nurses, whether working in intensive care units (ICU) or pediatrics, reported high levels of burnout, which contributed significantly to their intention to quit their jobs (İşsever & Bektas, 2021: Bruyneel et al. 2023: Opoku et al. 2022). These findings highlight that both developed and developing countries are struggling with the issue of high burnout among nurses, leading to a high intention to quit. In Asia, nurses also reported high burnout levels, which were associated with their intention to quit. In countries such as Thailand, the United Arab Emirates, and Kuwait, nurses identified the pressures of balancing work with family needs and social life as key indicators to their burnout (Phuekphan et al. 2021: Yousef et al., 2023: Alhenaidi et al., 2023). This also showed the significance of social life in Asia and its roles in influencing nurses' intention to quit.

In North America, a substantial number of nurses in the United States reported high levels of burnout and a high intention to quit the profession (Cordova et al., 2022: Harry et al., 2022: LeClaire et al., 2022). Moreover, physicians who exhibited greater levels of anxiety and depression were also found to have high burnout levels and a greater desire to quit (LeClaire et al., 2022). In Canada, job demands such as work stress, excessive workload, and work-family conflict were significant factors influencing physicians' intentions to quit the profession (Chênevert et al., 2019).

In Jordan, despite public health specialists exhibiting moderate levels of emotional exhaustion, depersonalization, and personal accomplishment, they reported a high intention to quit (Alkhateeb, 2024). Similarly, in Canada, public health specialists showed high intention to quit their professions due to high burnout levels, depression, and anxiety (Belita et al., 2024). Also,



radiologists in Germany were found to be struggling of burnout, with high intention to quit the profession, primarily due to heavy workloads, reduced sleep quality, and hard-working conditions (Bastian et al., 2024).

Dentists in the United States and Romania also reported high levels of burnout, leading to high intentions to quit (Patel et al., 2021: Silistraru et al., 2023). However, five factors were found to be related to their intention to quit; frustration, achieving personal-work related goals, considering leaving, accepting another job, job satisfying personal needs, and looking forward to another day at work (Patel et al., 2021: Silistraru et al., 2023). Additionally, clinical lab specialists in the United States were found to have high levels of burnout due to emotional exhaustion and professional efficacy, which in turn resulted in their intention to quit their professions (Hilton, 2017). In Saudi Arabia, although pharmacists were satisfied and committed to their current professions, they had high intention to leave due to job related issues and work commitment (Al-Muallem, & Al-Surimi, 2019: Alhomoud & Alrasheedy, 2024). Additionally, midwives in both Canada and Iran had seriously considered leaving the profession, citing reasons that include the negative impact of an on-call schedule on personal life, mental and physical health, emotional exhaustion, and working rotational shifts (Stoll & Gallagher, 2019: Ahmadi & Maleki, 2022).

Limitations:

Every effort was made for the best and the most reliable way of achieving the aims of the study, as well as through the process of conducting this study. Just like any other study, certain limitation was established at different stages of the study. Regarding intention to quit among various healthcare providers, the insufficient amount of information and resources was a constraining factor. In view of the fact that intention to quit is influenced by several factors, might considered as limitation to study. Additionally, some studies were conducted during COVID-19 pandemic which may not provide a clear overview of the impact of burnout on intention to quit among various healthcare providers. It is also important to acknowledge that the available research on intention to quit among healthcare providers is still evolving. While this study provides valuable insights, further studies are needed to fully understand the consequences of intention to quit. These limitations underscore the need for future research endeavors that encompass a more diverse range of geographical locations, explore the effects of intention to quit.



Conclusion:

Burnout has a negative effect causing intention to quit the current profession. It is imperative to identify strategies such as occupational health surveillance that will aim at reducing the incidence of burnout at the workplace due to its consequences, one of them being the intention to quit. Policy makers must create strategies that will reduce the factors related with intention to quit thus reduce healthcare providers intention to quit. Additionally, to support healthcare providers in meeting their work-related goals for continued growth and career longevity. A proactive approach in addressing factors impacting burnout and healthcare providers' intent to quit their professions may ultimately contribute to improved patient care and positive healthcare outcomes. To avoid shortage among healthcare providers, which leads to low quality of healthcare delivery and extra costs to recruit and train more healthcare providers, reducing burnout levels and maintaining intention to quit among healthcare providers is a must.



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