Caribbean Nurse Turnover: A Scoping Review

Shamel Rolle-Sands 0000-0002-3415-2569
University of The Bahamas

Kenchera Ingraham 0000-0002-7116-6580
University of Alberta

Abstract

Nurse turnover in the Caribbean has resulted in continuous shortages and chronic understaffing, jeopardizing the ability of health systems to provide essential services and negatively impacting patient care and outcomes. Despite extensive global research on nurse turnover over the past 40 years, the Caribbean has been largely overlooked by researchers. This study maps and summarizes the existing empirical and grey literature, identifying key themes and knowledge gaps concerning nurse turnover in the Caribbean. We employed Arskey and O'Malley's methodological approach and collaborated with a health sciences research librarian to develop a search strategy. We searched 14 online databases as well as Google and Google Scholar to locate relevant literature. Two reviewers independently screened and extracted data, compiling it into qualitative and numerical thematic summaries. The study uncovered a significant scarcity of literature, with only five articles published between 1999 and 2017, mostly quantitative and using cross-sectional methods. Two major themes emerged: mental health challenges and the need for supervisory and organizational support. This review highlights specific predictive factors of turnover intentions among nurses in English-speaking countries of the Caribbean. It also reveals the limited research available on this topic, demonstrating the need to prioritize nursing research on retention and turnover. This study concludes that future researchers should use a multi-disciplinary, geographically wide approach to develop tailored interventions, enhance nurse well-being and promote health system resilience.

Introduction

For decades, researchers have studied nurse turnover, especially voluntary turnover, where many nurses leave their jobs or the profession of their own volition due to concerns about work-life balance and mental health (Yildiz et al., 2021). Involuntary turnover, where nurses are forced to leave their jobs for various reasons, is less frequently addressed but still contributes to overall turnover and its cyclical effects (Yildiz et al., 2021). Nurse turnover has socio-economic consequences. It decreases productivity and causes loss of human capital while increasing workloads and degrading work environments. This risks patient care quality (Bae, 2022).

In the absence of actual turnover data, researchers often use turnover intention as a reliable predictor of future turnover rates (Chênevert et al., 2016). A multi-level study involving over 23,000 nurses in 10 European countries found that factors such as human and material resources and collegial relationships significantly influenced nurses'

organizational turnover intentions (Leineweber et al., 2016). Similar factors were associated with actual turnover in other studies (Park & Ko, 2020). Nurse turnover is complex due to the numerous personal and contextual factors involved, making it challenging to pinpoint specific causes. However, consistent predictive factors include job satisfaction, age, organizational commitment, and workplace relationships (Halter et al., 2017; Liu et al., 2023). Despite these consistent factors, there is variability across different units, organizations, and countries (Liu et al., 2023). Regardless of the reasons, nurse turnover exacerbates chronic understaffing and the nursing shortage crisis faced by many countries, highlighting the importance of addressing both voluntary and involuntary turnover to improve nurse retention and patient care outcomes (Dewanto & Wardhani, 2018).

Nurse Turnover in the Caribbean

Nurse turnover in the Caribbean is a pressing and longstanding issue, yet it remains understudied (Rolle-Sands et al., 2020). The primary cause of nursing shortages in the Caribbean is international emigration, leading to significant staffing gaps in healthcare systems. This shortage has forced some countries to reduce essential programs and services (Rolle-Sands et al., 2020). Vacancies in the English-speaking Caribbean have steadily increased, with at least four out of ten funded nursing positions remaining unfilled (Jacobson, 2015). Many nurses from Guyana, Haiti, and Jamaica have emigrated to OECD countries (members of the Organisation for Economic Cooperation and Development), particularly Canada, the United Kingdom, and the United States of America (International Organization of Migration, 2023).

Most existing literature on nurse turnover focuses on North America, Europe, and Australia, with little to no representation from the Caribbean (Halter et al., 2017). While Caribbean nurses may share predictive factors with their global counterparts, assuming such without empirical data is speculative. As local context is crucial in examining predictive factors and retention strategies (Cosgrave, 2020), understanding the unique circumstances of Caribbean nurses is vital.

Providing a contextual analysis of nurse turnover in the Caribbean can aid stakeholders, nurse leaders, organizational administrators, and policymakers in understanding the specific factors affecting nurse retention and turnover in the region. This understanding can inform the development of context-specific, evidence-based recruitment and retention strategies, addressing the unique challenges faced by Caribbean healthcare systems. Our review maps literature on nurse turnover and retention in the English-speaking Caribbean, identifying key themes and knowledge gaps.

Methods

Scoping reviews are exploratory, usually used to address broad questions by assessing the extent of available evidence from diverse methods. This systematic and iterative approach also highlights gaps in the literature (Arksey & O'Malley, 2005; Colquhoun et al., 2014; Levac et al., 2010). We used a scoping review as it aligns with our aim to map the literature and identify major themes and gaps regarding turnover among nurses in the English-speaking Caribbean. Following Arksey and O'Malley's framework (2005), we completed the following:

Stage 1: Identifying the research questions

Our research questions were intentionally broad (Levac et al., 2010) What is the scope,

distribution, and focus of existing literature, and what types of research and sources are included?; and 2) What are the gaps in the nurse turnover literature regarding Caribbean nurses?

Stage 2: Identifying the academic and grey literature

We developed and pre-tested a comprehensive search strategy in collaboration with a health science research librarian for each database to identify academic and grey literature. No date restrictions were applied to allow the inclusion of the greatest number of articles. See Figure 1 for an example of the search strategy used.

We searched the following databases for peer-reviewed literature: MEDLINE, Embase, Global Health, EBSCO's Academic Search Complete, Business Source Complete, and Health Source: Nursing/Academic, CINAHL, Scopus, Econolit, APA PsychInfo, LILACS: Latin American and Caribbean Health Sciences Literature as well as Google Scholar.

Figure 1

SCOPUS Search Strategy

(TITLE-ABS-KEY (("nurse" OR "nurses" OR "nursing"))	**818912**
AND	
TITLE-ABS-KEY ("turnover" OR "turn over" OR "leav*" OR "inten* to leave" OR "stay" OR "inten* to stay" OR "retain*" OR "retention")	**36949**
AND	
TITLE-ABS-KEY ("Caribbean" OR "West Indies")	**47**
OR	
TITLE-ABS-KEY ("Antigua and Barbuda" OR "Bahamas" OR "Barbados" OR "Cuba" OR "Dominica" OR "Dominican Republic" OR "Grenada" OR "Haiti")	**77**
OR	
TITLE-ABS-KEY ("Jamaica" OR "Saint Kitts and Nevis" OR "Saint Lucia" OR "Saint Vincent and the Grenadines" OR "Trinidad and Tobago"))	**88**

Database searches combined terms from two themes: 1) Caribbean and 2) nurse retention/turnover. Keywords such as "nurse," "retention," "turnover," "Caribbean," and "West Indies" were used alone and in combination in the title and/or abstract and subject headings as appropriate. We included records meeting the following criteria:

- Texts are original reports or secondary literature (e.g. systematic or scoping reviews, meta-analysis or meta-synthesis).
- Full text are available in English or Spanish.
- Studies include samples of Caribbean nurses. Studies whose sample are not exclusively Caribbean nurses were

included if data were disaggregated and attributable to this population. We conducted ancestry searches of reference lists of all included studies.

We searched the following grey literature sources for additional records relevant to our study: ProQuest Dissertations & Theses Global, OCLC WorldCat Dissertations and Theses, OCLC Papers First, and Google. Database searches combined terms from two themes: 1) Caribbean and 2) nurse retention/turnover. To be included in this study, texts needed to contain keywords such as "nurse," "retention," "turnover," "Caribbean," and "West Indies." These keywords are used alone or in combination in the title, abstract, and/or subject headings.

We searched Google for publicly available material using the following search strategy: "turnover nurses Caribbean site:.org," "retention nurses Caribbean site:.org," "turnover nurses Caribbean site:.gov," "retention nurses Caribbean site:.gov." Using site:.org limits retrieval to organizational sites such as the Pan American Health Organization and World Health Organization. The site:.gov limits retrieval to country-specific government sites. Additionally, we used Google to search the International Council of Nurses' website and national nurses' association and union sites.

We included records in this study that met the following criteria:

- Government reports
- Policy statements
- Issues papers
- Article pre-prints and post-prints
- Theses and dissertations
- Research reports
- Newsletters and bulletins
- Fact sheets
- Opinion pieces

- Press releases
- Conference and symposia proceedings
- Full text documents available in English or Spanish
- Editorials

We excluded blogs and full text documents not available in English or Spanish. Records excluded based on this criterion were tracked and reported.

Stage 3: Selecting the literature

We systematically selected literature for this scoping review by importing records into RefWorks to manage references and remove duplicates. The remaining records were then imported into Covidence for screening. The screening process involved two phases: we each initially reviewed titles and abstracts for relevance, followed by a thorough bibliographic review to find additional records. The we each independently assessed full-text articles based on inclusion criteria, and discussed discordant articles until reaching consensus. Ultimately, six records were selected for data extraction and charting. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2009 flow diagram (Moher et al., 2009) reports the number of records.

Stage 4: Extracting and charting the data

To ensure standardization of data extraction and charting (Levac et al., 2010), we developed and used a customized extraction tool in Covidence. We validated the tool and ensured inter-rater reliability by independently extracting and comparing data from the full-text records. We resolved any differences by consensus. Next, we downloaded the extracted data into an Excel spreadsheet for validation and coding. Extracted data included: author, year, type of study (e.g. thesis, report, textbook), country, aim and purpose, theoretical framework,

population, sample, setting, intervention (where applicable), data collection method (quantitative or qualitative), instrument(s) and concept measure(s), data analysis, outcome(s) and finding(s), and recommendations and conclusions. We resolved discrepancies through review and discussion.

Stage 5: Data summary and synthesis of results

To address the research questions, we used frequencies to report the number, type, source, distribution, and focus of the literature. We also conducted a thematic analysis of all studies and compared their findings. Using an iterative process, we summarised qualitative data and synthesized the major themes. We identified gaps in the literature and discussed implications for practice and future research. Since this is a scoping review, we did not deem it necessary to assess the literature for quality (Arksey & O'Malley, 2005).

Stage 6: Reflecting on protocol and method

Although Arksey and O'Malley (2005) recommend consulting key stakeholders as a potentially valuable step, they deem it optional. Due to time and budget constraints, we opted to omit this stage for the current review. The protocol for this review is registered and can be reviewed at https://doi.org/10.17605/OSF.IO/BXSDH. Additionally, a detailed explanation of our approach is available in the published study protocol.

Results

The original search in July 2020 and an updated search in July 2023 yielded five relevant records, indicating a scarcity of literature on nursing turnover in the Caribbean (see Figure 2). Our study includes a quantitative analysis of the records' number, distribution, type, and source, alongside a qualitative analysis identifying main themes. We summarize gaps in the literature, highlighting the need for more research specific to nursing turnover within the Caribbean context.

Number, Distribution, Type, and Sources

The five records were published between 1999 and 2017. Most ($n = 3$, 60%) were published after 2000. Jamaica ($n = 2$, 40%), St. Vincent and Trinidad and Tobago ($n = 1$, 20%), Trinidad and Tobago ($n = 1$, 20%), and four unidentified countries in the Eastern Caribbean ($n = 1$, 20%), were the geographical locations of the studies. Another study ($n = 1$) did not identify a specific country or sub-region within the Caribbean. Most ($n = 4$, 80%) of the records were quantitative using cross-sectional ($n = 2$, 40%) or both cross-sectional and correlational designs ($n = 2$, 40%). One (20%) employed a mixed-method approach. The sources of the records included journal articles ($n = 4$, 80%) and a doctoral dissertation ($n = 1$, 20%).

Quantitative Analysis

While nurses were the population of interest, most of the studies did not specify the professional title or scope of practice of their subjects. One study (20%) included multiple professional designations of nurses including RNs and LPNs along with other healthcare professionals including physicians. Two studies (40%) identified registered nurses as their sample population. Hospitals were the most frequently reported work setting ($n = 4$, 80%), with one (20%) identified as a government-operated hospital, and one (20%) a quasi-government hospital. The other three studies (60%) did not specify hospital type or setting.

Figure 2

PRISMA 2009 Flow Diagram: Identification of Study Records
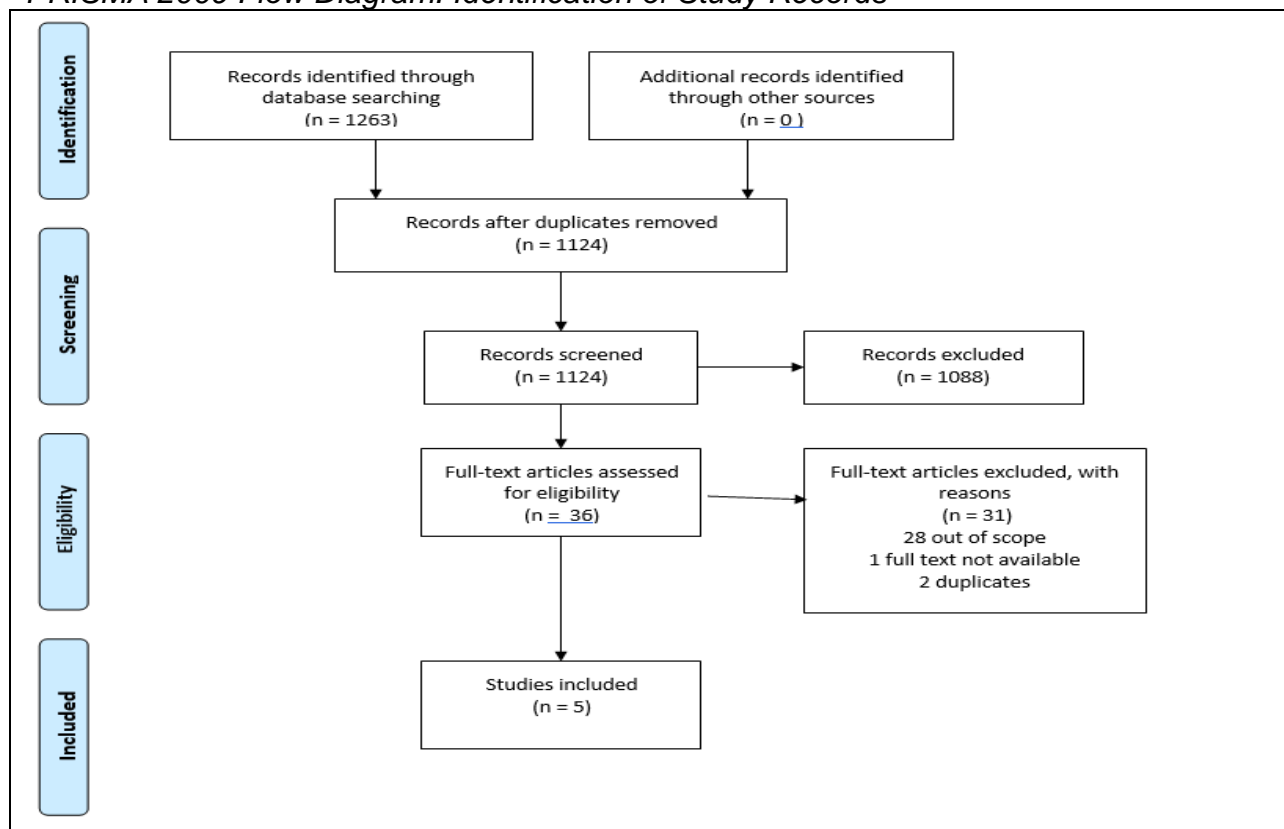
Qualitative Analysis

Two major themes emerged through an iterative and inductive analysis of the compiled records. These themes included: mental health challenges and organizational and managerial support. All ($N = 5$, 100%) of the studies in our review directly or indirectly address the complex interplay between workplace stressors, social support, and nurses' mental health and organizational outcomes.

Mental Health Challenges

Our review highlights the mental health challenges faced by Caribbean nurses, including stress, burnout, depression, and lateral violence. These issues are interconnected, each exacerbating the other, and significantly impact both individual well-being and professional outcomes.

Stress often stems from role conflict and role overload, particularly affecting younger nurses, which leads to a higher intention to leave the profession. Higher decision latitude can reduce this intention (Tourigny et al., 2016). Burnout, both a cause and consequence of prolonged stress, manifests as emotional exhaustion, depersonalization, and reduced personal accomplishment, increasing susceptibility to depression (Baba et al., 1999). Burnout, a precursor to depression, leads to a significant decrease in job satisfaction and increased professional disengagement. Nurses grappling with depression are more likely to withdraw from

their work environment, initially through increased absenteeism and eventually through leaving the profession altogether (Baba et al., 1999). Lateral violence, including bullying and unfair work schedules, create a toxic work environment, foster disengagement, and increase turnover intentions (Morrison et al., 2017). Nurse managers are often responsible for such conditions (Morrison et al., 2017).

Organizational and Managerial Support and its Impact on Nurses' Turnover Intentions

Our review also emphasizes the critical role of organizational and managerial support in shaping nurses' job satisfaction and turnover intentions (Baba et al., 1999; Kerr, 2005; Lansiquot et al., 2012; Morrison et al., 2017; Tourigny et al., 2016). Although this review addresses them separately, organizational and managerial support are interconnected in their influence on nurses' mental health.

Organizational support is when a workplace is perceived to value employees' contributions and well-being. Lack of support leads to decreased morale and job satisfaction, manifesting in inadequate responses to lateral violence, insufficient resources, poor staffing, and limited career advancement opportunities (Baba et al., 1999; Kerr, 2005; Morrison et al., 2017; Tourigny et al., 2016). Although Lansiquot et al. (2012) found no significant relationship between an unfavourable work environment and turnover intentions, aligning organizational values with actions is essential to prevent employee disillusionment (Lansiquot et al., 2012; Tourigny et al., 2016).

Managerial support involves supervisors' actions and behaviours towards subordinates. Adequate support is vital for guidance, feedback, and advocacy (Lansiquot et al.,

2012; Morrison et al., 2017). Lack of support, such as bullying or favoritism, leads to demoralization and disengagement, increasing turnover intentions (Lansiquot et al., 2012; Morrison et al., 2017). This mistrust exacerbates workplace stress, depression, and burnout, again increasing turnover intentions (Baba et al., 1999).

Gaps in the Literature

Our review identifies significant gaps in the literature on nursing turnover in the Caribbean, demonstrating possibilities for future research. Firstly, while mental health challenges such as stress, depression, and burnout influence nurses' intentions to leave, there's a dearth of studies focusing on actual turnover rather than intentions alone. This highlights the need for retrospective or longitudinal research to understand the transition from intention to action. Furthermore, the existing evidence predominantly examines hospital nurses in English-speaking Eastern Caribbean countries, neglecting nurses in other settings and non-English-speaking Caribbean countries. It's crucial to expand research efforts to include diverse nurse populations across the Caribbean to capture the full spectrum of turnover experiences. Additionally, the importance of contextual factors, such as cultural and work settings, underscores the need for context-specific studies to inform tailored retention strategies. By addressing these gaps, future research has the potential to provide a comprehensive understanding of nurse turnover in the Caribbean, facilitating the development of effective interventions and fostering collaboration and knowledge exchange within the region.

The studies in our review also provide empirical insights that could inform intervention strategies to mitigate nurse turnover, although no interventional studies

were included. Future research should focus on identifying and implementing interventions to facilitate environment characteristics (e.g., sufficient staffing, supportive management, and opportunities for professional growth and development) that improve job satisfaction and subsequently nurse retention (Azad & Ali, 2024). Additionally, while most studies in our review used quantitative methods, we advocate for more mixed methods and qualitative research, such as phenomenology or ethnography, to provide deeper insights into nurses' experiences and interpretations of turnover. Qualitative methods can give voice to underrepresented perspectives and offer richer descriptions of nurses' experiences (Hamilton & Kiger, 2022). Moreover, our findings lacked a gendered lens. Considering nursing's predominantly female workforce, future research should explore turnover experiences across gender identities to provide a more comprehensive understanding. Finally, differentiating between organizational and professional turnover intentions is crucial, since organizational turnover retains human capital within the profession, while professional turnover leads to loss of knowledge, skills, and experience (Mosadeghrad et al., 2022).

In summary, the numerous gaps this review identifies reflect the need to urgently prioritize nursing research (through increased, accessible funding) on issues such as mental health, work attitudes, absenteeism, presenteeism (working while unwell), and turnover. These issues directly impact patient care, healthcare costs, and workforce sustainability. Hence, a multi-disciplinary research approach involving nursing clinicians and academics, healthcare administrators, management and labour scholars, and government leaders from various sectors is suggested to address the multifaceted phenomena of nurse retention and turnover. Such an approach could consist of geographically-wide projects, each housing multiple studies, conducted over extended periods and using mixed methods to capture the diverse experiences within Caribbean nursing culture. Understanding these variations is key to developing tailored interventions that reduce turnover and enhance the overall resilience of healthcare systems in the region.

Discussion

Our scoping review aimed to identify themes and gaps in the literature regarding nurse retention and turnover in the English-speaking Caribbean. Despite the limited empirical literature, our review captured two main themes: mental health challenges such as stress and burnout, and insufficient organizational and managerial support. This snapshot over 20 years highlights critical areas for future research.

Mental Health Issues

Our review highlights stress, depression, burnout, and lateral violence as key mental health challenges for Caribbean nurses. Tourigny et al. (2016) found that role conflict and overload lead to stress and higher turnover intentions, especially among younger nurses, while greater job control reduces this intention. Baba et al. (1999) identified burnout as a preindicator to depression, increasing absenteeism and turnover intention. Morrison et al. (2017) reported that moderate-to-severe lateral violence, often by nurse managers, creates a hostile environment, leading to professional disengagement, eroded teamwork, and higher turnover intentions. These findings are supported by several recent studies that also highlight the significant impact of mental health challenges on nurses' turnover intentions.

Table 1

Studies Included in the Review

	Study Characteristics	Purpose/Aim	Methodological Details	Key findings/Themes
1	**Title of the study:** Occupational mental health: a study of work-related depression among nurses in the Caribbean **Authors:** Baba et al., (1999) **Study design:** cross-sectional **Sample size:** 119 nurses (11 males, 108 females) **Setting:** Hospitals and clinics **Country:** St. Vincent, Trinidad and Tobago	The purpose of the present study is to address certain aspects of occupational mental health among nurses who work in major hospitals in St. Vincent and Trinidad & Tobago.	**Data collection instrument:** survey **Data Analysis:** Descriptive statistics were used to summarize demographic responses. Pearson's correlation coefficient determined the strength and direction of relationships among variables. Reports P values. Confidence intervals (CI) not reported.	Role conflict, role overload, and social support predicted stress, leading to burnout. Burnout predicted depression, which in turn predicted absenteeism and turnover intention. Decision latitude was negatively correlated with turnover intention.
2	**Title of the study:** Influence of perceived organizational support, organizational commitment, and professional commitment on turnover intentions of healthcare professionals in Jamaica **Authors:** Kerr, 2005 **Study design:** cross-sectional, correlational **Sample size:** 118 Registered Nurses (5 males, 108 females) **Setting:** 4 state owned hospitals **Country:** Jamaica	To investigate the influence that perceived organizational support, organizational commitment, and professional commitment have on the turnover intentions of nurses, pharmacists, and physicians in Jamaica.	**Data collection instrument:** survey **Data Analysis:** Factor Analysis for scales. Descriptive statistics were used to summarize demographic responses. Pearson's correlation coefficient determined the strength and direction of relationships among variables. Reports P values, and analysis of variance (ANOVA). Confidence intervals (CI) not reported.	Nurses had the lowest perceived organizational support and affective commitment to the organization, average continuance commitment, and highest turnover intention. Their professional commitment was above average but lower than physicians and pharmacists, with the lowest continuance commitment.
3	**Title of the study:** Turnover intention among hospital-based registered nurses in the Eastern Caribbean **Authors:** Lansiquot et al., 2012 **Study design:** cross-sectional, correlational **Sample size:** 301 Registered Nurses **Setting:** 5 hospitals **Country:** 4 Eastern Caribbean islands	The purpose of this study was to describe the characteristics of hospital-based registered nurses (RNs) in the sub-region, their practice environment and turnover intention in two and five years, respectively, and to determine the relationships among practice environment characteristics and turnover intention.	**Data collection instrument:** survey **Data Analysis:** Descriptive statistics were used to summarize demographic responses. Pearson's correlation coefficient determined the strength and direction of relationships among variables. Reports P values. Confidence intervals (CI) not reported.	Nurses scored three PES-NWI subscales < 2.5, indicating a less positive practice environment: resource adequacy, nurse participation in hospital affairs, and nurse managers' ability, leadership, and support. For 2-year intention to leave, the mean rating on the 100-mm visual analogue scale (VAS) was 63.2, while that for the 5-year intention to leave was 65.6. No significant correlations were found among four of the five PES-NWI subscales and turnover intention in 2 and 5 years.
4	**Title of the study:** Lateral violence among nurses at a Jamaican hospital: a mixed methods study **Authors:** Morrison et al., 2017 **Study design:** mixed concurrent QUANT-QUAL **Sample size:** 107 nurses (7 males, 100 females), 2 focus group with 13 nurses each **Setting:** quasi-government hospital **Country:** Jamaica	This study sought to explore lateral violence among nurses in a Jamaican hospital.	**Data collection instrument:** survey, 2 focus groups **Data Analysis:** Descriptive statistics were used to summarize demographic responses. Chi Square analysis determined differences between categorical variables; and Pearson's correlation coefficient determined the strength and direction of relationships among variables Emerging themes and repeated patterns were grouped into concepts for interpretation and analysis (Braun & Clarke 2006).	Lateral violence was reported by 96% of participants, with 75% rating it as moderate to severe. Nurse Managers were the main perpetrators (63%). This created a hostile environment, leading to half of the nurses intending to resign. Focus groups highlighted professional disengagement and erosion of teamwork.
5	**Title of the study:** On the Retention of Younger Nurses **Authors:** Tourigny et al., 2016 **Study design:** cross-sectional **Sample size:** 252 (21 males, 231 females) **Setting:** hospital **Country:** Trinidad and Tobago	The aim is to compare across age groups to determine whether younger nurses differ in terms of antecedents of turnover intention. The objective is to identify the reasons as to why younger nurses decide to quit the hospital.	**Data collection instrument:** survey **Data Analysis:** ANOVA with Post Hoc Bonferroni used to analyse the differences across the groups. Stepwise regression test used for each group to analyse the predictive effect of the mental health factors and job attitudes on turnover intention using the 0.05 level. CI not reported.	Younger nurses are more at risk of leaving the hospital. High stress levels and feelings of inadequacy for the job are the most important predictors of turnover intention among younger nurses. Stress, burnout and depression symptoms are significantly higher and that job satisfaction and organizational commitment are significantly lower among younger nurses.

For instance, Laschinger et al. (2016) also found that stress, often stemming from heavy workloads and the emotional demands of patient care, is pervasive in nursing. Chronic stress can lead to burnout, characterized by emotional exhaustion and cynicism towards work, which is strongly linked to turnover intentions (Maslach & Leiter, 2016).

Similarly, depression among nurses is associated with the demanding nature of their work and exposure to trauma, leading to feelings of hopelessness and disengagement (Maharaj et al., 2018). Lateral violence, including workplace bullying and mistreatment by colleagues, further exacerbates nurses' mental health challenges

and contributes to turnover intentions (Labrague et al., 2018). These mental health challenges collectively create a toxic work environment that undermines nurses' well-being and job satisfaction, ultimately driving them to consider leaving their positions or the profession altogether (Sheng et al., 2023).

Lack of Organizational and Managerial Support

Our review also highlights the significant impact of perceived support, or lack thereof, on nurses' decisions to leave their jobs or the profession. The blame for perceived lack of support is often directed at nurse managers, creating mistrust within nursing teams and between leadership and staff (Kerr, 2005; Lansiquot et al., 2012; Morrison, 2017). Nursing leaders, caught between organizational demands and staff needs, also feel unsupported, leading to dissatisfaction at all levels (Tourigny et al., 2016). This dissatisfaction increases turnover rates, perpetuating a cycle of workplace stress, depression, and burnout (Baba et al., 1999; Tourigny et al., 2016).

Previous research supports these findings. In a recent systematic review and meta-analysis examining the association between organizational support and turnover intention in nurses, Galanis et al. (2024) found that perceived organizational support, particularly from nurse managers, played a crucial role in mitigating turnover intentions among nurses. Specifically, nurses who perceived low levels of organizational support experienced higher levels of emotional exhaustion which increased their turnover intentions. Organizational and managerial support are critical factors in mitigating nurses' mental health challenges, and subsequent turnover intentions. Healthcare institutions must prioritize creating a supportive work culture and providing effective leadership to address these issues. By addressing the root causes of dissatisfaction and burnout, organizations can improve nurse retention and ultimately enhance patient care quality (Kohnen et al., 2024).

Implications for Policy and Practice in the Caribbean Context

Nurse turnover in the Caribbean poses significant challenges and is often tied to mental health. Nurses face workplace violence, lack of support, stress, and burnout, leading to absenteeism and presenteeism (Baba et al., 1999; Kerr, 2005; Lansiquot et al., 2012; Morrison et al., 2017; Shan et al., 2021; Tourigny et al., 2016). Absenteeism decreases human resources and has social and economic implications. Presenteeism, driven by guilt and unsupportive policies, exacerbates these issues, further straining healthcare systems and negatively affecting patient care (Shan et al., 2021). Nurse turnover also threatens the future of nursing in the Caribbean, resulting in a loss of resources and inadequate mentorship for younger nurses (Bae, 2022).

The ripple effect of turnover decreases morale among remaining staff, who must navigate challenges without effective support (Yun & Yu, 2021). Across geographical contexts, mental health challenges, lack of organizational support, and workplace violence significantly contribute to nurse turnover. These factors impact nurses who leave, those who are considering leaving, and those who remain, creating a sense of hopelessness that workplaces will undergo meaningful changes (Halter et al., 2017).

Addressing these challenges requires a multifaceted approach involving both individual and organizational interventions. At the individual level, nurses can benefit from stress management techniques, counselling, and peer support programs

(Laschinger et al., 2016). Organizations must value employee buy-in to their mission and vision, aligning organizational values with actions to prevent employee disillusionment (Baba et al., 1999; Lansiquot et al., 2012; Tourigny et al., 2016). Organizational interventions, such as promoting a supportive work environment, fostering open communication, and addressing issues of lateral violence and bullying, are crucial in mitigating nurses' turnover intentions (Labrague et al., 2018; Zhang et al., 2022).

Evidence-based policies and initiatives should focus on:

1. Ensuring adequate human and material resources to decrease challenges such as work and role overloads and burnout.

2. Implementing targeted mental health initiatives to address stress, burnout, and depression, and normalizing regular mental health check-ins and assessments.

3. Establishing clear anti-bullying policies, including consistent leadership and conflict resolution training for managers.

4. Providing adequate opportunities for career development and advancement, including educational scholarships, mentorship programs, and clear career path progression.

5. Promoting work-life balance by supporting flexible scheduling and adequate leave, including accommodations for mental health issues and return to work.

6. Creating regular feedback mechanisms, such as surveys, suggestion boxes, or regular meetings with management, where nurses can voice their concerns or provide suggestions (Pressley & Garside, 2023).

Enhancing current or implementing more robust organizational and managerial support systems can mitigate many mental health challenges. This can create a healthier and more supportive practice environment to improve nurses' job satisfaction and reduce turnover.

Strengths and Limitations

We conducted a thorough search across 14 databases but may have overlooked records, particularly in languages other than English and Spanish. Following established scoping review protocols, we aimed to ensure the reliability of our findings. While the limited number of records restricts generalizability to the entire Caribbean, our review offers valuable empirical data. This information underscores the necessity for comprehensive retention interventions, both at the country level and regionally, for stakeholders in the Caribbean healthcare sector.

Conclusion

Our review clearly demonstrates the need for additional research focused on retention and turnover among nurses working in the Caribbean region. The literature suggests that factors such as a lack of organizational (especially managerial) support and mental health challenges including burnout, stress, and lateral violence predict turnover intentions among English-speaking Caribbean nurses. However, little is known about interventions (e.g. policies and/or programs) and their effectiveness. Prioritizing nursing research on mental health, work attitudes, absenteeism, presenteeism, and turnover is essential for improving healthcare quality. A multi-disciplinary, geographically wide research program can capture diverse Caribbean nursing experiences, enabling tailored interventions that reduce turnover, enhance nurse well-being, and strengthen healthcare systems.

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