

Turnover Intentions and Effects on the Health Sector in Zimbabwe

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ABSTRACT

This study investigates turnover intentions and their effects on the health sector in Harare Metropolitan Province, Zimbabwe. The research explores the prevalence, underlying causes, and consequences of turnover intention among healthcare professionals working in public health facilities. Using a qualitative approach, data were collected through structured questionnaires administered to a purposively selected sample of 50 health workers, including doctors, nurses, and primary healthcare providers. The findings reveal a high prevalence of turnover intention, primarily driven by factors such as insufficient medication, low salaries, poor working conditions, limited career advancement, inadequate management support, and job dissatisfaction. The study also highlights the negative impact of turnover intention on healthcare service delivery, including increased workload for remaining staff, reduced patient care quality, low staff morale, and heightened operational costs. Respondents unanimously acknowledged the economic and social disruptions caused by staff turnover, emphasizing its adverse effect on institutional knowledge and healthcare outcomes. Based on the findings, the study recommends improved compensation, better working environments, enhanced professional development opportunities, and stronger leadership as strategies to curb turnover intentions. The study concludes by calling for further research into the long-term impact of staff retention interventions and comparisons between public and private sector healthcare settings in Zimbabwe.

INTRODUCTION

Turnover intention, as conceptualized by Mobley (1977), denotes an employee's subjective assessment of the likelihood of leaving their current job or organization permanently in the near future. In the context of Zimbabwe's Harare Metropolitan Province, this concept is particularly pertinent among nurses, as they constitute a significant portion of the healthcare workforce. Recent studies, such as Dzvairo (2023), have highlighted a concerning trend of high turnover intention rates, with a substantial number of nurses expressing a willingness to migrate for better opportunities. This phenomenon raises critical questions about its underlying causes, prevalence, and the negative impacts it has on the healthcare sector. Factors contributing to turnover intention include dissatisfaction with salaries, limited career growth prospects, and unfavorable working conditions, as noted by Chao MingCheng (2015). The implications are far-reaching, affecting not only the nurses but also the quality of healthcare delivery in the region.

The consequences of high turnover intention among nurses in Harare are multifaceted and detrimental to the healthcare system. According to Ahmed et al. (2017), the rate of turnover among nurses in Africa surpasses that in developed nations, leading to compromised healthcare services. Negative outcomes include increased patient-to-nurse ratios, higher mortality rates, and overall poor service delivery. Additionally, frequent turnover leads to a deterioration in the standard of nursing care, compromised patient safety, and inadequate healthcare coordination, as highlighted by Tschannen, Kalisch, and Lee (2010). Given that human resources are the cornerstone of any healthcare system, the shortage of healthcare professionals due to turnover intention poses significant challenges. In Zimbabwe, this issue continues to impede the achievement of a functional healthcare delivery system, underscoring the need for urgent attention and intervention.

Background of the Study

The global healthcare sector is experiencing a significant challenge in retaining skilled professionals, with many nations facing shortages that impact the quality of care delivered. According to a 2013 World Health

Organization (WHO) and Global Health Workforce report, over 100 countries have fewer than 34.5 skilled healthcare professionals per 10,000 population, underscoring a widespread deficit in healthcare human resources. In developed countries, factors such as safety concerns, work hours, and workload are predominant reasons for healthcare professionals' turnover. In contrast, developing nations often grapple with issues related to wages and benefits, which drive healthcare workers to seek opportunities abroad. A study by Xu et al. (2024) revealed that physician turnover rates range from 14% to 28.2% in countries like the United States, Germany, Norway, and Switzerland, whereas in China, the rates vary between 8.0% and 54%. A comprehensive study conducted by Gusar (2025) in Croatia, involving 448 nurses employed by the government, identified both professional and personal factors influencing turnover intentions. The study utilized the Practice Environmental Index questionnaire and turnover intention scales, finding significant associations between turnover and factors such as age ($p=0.033$), gender ($p=0.023$), and social satisfaction.

Similarly, in Singapore, a study by Poon et al. (2022) highlighted a spike in resignation rates among healthcare professionals during the COVID-19 pandemic. This surge was attributed to burnout and the desire to migrate for better opportunities. The high turnover rates led to staffing difficulties and increased mortality rates, with the healthcare system facing a crisis due to compromised patient safety and quality of care. In Africa, the situation is equally concerning. Gebekidan (2023) noted that nearly 44% of countries on the continent do not meet the 2006 WHO threshold for healthcare worker density.

Ethiopia, for example, has a healthcare worker density of 1.63 per 10,000 population, and approximately 25% of doctors have left the country for better opportunities. Turnover intention in Ethiopia's four developing regions stands at 39%, with the Sidama region experiencing rates as high as 83%. Zambia faces similar challenges, particularly in rural areas where the need for healthcare professionals is most acute. Studies in districts like Chipata and Chadiza have shown that intrinsic and extrinsic factors, such as limited career growth, unsatisfactory incentives, and deteriorating working conditions, contribute to high turnover intentions. Manda (2022) reported an estimated shortage of 14,960 doctors, nurses, and midwives, with projections indicating a deficit of about 46,000 by 2035.

In Zimbabwe, the exodus of healthcare professionals to countries like the United Kingdom, Australia, and New Zealand has been exacerbated by ongoing economic, political, and social challenges. A report by the International Organization for Migration (IOM, 2022) indicated that between 1999 and 2022, Zimbabwe's healthcare sector lost approximately 300,000 healthcare practitioners to the United Kingdom alone. This mass migration has led to significant shortages in public health institutions, with reports of long queues and understaffed facilities. Dzvairo (2023) observed that 95% of public hospitals in Harare are experiencing severe staff shortages, with some patients waiting days for consultations. The Zimbabwean government has acknowledged the severity of this issue, with the then Minister of Health and Child Welfare proposing measures to restrict the migration of newly graduated healthcare professionals. This move was in response to the substantial investment in training these individuals, only to lose them to other countries shortly after their graduation.

This study focuses on doctors and nurses, as they are the primary groups affected by the phenomenon of medical brain drain. Historically, Zimbabwe's healthcare system was considered one of the best in Africa. However, reports from as early as 2008 indicate severe understaffing, with a physician-to-patient ratio of 1:8,000, far exceeding the World Health Organization's recommended standard of 1:500. The migration of healthcare professionals from Zimbabwe is a multifaceted issue influenced by various factors at the international, continental, and local levels. Addressing this challenge requires a comprehensive approach that considers both the push factors driving professionals abroad and the pull factors attracting them to other countries. This study aims to explore these dynamics and provide insights into potential strategies to mitigate the impact of healthcare brain drain in Zimbabwe.

Statement of the Problem

The Harare metropolitan province healthcare sector have experienced a massive negative impact as a result of high staff turnover intention by its health practitioner. This has been as a result of the continuous worsening of the socio-economic and political situations in Zimbabwe as a whole country. The effects of high staff turnover

intention in Zimbabwe particularly the Harare Metropolitan Province has resulted in the public sector going under intense pressure due to low staffing at both public clinics and hospitals, shortage of professionals and specialist in certain departments at public hospitals and clinics. Due to high staff turnover intentions the country has been experiencing high mortality rate cases that could have been solved if there was enough human resources or if emergency cases were attended in time. This would be only achieved if the patient to nurse or doctor ratio was balanced.

Research Objectives

This study aims to investigate the multifaceted issue of turnover intention among healthcare professionals in Harare Metropolitan Province. The specific objectives are:

- To determine the prevalence and identify the factors contributing to turnover intention among healthcare professionals in Harare Metropolitan Province.
- To assess the impact of turnover intention on healthcare service delivery and patient outcomes in Harare Metropolitan Province.
- To evaluate the economic and social consequences of turnover intention on healthcare organizations and the broader healthcare system in Harare Metropolitan Province.

LITERATURE REVIEW

This study systematically examines existing literature pertinent to the research problem. The primary objective of this review is to identify gaps within the current body of knowledge, thereby establishing the context and necessity for the present study. A literature review, as articulated by Best and Kahn (1995), entails summarizing findings from esteemed experts who provide evidence on researched topics, often highlighting areas that warrant further investigation. It serves as a comprehensive overview of publications on a specific subject authored by recognized scholars and researchers. Conducting a literature review enables the researcher to avoid duplicating existing citations on the topic, thereby enhancing the study's value. In line with Wolfswinkel et al. (2013), the researcher engaged in a targeted search for previously published work, including journals and books, discussing theories and presenting relevant empirical findings related to the topic under investigation.

THEORETICAL FRAMEWORK

This study draws upon several established theories to examine turnover intention among healthcare professionals in Harare Metropolitan Province.

Job Embeddedness Theory

Understanding turnover intention among healthcare professionals in Harare Metropolitan Province necessitates a multifaceted theoretical approach. Job Embeddedness Theory, as proposed by Mitchell et al. (2001), offers a nuanced perspective by emphasizing the interconnectedness of employees within their organizational and community contexts. This theory identifies three key dimensions: Links, Fit, and Sacrifice which collectively influence an individual's decision to remain in or leave an organization. Links refer to the relationships and connections an employee has with others within and outside the organization. Fit pertains to the alignment between the individual's values, goals, and the culture of the organization and community. Sacrifice involves the perceived costs associated with leaving, such as the loss of benefits, relationships, or status. Higher levels of job embeddedness, characterized by strong links, a good fit, and significant sacrifices, are associated with lower turnover intentions, as employees feel more integrated and committed to their roles and communities.

Theory of Planned Behavior

Complementing this, the Theory of Planned Behavior (Ajzen, 1991) provides insight into the psychological processes underpinning turnover intentions. According to this theory, an individual's intention to perform a behavior is influenced by three components: Attitude toward the behavior, Subjective norms, and Perceived

behavioral control. In the context of turnover, an employee's positive or negative evaluation of leaving (attitude), the perceived social pressure to stay or leave (subjective norms), and the perceived ease or difficulty of leaving (perceived behavioral control) collectively shape their intention to remain or depart. This theory underscores the importance of understanding employees' attitudes, social influences, and perceived control over their decisions to effectively address turnover intentions.

Employee Engagement Theory

Furthermore, Employee Engagement Theory highlights the role of emotional and psychological commitment in influencing turnover intentions. Engaged employees exhibit high levels of Vigor, Dedication, and Absorption in their work. These employees are more likely to be satisfied with their roles, exhibit higher performance levels, and demonstrate a lower propensity to leave the organization. In the healthcare sector, fostering employee engagement is crucial, as engaged professionals are more committed to providing quality care and are less likely to experience burnout or consider leaving their positions.

CONCEPTUAL FRAMEWORK

The conceptual framework, as described by Antonenko (2015), functions as a collection of broad concepts and principles derived from diverse fields of study, designed to structure and guide the presentation of research. It offers a visual representation of the relationships between independent and dependent variables, thereby helping researchers systematically analyze how different factors interact within a given context. In the case of the study titled "Turnover Intention and Its Effects in the Health Sector in Zimbabwe," the conceptual framework serves as an essential foundation for understanding the complex interplay between various influencing factors—such as demographic, organizational, economic, and social conditions—and their impact on healthcare professionals' intentions to leave their jobs.

Organisational factors

Job satisfaction plays a crucial role in determining the extent to which an employee feels about his or her job (Odon et al., 1990). Demir (2002) refers job satisfaction to employees' feel of contentment and discontentment for a job. Cranny et al. (1992) concluded that job satisfaction is a contribution of cognitive and affective reactions to the differential perceptions of what an employee wants to receive compared with what he or she actually receives. Job satisfaction has long been an important concept in the organizational study of the responses employees have to their jobs. According to Moorman et al. (1993) there are three practical points of view that illustrate the meaning of job satisfaction: First, is a valuable product of the society; second, is an early warning indicator at early stage for an organization and third, can serve as a predictor of organizational behavior. Similar to Moorman's point of view, Cranny et al (1992) found that job dissatisfaction could result in psychological frustration and low productivity. Job satisfaction plays a very critical role in attracting and retaining of employees' ability in an organization (Brookfield, 1998). According to Brookfield, individuals with high levels of job satisfaction would have healthier physical and psychological records that very likely result in higher productivity and effectiveness in their job performance and will staying longer in organization.

Leadership Style

Transformational Leadership: This style involves inspiring and motivating employees to achieve their full potential, often through charisma, individualized consideration, and intellectual stimulation. Studies show a negative relationship between transformational leadership and turnover intentions, meaning that employees in these environments are more likely to stay.

Transactional Leadership: This style focuses on exchanging rewards and punishments to motivate employees, often relying on clear expectations and rewards. Research suggests that transactional leadership may have a positive correlation with turnover intentions, potentially because it can fail to create a sense of engagement or satisfaction.

Career Development

Career development opportunities are significantly and negatively correlated with turnover intention, indicating that employees are less likely to consider leaving their jobs when they perceive clear prospects for growth and advancement (Ohunakin et. al., 2018). Research demonstrates that elements such as the availability of career progression, the speed of promotion, and progress toward personal career goals all play a crucial role in reducing the likelihood of turnover. Additionally, perceptions of these opportunities can be shaped by factors such as the organization's structure and the employee's position or level within the organization.

Impact of Leadership

Effective leadership plays a crucial role in shaping the work environment and directly influences employee attitudes and retention (Mendes & Stander., 2011). Leaders who demonstrate integrity, transparency, and empathy are more likely to foster trust among their teams. By promoting open communication, recognizing employee contributions, and encouraging teamwork, they help build a sense of belonging and mutual respect within the workplace. This collaborative atmosphere not only enhances job satisfaction but also strengthens interpersonal relationships among staff, which can significantly reduce feelings of isolation or dissatisfaction that often lead to turnover (Lopes, 2005). Moreover, effective leaders support their teams by identifying and facilitating professional growth opportunities, such as mentorship programs, training, and career advancement pathways. When employees feel that their development is valued and supported, they are more likely to remain engaged, motivated, and committed to the organization (Vance, 2006). This increased commitment often translates into lower turnover intention, as employees are more inclined to stay in environments where they feel respected, challenged, and able to achieve their long-term goals. Ultimately, strong leadership is a critical factor in maintaining a stable, productive workforce in the health sector and other industries (Figueroa et. al., 2019).

Factors Influencing Turnover

Globally, low remuneration is a significant predictor of turnover intention among healthcare workers (HCWs). In sub-Saharan Africa, studies consistently link poor pay to nurses' and doctors' intent to migrate or leave the profession. In Zimbabwe, economic instability has long fueled brain drain, with many HCWs seeking opportunities abroad. Harare, as the capital, likely mirrors this trend, though urban proximity to policy centers might offer slightly better pay or conditions than rural areas, yet still insufficient to curb turnover intention. Economic pressures are a dominant driver of turnover intention in sub-Saharan Africa. A study by Awases et al. (2004) across six African countries, including Zimbabwe, found that low salaries and inflation eroded HCWs' purchasing power, prompting intentions to migrate to countries like the UK or South Africa. In Harare, hyperinflation and currency devaluation since the 2000s have likely intensified this trend, with urban HCWs possibly more exposed to international recruitment than their rural counterparts. George et al. (2013) in South Africa noted financial considerations as a top migration motivator, a parallel relevant to Harare's skilled workforce.

Poor working conditions, overcrowded wards, inadequate supplies, and outdated equipment are well-documented turnover drivers in African healthcare settings. Research from Ethiopia and South Africa highlights how these stressors increase intention to leave, especially during crises like COVID-19. In Harare, public hospitals like Parirenyatwa face similar challenges, potentially amplifying turnover intention among staff. Poor working conditions, overcrowding, equipment shortages, and unsafe settings consistently predict turnover intention. A systematic review by Bonenberger et al. (2014) in Ghana showed that inadequate resources doubled HCWs' likelihood of intending to leave. In Harare, reports of understaffed wards and broken equipment in public hospitals suggest similar conditions. The COVID-19 pandemic likely worsened this, as Moyo et al. (2022) found HCWs experienced heightened stress and resource scarcity during the crisis, conditions likely echoed in Harare. Studies show a strong inverse relationship between job satisfaction and turnover intention. In Ghana, for example, HCWs with low satisfaction due to lack of recognition or autonomy reported higher intent to leave. Harare's HCWs might experience parallel dissatisfaction, given anecdotal evidence of understaffing and limited professional development opportunities in Zimbabwe's public sector. Job satisfaction inversely correlates with turnover intention (Ayalew et al. 2019).

Effects of Turnover Intention

Turnover intention, described by Mobley (1977) as an employee's deliberate cognitive process to voluntarily exit their job, carries profound implications for healthcare systems. While it serves as an early indicator of actual turnover, its impact extends far beyond eventual resignations. It presents itself through a spectrum of negative outcomes—behavioral, organizational, and systemic that have the potential to destabilize healthcare delivery, especially in resource-limited contexts such as Harare Metropolitan Province. The scholarly discourse identifies a range of consequences including decreased individual engagement, compromised institutional performance, and adverse effects on patient care and system-wide efficiency.

At the personal level, turnover intention is often linked to reduced job engagement and deteriorating mental well-being. Tett and Meyer (1993) explain that individuals who are considering leaving a job tend to engage in withdrawal behaviors, such as lower effort, frequent absenteeism, and limited interest in career development. Within healthcare environments, such disengagement can endanger service quality. Hom and Griffeth (1995) refer to this condition as “psychological withdrawal,” whereby a nurse or doctor may physically remain on the job but mentally disconnect, performing only minimal duties rather than delivering comprehensive care.

Turnover intention is also closely associated with heightened levels of stress and burnout. Lee and Ashforth (1996) reveal that employees with elevated turnover intent often experience emotional exhaustion. In the healthcare sector—particularly in Harare, where professionals face economic hardship and persistent shortages of essential resources—this emotional strain can exacerbate dissatisfaction, further intensifying the urge to leave and initiating a self-reinforcing cycle.

From an organizational perspective, turnover intention disrupts team cohesion and operational continuity. Price (2001) emphasizes that even the anticipation of employee departure weakens organizational commitment, resulting in reduced collaboration and productivity. In healthcare, this disruption is particularly detrimental, as team fragmentation may undermine knowledge sharing and compromise patient outcomes. Waldman et al. (2004) estimate that the “hidden costs” of turnover intention including decreased morale and lost productivity can be as significant as the financial burden of hiring and training new staff.

In terms of financial impact, Hayes et al. (2006) note that turnover intention can lead to inefficiencies and errors long before any actual resignation takes place. In the context of Zimbabwe's underfunded health facilities, especially in Harare, such indirect costs may divert already scarce resources away from patient care, further weakening the healthcare system's resilience.

RESEARCH METHODOLOGY

Various types of research designs exist, including case study, descriptive, and interpretive designs, among others. For the purposes of this study, the descriptive survey research design was selected due to its suitability for investigating phenomena within their natural social context, allowing everyday activities to continue uninterrupted during data collection. This design was particularly effective in providing a detailed understanding of turnover intention and its effects within Zimbabwe's health sector, with a specific focus on Harare Metropolitan Province. From the total population of 200 healthcare personnel, the researcher selected a sample of 50 individuals, representing slightly over 25% of the entire population. The selection followed a systematic sampling method guided by the formula $K = N/n$, where K is the sampling interval, N is the population size, and n is the sample size. Applying this formula, $K = 200/50 = 4$, meaning every 4th individual was chosen to form the sample.

Turnover Intentions

Respondents were asked as to whether they are currently considering leaving their job in the near future. Responses elicited from them are as shown in figure 1.1 below.

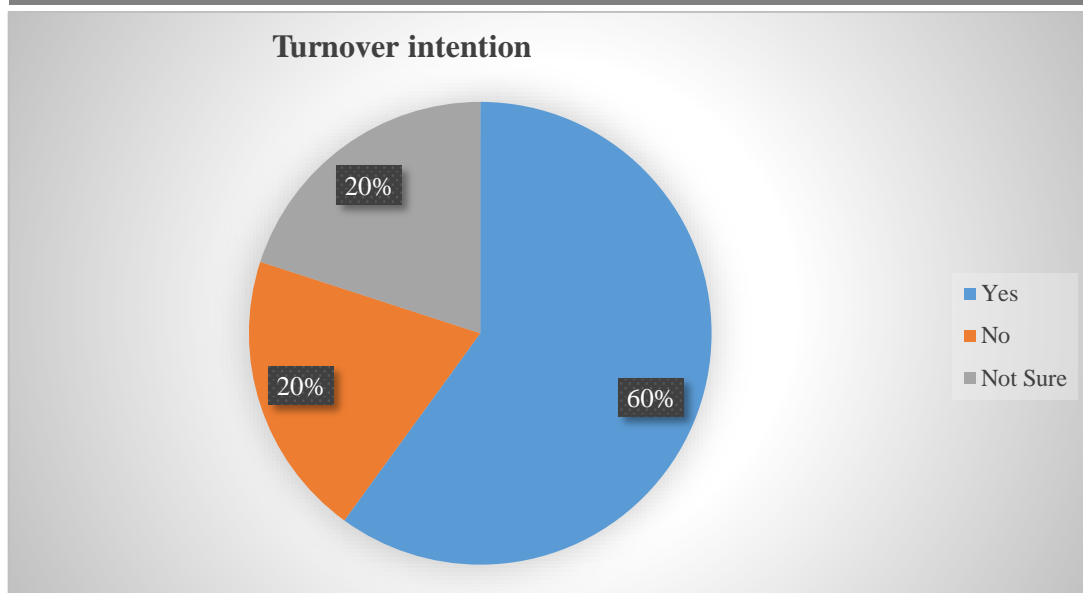
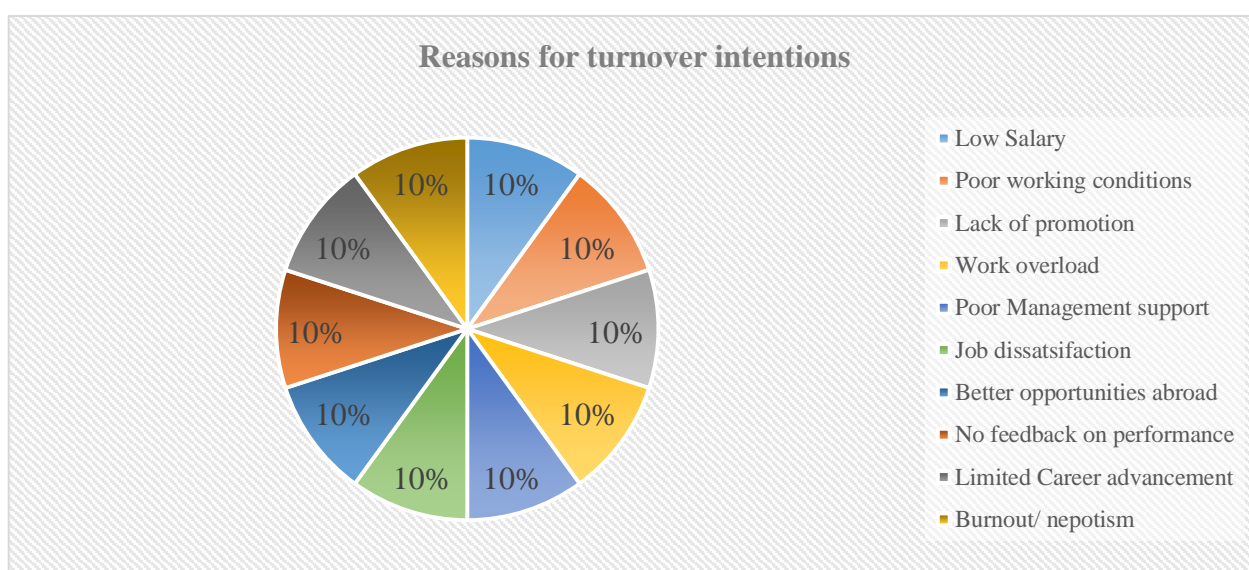


Figure 1.1 above shows responses from respondents after they were asked whether they were considering leaving their current job in the near future, a significant majority—60%—indicated “Yes,” while 20% responded “No” and another 20% were “Not Sure.” This high percentage of affirmative responses highlights a serious concern regarding turnover intentions within the healthcare sector in Harare Metropolitan Province. Several possible reasons may account for this trend. Firstly, the challenging working conditions in many public health facilities characterized by high patient loads, inadequate staffing, and limited medical resources may contribute to burnout and job dissatisfaction. Secondly, the prevailing economic hardships in Zimbabwe, including inflation and poor remuneration, may push healthcare professionals to explore better-paying opportunities locally or abroad. Thirdly, limited opportunities for professional growth and development within the public health system may demotivate staff, leading them to consider other employment options. The 20% of respondents who are “Not Sure” may reflect a segment of the workforce that is uncertain about future prospects, possibly weighing personal commitments against dissatisfaction with current work conditions. This data underscores the urgency for policymakers to address retention factors before intentions translate into actual turnover, further weakening the healthcare delivery system.

Main reasons for turnover intentions

Respondents were asked to indicate the main reasons why they are considering leaving their current job in the near future. Responses are as shown in Figure 1.2 below



When respondents were asked about the main reasons behind turnover intentions in the health sector in Harare Metropolitan Province, the responses in Figure 1.2 above, reflected a shared perspective across the sample. Each

of the ten listed factors accounted for 10% of the total responses, indicating a balanced distribution of opinion and highlighting the multifaceted nature of the challenges faced by healthcare professionals. The reasons identified included low salary, poor working conditions, lack of promotion opportunities, heavy workload, poor management support, and general job dissatisfaction. Additionally, respondents cited the lure of better opportunities abroad, absence of performance feedback, burnout and nepotism, as well as limited career advancement as contributing factors. The equal weighting of these responses suggests that turnover intention is not driven by a single dominant issue, but rather by a combination of systemic and organizational shortcomings that affect staff morale and motivation. This uniformity in concerns points to widespread dissatisfaction and underlines the need for comprehensive reforms in healthcare human resource management, including improved remuneration, transparent career pathways, better leadership, and more supportive work environments. Addressing these areas collectively could reduce turnover intentions and strengthen the retention of skilled personnel in the province.

Effects of Turnover intention

Respondents were asked about what they think are the effects of turnover intentions in their facility. Responses from them are as shown in Figure 1.3 below.

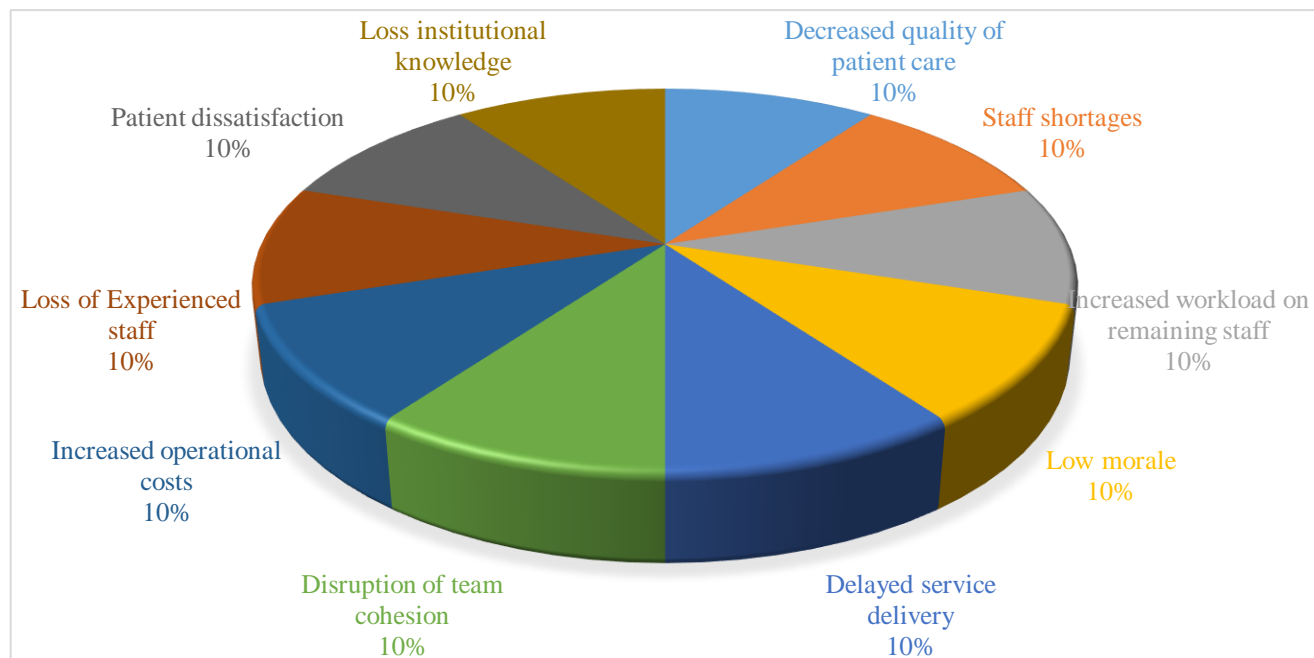


Figure 1.3 above shows the data collected on the perceived effects of turnover intentions in health facilities across Harare Metropolitan Province. The data revealed a shared consensus among respondents, with each of the ten identified impacts receiving an equal 10% response rate. This uniform distribution suggests that healthcare workers experience and recognize a broad spectrum of consequences resulting from turnover intentions, all of which significantly compromise healthcare service delivery. Key among these are decreased quality of patient care and staff shortages, which directly affect the efficiency and safety of patient treatment. Additionally, increased workload on remaining staff and low morale contribute to burnout and further exacerbate the cycle of turnover. Delayed service delivery and disruption of team cohesion hinder operational efficiency and collaborative care. Moreover, increased operational costs associated with recruiting and training new staff strain already limited healthcare budgets. The loss of experienced personnel and institutional knowledge further weakens the continuity and effectiveness of care. Finally, patient dissatisfaction emerges as a natural outcome of these cumulative effects, reflecting the deteriorating standards in healthcare provision. Collectively, these findings underscore the urgent need for strategies that address the root causes of turnover intentions to preserve the integrity and functionality of the health system in Harare.

CONCLUSION

The findings underscore that turnover intention is prevalent and detrimental to healthcare delivery in Harare Metropolitan Province. It affects not only the professionals but also the quality of patient care and the overall

efficiency of the health system. While financial incentives remain a major issue, non-financial aspects such as supportive leadership, career advancement, and employee recognition also significantly influence retention. Unless urgent and structured interventions are implemented, the health sector risks a persistent outflow of skilled personnel, compromising public health outcomes.

RECOMMENDATIONS

Based on the findings, the following recommendations were proposed:

- **Improve Compensation and Working Conditions:** Government and hospital administrators should revise salary scales and benefits to match regional and international standards.
- **Strengthen Career Development:** Introduce clear promotion pathways, regular training, and education support to enhance career growth.
- **Enhance Leadership and Management Support:** Foster open communication, employee feedback systems, and participative decision-making to boost staff morale.
- **Implement Retention Incentives:** Provide recognition programs, wellness support, and family-friendly policies to improve job satisfaction.
- **Reduce Workload and Improve Staffing Ratios:** Recruit additional staff to ease workload pressures and minimize burnout.
- **Monitor and Evaluate Turnover Trends:** Establish data tracking systems to regularly assess and respond to emerging turnover issues.

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