Journal of Theoretical Accounting Research
ISSN: 1556-5106
Volume 22 Issue 2s Year 2026 Page 109-127

Work Stressors, Organisational Commitment and Workforce Retention in High-Stress Healthcare: Insights from a Systematic Literature Review

Taslim Lakhani[1], Israel Fortin[2] , Arif Raza[3]

[1*]Goa Institute of Management OB/HR Research Scholar Goa Institute of Management Email ID: taslim.lakhani23fpm@gim.ac.in , Orcid ID: 0009-0006-5837-2589
[2]Goa Institute of Management OB/HR Assistant Professor Goa Institute of Management Email ID: fortin@gim.ac , Orcid ID: 0000-0002-1672-7699
[3]Goa Institute of Management Healthcare Management Associate Professor Goa Institute of Management Email ID: arif@gim.ac.in , Orcid ID: 0000-0002-9645-9726

ABSTRACT
Organisational commitment and workforce retention in healthcare remain critical global challenges, particularly in high-stress clinical environments characterised by role stress, role overload, role ambiguity, staffing shortages, and complex job demands. However, existing research has often examined constructs such as burnout, leadership practices, and workplace conditions in isolation, with limited efforts to integrate how work stressors influence retention outcomes through organisational commitment. This systematic literature review addresses this gap by examining how role-related stressors shape organisational commitment and, subsequently, workforce retention among healthcare professionals. Following PRISMA 2020 guidelines, 300 records were identified through major academic databases and manual searches. After screening and eligibility assessment, 40 high-quality studies were included in the final synthesis. The findings indicate that persistent role overload, unclear role expectations, and excessive job demands weaken organisational commitment, thereby increasing turnover intention and withdrawal behaviours. In contrast, supportive and transformational leadership, perceived organisational support, trust in management, job embeddedness, and career development opportunities enhance commitment and promote retention. Employee engagement, resilience, and job embeddedness emerge as key personal resources that help buffer work-related stress and sustain organisational attachment under demanding conditions. Additionally, structural factors such as staffing ratios, workload intensity, work environment conditions, and work–life balance play a crucial role in shaping retention outcomes. The review develops a five-cluster thematic framework integrating work stressors, leadership mechanisms, employee engagement, work environment factors, and workforce sustainability. Overall, the findings highlight the importance of integrated organisational strategies to strengthen commitment and ensure long-term workforce stability in healthcare systems.

Keywords: Organisational Commitment, Employee Retention, Role Stress, Role Ambiguity, High-Stress Healthcare Environments, Healthcare Workforce

1. Introduction

The healthcare sector in the majority of states in the world operates under the tightest structural stresses, with workload pressures, emotional labour, and complex needs of patients to treat. Nurses and other healthcare workers working on the front lines are especially susceptible to work stressors due to frequent exposure to emergencies, shortage of staff and overtime. These stressful conditions are indications of structural role stressors like role overload and role ambiguity that play a big role in determining organisational commitment and retention of the workforce in the health care setting. As intensive care units' experience demonstrates, emotional burnout, low level of organisational commitment, and turnover intention among nurses are encouraged under the condition of the presence of prolonged psychosocial stress factors (Silva et al., 2015; Wang et al., 2023). Unstable nursing workforces, which are linked to work pressures, are also augmented by disruptive behaviours and a lack of interpersonal relationships at the workplace (Afzali et al., 2015). This issue of commitment and retention has therefore emerged as one of the key strategic issues of healthcare systems in the global front. The already strong pressures on the workforce have intensified due to COVID-19, leading nurses working in high-risk clinical environments to experience anxiety, depression, and fear (Hu et al., 2020). Such work stress exposure has long-term effects on the morale of the workforce and sustainability of organisations, which are long-term in nature and could undermine the organisational commitment and risks of turnover. The national data, in the United States, prove that burnout rates among nurses are always high, and organisational reasons are one of the most important factors that

contribute to turnover (Shah et al., 2021). These findings imply that there is a sense of urgency, which must establish sustainable retention policies that will strengthen commitment in an organisation under crisis-related conditions.

Nurses are not the only ones who are affected by burnout, and midwives and other allied health professionals are no exceptions. The evidence that the frequency of burnout is directly connected with job demand overload and the deficiency of institutional support is systematic (Suleiman-Martos et al., 2020). Work stress, as demonstrated by fears of infection control and workplace safety are additional factors that lead to the behavioural reactions of healthcare workers and organisational attachment in high-intensity workplaces (like hospitals) (Gallard, 2015). Although positive antecedents of organisational commitment, such as job satisfaction and motivation, have been the focus of the organisational commitment literature, negative work-related factors, particularly role ambiguity, role overload and low work-life balance, are also important determinants of commitment. The attitudes of organisational nurses have also been revealed as a key predictor of voluntary turnover intention, and this supports the role of commitment in the retention models as a core mechanism in retention models (Kim & Chang, 2015).

This review is based on the theoretical background of the Job Demands-Resources (JD-R) model, which explains how high job demands and lack of organisational resources affect the outcome of burnout, organisational commitment, and turnover in health care facilities. The theoretical framework that will be used to conduct the review is thus the Job Demands-Resources (JD-R) model, which has elucidated the effects of the high job demands and the lack of organisational resources on the outcomes of burnout, organisational commitment and turnover in healthcare facilities. This theory explains that work and resource overload, as well as the inability to exercise autonomy, support from leaders, and the capability to impact psychologically, result in burnout and withdrawal behaviours (Bakker and Demerouti, 2024). The European healthcare systems experience demonstrates that job resources might contribute significantly to well-being among employees and assist them in reducing strain in the long run (Marzocchi et al., 2024). The mechanisms of resilience and employee engagement promote more adaptive ability in response to a challenging situation (Luthans et al., 2015; Wei et al., 2019). Moreover, beneficial discretionary behaviours linked to organisational commitment, such as organisational citizenship behaviour, are also connected to organisational commitment and enhance institutional interest further and employee attachment to healthcare organisations (Cetin et al., 2015).

The lack of workforce, especially in nursing fields, compromises patient safety as well as the quality of services. Emotional exhaustion and chronic work stress are harmful to job satisfaction (Dall'Ora et al., 2020). Leadership styles that are transformational and supportive enhance job satisfaction and commitment as well as reduce turnover intention (Gebre-Michael et al., 2023). It is also established that the mechanisms of employee empowerment help to improve job performance and indirectly organisational attachment (Ölçer and Florescu, 2015).

Retention is also based on the organisational attributes of the workplace. The staffing ratios, shift patterns, organisational culture and the climate in the workplace are contributing factors in employee intentions of remaining in the organisations or leaving. Workforce stability has been suggested to rely on the creation of positive practice environments (Twigg & McCullough, 2014). In addition, the outcomes of patients can be directly linked to organisational environments where they enable nursing staff and demonstrate that retention is not only a human resource issue but also a system-level factor of healthcare performance and organisational sustenance (Aiken et al., 2021; Ahmad et al., 2024).

Even though an exhaustive literature on the topic of burnout, leadership, and workplace climate is available, existing evidence is currently theoretically fragmented. Most studies are often done on individual constructs like burnout, leadership style or job satisfaction alone rather than as a part of a wide-based commitment-retention paradigm. Nevertheless, even with the increasing amount of research on these drivers, systematic synthesis of the impact of work stressors on workforce retention via organisational commitment in high-stress health care settings is limited. Structural stressors like poor staffing, workload, and long shifts, and undermined commitment can worsen work stressors (De Oliveira et al., 2019; Gustafsson and Hemberg, 2022). Consequently, there is a need to incorporate existing evidence systematically to explain the relationship between stressors in the workplace and turnover intention via organisational commitment in high-stress work settings in healthcare.

Thus, a PRISMA-related systematic literature review is needed to unify the current results and present the thematic and bibliometric syntheses of the commitment and retention mechanisms. The approach will enable the construction of a theoretically grounded understanding that will inform healthcare administrators and policymakers to develop evidence-based approaches that will be aimed at reducing workplace stressors, enhancing leadership support, boosting employee organisational commitment and embeddedness processes, and enhancing sustainable workforce retention.

To fill this gap, the current systematic literature review aims to answer the following research questions:

RQ1: Which are the significant work stressors affecting organisational commitment and turnover intention in high-stress work settings in healthcare?

RQ2: Which organisational and personal processes enhance organisational commitment and enhance retention of the workforce in healthcare organisations?
RQ3: What are the key overarching themes in the literature surrounding the relationship between workplace stressors, organisational commitment and workforce retention?

2. Review Methodology

2.1 Review Protocol

It is a systematic literature review (SLR) that was carried out to synthesise the existing literature on organisational commitment and the outcomes of retention in high-stress health organisations. The review was checked according to the principles of Preferred Reporting Items of Systematic Reviews and Meta-Analyses (PRISMA 2020) to guarantee the transparency, rigour and replicability of the review. PRISMA framework offers a logistical approach of identification, screening, eligibility criteria and inclusion of the appropriate studies. Its versatility and its capacity to enhance the quality of the review procedure (Pahlevan-Sharif et al., 2019) and minimise bias of the researcher (Haque et al., 2021) are the reasons why the protocol is highly recognised and commonly used in various fields. Consequently, it was resolved to use the PRISMA framework to come up with a rigorous and systematic literature review in this study. The process of selection was recorded in the four PRISMA processes that are identification, screening, eligibility and inclusion. The title and abstract screening and the full-text eligibility screening were independently checked by a second reviewer to increase the accuracy of the screening procedure. Conflicts in opinions among the reviewers were debated and settled by consensus. This systematic literature review had a methodological design that was designed to answer the research questions specified in the introduction.

2.2 Database Selection

To make sure that it encompassed interdisciplinary literature, a literature search has been done in four popular academic databases, viz. Scopus, Web of Science, SpringerLinkand Science Direct. The choice of Scopus could be explained by the fact that the latter has one of the most extensive databases of peer-reviewed journals in the healthcare, management, and social sciences. Web of Science was added due to the excellent citation tracking possibilities and emphasis on high-impact academic journals. Search for the articles that examined workforce retention, workplace stress, and organisational outcomes in the healthcare setting was further broadened with the help of SpringerLink and ScienceDirect to provide more interdisciplinary articles.

2.3 Search Strategy

A systematic Boolean search strategy was developed to identify articles that address the relationship between organisational commitment, workplace stress and results related to retention in health care facilities. The keywords were built on three conceptual areas, i.e. organizational commitment constructs, retention outcomes, and high-stress healthcare conditions. The main search query was a combination of the following terms: "organisational commitment" OR "organisational commitment" OR "affective commitment" OR "continuance commitment" OR "normative commitment" AND "employee retention" OR retention OR turnover intention OR intention to leave OR employee turnover) AND (job stress OR occupational stress OR work stress OR role stress OR burnout). Search in Title, Abstract and Keywords fields has been performed to ensure conceptual relevance has been achieved. It was selected based on the publications published within a specified timeframe (2000-2025) because it proves the increased interest of scholars in the problem of workplace stressors, burnout, commitment and retention in the post-pandemic conditions. The articles were only taken into consideration in the peer-reviewed journals; therefore, the quality and reliability of the articles were of academic quality.

2.4 Inclusion Criteria

The inclusion criteria used during the review were certain predetermined criteria with regard to the inclusion of the studies. To begin with, peer-reviewed journals that are in the English language have been taken into account. Second, the study was compelled to consider healthcare environments, such as hospitals, clinical environments, and healthcare workforce environments. Third, the eligible studies had to test organisational commitment and one or more organisational commitment outcomes, including retention of the employees, turnover intention or turnover behaviour. There were both empirical (quantitative, qualitative or mixed methods) and theoretically based conceptual contributions. These were the criteria that made sure that the final dataset included the studies that directly addressed the topic of organisational commitment and retention in high-stress healthcare settings.

2.5 Exclusion Criteria

The ones that were out of the scope and aim of the review were dropped. Non-healthcare-related articles were filtered out because the study is specifically on the high-stress healthcare working conditions. Due to the low rigour levels of peer-reviewing, conference proceedings, dissertations, editorials and commentaries were not considered. The publications that were not in English were also avoided so as to ensure that they were compatible throughout the analysis and interpretation. The research studies which did not find a correlation between stress or burnout and the outcome of organisational commitments or retentions were also invalid. The eligibility phase was used to filter out the articles which did not present full data or were not transparent in the methodology.

2.6 Screening and Selection Process

The screening and selection of the studies involved was carried out as per the PRISMA 2020 guidelines and ensured the transparency, methodological rigour, and replicability of the identification process of the relevant research on the outcomes of organisational commitment and retention in high-stress healthcare settings. The overall process of selection is depicted in Figure 1. In the identification stage, it has gotten 300 records. Of them, 200 records were identified through the database search carried out in SpringerLink, ScienceDirect, Scopus, and Web of Science and 100 additional records were identified due to the manual search of reference lists and other sources. All records were identified, and then all the records were imported into a reference management software to eliminate duplicates. This has been done with 100 duplicate records and left 200 unique records, which could be screened. There were 200 records with titles and abstracts, and they were individually rated to assess their appropriateness for the reviews. At this stage, 100 records were filtered since they could not be correlated with the key constructs of organisational commitment, role stress (role ambiguity and role overload) and indicators of stress at the workplace (such as burnout) and retention outcomes in healthcare facilities.

Consequently, 100 full-text articles were kept to be eligible. The remaining 100 articles were thoroughly evaluated at the eligibility stage with regard to the set inclusion and exclusion criteria. Sixty studies have been eliminated because of the following reasons: no direct interest in organisational commitment, stress, or retention results in healthcare settings (n = 20); the insufficient quality of methods (n = 10); non-English languages (n = 16); and incomplete or missing data (n = 14). Having made such a system of selection, 40 studies were selected that passed all the inclusion criteria and were included in the qualitative synthesis. The following sections utilised this research to carry out the following descriptive, bibliometric and thematic analysis. Figure 1 demonstrates the study selection based on PRISMA that included identification, screening, eligibility, and inclusion of 40 studies included in the review.

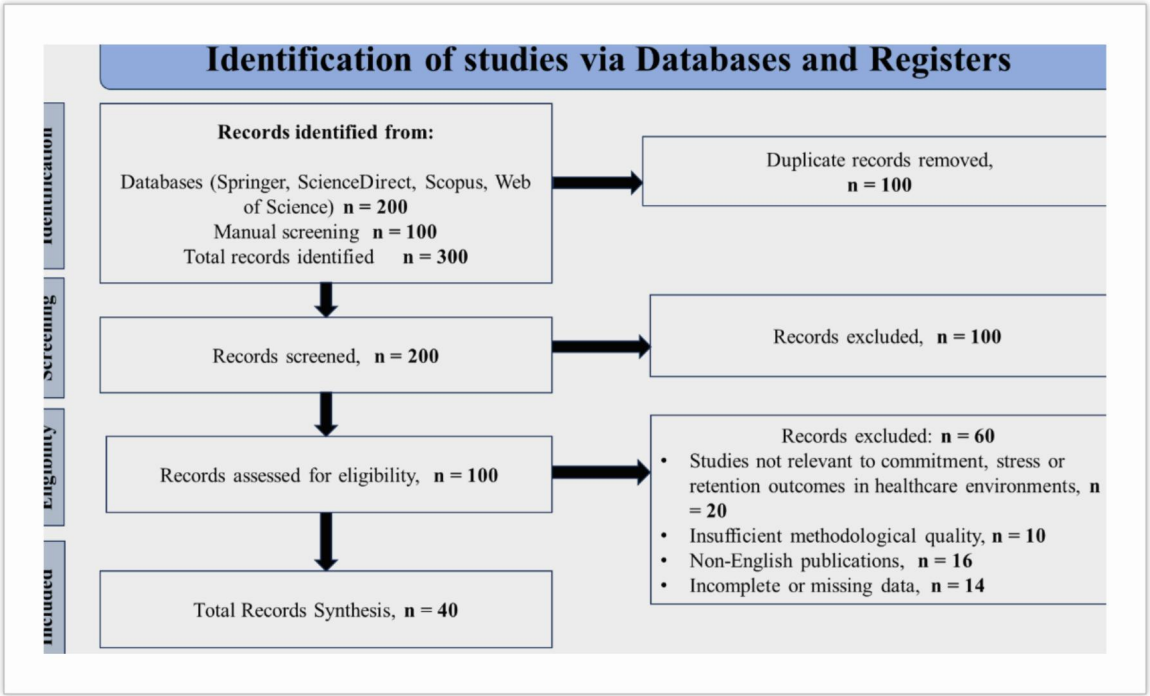

Figure 1. PRISMA 2020 flow diagram of the systematic study selection process

2.7 Data Extraction

A data-pull system was created, which provided uniformity to the studies used. Each article presented information about the author(s) and year of publication, country of the study, sample of the study, type of study conducted by healthcare professionals, methodology, most significant variables, theoretical frameworks and main findings of the study. Focus was on specifying the mediating and moderating factors and variables, such as organisational support, leadership style, resilience, burnout, job embeddedness and job satisfaction, which mediate the commitment to retention relationship. This systematised process of extraction has allowed the comparison and synthesis of the terminology on a semantic level throughout the whole data set.

2.8 Quality Assessment

The intellectual configuration of the field was studied with the assistance of bibliographic coupling analysis by using VOSviewer (van Eck and Waltman, 2010). The approach served to group similar publications and find the thematic connections between the research already in place. The identified clusters were analysed further to determine the key research themes and the research

directions in the field (Suchek et al., 2021). On these findings, the gaps in the research were identified, the research directions for future studies were identified, and the limitations of the current study were addressed. The synthesis performed was based on the research evidence that was deemed to be of high quality and reliable, and, consequently, only the studies that were methodologically sound enough survived to the eligibility stage. Paul and Criado (2020) suggest that it may be rational to consider 40 or more studies to be needed due to the relevance of the research and the decision of the researcher. To that extent, it is reasonable to select 40 articles to consider the current article.

2.9 Bibliometric Analysis Tools

To enhance the rigour of the review methodological quality of the studies involved in the review was based on the credibility of the journal, the citation impact and the strength of the research design. VOSviewer was used to apply bibliometric techniques. These were located because of bibliographic coupling that involves discovering thematic groups of studies that had common references. The co-occurrence analysis keyword was implemented to demonstrate the conceptual relationships that dominated between burnout, stress, organisational commitment and turnover intention. The analysis of citations was also carried out to identify the powerful and influential studies in this area of study. The given descriptive, bibliometric and thematic research study offered a comprehensive insight into the trend of publishing, theoretical framework and gaps in the research of unanswered research questions in the literature of healthcare retention.

3. Analysis Of Results

3.1 Descriptive Analysis

The descriptive analysis provides an overall impression regarding the structural characteristics of 40 studies which were used in this systematic literature review. After the screening and the eligibility criteria according to the PRISMA framework, the selected articles were handled to identify the publication trends, the influence of citation, the prestige of the journal, and the tendency towards the methods. It is a descriptive mapping of the structural features of the intellectual space of the literature on organisational commitment and retention-relevant outcomes in high-stress healthcare contexts. The results show that the scholarly interest in burnout, the sustainability of the workforce, and turnover intention has grown significantly over the past few years, especially during the post-pandemic times.

3.1.1 Year-wise Publication Trend

The distribution of the numbers of annual publications shows a definite, steep increase in the research activity after 2023. The past years have had fewer inputs, and not much production was done during 2011-22. However, the number of publications rapidly increases in 2023 and reaches its peak in 2024 and 2025, where each of them contributes the most publications (n = 9). This trend demonstrates the increasing academic interest in the topic of burnout, leadership support, job embeddedness and turnover intention among healthcare professionals. Figure 2 shows that organisational commitment and retention issues have become one of the primary issues in modern healthcare studies.

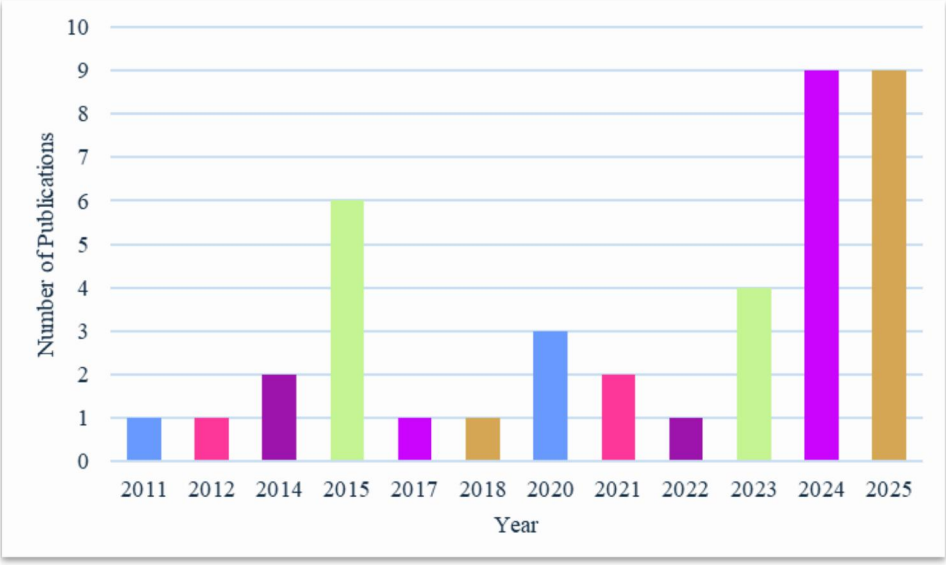

Figure 2. Year-wise distribution of publications included in the review

The power of this emerging literature is also due to the citational patterns. Citation impact was highest in 2020 (2004 citations) and 2021 (1607 citations), as indicated in Figure 3, which implies that studies that had been published during and right after the COVID-19 crisis have been most crucial in influencing the retention and organisational commitment discourse. It is also noticeable that the influential publications in the past

are also found in 2012 (1131 citations) and 2015 (1075 citations), which implies that the initial studies established some fundamental theoretical and empirical agendas in the sphere. The largest figures are in 2024 and 2025, but the citations are comparatively lower (155 citations in 2024 and 212 citations in 2025) which is quite logical because of the absence of time during which the newer studies can gain scholarly importance.

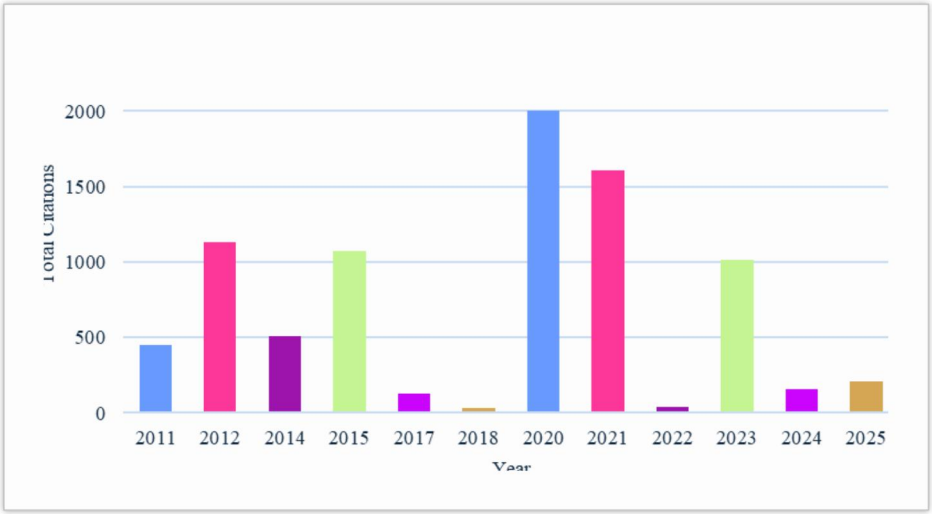

Figure 3. Year-wise total citation distribution of included studies

Figure 3 demonstrates that the citation activity was the highest during the COVID-19 period, which means that the earlier underlying studies were actively cited as scholars started to investigate the problem of healthcare workforce retention in more detail during the pandemic.

3.1.2 Country-Wise Distribution

The fact that the studies utilised are geographically wide-ranging is evidence of the international applicability of the field of healthcare workforce retention. The research works rest on the varying national settings, which implies that burnout, organisational commitment and turnover intention are a universal concern in healthcare systems. According to the literature, the healthcare settings and workforce composition vary, which implies that the retention research is relevant across the globe in clinical settings with high-stress levels.

According to Table 1, the majority of studies were global or multi-country reviews (n = 21), with a smaller number of studies having a one-country context (n = 3) based on the United States, followed by China and South Korea (n = 2 each). The international focus of the retention research is indicated by the fact that each of the other countries has published one study.

Table 1. Country-wise distribution of publications included in the review

Country	Publications
Global / Multi-country Reviews	21
United States	3
China	2
South Korea	2
Italy	1
Belgium	1
Canada	1
Egypt	1
Ghana	1
Ireland	1
Iran	1
Malaysia	1
Pakistan	1

Saudi Arabia	1
United Kingdom	1
Total	**40**

On the whole, the distribution shows that organisational commitment and retention issues are relevant worldwide and applicable in various healthcare systems.

3.1.3 Most Influential Journals

The articles were located in high-impact journals in the nursing, healthcare management, occupational health and organisational psychology fields. There was a good representation in the major nursing and healthcare research journals, as the articles included in the BMC Nursing, BMJ Open, International Journal of Nursing Studies, Journal of Advanced Nursing, Nursing Outlook and BMC Health Services Research were presented in high percentages. Besides, the interdisciplinary journals, such as Work and Stress, JAMA Network Open, Behavioural Sciences, PLoS One, Human Resources for Health, and The International Journal of Health Planning and Management, also bear witness to the fact that the issue of organisational commitment and retention is researched not only within the frames of the clinical sphere. The journals provide perspectives of the theory of leadership, occupational stress model, workforce sustainability and psychological well-being models, such as the Job Demands Resources model. The diversity of the sources of publication indicates the multidisciplinary nature of the retention research in the health care organisations with high levels of stress and complexity of interdependence of burnout, organisational commitment and turnover intention.

3.1.4 Most Cited Articles

The citation analysis provides us with a hint at the strongest contributions to this field. Past background studies, such as Lu et al. (2012) and Nei et al. (2015), have been cited many times, which implies that they concentrated on the progression of the discussion on the drivers of job satisfaction and turnover among nurses. Similarly, theoretical and review-based articles such as the one by Dall'Ora et al. (2020) on burnout and that by Shah et al. (2021) on the incidence of burnout among nurses in the United States have made a significant contribution to the future research of both empirical and policy-related challenges. The academic interest in burnout, leadership trust, job embeddedness and organisational interventions was also boosted by the contributions that were mostly referred to in the COVID-19 era, and beyond the crisis. Such publications as Kelly et al. (2021) and De Vries et al. (2023) have made a great impact on the relationship between stress-related circumstances and the outcomes of organisational turnover. On the whole, the high level of citation performance of pandemic and foundational review articles indicates that the workforce strain, mental exhaustion, and support mechanisms of leadership have become the topical components of the contemporary literature on organisational commitment and retention in high-stress healthcare facilities.

3.1.5 Research Methods Used

The dispersion of the research incorporated regarding its methodologies is mostly dominated by the synthesis of evidence. As it is shown in Figure 4, the biggest category is systematic reviews, meta-analyses, and umbrella reviews (n = 21), then the quantitative empirical studies (n = 17) with a survey design and application of the advanced tools of statistical analysis, including structural equation modelling. Instead, there are few and conceptual contributions (n = 1 each), and it is indicative of the absence of experiential and theory-building studies in the commitment -retention literature. Empirical studies and evidence syntheses (systematic reviews and meta-analyses) were used to represent the scope of current research, as well as to determine the common theoretical, methodological, and thematic themes of the research on healthcare workforce retention.

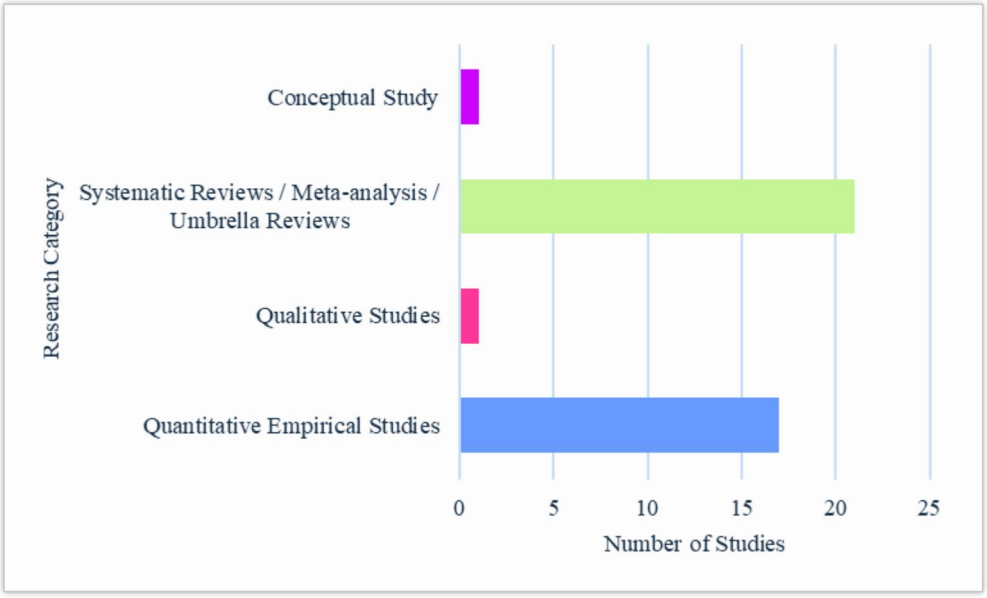

Figure 4. Distribution of included studies by research methodology

It is this trend that underscores the importance of integrating disparate results and offering a better synthesis of the effect of work stressors and organisational factors on workforce retention in high-stress healthcare environments. On the whole, the descriptive analysis shows that the literature has increased significantly over the past years, has a global applicability, and has a high citation volume in the pandemic era, as research has been mostly dominated by evidence synthesis studies and quantitative empirical designs when it comes to the topic of retention in high-stress healthcare environments.

3.2 Thematic Analysis via Bibliographic Coupling

The literature review formed 5 large thematic clusters as a result of a bibliographic coupling analysis that was employed to group literature on organisational commitment and retention in high-stress healthcare settings in modern times. The given cluster brings out the intellectual overlap of the studies taken into consideration and shows how work stressors, leadership, employee engagement and embeddedness, work environment and work-life balance, and engagement mechanisms interact to affect the retention outcomes. The interrelationship between the stress predictors, the workforce sustainability mechanisms, and the organisational climate variables is well conceptually interrelated in the coupling structure. The thematic summary of the included studies in the five bibliographic coupling clusters is described in Table 2, and it is possible to mention that the most common streams of research related to the work stressors affecting commitment and turnover, leadership, employee engagement and embeddedness, work environment and work-life balance, and workforce sustainability mechanisms were identified.

Table 2. Summary of Articles by Thematic Clusters (N = 40) Cluster 1 (n = 9): Work Stressors and Organisational Commitment in Turnover Research

Cluster	Theme	Representative Article	Authors & Year	Primary Focus
Cluster 1 (n=9)	Work Stressors and Organisational Commitment in Turnover Research	Impact of nurse burnout on organizational turnover	Kelly et al., 2021	Work stress and burnout influencing turnover
		Burnout and turnover intention network analysis	Zheng et al., 2024	Work stress and exhaustion pathways to turnover
		Burnout during COVID-19	Snyder et al., 2025	Acute care stress
		Global nurse burnout	Getie et al.,	Work stress

		prevalence	2025	determinants of burnout
		Work stress and turnover intention	Zhang et al., 2023	Stress pathways
		Burnout theoretical review	Dall'Ora et al., 2020	Conceptual burnout framework
		Role stress and turnover intentions	Han et al., 2015	Role stress influencing commitment and turnover
		Burnout prevalence in midwives	Suleiman-Martos et al., 2020	Burnout predictors
		Burnout prevalence in US nurses	Shah et al., 2021	Burnout epidemiology

Cluster 2 (n = 8): Leadership and Organizational Support Mechanism

Cluster	Theme	Representative Article	Authors & Year	Primary Focus
Cluster 2 (n=8)	Leadership and Organizational Support **Mechanism**	Trust in leader and intention to leave	Ivziku et al., 2024	Leadership trust
		Transformational leadership and retention	AbdELhay et al., 2025	Leadership influence on retention
		Authentic leadership and job satisfaction	Laschinger & Fida, 2015	Leadership-driven supportive work environment
		Job satisfaction and turnover intentions	O'Callaghan & Sadath, 2025	Satisfaction–commitment link
		Organizational commitment and turnover intention	De Gieter et al., 2011	Leadership and support influencing commitment
		Organizational justice and turnover intention	Fardid et al., 2018	Justice–commitment pathway
		Leadership style integrative review	Gebreheat et al., 2023	Transformational leadership
		Organizational commitment & self-efficacy	Alshaibani et al., 2024	Commitment determinants

Cluster 3 (n = 7): Employee Engagement and Embeddedness

Cluster	Theme	Representative Article	Authors & Year	Primary Focus
Cluster 3 (n=7)	**Employee Engagement and Embeddedness**	Job embeddedness and turnover	Wang et al., 2024	Job embeddedness in retention
		Transition shock meta-analysis	Lay & Masingboon, 2025	Transition shock and employee adaptation
		Resilience, job stress, and commitment	Kim & Yoo, 2014	Resilience buffering
		Work engagement and turnover intentions	Poku et al., 2025	Work engagement influencing retention
		Mental health and job satisfaction	Maqbali et al., 2024	Psychological well-being
		Employee engagement and stress	Hakro et al., 2022	Engagement responses to work stress
		Role stress and turnover	Nazri & Ghee, 2015	Role ambiguity effects

Cluster 4 (n = 8): Work Environment and Work-Life Balance

Cluster	Theme	Representative Article	Authors & Year	Primary Focus
Cluster 4 (n=8)	Work Environment and Work-Life Balance	Workplace burnout interventions	Cohen et al., 2023	Workplace intervention effectiveness

		Work environment reforms	Paguio et al., 2020	Work environment improvements
		Practice environment influences	Figueiredo et al., 2025	Practice environment and organizational climate
		Nurse staffing & burnout	Koy et al., 2015	Staf Staffing conditions and work environment
		Workforce development & retention	Alkan et al., 2024	Recruitment & retention
		PHC turnover intention	Zafar & Alshammari, 2024	Organizational behavior
		Job demands–resources model	Taris & Schaufeli, 2015	Theoretical framework
		European healthcare job demands	Marzocchi et al., 2024	Job demands–resources

Cluster 5 (n = 8): Retention and Workforce Sustainability

Cluster	Theme	Representative Article	Authors & Year	Primary Focus
Cluster 5 (n=8)	Retention and Workforce Sustainability	Nurse retention strategies	Buckley et al., 2025	Retention strategies for workforce stability
		Healthcare workforce retention review	De Vries et al., 2023	Workforce sustainability determinants
		Nurse turnover meta-analysis	Nei et al., 2015	Predictors of workforce retention
		Job satisfaction systematic review	Lu et al., 2012	Retention determinants
		Nurse retention practice review	Twigg & McCullough, 2014	Practice environments
		Retention scoping review protocol	Buckley et al., 2024	Conceptual retention model
		Retention umbrella review	Figueiredo et al., 2025	Structural drivers of retention
		Interventions to reduce turnover	Halter et al., 2017	Retention strategies

The largest thematic category is founded on Work Stressors and Organizational commitment in Turnover Research. The process of burnout is a universal antecedent of the withdrawal behaviours and the worsening professional commitment in an organization. Kelly et al. (2021) found nurse burnout, in this case, to be a strong predictor of the organizational and positional turnover, which explains why it has structural consequences on the workforce sustainability. To further support that, Zheng et al. (2024) could demonstrate using thematic network analysis that emotional exhaustion could be depicted as a key bridging factor between stressors and turnover intention. Qualitative data were also introduced by Snyder et al. (2025) to demonstrate the fact that an acute care environment during the COVID-19 pandemic increased the exposure to stress, burnout, and attrition. On a larger scale, Getie et al. (2025) collected data across the globe and confirmed that all the factors that contributed to burnout were workload stress, nursing shortage, and emotional exhaustion. Similarly, Zhang et al. (2023) found out that work stress has an indirect effect on turnover intention as mediated by burnout and exhaustion processes. This cluster aligns itself with the Job Demands Resources (JD-R) model that is applied to justify that job demands and inadequate resources slowly erode commitment and subject employees to turnover.

The second thematic group is Leadership and Organizational Support Mechanisms as important retention drivers. The studies in this cluster affirm transformational leadership, authentic leadership, managerial trust, and perceived organizational support as organizational support variables that have an impact on commitment and turnover intentions. Ivziku et al. (2024) showed by using structural equation modelling that leadership trust increases organizational commitment and considerably lower turnover intentions among nurses. AbdELhay et al. (2025) have demonstrated that one of the factors that lead to retention is transformational leadership, which enhances career growth and job satisfaction. On the same note, Laschinger and Fida (2015). suggested that authentic leadership increases empowerment of professional practice environments, hence, increasing job satisfaction and organizational attachment. The same results were confirmed by O'Callaghan and Sadath (2025) who stated that organizational climate turnover intention is mediated by job satisfaction. This cluster theorizes

leadership and supervisory support as organizational resources that enhance commitment to the organization and lessen turnover intentions.

The third cluster recognizes the Employee Engagement and Embeddedness on the individual level as preventive shields against turnover. It is a research area that concentrates on employee engagement, resilience and job embeddedness as internal resources that sustain commitment in stressful situations. Wang et al. (2024) have demonstrated that job embeddedness is a great way to reduce the turnover intention, as it increases the fit, links and perceived sacrifices of the employees in the organisation. This observation indicates the key position of embeddedness mechanisms in enhancing employee attachment towards the organisation. Lay and Masingboon (2025) state that a transition shock is one of the key factors in predicting early-career turnover among nurses because of the need to adopt coping mechanisms to survive in a new graduate nurse. Another conceptualisation of retention proposed by Buckley et al. (2024) involves a scoping framework incorporating the resilience-building approaches in the post-pandemic workforce stabilisation models. This thematic group supports that structural conditions are not the sole determinant of retention but rather on individual mechanisms of engagement and embeddedness of the employees to manage the challenging work environments.

The fourth thematic cluster is Work Environment and Work-Life Balance, which involves staffing adequacy, work load, work-life balance and organisational interventions as having significant organisational conditions that affect employee wellbeing and retention. Cohen et al. (2023) proved that workplace interventions can be applied to decrease burnout and encourage well-being among all healthcare workers. Paguio et al. (2020) highlighted that favourable conditions in nursing work, staffing ratios, and the organisational support systems in healthcare workplaces are directly related to job satisfaction and retention. Equally, Figueiredo et al. (2025) validated that positive nursing practice environments minimise turnover intention through increasing professional autonomy and organizational support. This group confirms the significance of work environment conditions and organisational interventions as the means of retaining organisational commitment and preventing attrition in the high-stress healthcare systems.

The fifth and the last group is Retention and Workforce Sustainability that includes more integrated retention practices and policy-level perspectives. In a systematic review of evidence on the nurse retention strategies during the peri- and post-COVID environment, Buckley et al. (2025) identified retention-oriented intervention strategies as the primary ones in workforce stabilisation. According to Farahani et al. (2024), the key determining factors of retention during the crisis are psychological safety and institutional responsiveness. De Vries et al. (2023) concluded that organisational retention strategies to enhance commitment should be employed to make the workforce sustainable in the long term. Moreover, Zafar & Alshammari (2024) have shown that such organisational behaviour constructs as employee morale, institutional culture, and supportive organisational practices have a significant impact on turnover intention in the primary healthcare context. This cluster puts retention within a broader sustainability discussion that transcends individual predictors and emphasizes on organizational retention programs and sustainability initiatives for the workforce.

Following the overall analysis of bibliographic coupling, Figure 5 provides a network visualisation of the identified thematic clusters in the study and how the salient constructs in the retention literature connect. The visual network design illustrates the focus of organisational commitment as a unifying construct between the several streams of research that connect the work stressors, leadership effects, employee engagement and the conditions of work environment to retention outcomes. The relationships between constructs of work stress, burnout, and turnover intention seem to be interrelated, and the group of leadership, job satisfaction, and organisational commitment seems to be another group of interrelationships, which represents organisational support mechanisms. Equally, other nodes like resilience, job embeddedness and transition shock relate to the theme of engagement and embeddedness as presented in the third cluster. The work environment, workforce retention interventions, and workforce retention conditions further demonstrate the interaction of organisational conditions and workforce retention strategies within the wider commitment and retention literature.

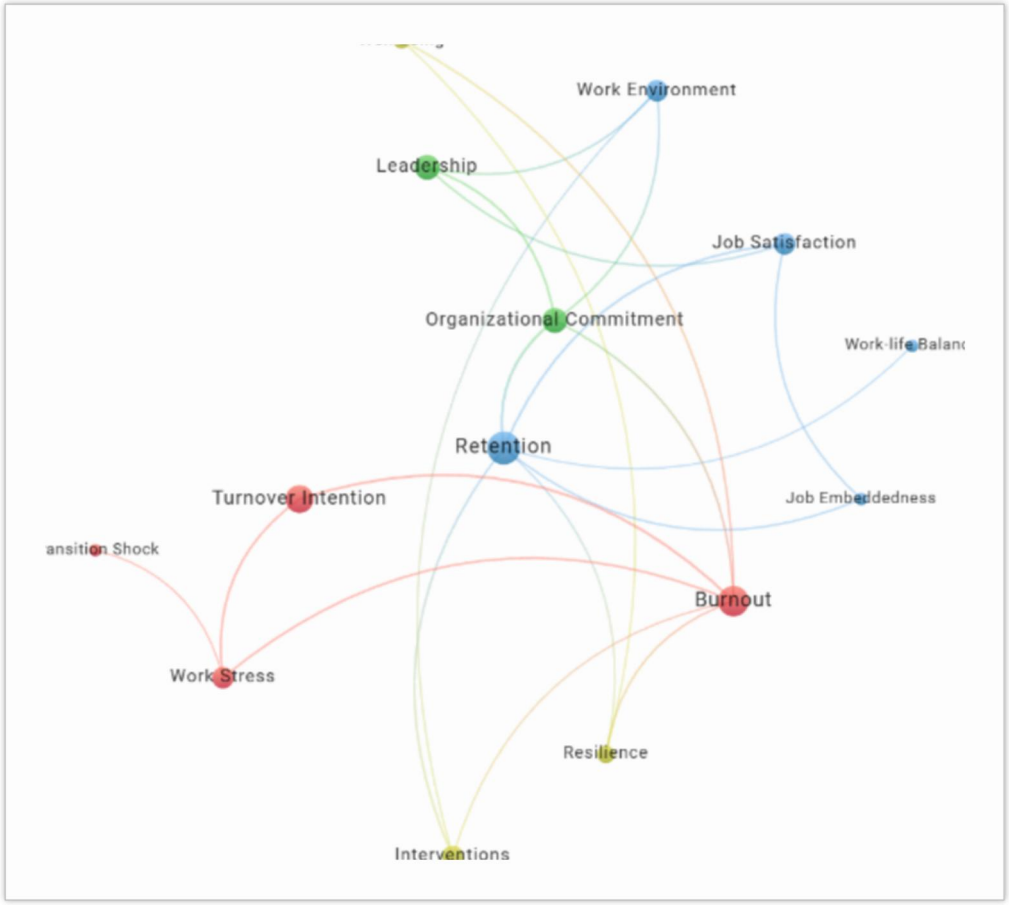

Figure 5. Network visualisation of bibliographic coupling clusters across commitment and retention-related themes

4. DISCUSSION

The results of this review can be used to answer the research questions to define the key work stressors that can affect turnover, the organisational processes that enhance commitment, and the thematic framework of the literature on retention in healthcare. This literature review shows that the role of organisational commitment as a key linking variable between work stressors, leadership support, employee engagement, work environment conditions and retention outcomes has significantly increased. The data show that the organisational justice perceptions and leadership and organisational support mechanisms influencing commitment-based attitudinal pathways have a significant impact on turnover intention in healthcare professionals, which is exhibited with the use of path analytic modelling (Fardid et al., 2018). Job satisfaction is a primary predictor of retention, and there has been systematic evidence of its central role across the hospital nursing communities (Lu et al., 2012). The findings of meta-analyses also demonstrate that organisational factors, employee engagement processes, and work stressors are complex and cause nurse turnover (Nei et al., 2015).

Work stress and burnout become prominent factors that mediate between workplace stressors, organisational commitment and retention outcomes in high-stress healthcare settings. Burnout is found in theoretical approaches as a multidimensional occupational phenomenon, which is a weakening of professional interest and organisational identification (Dall'Ora et al., 2020). Empirical prevalence research validates that burnout is still common in the nursing workforce and has an enormous effect on retention stability (Shah et al., 2021). It could be justified by the fact that workplace settings in which midwifery is practised demonstrate that the predictors of burnout in workplace settings are direct predictors of job attrition (Suleiman-Martos et al., 2020). Importantly, organisational and positional turnover results have also been shown to be predicted by burnout, which can specify the structural implications of this concept to workforce sustainability (Kelly et al., 2021).

In addition to burnout, role-based stressors are also relevant in healthcare facilities, and preliminary evidence indicates that role stress is a key driver of turnover intention because it has a detrimental effect on organisational commitment (NazriGhee, 2015). The weak engagement and satisfaction contribute to job stress and work overload, which further contribute to withdrawal behaviours (Hakro et al., 2022). The results of commitment also may depend on the leadership dynamics, and true leadership, empowering practice conditions have been reported to be linked with the improved perceptions of job satisfaction and quality of care (Laschinger Fida, 2015). Transformational

leadership has been included among the most important elements of achieving good nurse outcomes and organisational stability as well (Gebre-Mariam et al., 2023). Religion in leadership also leads to increased commitment to the organisation and desire to remain in the organisation, particularly when the model is formulated through structural equations (Ivziku et al., 2024).

Retention practices are also paying more attention to the creation of friendly working conditions and a sustainable workforce. The reviews suggest that workplace conditions are the determining factor that could assist nurses to survive in the clinical setting (Twigg & McCullough, 2014). Intervention studies have provided evidence that organisational reforms are able to improve working conditions and alleviate pressure of work-related turnover (Paguio et al., 2020). Broad generalisation shows that the retention rates among nurses and physicians are conditional on the interdependence of organisational conditions, employee engagement processes, and situational factors (De Vries et al., 2023). European perceptions of work stressors are also inherently connected to job demands and resources that follow well-being trajectories, which justifies work stress frameworks that underpin commitment and retention in challenging healthcare settings through organisational resources (Marzocchi et al., 2024).

Commitment and satisfaction continue to be closely related to individual turnover differences. Researchers recombining organisational commitment guarantee its predictive worth in the long run among the groups of nurses (De Gieter et al., 2011). The role stress has been established to mediate the impact of burnout and organisational commitment on turnover intention (Han et al., 2015). Resilience and employee engagement mechanisms also mediate stress exposure among nurses in the high-pressure demand ICU that is exposed to stress (Kim and Yoo, 2014). The new scoping evidence states that the retention in peri- and post-pandemic environments requires multi-level strategies to stabilise by enhancing organisational commitment and encouraging work conditions (Buckley et al., 2025).

With sophisticated modelling methods, knowledge on pathways of burnout has been enhanced. Based on the network analysis, emotional exhaustion is a central node, within which the symptoms of burnout relate to turnover intention (Zheng et al., 2024). The work-life balance and career progression have gained more and more popularity as leadership-related concerns that may help retain nurses by enhancing their sense of attachment to the organisation (AbdELhay et al., 2025). The qualitative analysis indicates that the stress levels of acute-care workers in COVID-19 boosted the staff turnover rate, with augmented work pressure (Snyder et al., 2025). Transition shock also predicts the prevalence of turnover among new entrants and determines nurse retention in the early career (Lay & Masingboon, 2025).

It remains possible that practice environments influence the turnover intention because the evidence provided by the umbrella review has disclosed that organizational climate is one of the factors that predetermine the retention outcomes (Figueiredo et al., 2025). It is also demonstrated by systematic reviews that the systematic behaviour of organisations is a significant predictor of turnover intention in primary healthcare environments (Zafar and Alshammari, 2024). The fact that work stressors and the determinants of burnout are seen as universal within the healthcare systems and promote the universality of exhaustion-related attrition that, in turn, undermines organisational commitment and burnout-turnover risks is supported by the evidence provided worldwide (Getie et al., 2025). Another hypothesis suggested by intervention research is that interventions to improve work-related well-being can reduce burnout among nurses, physicians, and allied professionals and enhance commitment and workforce stability (Cohen et al., 2023).

The knowledge consolidation scoping work on the sustainability of the post-COVID workforce, a protocol-based approach, has also enhanced retention scholarship (Buckley et al., 2024). Cross-sectional evidence shows that job satisfaction is solid in determining turnover intention within the contemporary population of nurses (O'Callaghan and Sadath, 2025). It is established that job embeddedness is a buffer factor that reduces the risk of turnover through the organisational attachment mechanisms and strengthens the organisational commitment (Wang et al., 2024). Psychological well-being is among the primary retention issues, as there is an increased focus on the variables of employee engagement, well-being, and mental health that are tied to job satisfaction outcomes (Maqbali et al., 2024).

Work stress is a predictor of turnover intention irrespective of nursing, as well as among family doctors in the primary care systems (Zhang et al., 2023). The evidence synthesis shows that interventions to reduce turnover must be combined, which includes the policy, environment and organisational commitment dimensions (Halter et al., 2017). Intention to stay has been associated with organisational commitment and self-efficacy in Saudi clinical hospitals, which are motivational factors in retention (Alshaibani et al., 2024). Recruitment and workforce development are eliminated as some of the structural retention conditions also identified through organisational factors in the UK that result in long-term workforce sustainability (Alkan et al., 2024).

Engagement-based models put forward that resilience and engagement in the work are significant mediating variables in turnover intentions in a group of nurses (Poku et al., 2025). Indirect causes of turnover intentions are also the relational job characteristics since they influence turnover intention through subjective well-being (Li et al., 2025). The literature reviews revealed the relationships between workforce retention and staffing quality, practice environments, and burnout, and highlighted these relationships in the wider literature reviews (Koy et al., 2015). Finally, the Job

Demands Resources model provides a general theoretical framework of work stressors and organisational resources relationship in interpreting the commitment and turnover relationship in healthcare workplaces (Taris Schaufeli, 2015).

On the whole, the review confirms the idea that organisational commitment is still a key factor in the retention-related outcomes in high-stress healthcare settings, in which burnout, support provided by the leaders, work environment reforms, and mechanisms of employee engagement and embeddedness become the key determinants of workforce sustainability and long-term organisational stability in healthcare institutions. The results also indicate that healthcare retention research is highly influenced by work stressors, in comparison to most other service industries, which are related to the clinical workload pressure, emotional labour, and staffing shortages. Furthermore, review-based and quantitative survey research is predominant in the literature, which suggests that only experiential and theory-building research is not well-developed in this area. These trends point to the necessity of more context-specific and empirically-based studies to better understand how commitment-driven retention can be applied in complicated healthcare settings.

5. LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

5.1 Limitations

Even though the current systematic literature review provides a fair amount of results on the consequences of organisational commitment and retention in the high-stress healthcare organisations, a number of limitations are worth mentioning. First, although the review was conducted following PRISMA 2020, the search was limited to the publications included in peer-reviewed journal articles published in English and four large academic databases were used. Thus, there is a possibility that the literature that was published in other languages or contained in grey literature, policy reports, dissertations, and conference proceedings was not identified. This limitation could potentially reduce the breadth of the results, especially in terms of effective coverage of context-specific retention issues in a variety of healthcare processes. Secondly, the methods used in the studies have had a high level of heterogeneity. The articles are systematic reviews, meta-analyses, cross-sectional surveys, qualitative studies and theoretical articles. This diversity contributes to the knowledge of the field but also limits the opportunity to directly compare studies since they are conducted using different measures, populations of the studies are different, and methods of analysing them are different. In most empirical studies, self-reported surveys are heavily dependent, and this may lead to a response bias and a lack of generalisation. Third, the overload of the studies included in the research has shown that the rest of the health practitioners, such as the physicians, allied health practitioners and administrative healthcare staff, have been relatively lowly represented. This may hamper the generalisation of conclusions to more significant groups of the healthcare workforce. Finally, the majority of research studies adopt a cross-sectional design, which cannot provide an understanding of how commitment and turnover behaviour dynamics play out in the long term, as well as the changing nature of organisational commitment in the challenging healthcare setting. This set of methodological constraints would imply that further research would need more longitudinal and diversified approaches.

5.2 Future Research Directions

The existing gaps identified in the literature must also be filled in future research to fill the loopholes that are revealed by the methodological and contextual gaps in the literature. One of the priorities is the development of longitudinal research designs since people need to learn more about the dynamics of organisational commitment, work stressors and burnout, and retention intentions in various contexts of healthcare organisations. The longitudinal designs would provide stronger causal inference and dynamic effects of the long-term exposure to stress, restructuring of organisations, and recovery of the healthcare systems after the pandemic. There is also a need for a more methodological diversification. Whereas quantitative modelling and systematic evidence synthesis predominate in the field, qualitative and mixed-method research are slight. Future research should take into account in-depth interviews, ethnography and case studies to introduce the lived experiences of the healthcare practitioners and determine the contextual mechanisms that influence commitment and turnover decision-making. Additionally, additional categories of professionals that have not been well-explored, including physicians, allied healthcare workers and primary care staff, among others, should be included in the retention scholarship. A comparative cross-national study would also support the understanding of the moderating influence of cultural, institutional and policy environment on the connection among organizational commitment and retention outcomes in the high-stress healthcare systems.

Further theoretical developments are warranted, particularly concerning integrating such models as the Job Demands Resources model with the theories of leadership, employee engagement and embeddedness, and the element of organisational justice in the context of describing commitment-based retention processes. Mediation and moderating variables (employee engagement, embeddedness, career growth, and work-life balance) should also be studied in the future to narrow the lines of explanation. More studies are required to assist in resolving these guidelines to contribute to future scholarship with the ability to design more narrow leadership interventions, employment strategies and long-term retention methods in health facilities that experience high levels of stress.

Other issues that are sector-specific and that may distinguish healthcare retention among other industries should also be given more attention in future research. Specifically, research may be conducted regarding the impact of psychological safety in clinical teams, transition shock among novice nurses on their commitment and retention choices in an organisation, and leadership behaviours under crises. In the same manner, the impact of the work of the shift systems, staff shortages, and work-life pressures that are peculiar to the healthcare setting needs further exploration. This knowledge about sector-specific dynamics would avert more retention strategies specific to the realities of high-stress healthcare settings.

6. MANAGERIAL AND POLICY IMPLICATIONS

The findings of this systematic review reveal that the issue of employee retention in high-stress health care facilities is complex and has multidimensional causes, which are influenced by burnout, organisational commitment, leader practices, employee engagement, embeddedness processes, work environment and work-life balance circumstances. The evidence indicates that retention cannot be considered through the lens of stand-alone measures or short-term incentives. Instead, workforce stability is a multi-level intervention which requires involvement of human resource management, leadership development, organisation redesign, and favourable public policy frameworks. Relying on the high-empirical results of the correlations between burnout and turnover intention in studies reviewed, healthcare managers and policymakers should be concerned with systemic approaches aimed at enhancing the well-being, managing stressors in the workplace, increasing organisational commitment and retention in the long run, at the same time.

6.1 HR Interventions

Healthcare organisations ought to move away from reactive retention measures to proactive and evidence-based workforce management systems. The main elements of improving an initial organisational commitment are systematic onboarding programs, mentorship of new nurses, and a clearly defined career progression. The results of the review show that job embeddedness, professional development plans and recognition systems are associated with employee engagement and embeddedness in their institutions. HR departments should then invest in those programs that are helping in peer integration, skill and internal mobility development. Additionally, it is recommended that organisations implement a data-driven retention monitoring system that will aid in identifying high-risk groups, such as nurse graduates, ICU employees, and shift workers. These stress indicators and turnover intention can be identified at an early stage; therefore, something can be done before the resignation decisions become a reality. The driving force of the retention plan should not be just the monetary motivation, but rather the intrinsic motivation, which should be based on autonomy, meaningful work, engagement and career growth. The prevention of burnout and the enhancement of organisational commitment of healthcare employees should be the focus of HR policies. Emotional exhaustion, depersonalisation, and lessened professional accomplishment can be monitored with the help of regular burnout assessment through the use of validated instruments. The redistribution of work, safe staffing, the reduction of the administration burden and the time of systematic rest between the shifts are the interventions that can be carried out in practice. Additionally, institutionalisation of confidential counselling services and peer-support groups and well-organised well-being programs should not be perceived as wellness initiatives that are temporary in nature. An organisational culture that promotes employee well-being and support is supposed to be made the norm, and sustainable work practices should be prioritised.

6.2 Leadership Training

It has been significant that leadership is a key factor in commitment and retention in the organisation. Transformational, authentic and supportive leadership styles promote trust, involvement and perceived organisational support. The healthcare establishment is thus encouraged to invest in structured leadership development programs to enhance the emotional intelligence, communication skills, conflict management skills and supervision support strategies. Leaders need to be trained on how to detect the initial symptoms of burnout and disengagement, and work-related distress amongst the staff. Involving the employees in the decision-making process, free flow of communication during the entire organisational transformations, and frequent recognition of the efforts put in by the employees can go a long way in enhancing the spirit of commitment. The front-line nurse managers require training on specific resilience, team building and workload management strategies. Leadership influences the climate of the organisation, and in turn, it directly affects job satisfaction, psychological safety and retention as it has greater organisational commitment and employee attachment to the organisation. The empowerment of leadership is therefore not a managerial betterment but a strategy retention strategy.

6.3 Organisational Design

The structure has work conditions which are decisive with regard to retention. Work overload, work stressors and burnout are always related to poor staffing, which, in turn, results in intention to leave and undermines organisational commitment among healthcare workers. The healthcare administrators must focus on the evidence-based models of workforce planning that consider the patient acuity and complexity of the services provided and the welfare of the staff, rather than relying on a single focus on cost-containment. Workload could be redistributed more equitably without

impacting the quality of care. Flexible staffing choices in the form of float pools, cross-trained staff and an adaptable labour pool can redistribute workload more fairly. The safe staffing standards should be viewed as retention and patient safety long-term ventures. The rigid work-time schedules are habitual causes of work-life conflict and discontent. To enhance the well-being of employees, as well as their long-term commitment, increased flexibility of scheduling, self-rostering, fixed rotation shifts, and alternative employment options (part-time jobs, shorter workweeks, or hybrid administrative-clinical) can be employed. The design of the organisation would be dynamic enough to meet the emerging age of workforce, family life and career needs without compromising on the organisational commitment and long-term retention of workforce.

6.4 Policy-Level Recommendations

On the macro level, the policymakers should understand that they cannot overcome workforce shortages by only increasing the number of people recruited. Systematic retention plans should be incorporated in the national workforce planning models in order to concentrate on sustainable employment conditions and the enhancement of organisational commitment in all healthcare institutions. Regulating bodies and governments are supposed to set uniform regulations on staffing, long-term monitoring and monitoring of workforces, and implementable occupational health safeguards. Healthcare systems and institutions of higher learning should work together to ensure a coordination of graduate supply with the requirements of the labour market and to offer an orderly transition program to the early-career professionals. The residency, mentorship and supervised integration programs can be coordinated to curb the transition shock and early attrition. Given the high level of work stress and mental health burdens registered in high-stress healthcare institutions, policymakers should implement institutional mental health institutions, including convenient counselling institutions, stress management institutions, and crisis management institutions. National policies on occupational health should have systematic burnout surveillance and reporting mechanisms. Psychological wellness of healthcare personnel is both an ethical and a strategic concern to have a robust healthcare system. The need to stabilise commitment and minimise the turnover of workforce at a systemic level is a requirement of sustainable retention that entails the necessity of having policy environments that ensure safe working environments, accountability of the leadership and the well-being of the workforce.

7. CONCLUSION

Synthesis of evidence on organisational commitment and outcomes related to retention in a high-stress healthcare setting was conducted in this systematic literature review, which utilised PRISMA 2020 guidelines. The review has shown that role stressors, such as role overload, role ambiguity, emotional exhaustion and excessive job demand, have negative impacts on organisational commitment and positive impacts on turnover intention of healthcare professionals based on 40 good-quality studies. Burnout turned out to be a pathway mechanism that prevailed by which chronic stress at workplaces causes withdrawal behaviours and workforce instability by eroding organisational commitment. Findings also suggest that retention is increased when healthcare organisations provide supportive leadership, trusted management practices, and perceived organisational support and career development opportunities. Important organisational resources that resulted in psychological safety, job satisfaction, and commitment were listed as transformational and authentic leadership styles. In addition, employee engagement, resilience, and embeddedness mechanisms are useful individual-level buffers that may assist employees to adequately confront problematic work environments and stay engaged. The thematic synthesis found five interconnected clusters that mediate retention outcomes that include work stressors and commitment pathways, leadership and organisational support mechanisms, employee engagement and embeddedness, work environment and work-life balance conditions and retention and workforce sustainability strategies. These results prove that the issue of retention cannot be addressed with single-meal interventions but a holistic organisational change, which is motivated by the management of workload levels, staffing adequacy, job definition, and cultures of commitment. Overall, this review provides an elaborate framework for comprehending how organisational commitment facilitates the relationship between work stressors and retention outcomes in healthcare. This evidence demonstrates the importance of interventions at multiple levels that address the well-being of employees, organisational commitment, and workforce stability in high-stress healthcare systems to maintain sustainable healthcare workforce retention.

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