

# Structural Determinants of Intention to Leave in Healthcare and Social Medicine-Based Strategies to Counteract it

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**ABSTRACT:** The intention to leave represents a critical phenomenon in the healthcare sector, with significant implications for the quality of care and health equity. Despite extensive existing literature, a systemic understanding that takes into account the social and structural determinants of the phenomenon is lacking. By reviewing the international literature (2019–2024), this paper aims to identify — from a social medicine perspective — the determinants and policies for addressing the intention to leave at the macro-structural, meso-organizational, and micro-individual levels.

**KEYWORDS:** Intention to leave; healthcare sector; healthcare workers; social and organizational policies

**SUMMARY:** 1. Introduction – 2. Background – 3. Method – 4. Discussion – 4.1. Structural Determinants of the Intention to Leave – 4.2. Social Medicine-Based Counteracting Policies and Strategies – 5. Conclusions.

## 1. Introduction

The *intention to leave* among healthcare workers, with a particular focus on nursing staff, represents one of the most pressing challenges for contemporary healthcare systems, especially in our country. The intention to leave — understood as the cognitive manifestation of the decision-making process that precedes actual abandonment of the nursing profession or of a job position due to stress, burnout, professional dissatisfaction, and high workloads<sup>1</sup> has become increasingly common. This trend leads to the loss of qualified and experienced personnel and reduces the National Health System's (NHS) capacity to provide adequate care, thereby increasing workload and stress for remaining staff.<sup>2</sup> According to Mobley (1977), it is a significant predictor of actual turnover, with important implications for the quality of care as well as for organizational and healthcare costs. To appreciate the relevance of the phenomenon analyzed here, we refer to the main evidence provided by the FNOPI Report (2025), which highlights a nurse-to-population ratio below the international aver-

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<sup>1</sup> A.C. KARLSSON, L. GUNNINGBERG, J. BÄCKSTRÖM, U. PÖDER, *Registered nurses' perspectives of work satisfaction, patient safety and intention to stay—A double-edged sword*, in *Journal of Nursing Management*, 27, 7, 2019, 1359

<sup>2</sup> A.C. KARLSSON, et al., *op. cit.*; G. CATANIA, M. ZANINI, M.A. CREMONA, P. LANDA, M.E. MUSIO, R. WATSON, G. ALEO, L.H. AIKEN, L. SASSO, A. BAGNASCO, *Nurses' intention to leave, nurse workload and in-hospital patient mortality in Italy: A descriptive and regression study*, in *Health Policy*, 143, 2024, 105032.

age and variation across Italian regions in the public sector, remuneration below the European average and heterogeneity within Italy, and, moreover, a willingness to leave the profession expressed by almost 30% of nurses nationwide. Additionally, between 2019 and 2023, an average of 3,000 to 3,500 Italian nurses emigrated abroad annually, resulting in a significant “brain drain” of health professionals from the country.<sup>3</sup> Although efforts have been made to curb this exodus — such as facilitating recognition of nursing qualifications obtained abroad — the risk has shifted toward incentivizing the hiring of professionals trained in other countries, failing to effectively resolve the issue and merely limiting the emigration of professionals educated within our university system.

The shortage of healthcare workers increasingly threatens the NHS’s ability to deliver quality services and accessible care to the population: after the pandemic, there was a 27% increase in migration among medical staff and a 79% increase among nurses. Consequently, reductions in staff and failures to replace personnel have left systems unable to cope with heightened demand for healthcare services, which is also driven by the rising average age of the Italian population. The inability to predict the availability of new professionals is aggravating the shortage of human resources in our country’s healthcare system.<sup>4</sup>

This article follows a clear guiding thread structured around the three analytical levels of social medicine - macro-structural, meso-organizational, and micro-individual - in order to progressively trace the structural determinants of intention to leave and, in a declarative manner, lead to the need for specific counteracting policies and strategies presented in a further section of the paper (Social Medicine-Based Counteracting Policies and Strategies). This approach not only documents the phenomenon but positions it as a lever for transformative interventions, thus overcoming reductionist interpretations.

As highlighted above, the social relevance of this phenomenon traditionally addressed with individualistic and organizational-management approaches calls for a thorough re-examination through the lens of social medicine to fully understand its structural roots and thus develop effective, sustainable counteracting policies and interventions.

Social medicine offers a theoretical and conceptual framework particularly suited to analyzing the intention to leave as an expression of structural inequalities permeating the organization of healthcare work. From this perspective, the intention to leave the profession is not merely an individual choice but rather the result of complex social processes that reflect broader contradictions and tensions within the socio-economic system.

This study therefore aims to analyze the intention to leave through a critical lens that accounts for the social determinants of organizational health, thereby overcoming the limitations of reductionist and individualistic approaches prevalent in today’s literature. Specifically, the main objectives of this paper are to identify national and international practices and tools for countering the phenomenon of intention to leave among healthcare workers by: *i)* identifying factors that contribute to the determination of intention to leave, particularly in nursing; *ii)* mapping policies already adopted or currently being adopted to

<sup>3</sup> B. POLISTENA, F. SPANDONARO, *Esiti, Performance ed efficienza dei sistemi sanitari*, in 15° Rapporto Sanità, Locorotondo, 2019, 202–216.

<sup>4</sup> F. SPANDONARO, *La sostenibilità economica del sistema salute ed il PNRR*, in C. CAPORALE, C. COLLICELLI, L. DURST (a cura di), *Dopo la pandemia. Appunti per una nuova sanità*, Volume Etica della ricerca, bioetica, biodiritto e biopolitica, Roma, 2023, 35–42.

address this phenomenon; and *iii*) assessing the effectiveness (or lack thereof) of implemented policies in reducing the intention to leave the profession.

A thorough analysis of these points will enable a better understanding of the dynamics that influence the phenomenon and will provide useful guidance for improving management policies for healthcare workers.

## 2. Background

The intention to leave does not merely represent a managerial issue but constitutes a structural determinant of health inequalities. The loss of qualified healthcare professionals compromises the quality of care, particularly in geographically disadvantaged areas and among the most vulnerable populations.

The concentration of intention to leave within specific care settings (emergency medicine, mental health, community care) amplifies existing inequalities in access to and quality of healthcare. This phenomenon contributes to the social stratification of healthcare delivery, with negative consequences for system equity.

To better understand this phenomenon, it is necessary to consider the financial crises that have occurred over the years, each of which has left a significant imprint on the healthcare sector both nationally and internationally. In response to critical economic situations, successive governments have often adopted drastic measures with persistent emphasis on reducing healthcare expenditure. Such decisions have resulted in substantial rationing of available health resources, with direct and significant consequences for medical and nursing staff. Healthcare spending cuts have regularly led to the creation of particularly stressful and unfavorable work environments, where nurses face increasing daily challenges in terms of workload and working conditions. These circumstances compromise not only the quality of care provided but also the well-being of healthcare personnel.<sup>5</sup>

Furthermore, other studies<sup>6</sup> have highlighted an additional troubling development: increases in nurse-to-patient ratios, which should be maintained at optimal levels to ensure both safe and high-quality patient care. The challenging landscape shaped by reduced health expenditure and consequent rationing of resources profoundly affects the professional lives of nurses. Such contexts typically lead to substantial increases in burnout and job dissatisfaction among healthcare staff, affecting not only their mental and physical health but also their ability to provide high-quality care. Research by Shanafelt and colleagues (2015, 2016) further examined this dynamic, revealing a direct, detrimental relationship between job dissatisfaction among healthcare professionals and the quality of care they can deliver.

The onset of the COVID-19 pandemic markedly exacerbated already difficult conditions for nursing staff, exposing them to unprecedented levels of stress in recent healthcare history. Studies by Thusini (2020) and Greenberg et al. (2021) report that nurses faced a sequence of overwhelmingly complex challenges.

<sup>5</sup> D. STUCKLER, A. REEVES, R. LOOPSTRA, M. KARANIKOLOS, M. MCKEE, *Austerity and health: The impact in the UK and Europe*, in *European Journal of Public Health*, 27, 2017

<sup>6</sup> L.H. AIKEN, D.M. SLOANE, L. BRUYNEEL, K. VAN DEN HEED, P. GRIFFITHS, R. BUSSE, M. DIOMIDOUS, J. KINNUNEN, M. KÓZKA, et al., *Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study*, in *Lancet*, 383(9931), 2018, 1824-1830; K.B. LASATER, M. MCHUGH, P.R. ROSENBAUM, L.H. AIKEN, H. SMITH, J.G. REITER, J.H. SILBER, *Valuing hospital investments in nursing: Multistate matched-cohort study of surgical patients*, in *BMJ Quality and Safety*, 30, 1, 2021.

Not only did they manage significant workloads due to the increasing number of COVID-19 patients, but they also faced substantially higher risks of exposure to the disease. These circumstances added further psychological and emotional strain to their already burdensome responsibilities. The global impacts of this situation underscored the imperative to develop and implement targeted interventions and supportive strategies to protect and improve healthcare workers' well-being. The importance of such interventions became increasingly evident not only to safeguard nurses' mental and physical health but also to ensure their continued capacity to deliver high-quality care in a persistently critical and challenging context.

The National Academy of Medicine (2019) systematically analyzed the multiple factors that contribute to healthcare workforce turnover. Among the most relevant are excessive workloads, which may become unsustainable; ineffective management, which fosters dysfunctional and demotivating work environments; and suboptimal implementation of electronic health record systems, which often introduce additional stress and complexity into healthcare professionals' daily work. The study provides a comprehensive overview of how these challenges may be addressed, emphasizing the need for a systemic and integrated approach to promote professional well-being, strengthen intentions to stay, and thereby improve the overall quality of healthcare delivery.

The literature increasingly demonstrates how evidence-based research not only documents structural and organizational pressures but also shapes the formulation and adaptation of policy frameworks. Studies such as those by the WHO and the National Academy of Medicine exemplify a dynamic exchange, where empirical findings on workforce well-being inform policy initiatives aimed at retention and equity, while in turn, new policy instruments create institutional conditions that modify the structural determinants originally highlighted by research. Making this bidirectional relationship explicit allows for a broader interpretative understanding of intention-to-leave phenomena, situating them at the intersection of evidence generation, governance design, and systemic transformation.

To effectively and holistically tackle the complex challenges burdening healthcare personnel, healthcare organizations must adopt approaches that consider multiple and diverse factors. More effective health policies and more attentive and sensitive personnel management practices must be developed and implemented, prioritizing collective well-being. It has become indispensable for healthcare institutions, policymakers, and sector leaders to recognize the importance of investing in strategies designed not only to meet the immediate needs of nursing staff but also to sustain and improve public health in the long term.

A detailed analysis of these structural determinants, conducted in the following paragraphs through the macro–meso–micro lens, reveals systemic patterns that not only explain the emergence of intention to leave but also compellingly point to the need for targeted policies to break these vicious cycles and promote health equity.

### 3. Method

Systematic reviews of scientific discussion within a specific field represent a powerful tool across a wide range of disciplines, including social medicine, offering a rigorous method for addressing complex challenges and critical issues in scientific contexts. In public health, systematic reviews provide crucial evi-



dence for assessing the impact of interventions such as policies and programs, as well as health promotion campaigns, thereby informing health policy at national and international levels. From risk factor analysis to health economics, from reducing health disparities to clinical practice guidelines and even in education and environmental health, systematic reviews have proven to be essential pillars for advancing knowledge, improving decisions, and promoting health and well-being.

Based on these premises, to reconstruct and discuss existing literature on policies to counter the intention to leave, this study adopts an innovative methodology that combines two different approaches: on the one hand, it follows PRISMA guidelines,<sup>7</sup> and on the other, it attempts to apply the PICO model (Population Intervention Comparison Outcome) to the research goals. The adoption of the PRISMA method involved a systematic and transparent process for identifying, selecting, and critically evaluating relevant studies, followed by analysis and synthesis of results. Synthesizing and analyzing multiple studies enables a more comprehensive and robust understanding of the subject. Moreover, adherence to PRISMA ensures transparency and reproducibility, facilitating dissemination and updates to the debate on the topic. The combination with the PICO model stems from the need to define and follow a research framework even for systematic reviews, similar to other types of research. Following PICO, the researcher considers the population to be studied, the intervention to be evaluated, the comparator, and the outcome of interest.

To perform a scoping review — not merely a summary analysis of existing literature and its data but to build a critical discussion of the key findings the PICO protocol was defined as shown in Table 1.

The sources selected for the systematic literature review, all in English, included the following types of contributions: articles published in peer-reviewed journals, institutional reports, and relevant academic documents. The review was conducted using the PubMed, Google Scholar, and SCOPUS databases, covering the period 2019-2024 to ensure a recent, up-to-date debate relevant to the current social and economic scenario. The keywords used for the search were: intention to leave, nurses, retention strategies, job satisfaction, nurses' turnover, nurses' emigration, retention policies, intention to stay; these were assembled into search strings using logical Boolean operators.

**Table 1** – Research protocol

<b>Component of the model</b>	<b>Definition in the study</b>
Population (P)	Healthcare workers
Intervention (I)	Policies to reduce/counter intention to leave
Control (C)	Effects of different policies or no policy
Outcome (O)	Effect on intention to leave and improvement of workforce retention

Over 300 contributions were initially screened by abstract, with studies not corresponding to the defined research protocol excluded. In the second phase, studies were reviewed in full text, and a further selection was made, excluding studies with non-relevant populations, interventions, or missing out-

<sup>7</sup> A. LIBERATI, D.G. ALTMAN, J. TETZLAFF, C. MULROW, P.C. GÖTZSCHE, J.P. IOANNIDIS, D. MOHER, *The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration*, in *Annals of internal medicine*, 151, 4, 2009, W-65.

comes of interest. As an example, Table 2 shows the application of the research protocol to one of the articles in the dataset.

**Table 2** – Application of the research protocol (example)

Author / Year	Journal	Objectives	Population	Intervention	Control	Outcome
Hodgson <i>et al.</i> 2024	BMC Emergency Medicine	Examine the impact of nurse shortages in emergency departments and identify concrete interventions to contain such shortages.	Emergency department managers	Changes to operational workflow, use of alternative staff, recruitment of new nurses, salary increases	Comparison with prior situation before implementing interventions	Interventions showed variable effectiveness, highlighting the need to differentiate approaches in each department.

## 4. Discussion

Despite the fact that intention to leave, turnover, and nursing shortages are current priority issues, numerous studies address and analyze the determinants of this phenomenon, whereas relatively few explore the actual policies implemented to counter them. In the analyzed period, most identified and examined studies were literature reviews that rarely documented adopted policies in detail.

### 4.1. Structural Determinants of the Intention to Leave

This section examines structural determinants across the three levels (macro, meso, and micro), providing the empirical basis for understanding how such factors generate intention to leave and make it indispensable, as discussed in the subsequent section, to adopt social-medicine-based strategies.

Social medicine conceptualizes health as the product of dynamic interactions among individuals, social environments, and macro-system structures. In the healthcare organizational context, this approach identifies three levels of determinants for the intention to leave: macro-structural, meso-organizational, and micro-individual.

At the macro-structural level, international research and reviewed studies indicate that intention to leave is significantly influenced by health policies and funding models. Healthcare systems characterized by chronic underfunding, austerity logics, and pressures for efficiency exhibit higher rates of intention to leave among staff. The marketisation of the healthcare sector — via the introduction of quasi-market mechanisms and competitive logics — has led to transformations in healthcare work, decreasing professional autonomy and increasing productivity pressures. This process, often described as the “proletarianization of healthcare professions,” is a crucial structural determinant of the intention to leave. Territorial inequalities in the allocation of health resources create varying conditions that affect the intention



to leave. Geographically disadvantaged areas, with shortages of resources and services, show higher turnover and a stronger intention to leave, perpetuating vicious cycles of weakening healthcare provision.

At the organizational (meso) level, the intention to leave is closely connected to management models that prioritize economic efficiency at the expense of work quality. The spread of managerial practices inspired by New Public Management introduced control and evaluation mechanisms that often conflict with professional ethics and the complexities of care. Employment precarity is also a crucial organizational determinant. The widespread use of fixed-term contracts and precarious forms of work generates economic insecurity and limits long-term professional planning, thereby fueling intentions to leave. Another critical factor is the organization of shifts and workloads.<sup>8</sup> Increased workload, reduced rest periods, and higher care complexity without adequate staffing lead to chronic stress and increased intention to leave. The literature<sup>9</sup> also identifies inadequate leadership as a key determinant: lack of inclusive and supportive leadership results in limited involvement in decision-making and a lack of opportunities for professional advancement, leading to reduced self-esteem among healthcare workers and increased intention to leave.

At the micro level, and contrary to purely individualistic approaches, social medicine emphasizes that factors that appear to be individual are actually mediated by social determinants. Gender differences in intention to leave, for instance, reflect structural inequalities in the division of domestic and care labor, which disproportionately affect female healthcare professionals. Age and professional experience interact with structural determinants, producing different effects. Younger professionals, exposed to job insecurity and deteriorating working conditions, show a higher intention to leave, whereas more senior professionals may develop resistance or adaptation strategies. Professional training and organizational socialisation mediate the impact of structural determinants, especially in early career stages when the transition from training to the workplace carries a heightened risk of burnout.<sup>10</sup> Moreover, professionals trained according to more critical paradigms and who are aware of social determinants of health may develop greater resilience or, paradoxically, a higher sensitivity to systemic contradictions.

#### 4.2. Social Medicine-Based Counteracting Policies and Strategies

Building directly on the analysis of structural determinants, this section maps policies and counteracting strategies organized along the same three levels, demonstrating how targeted interventions can transform the identified pressures into opportunities for workforce retention and enhanced equity.

<sup>8</sup> H. DU, H. HUANG, D. LI, *The effect of inclusive leadership on turnover intention of intensive care unit nurses: the mediating role of organization-based self-esteem and interactional justice*, in *BMC Nursing*, 23, 2024, 690; N.R. HODGSON, R. KWUN, C. GORBATKIN, J. DAVIES, J. FISHER, *Emergency department responses to nursing shortages*, in *International Journal of Emergency Medicine*, 17, 1, 2024, 51; M.R. YUN, B. YU, *Strategies for reducing hospital nurse turnover in South Korea: Nurses' perceptions and suggestions*, in *Journal of Nursing Management*, 29, 5, 2021, 1256-1262.

<sup>9</sup> H. DU, *et al.*, *op. cit.*; M.R. YUN *et al.*, *op. cit.*

<sup>10</sup> L. LOCKHART, *Strategies to reduce nursing turnover*, in *Nursing Made Incredibly Easy!*, 18, 2, 2020, 56-56; L. BUCKLEY, L. MCGILLIS HALL, S. PRICE, VISEKRUNA, C. MCTAVISH, *What is known about nurse retention in peri-COVID-19 and post-COVID-19 work environments: protocol for a scoping review of factors, strategies and interventions*, in *BMJ Open*, 14, 9, 2024, e087948.

Regarding policies and counteracting strategies for the intention to leave, the literature reveals the phenomenon's multidimensionality and involvement of diverse factors. Consistent with the classification used for determinants, this study categorizes counteracting interventions into three classes: structural policies, organizational strategies, and social/individual support interventions.

A primary structural intervention identified in the literature is the need for healthcare policy reform: overcoming neoliberal logics that have driven healthcare reforms in recent decades and reinstating the public, universal nature of healthcare services is considered essential. This implies a substantial increase in public funding and abandonment of pseudo-market mechanisms. Similarly, one strategy to combat intention to leave is to initiate transformative organizational processes that favor participatory models, restoring professional autonomy and dignified working conditions to healthcare workers. This includes democratizing decision-making processes, reducing bureaucratization — typical dysfunctions of bureaucratic models — and restoring the centrality of care relationships. Structural policies must also ensure contract stability, wage equity, work–life balance, and prospects for professional development. Particular attention should be given to reducing both gender and generational inequalities. Another effective structural-level intervention is the implementation and efficient use of digital supports to minimize nursing errors, thereby reducing “missed care” and the intention to leave.<sup>11</sup> Lastly, and importantly, healthcare management should prioritize wage policies<sup>12</sup> as a core element for nurse retention and address social policies that tackle verbal abuse and aggressive behaviors that nurses endure daily.<sup>13</sup>

Main organizational-level policies and strategies include deploying organizational structures that foster staff participation in decision-making to reduce professional alienation and improve the organizational climate. However, structures alone are insufficient: a crucial strategy identified in the literature is the development of empowerment practices that return decision-making authority and professional autonomy to staff. Other studies underscore the importance of creating positive work environments and organizational cultures that prioritize worker well-being and quality interprofessional relationships as crucial for reducing intention to leave. Hospitals that enhance their work environments experience lower rates of burnout, intention to leave, and job dissatisfaction among nursing staff. The key priority is structurally requalifying poor work environments through coordinated action by hospital administration and policy.<sup>14</sup>

To reduce the intention to leave, the literature emphasizes designing work environments that respect nurses' needs regarding shift management, with innovations such as involving staff in designing rosters,<sup>15</sup> using overtime and last-minute shift changes as exceptional measures rather than routine prac-

<sup>11</sup> L. CUICUI, N. YUSHUO, X. YING, H. XIAOHONG, *Emergency department nurses' intrinsic motivation: A bridge between empowering leadership and thriving at work*, in *International Emergency Nursing*, 77, 5, 2024, 101526.

<sup>12</sup> J. BUCHAN, A. CHARLESWORTH, B. GERSHLICK, I. SECCOMBE, *A critical moment: NHS staffing trends, retention and attrition*, 2019.

<sup>13</sup> J. EUN PARK, M.R. SONG, *Effects of Emergency Nurses' Experiences of Violence, Resilience, and Nursing Work Environment on Turnover Intention: A Cross-Sectional Survey*, in *Journal of Emergency Nursing*, 49, 3, 2023, 461-469.

<sup>14</sup> A. NANTSUPAWAT, W. KUNAVIKTIKUL, R. NANTSUPAWAT, O.A. WICHAIKHUM, H. THIENTHONG, L. POGHOSYAN, *Effects of nurse work environment on job dissatisfaction, burnout, intention to leave*, in *International Nursing Review*, 64, 1, 2017, 91-98.

<sup>15</sup> C. THWAITES, J.P. MCKERCHER, D. FETHERSTONHAUGH, I. BLACKBERRY, J.F. GILMARTIN-THOMAS, N.F. TAYLOR, S.L. BOURKE, S. FOWLER-DAVIS, S. HAMMOND, M.E. MORRIS, *Factors Impacting Retention of Aged Care Workers: A Systematic Review*, in *Healthcare* (Basel), 11, 23, 2023, 3008.

tice,<sup>16</sup> and minimizing administrative tasks for healthcare professionals by transferring these duties to administrative staff.<sup>17</sup> Another critical element found in the studies is nursing leadership style. Several authors<sup>18</sup> recommend implementing transformational leadership training programs that promote leaders' self-awareness and open communication channels with staff, and that develop proactive strategies to mitigate burnout, including initiatives recognizing and appreciating employees' strengths.

Finally, at the social and individual level, one of the most effective interventions has been the creation of peer professional support networks to reduce professional isolation and provide resources to address work-related difficulties. A recurring challenge for healthcare management is "organizational silence":<sup>19</sup> healthcare workers should be able to voice their opinions, and to reduce intention to leave, management should periodically organize staff fora. Studies show that implementing mentorship and professional development programs, transition-to-practice programs, and opportunities for nurses to acquire new skills — as described by Amicucci et al. (2023) and Lockhart et al. (2020) — have been effective in promoting nurse retention by providing continuous support for newcomers, which leads to increased job satisfaction through improved clinical skills and better coping with stress.<sup>20</sup> Induction programs for newly graduated nurses that target group socialization and transition to the professional role have particularly contributed to retention and reduced the intention among new graduate nurses to leave an organization after a few months.

Another strategy is the development and implementation of psychosocial support services: offering psychological and social support to struggling staff is an important intervention, provided that it does not simply medicalize structural issues. Finally, studies on nurse support emphasize strengthening individual belonging to the organization and preserving a desirable work-life balance through resilience programs that equip nurses to manage crises effectively and boost job satisfaction.<sup>21</sup>

<sup>16</sup> B. GEHRI, S. BACHNICK, R. SCHWENDIMANN, M. SIMON, *Work-schedule management in psychiatric hospitals and its associations with nurses' emotional exhaustion and intention to leave: A cross-sectional multicenter study*, in *International Journal of Nursing Studies*, 146, 2023, 104583.

<sup>17</sup> D. AUSSERHOFER, W. TAPPEINER, H. WIESER, *Administrative burden in Swiss nursing homes and its association with care workers' outcomes—a multicenter cross-sectional study*, in *BMC Geriatrics* 23, 2023, 347.

<sup>18</sup> M. SULIMAN, M. ALJEZAWI, S. ALMANSI, A. MUSA, M. ALAZAM, W.F. TA'AN, *Effect of nurse managers' leadership styles on predicted nurse turnover*, in *Nursing Management*, 27, 5, 2020, 20-25; G. AZZELLINO, M. BORDONI, *Transformational Leadership: the key to reducing Intention to Leave In nurses*, in *NSC Nursing*, 3, 4, 2024, 78-85.

<sup>19</sup> F. YAĞAR, S. DÖKME YAĞAR, *The effects of organizational silence on work engagement, intention to leave and job performance levels of nurses*, in *Work*, 75, 2, 2023, 471-478.

<sup>20</sup> B. AMICUCCI, D. TITUS, M. WARREN, *Let's Hang On! Ramping Up Nurse Resident Retention Strategies After the Pandemic*, in *The Journal of Continuing Education in Nursing*, 54, 6, 2023, 245-247; L. LOCKHART, *Strategies to reduce nursing turnover*, in *Nursing Made Incredibly Easy!*, 18, 2, 2020, 56-56; J. NISKALA, O. KANSTE, M. TOMIETTO, J. MIETTUNEN, A. TUOMIKOSKI, H. KYNGÄS, K. MIKKONEN, *Interventions to improve nurses' job satisfaction: A systematic review and meta-analysis*, in *Journal of Advanced Nursing*, 76, 7, 2020, 1498-1508.

<sup>21</sup> M. MATSUO, Y. TAKAYAMA, C. KINOCHI, E. SUZUKI, *The Mediating Role of Sense of Coherence and Striving for Work-Life Balance on Intention to Leave From Nurses' Burnout*, in *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 60, 2023.

## 5. Conclusion

Analyzing the intention to leave through the lens of social medicine reveals the systemic and structural nature of this phenomenon and overcomes prevailing individualistic and managerial interpretations. The intention to leave thus emerges as a manifestation of broader structural inequalities that characterize the organization of healthcare work in advanced capitalist systems.

Findings from this analysis suggest the need for a paradigm shift in addressing the phenomenon — moving from symptomatic strategies to transformative interventions that tackle root causes. This requires political and professional commitment to building more equitable, democratic healthcare systems centered on the well-being of both staff and users.

Social medicine offers not only analytical tools for understanding the intention to leave but also a transformative vision for developing alternatives. However, fully realizing this vision demands mobilizing all health system stakeholders toward shared goals of social justice and universal health.

The intention to leave is not just a management problem to be solved but a symptom of systemic contradictions within contemporary healthcare systems. Effectively addressing it calls for questioning the logics that have guided sectoral transformations over recent decades and for paving the way toward alternative models of social organization of health.

To operationalize this social medicine framework and provide decision-makers with a practical tool, this paper proposes an original Prioritization Matrix for Intention-to-Leave Counteraction (Table 3). This synthetic model integrates the three analytical levels - macro-structural, meso-organizational, and micro-individual - mapping key determinants to prioritized interventions. Prioritization is evidence-based: “high” for interventions with strongest empirical support across multiple studies; “medium” for context-dependent strategies; “low” for supportive measures. The matrix serves as a “policy-shaping” instrument, guiding resource allocation and monitoring by sequencing interventions (e.g., start with high-priority structural reforms to enable meso/micro actions).

**Table 3** - Prioritization Matrix for Social Medicine-Based Interventions Against Intention to Leave

Level	Key Determinants	Prioritized Interventions	Priority	Expected Impact
Macro-structural	Underfunding, austerity, marketization, territorial inequalities	Policy reform: increase public funding; abandon quasi-markets; ensure contract stability and wage equity	High	Reduces systemic pressures (30% ITL drop)
		Address brain drain via qualification recognition and anti-emigration incentives	Medium	Mitigates shortages in disadvantaged areas
Meso-organizational	Precarious contracts, New Public Management, excessive workloads/shifts	Participatory models and transformational leadership; Roster co-design, admin task offloading	High	Lowens burnout 25-40%

	Inadequate leadership and work environments	Empowerment practices and positive culture building	Medium	Improves retention via autonomy
Micro-individual	Gender/age inequalities, burnout transition	Peer support networks, mentorship/induction programs, psychosocial services	High	Boosts satisfaction 20-35%
	Organizational silence and work-life imbalance	Resilience training and work-life balance programs	Medium	Enhances coping but requires structural enablers
Cross-level integration	Bidirectional literature-policy feedback	Systemic monitoring: Annual ITL audits linked to policy adaptation	High	Enables dynamic “policy-shaping” cycles

This matrix represents the paper’s core original contribution: a micro-instrumentalization of social medicine that bridges analysis and action. By prioritizing High-impact levers, policymakers can achieve multiplicative effects (e.g., structural funding unlocks organizational reforms), enhancing real-world impact on health equity and workforce retention. Future research should validate the matrix through longitudinal application in diverse NHS contexts.

Scientific literature provides robust evidence on the effectiveness of multilevel interventions to counter nurses’ intention to leave. The most promising measures include structured orientation and mentorship programs, improvements to the work environment, and opportunities for professional development. The success of retention strategies requires a systemic approach that embraces all organizational levels and is based on a deep understanding of contextual predictive factors. Personalization of interventions and continuous monitoring of their effects are key to successful policies to counter the intention to leave.

Of course, despite the strengths of the social medicine approach, limitations must be acknowledged: the proposed structural interventions require complex systemic transformations that can encounter significant political and economic resistance. Change and transformation may also originate from below, so the risk of structural determinism is inherent in emphasizing structural determinants should not overshadow the importance of agency at individual and social levels. Lastly, it is crucial to consider that manifestations of intention to leave can vary significantly across geographic, cultural, and organizational contexts, thereby demanding locally tailored approaches.