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Differential Predictors of Turnover Intention Among Registered Nurses and Nursing Assistants: A Cross-Sectional Study in South Korea

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ABSTRACT

Aim: To examine the differential predictors of turnover intention among registered nurses (RNs) and nursing assistants (NAs).

Background: High turnover among RNs and NAs challenges healthcare systems worldwide. Although factors influencing RN turnover have been widely studied, those affecting NAs remain underexplored.

Methods: A cross-sectional survey was conducted between July and August 2024 with 386 participants (193 RNs and 193 NAs) from various healthcare settings. Data were collected on demographics, work-related characteristics, and study variables, including burnout (exhaustion and cynicism), emotional labor, job stress, resilience, stress response, and turnover intention. Multiple regression analyses were performed separately for each group to identify significant predictors.

Results: For RNs, exhaustion ($\beta = 0.368$, $p < .001$) was the strongest predictor of turnover intention, followed by stress response ($\beta = 0.322$, $p < .001$) and cynicism ($\beta = 0.196$, $p = .005$). For NAs, cynicism ($\beta = 0.277$, $p < .001$) and stress response ($\beta = 0.244$, $p = .002$) were the most influential factors. Other predictors for NAs included working in hospitals with fewer than 100 beds compared to those with over 500 beds ($\beta = 0.180$, $p = .015$), having a diploma versus a bachelor's degree ($\beta = 0.142$, $p = .009$), and shorter working experience ($\beta = -0.138$, $p = .036$).

Discussion: Turnover among RNs mainly arises from exhaustion related to heavy responsibility, whereas among NAs it reflects cynicism stemming from limited recognition and hierarchical inequities.

Conclusion: To reduce turnover, interventions should address exhaustion in RNs and cynicism and stress responses in both RNs and NAs.

Implications for nursing: Tailored, role-specific interventions are needed to address these differing occupational stressors and enhance workforce retention.

Implications for nursing policies: Policies should prioritize reducing exhaustion among RNs through workload adjustment, adequate staffing, and addressing cynicism and stress among NAs, particularly novices in smaller hospitals, through mentoring, supportive leadership, and stress management.

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1 | Introduction

The global nursing workforce shortage is a significant barrier to delivering quality healthcare services that can improve health and well-being and achieve universal health coverage (Tamata et al. 2023). Previous studies have reported that high turnover rates in the nursing workforce are major contributing factors to this shortage (Elfios et al. 2024). A meta-analysis of 21 studies conducted in 14 countries revealed a combined turnover rate of 16.0% among clinical nurses, including registered nurses (RNs) and licensed practical nurses (Ren et al. 2024). The annual turnover rate among certified nursing assistants in U.S. nursing homes has been reported to average 129.1% (Gandhi et al. 2021). In South Korea, the turnover rate of RNs is 15.2%, significantly higher than that observed in other industries (4.9%) (Ministry of Health and Welfare [MOHW] 2022). Furthermore, nursing assistants (NAs), who comprise 64.9% of the nursing workforce in South Korea (MOHW 2022), report high turnover rates ranging between 43.0% and 60.0% (Kim, 2023). These high turnover rates lead to recruitment-related financial costs, reduce care quality, disrupt care continuity, lower patient satisfaction, and cause dysfunction in various aspects of healthcare delivery (Bae 2022).

Turnover intention is considered one of the strongest predictors of actual turnover; thus, extensive research has examined its influencing factors (Kim and Kim 2021). Turnover intention is a key stage in the complex decision-making process that culminates in actual turnover behavior (Mobley et al. 1979). The reasons for turnover intention in the nursing workforce are multifaceted and involve sociodemographic and work-related factors. Sociodemographic factors include age, sex, educational level, experience, and marital status, while work-related factors encompass job stress, burnout, and work environment (Burmeister et al. 2019). A meta-analysis of RNs working in hospitals indicated that psychological factors, including burnout, emotional labor, and job stress, were significantly associated with turnover intention (Lim et al. 2024).

Burnout has consistently been reported to increase turnover intention among RNs (Özkan 2022). It is typically conceptualized based on three dimensions: exhaustion, cynicism, and professional inefficacy (Kim et al. 2021). Previous research has shown that each burnout dimension is influenced by different factors (Cha and Baek 2023). These burnout dimensions affect turnover intentions differently, making it important to explore them separately for RNs and NAs. Along with burnout, emotional labor—the process by which RNs manage their emotions to fulfill job-related expectations—has been demonstrated to significantly affect turnover intention (Ha et al. 2021). High levels of emotional labor, especially in stressful situations such as caring for patients with COVID-19, have been associated with increased exhaustion and burnout, which ultimately increases turnover intention (Kwon and Song 2024). In contrast, resilience has been found to enhance job satisfaction and mitigate job stress, thereby lowering turnover intention (Guo et al. 2019). Summarizing the relationships between turnover intention and related variables can help inform the development of strategies to mitigate turnover and address the ongoing shortage in the nursing workforce.

In South Korea, NAs are certified, non-licensed healthcare support workers who assist RNs and physicians in providing nursing and patient care. According to the Nursing Act (Law No. 20445, 2024) and the Medical Service Act (Law No. 15716, 2018), individuals must complete an accredited training program totaling 1520 hours, comprising theoretical education (740 hours) and practical training (780 hours), pass the national licensing examination, and obtain official qualifications from the Ministry of Health and Welfare to become NAs. Under these laws, NAs are permitted to perform nursing-related support duties under the supervision of RNs or physicians, primarily in clinics, hospitals, and long-term care institutions. Their scope of practice includes assisting with basic nursing care, patient hygiene, feeding, mobility support, and observation of patient conditions. However, they are not authorized to make independent clinical judgments or administer medical procedures.

In South Korea, NAs constitute 36.1% of the healthcare workforce, significantly exceeding RNs' 19.5% representation (MOHW 2022). In long-term care hospitals, the proportion of NAs is reportedly four times higher than that of RNs (National Health Insurance Service [NHIS] 2020). Despite their large numbers, NAs frequently exhibit high turnover rates owing to demanding working conditions, lower compensation, and limited professional growth opportunities (Yoon and Kim 2021). Prior research has identified factors influencing turnover intention among NAs, such as challenges with work-life balance, job satisfaction, and limited career development (Miller et al. 2023). However, most previous studies have either focused exclusively on RNs or grouped NAs into a broad, heterogeneous "nursing staff" category, which obscures the distinct mechanisms driving turnover among NAs (Tolksdorf et al. 2022). Although RNs and NAs are part of the same nursing workforce, their differing roles and delegated responsibilities may lead to distinct factors influencing turnover intention. Considering the distinct roles and responsibilities of these two groups in the nursing workforce, a comprehensive approach that examines both cohorts separately is important. Therefore, this study aimed to fill this gap by identifying the differential factors influencing turnover intention among RNs and NAs.

2 | Methods

2.1 | Study Design and Participants

In this descriptive, correlational, and cross-sectional study, we recruited members of the nursing workforce to explore the factors influencing turnover intention. The inclusion criteria were RNs and NAs working full-time in healthcare institutions such as tertiary hospitals, general hospitals, small hospitals, and long-term care hospitals at the time of data collection. To maintain consistency in work-related experiences, participants were limited to full-time workers, as part-time staff may experience different job demands, stressors, and engagement levels than full-time staff, which could influence variables such as burnout and turnover intention (Komagata et al. 2020). The exclusion criteria were being in training, not performing independent tasks, or not providing direct care at the time of data collection.

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Following previous research (Guo et al. 2019; Kim and Kim 2021), the sample size was calculated using a fixed model for multiple linear regression in G-power 3.1, with an effect size of 0.14, $\alpha = .05$, and power = 0.95; the number of possible predictors was seven. The minimum required sample size for both participant groups (RNs and NAs) was calculated to be 164 each (Faul et al. 2009). Considering an average dropout rate (e.g., inattentive responses) of 20%–25% in prior online survey studies (Fan and Yan 2010), we initially aimed for a sample of 200 RNs and 200 NAs. After excluding seven part-time RNs and seven part-time NAs, the final sample comprised 386 participants (193 RNs and 193 NAs).

2.2 | Instruments

2.2.1 | Demographic and Work-Related Characteristics

Demographic characteristics included age, sex, educational level, marital status, and residential region. The work-related characteristics included hospital size, clinical experience, work department, overtime hours, and shift type.

2.2.2 | Study Variables

Burnout was measured using the Korean Version Burnout Syndrome Scale (Kim et al. 2021), which comprises 12 items rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). The burnout subdomains include exhaustion (four items), cynicism (four items), and professional inefficacy (four items). Possible scores for the burnout subdomains ranged from 4 to 28, with higher scores indicating higher burnout. In this study, Cronbach's α for each of the three dimensions was as follows: exhaustion, 0.922; cynicism, 0.863; and professional inefficacy, 0.789 for RNs and exhaustion, 0.937; cynicism, 0.910; and professional inefficacy, 0.885 for NAs.

Emotional labor was measured using a preexisting scale (Morris and Feldman 1996), which was translated, revised, and supplemented for Korean participants (Song 2011). This scale comprises nine items rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). Possible scores range from 9 to 45, with higher scores indicating increased emotional labor. In this study, Cronbach's α was 0.865 for RNs and 0.921 for NAs.

Job stress was measured using the Korean Occupational Stress Scale-Short Form 2 (KOSS-SF2) (Chang et al. 2005), which consists of 26 items rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). The measured scores were converted to a scale of 0–100, with higher scores indicating greater job stress. In this study, Cronbach's α was 0.569 for RNs and 0.634 for NAs, indicating internal consistency below the commonly accepted threshold of 0.7 (Taber 2018).

Resilience was measured using the Korean version of the Connor–Davidson Resilience Scale (Baek et al. 2010), which comprises 25 items rated on a 5-point Likert scale (0 = strongly disagree, 4 = strongly agree). Possible scores range from 0 to 100, with higher scores indicating greater resilience. In this study, Cronbach's α was 0.908 for RNs and 0.975 for NAs.

Stress response was measured using the Stress Response Inventory-Modified Form developed in South Korea (Choi et al. 2006). This scale comprises 22 items rated on a 5-point Likert scale (0 = strongly disagree, 4 = strongly agree). Possible scores range from 0 to 88, with higher scores indicating a stronger stress response. In this study, Cronbach's α was 0.949 for RNs and 0.973 for NAs.

Turnover intention was measured using the Korean version of the Intention of Quitting Scale (Kim 2003), which comprises three items rated on a seven-point Likert scale (1 = strongly disagree, 7 = strongly agree). Possible scores range from 3 to 21, with higher scores reflecting greater turnover intention. In this study, Cronbach's α was 0.914 for RNs and 0.883 for NAs.

2.3 | Data Collection

Advertisements were posted between July and August 2024 to recruit participants from a large online nursing community. This community, which comprises approximately 1500 members, requires verification of both RNs and NAs for access. An online flyer containing an explanation of the study, eligibility criteria, and a survey link with a QR code was uploaded to each community, allowing voluntary participation by qualified RNs and NAs. Convenience sampling was used to recruit eligible participants. Before completing the online survey, participants were given the opportunity to review the eligibility criteria and provide informed consent electronically. The online survey was configured with required-response fields to prevent missing data. In addition, all submitted responses were reviewed for completeness and consistency prior to analysis. No incomplete or inattentive responses were identified; however, individuals who reported working as part-time RNs or NAs (RNs = 7; NAs = 7) were excluded according to the study's inclusion criteria, which required full-time employment.

2.4 | Data Analysis

Statistical analyses were performed using SPSS version 29.0.2.0. All responses were screened for completeness and attentiveness before analysis. To ensure data quality, descriptive frequency distributions, box-plot visualizations, and outlier detection were used to identify extreme or implausible values. Descriptive statistics were used to report demographic and work-related characteristics and study variables. The chi-square test and independent *t* test were used to compare the two groups. Pearson's correlation coefficient was used to examine relationships between the study variables. A multiple regression analysis was conducted to identify factors influencing turnover intention among RNs and NAs. Prior to conducting the multiple regression analyses, assumptions of normality, linearity, homoscedasticity, independence of errors, and multicollinearity were assessed. Residual plots and normal probability plots indicated no serious deviations from normality or homoscedasticity. Variance inflation factors (VIFs) were below the commonly accepted threshold, indicating no multicollinearity concerns.

2.5 | Ethical Considerations

Before conducting the study, approval was obtained from the Institutional Review Board (IRB) of the principal investigator's

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affiliated institution (IRB No. ewha-202407-0008-01). All participants were given the opportunity to review the informed consent form before participation. A referral list and the researcher's contact information were provided to participants who may have experienced distress during the survey. Participants retained the right to withdraw from the study at any time.

3 | Results

3.1 | Demographic Information, Work-Related Characteristics, and Study Variables

Table 1 describes the demographic information, work-related characteristics, and study variables of RNs and NAs. While RNs were 31.19 ± 5.60 years old, NAs were 33.99 ± 7.95 years old ($t = -4.002$, $p < .001$). Most RNs and NAs were female, representing 95.3% and 96.9% of their respective groups. While the educational level of RNs was primarily a bachelor's degree (81.9%), that of NAs varied, with 52.8% having diplomas and 26.9% having high school ($\chi^2 = 204.35$, $p < .001$). Most participants resided in metropolitan cities (76.2% for RNs and 72.5% for NAs).

Work-related characteristics indicated that RNs were more likely to work in larger hospitals than NAs, with 65.3% of the former working in hospitals with more than 500 beds compared to 17.1% of the latter ($\chi^2 = 93.31$, $p < .001$). Most RNs were working in the general ward (47.2%) and emergency room/intensive care unit (30.1%), while NAs were predominantly working in the general ward (73.1%) ($\chi^2 = 33.91$, $p < .001$).

Furthermore, RNs had significantly higher total burnout scores ($t = 4.901$, $p < .001$) than NAs, with exhaustion scoring the highest among the burnout dimensions, followed by cynicism and professional inefficacy in both groups. Emotional labor ($t = 3.472$, $p = .001$), resilience ($t = -2.827$, $p = .005$), and turnover intention ($t = 3.347$, $p = .001$) were significantly higher in RNs than in NAs.

3.2 | Correlations Among Study Variables

Table 2 presents the correlations among the study variables. Turnover intention was positively correlated with all subdimensions of burnout among both RNs and NAs. For RNs, exhaustion exhibited the strongest correlation with turnover intention ($r = 0.674$, $p < .001$), followed by cynicism ($r = 0.537$, $p < .001$) and professional inefficacy ($r = 0.272$, $p < .001$). For NAs, cynicism exhibited the strongest correlation with turnover intention ($r = 0.755$, $p < .001$), followed by exhaustion ($r = 0.681$, $p < .001$) and professional inefficacy ($r = 0.649$, $p < .001$).

Turnover intention was positively correlated with emotional labor ($r = 0.367$, $p < .001$) and stress response ($r = 0.660$, $p < .001$) but negatively correlated with resilience ($r = -0.424$, $p < .001$). For NAs, turnover intention was positively correlated with emotional labor ($r = 0.419$, $p < .001$) and stress response ($r = 0.777$, $p < .001$) but negatively correlated with job stress ($r = -0.213$, $p < .001$) and resilience ($r = -0.708$, $p < .001$).

3.3 | Factors Influencing Turnover Intention in the Nursing Workforce

Table 3 presents the regression results and identifies the factors influencing the turnover intentions of RNs and NAs. The regression model for RNs explained 57.8% of the variance in turnover intention ($F = 10.676$, $p < .001$). Exhaustion was the strongest predictor of turnover intention ($\beta = 0.368$, $p < .001$), followed by stress response ($\beta = 0.322$, $p < .001$) and cynicism ($\beta = 0.196$, $p = .005$).

The regression model for NAs explained 77.0% of the variance in turnover intention ($F = 26.604$, $p < .001$). Cynicism ($\beta = 0.277$, $p < .001$) was the strongest predictor for turnover intention, followed by stress response ($\beta = 0.244$, $p = .002$), working in hospitals with 100 beds compared to those with over 500 beds ($\beta = 0.180$, $p = .015$), holding a diploma (compared to a bachelor's degree) ($\beta = 0.142$, $p = .009$), and less clinical experience ($\beta = -0.138$, $p = .036$). Professional inefficacy was not retained as a significant predictor in the final regression models for either RNs or NAs.

4 | Discussion

This study identified distinct factors influencing the turnover intentions of RNs and NAs. Interestingly, exhaustion—a subdomain of burnout—was the strongest predictor of turnover intention among RNs but was not significant among NAs. This finding aligns with previous research suggesting that physical and psychological exhaustion are critical factors driving turnover intention among RNs (Özkan 2022). The pronounced exhaustion among RNs may stem from the inherently high accountability and complex clinical decision-making required in their roles (Lee et al. 2024). RNs often serve as primary coordinators of patient care, bearing continuous responsibility for patient outcomes and safety (Yun and Yu 2021). The expectation to manage rapidly changing patient conditions, provide emotional support to patients and families, and maintain communication across multidisciplinary teams can result in sustained physical and emotional fatigue (Lim et al. 2024). These role-related demands may explain why exhaustion emerged as the dominant predictor of turnover intention in this group. This finding highlights the importance of assessing work environments that contribute to exhaustion, particularly in high-stress clinical settings, to address the distinct challenges faced by RNs.

The absence of a significant association between exhaustion and turnover intention among NAs contrasts with previous findings identifying exhaustion as a key factor influencing turnover intention among NAs in Taiwan (Chen et al. 2023). However, studies on NA turnover intention remain limited, and the role of exhaustion among NAs warrants further exploration.

Cynicism, a subdomain of burnout, was an influencing factor in turnover intention among both RNs and NAs and exhibited the strongest association with turnover intention among NAs. Although the education systems, qualification requirements, and roles of NAs differ across countries, this finding could be explained by previous qualitative studies that reported a lack of respect, recognition, and organizational leadership, as

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TABLE 1 | Differences in demographic, work-related and study variables among the nursing workforce ($N = 386$).

Variables	Registered nurse ($n = 193$) Mean ± SD or n (%)	Nurse assistant ($n = 193$) Mean±SD or n (%)	χ^2 or t	p	Range of scores
I. Demographic characteristics					
Age (years) †	31.19±5.60	33.99±7.95	−4.002	<.001	
20–29	76 (39.6)	73 (37.8)	8.62	.013	
30–39	98 (51.0)	81 (42.5)			
≥40	18 (9.4)	38 (19.7)			
Gender					
Female	184 (95.3)	187 (96.9)	0.62	.429	
Male	9 (4.7)	6 (3.1)			
Education level					
High school	0 (0.0)	52 (26.9)	204.35	<.001	
Diploma	16 (8.3)	102 (52.8)			
Bachelor's degree	158 (81.9)	38 (19.7)			
Graduate degree	19 (9.8)	1 (0.5)			
Marital status					
Married	53 (27.5)	41 (21.2)	2.88	.236	
Single	136 (70.5)	150 (77.7)			
Divorced/separated	4 (2.0)	2 (1.1)			
Region					
Metropolitan cities#	147 (76.2)	140 (72.5)	0.66	.415	
Smaller cities and rural areas#	46 (23.8)	53 (27.5)			
II. Work-related characteristics					
Hospital size (beds)					
≤100	15 (7.8)	46 (23.8)	93.31	<.001	
101–500	52 (26.9)	114 (59.1)			
>500	126 (65.3)	33 (17.1)			
Clinical experience (years)†	7.01±5.45	6.71±7.39	0.442	.659	
≤5	75 (38.9)	117 (60.9)	24.95	<.001	
≤10	75 (38.9)	52 (27.1)			
≤15	21 (10.9)	3 (1.6)			
>15	22 (11.3)	20 (10.4)			
Department					
General ward	91 (47.2)	141 (73.1)	33.91	<.001	
Emergency room/ICU	58 (30.1)	18 (9.3)			
Outpatient/clinic	29 (15.0)	19 (9.8)			
Other units#	15 (7.7)	15 (7.8)			
Overtime (minutes) †	38.34±33.23	36.17±30.01	0.665	.507	
None	35 (18.7)	45 (23.7)	6.36	.273	
≤30	72 (38.5)	58 (30.5)			
≤60	63 (33.7)	75 (39.5)			
≤90	8 (4.3)	5 (2.6)			
≤120	5 (2.7)	6 (3.2)			
>120	4 (2.1)	1 (0.5)			

(Continues)

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TABLE 1 | (Continued)

Variables	Registered nurse (n = 193) Mean ± SD or n (%)	Nurse assistant (n = 193) Mean±SD or n (%)	χ^2 or t	p	Range of scores
Type of shift					
Rotating shift	148 (76.7)	134 (69.4)	2.58	.108	
Fixed shift	45 (23.3)	59 (30.6)			
III. Study variables					
Burnout	39.84±11.73	32.74±16.34	4.901	<.001	12–84
Exhaustion	17.61±6.07	12.90±6.86	7.132	<.001	4–28
Cynicism	13.49±5.31	11.90±6.20	2.707	.007	4–28
Professional inefficacy	8.74±3.79	7.94±5.20	1.735	.084	4–28
Emotional labor	31.34±6.70	28.59±8.79	3.472	.001	9–45
Job stress	53.64±7.67	52.97±9.97	0.734	.464	0–100
Resilience	87.80±12.18	92.97±22.27	−2.827	.005	25–125
Stress response	25.77±18.13	23.91±21.25	0.944	.173	0–88
Turnover intention	10.74±5.66	8.88±5.25	3.347	.001	3–21

#Note: Metropolitan cities, Seoul and the six major metropolitan cities in Korea; Smaller cities, cities within provinces; Rural areas, agricultural or fishing regions, including county areas; Other units, delivery room, dialysis room, central supply room, medical laboratory.
Abbreviations: ICU, intensive care unit; SD, standard deviation.
†Variable of N<386 owing to missing values.

well as unsatisfactory pay and incentives, as factors influencing turnover intention among certified NAs in the United States (Snyder et al. 2023). These are closely associated with cynicism. Another study conducted in Japan on NAs' intentions to remain in their jobs reported cynicism-related factors, including RNs' attitudes toward NAs, low salaries, unstable employment status, and limited opportunities for vocational skill development (Kudo et al. 2019). For NAs, such cynicism may be further reinforced by their structurally subordinate position within the healthcare hierarchy. NAs often experience task delegation without corresponding decision-making authority, leaving them responsible for demanding work but excluded from professional recognition and autonomy (Mambrey et al. 2024). These hierarchical and relational inequities intensify feelings of powerlessness and professional marginalization, thereby deepening cynicism and increasing turnover intention among NAs (Snyder et al. 2023). Cynicism—especially perceptions of being undervalued and disrespected—has also been documented as a key contributor to RNs' turnover intention (Ike et al. 2024; Bäckström et al. 2024), as was observed in this study.

Despite the different roles and responsibilities of RNs and NAs, the stress response influenced turnover intention in both groups, who are commonly exposed to high stress levels in their daily work, driven by demanding workloads, time pressures, and emotional demands associated with patient care (Im and Ko 2021; Maziarz et al. 2024). These findings underscore the critical need for targeted stress management interventions that address the specific challenges faced by RNs and NAs, ensuring the provision of effective support tailored to their respective roles.

Among NAs, those working in hospitals with fewer than 100 beds were more likely to have a higher turnover intention than those working in hospitals with more than 500 beds. Previous studies have indicated that limited resources in smaller facilities frequently increase job dissatisfaction and emotional strain (Park et al. 2019). In contrast, NAs with less clinical experience are more likely to exhibit higher turnover intentions, likely because of limited coping mechanisms and familiarity with job demands (Ike et al. 2024).

Additionally, NAs with diplomas exhibited higher turnover intentions than those with bachelor's degrees, although no differences were observed between those with high school degrees and those with bachelor's degrees. In South Korea, a minimum high school degree is required to receive NA training and apply for an NA certificate (MOHW 2020). Given the low barriers to entry and the relative ease of obtaining NA certificates, individuals can pursue NA careers after obtaining degrees in other fields. This phenomenon has also been observed in China (Sun et al. 2023). In Korea, individuals with diplomas often obtain NA certification during vocational college, with the primary goal of immediate employment in the healthcare sector (Cho et al. 2004). Because NA work represents their primary career path, these workers may experience greater disappointment with limited career advancement opportunities, low wages, and inadequate recognition, which can increase their turnover intention. Conversely, individuals with bachelor's degrees, many of whom become NAs after a career break due to marriage or childbirth, tend to view the role as a temporary or practical source of income rather than a long-term profession (Jung 2023). As their job expectations are relatively low, they may perceive it as a short-term employment option, resulting in lower turnover intention than diploma holders. However, this interpretation is based on contextual inferences grounded in the Korean sociocultural context and should be interpreted with caution. Future qualitative research is needed to directly examine

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TABLE 2 | Correlations among study variables ($N = 386$, RN = 193, NA = 193).

Variable			Burnout			Emotional labor	Job stress	Resilience	Stress response	Turnover
			Exhaustion	Cynicism	Professional inefficacy					
Burnout	**Exhaustion**	**RN**	1							
		NA	1							
	Cynicism	**RN**	0.508***	1						
		NA	0.748***	1						
	Professional inefficacy	**RN**	0.304***	0.286***	1					
		NA	0.656***	0.681***	1					
Emotional labor		**RN**	0.583***	0.370***	0.196**	1				
		NA	0.522***	0.438***	0.330***	1				
Job stress		**RN**	0.076	0.077	−0.206**	−0.021	1			
		NA	−0.328***	−0.258***	−0.371***	0.084	1			
Resilience		**RN**	−0.467***	−0.352***	−0.472***	−0.353***	0.263***	1		
		NA	−0.745***	−0.731***	−0.822***	−0.391***	0.419***	1		
Stress response		**RN**	0.719***	0.538***	0.243**	0.424***	0.165*	−0.426***	1	
		NA	0.754***	0.780***	0.656***	0.438***	−0.184*	−0.744***	1	
Turnover intention		**RN**	0.674***	0.537***	0.272***	0.367***	0.004	−0.424***	0.660***	1
		NA	0.681***	0.755***	0.649***	0.419***	−0.213**	−0.708***	0.777***	1

Abbreviations: NA, nurse assistants; RN, registered nurse.

*$p < .05$, ** $p < .01$, *** $p < .001$.

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TABLE 3 | Factors that influenced turnover intention among the nursing workforce ($N = 386$).

Variable		Registered nurses ($n = 193$)				Nurse assistants ($n = 193$)			
		B	***β***	***t***	***p***	***B***	***β***	***t***	***p***
Age (years)[†]		−0.041	−0.039	−0.368	.713	−0.023	−0.044	−0.511	.610
Gender (female)[‡]									
Male		0.265	0.010	0.185	.853	1.631	0.054	1.320	.189
Education level (bachelor)[‡]									
High school		NA	NA	NA	NA	0.627	0.053	0.888	.376
Diploma		0.185	0.009	0.154	.878	1.491	0.142	2.655	.009**
Graduate degree		1.422	0.074	1.240	.217	NA	NA	NA	NA
Marital status (single)[‡]									
Married		−0.975	−0.079	−1.205	.230	−0.811	−0.064	−1.024	.307
Region (metropolitan cities)[‡]									
Smaller cities and rural		−0.001	0.000	−0.001	.999	−0.630	−0.053	−1.106	.270
Hospital size (beds)[†] (>500)[‡]									
≤100		1.443	0.069	1.138	.257	2.251	0.180	2.448	.015*
101–500		0.901	0.070	1.066	.288	0.754	0.070	0.847	.398
Clinical experience (years)[†]		0.006	0.064	0.563	.574	−0.008	−0.138	−2.114	.036*
Department (general ward)[‡]									
Emergency room/ICU		0.923	0.075	1.112	.268	0.718	0.039	0.854	.395
Outpatient/clinic		0.450	0.028	0.313	.755	0.428	0.024	0.479	.633
Others units		0.983	0.047	0.701	.484	0.147	0.008	0.172	.864
Overtime (minutes)[†]		0.001	0.004	0.071	.944	0.009	0.049	1.105	.271
Type of shift (rotating shift)[‡]									
Fixed shift		−0.546	−0.041	−0.462	.645	0.657	0.058	1.100	.273
Burnout	Exhaustion	0.346	0.368	3.973	<.001***	0.081	0.106	1.383	.168
	Cynicism	0.209	0.196	2.880	.005**	0.233	0.277	3.681	<.001***
	Professional inefficacy	0.007	0.004	0.071	.943	0.083	0.082	1.111	.268
Emotional labor		−0.061	−0.071	−1.075	.284	0.059	0.100	1.896	.060
Job stress		−0.062	−0.083	−1.335	.184	−0.042	−0.081	−1.661	.099
Resilience		−0.028	−0.059	−0.856	.393	−0.021	−0.090	−1.013	.313
Stress response		0.100	0.322	3.794	<.001***	0.061	0.244	3.112	.002**
R^2 **/ F(*p*)**		0.578 / 10.676 (<.001***)				0.770 / 26.604 (<.001***)			

Abbreviations: B, unstandardized coefficients; ICU, intensive care unit; NA, not available; β, standardized coefficient.

*$p < .05$, ** $p < .01$, *** $p < .001$.

[†]Variable of $N<386$ owing to missing values.

[‡]Dummy-coded variable.

how educational background influences career perceptions and turnover intention among NAs. Such qualitative approaches may provide deeper insights into how educational background shapes the meaning of work and turnover decisions among NAs.

4.1 | Limitations

A potential limitation of this study is the relatively low internal consistency of the job stress measure, which may have lowered the credibility of the results. Future studies should explore alternative instruments to accurately and reliably measure job stress. The nonsignificant association between job stress and turnover intention in the regression analysis might partly reflect measurement limitations rather than the absence of a true relationship. Therefore, conclusions regarding the association between job stress and turnover intention remain tentative and should not be considered definitive. Accordingly, findings related to job stress should be interpreted with caution. Future research should consider employing alternative or revised instruments with higher reliability or context-specific adaptations to more

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accurately capture the multidimensional aspects of job stress among healthcare workers. Additionally, contrary to general expectations, job stress was negatively correlated with turnover intention among NAs. This unexpected pattern may be partly attributable to the low reliability of the job stress measure or the contextual characteristics of NAs, who often work in less complex and more routine settings. In such environments, higher job stress levels may reflect increased engagement or responsibility rather than dissatisfaction, warranting further exploration in future studies.

5 | Conclusion

This study highlights both distinct and shared factors that influence turnover intentions among RNs and NAs. For RNs, exhaustion emerged as the strongest predictor of turnover intention, followed by stress response and cynicism. For NAs, cynicism and stress response were the most influential factors. Additional predictors among NAs included working in smaller hospitals, having lower educational attainment, and possessing less clinical experience.

6 | Implications for Nursing and Nursing Policy

The findings highlight specific factors contributing to turnover intentions in the nursing workforce, including both RNs and NAs, and provide actionable insights for nursing management. Addressing exhaustion, cynicism, and stress responses is imperative for reducing RNs' turnover intentions. Nurse managers should regularly monitor these factors and implement strategies such as adjusting workloads, providing emotional support, and fostering supportive organizational cultures.

At the policy level, these practices should be embedded in workforce regulations that ensure safe staffing ratios, set reasonable workload standards, and expand access to mental health support programs. Turnover intention is associated with cynicism, stress response, employment in small hospitals, lower educational levels, and limited clinical experience.

At the nurse manager level, strategies should focus on fostering a respectful and supportive work environment for NAs and enhancing collaboration with RNs, particularly for less experienced staff in small- and medium-sized hospitals, through structured mentoring and team-building initiatives.

At the policy level, developing standardized protocols for delegated duties and clearly defining role responsibilities can enhance role clarity and reduce role-related stress. At a broader policy level, policymakers should establish and enforce nurse workforce policies that support working conditions across institutions, provide incentives for staff retention, and promote mental health support programs tailored to both RNs and NAs.

Author Contributions

Study design: Chiyoung Cha (CC), Gumhee Baek (GB). Data collection: GB. Data analysis: CC, GB. Study supervision: CC. Manuscript writing: CC, GB. Critical revisions for important intellectual content: CC, GB.

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Ethics Statement

This study was approved by the Ewha Womans University IRB (Approval No. ewha-202407-0008-01).

Consent

The requirement for written informed consent was waived by the Ethics Committee, and informed consent was obtained electronically prior to participation.

Conflicts of Interest

The Authors declare that there is no conflict of interest.

Data Availability Statement

The data supporting this study's findings are available from the corresponding author upon reasonable request.

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Generative AI Disclosure

During the preparation of this manuscript, generative AI was used solely to assist with language refinement and sentence clarity. The tool was not used for conceptualization, data analysis, interpretation of findings, or reference generation. All AI-assisted content was thoroughly reviewed, revised, and verified by the authors. The authors assume full responsibility for the accuracy and integrity of this manuscript.

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