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Work–Life Balance and Work–Family Conflict as Predictors of Turnover Intention

A Systematic Review

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ABSTRACT

High turnover among healthcare workers remains a major challenge for the continuity, quality, and sustainability of health services. Work-family conflict, work-life balance, and work-life interference have been increasingly examined as work–life factors that may influence turnover intention and retention-related outcomes. This systematic review aimed to synthesize evidence on the association between work–life factors and turnover-related outcomes among healthcare workers in hospital or acute-care settings. The review followed the PRISMA 2020 guidelines. Literature searches were conducted in PubMed/MEDLINE and Scopus for English-language peer-reviewed studies published between 2015 and 2025. Eligibility was guided by the PECOS framework, and methodological quality was assessed using the Joanna Briggs Institute Critical Appraisal Tools according to study design. Findings were synthesized thematically. A total of 22 studies were included, most used cross-sectional designs and involved nurses, physicians, doctors, and other healthcare workers. Work-family conflict was frequently associated with higher turnover intention, whereas better work-life balance was generally associated with lower turnover intention or more favorable retention-related outcomes. Burnout, perceived stress, psychological distress, and affective responses appeared to be important pathways linking work–life difficulties with turnover-related outcomes. Individual and organizational resources, including supervisor support, perceived organizational support, work engagement, psychological empowerment, and return-to-work support, may help reduce turnover intention and support retention. Because most studies were cross-sectional and self-reported, causal interpretation remains limited. These findings emphasize the need for

organizational strategies addressing work–life issues to improve healthcare workforce retention, supported by future longitudinal studies using standardized measures and adjusted analyses.

Keywords
Healthcare Workers
Turnover Intention
Work-Family Conflict
Work-Life Balance

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Introduction

Maintaining a stable and sustainable healthcare workforce remains a major challenge for healthcare systems worldwide. The healthcare sector is expected to face a global shortage of approximately 18 million healthcare professionals by 2030 [1]. This shortage is concerning because the loss of healthcare personnel may disrupt service continuity, reduce the quality of patient care, and increase organizational costs related to recruitment and training [1], [2]. In this context, turnover intention has become an important outcome to study because it reflects an employee's intention or likelihood to leave their job and is commonly used as an early indicator of actual turnover behavior [3].

Healthcare workers often face demanding working conditions, including long working hours, shift work, heavy workloads, emotional demands, and continuous patient care responsibilities. These conditions may increase stress and make it more difficult for healthcare workers to balance work responsibilities with family and personal life. High turnover intention among healthcare workers, particularly nurses and physicians, is therefore not only an individual employment issue but also a broader organizational and health system concern. This issue is becoming increasingly important as healthcare systems respond to population aging, the growing burden of chronic disease, and an aging healthcare workforce approaching retirement [4].

Several work-related psychological and organizational factors have been linked to turnover intention. Among these, work-family conflict is frequently reported as an important factor. Work-family conflict refers to a form of inter-role conflict in which demands from work and family roles are incompatible, making participation in one role more difficult because of participation in the other [4], [5]. In healthcare settings, work-family conflict may occur when long shifts, rotating schedules, emergency duties, or unpredictable workloads interfere with family responsibilities. Previous research has shown that work-family conflict is associated with higher stress, lower job satisfaction, and greater intention to leave [4]. However, the relationship may be complex because work-family conflict may influence turnover intention directly or indirectly through stress, burnout, or other psychological pathways [3].

Work-life balance is another related but distinct construct. While work-family conflict focuses on incompatibility between work and family roles, work-life balance refers more broadly to the perceived ability to manage work and non-work responsibilities. Poor work-life balance among healthcare workers has been associated with fatigue, burnout, emotional exhaustion, and lower career satisfaction [6]. Work-life interference is also conceptually related, but it specifically refers to the extent to which work disrupts life outside work. These constructs are connected, but they should not be used interchangeably because they represent different aspects of the relationship between work demands and personal life.

In this review, turnover intention and intention to leave were treated as withdrawal-oriented outcomes because both reflect an employee's tendency or plan to leave a job, organization, or profession. In contrast, intention to stay was treated as a retention-oriented outcome because it reflects an employee's willingness to remain. Actual retention or actual turnover was not treated as equivalent to these intention-based outcomes unless a distinct intention measure was reported.

Although previous studies have examined work-life balance, work-family conflict, burnout, job satisfaction, and turnover intention among healthcare workers, many have focused on specific occupational groups or individual factors separately, leaving the overall relationship between work–life constructs and turnover-related outcomes unclear across different healthcare professions and hospital or acute-care settings. Therefore, this review addresses the following research question: among healthcare workers in hospital or acute-care settings, how are work-life balance, work-family conflict, work-life interference, and related work–life constructs associated with turnover intention, intention to leave, intention to stay, or professional turnover intention. This review aims to synthesize the available evidence while distinguishing related but different work–life constructs, turnover-related outcomes, and possible psychological or organizational pathways linking them.

Material and Methods

A. Study Design

This systematic review was conducted in accordance with the PRISMA 2020 guidelines [7]. The review aimed to synthesize evidence on the association between work-life balance, work-family conflict, work-life interference, and turnover-related outcomes among healthcare workers in hospital or acute-care settings. Ethical approval was not required because this review used data from previously published studies and did not involve direct contact with human participants.

B. Search strategy

A systematic literature search was conducted in PubMed/MEDLINE and Scopus between 6 and 7 March 2026 [8], [9]. The search was limited to peer-reviewed articles published in

English between 2015 and 2025. The search strategy combined terms related to work–life factors, turnover-related outcomes, and healthcare workers. The core search terms were: ("work-life balance" OR "work-family conflict" OR "family-work conflict" OR "work-life interference") AND ("turnover intention" OR "intention to leave" OR "intention to stay" OR "professional turnover intention") AND ("healthcare workers" OR nurses OR physicians OR doctors OR "healthcare professionals"). The search terms were adapted to the syntax of each database, and the complete database-specific search strings are provided in the Supplementary Material.

C. Eligibility Criteria

Eligibility criteria were defined using the PECOS framework [10]. The population included healthcare workers, such as nurses, physicians, doctors, midwives, and other clinical staff, working in hospital or acute-care settings. Mixed-setting studies were eligible when hospital or acute-care participants formed the majority of the sample or when the setting was clearly controlled in the analysis. The exposures of interest were work-life balance, work-family conflict, family-work conflict, work-life interference, or related work–life constructs measured as independent variables, mediators, moderators, or central explanatory variables. The outcomes included turnover intention, intention to leave, professional turnover intention, and intention to stay. Actual turnover was not considered eligible unless a distinct intention-based outcome was reported. Eligible study designs included primary quantitative studies, such as cross-sectional, cohort, longitudinal, prospective, and diary-based studies, as well as mixed-methods studies with extractable quantitative findings. Reviews, meta-analyses, qualitative-only studies, editorials, letters, and conference abstracts were excluded.

Table 1. Eligibility Criteria

Inclusion		Exclusion
P	Healthcare workers (nurses, physicians, midwives, clinical staff) in hospital or acute care settings. Mixed-setting studies eligible if hospital participants >50% or setting was statistically controlled.	Non-clinical staff as the primary population. Hospital participants a minority without statistical control.
E	WLB, WFC, family-work conflict, or work-life interference measured as an independent variable, mediator, moderator, or central explanatory variable using a validated or structured instrument.	WLB/WFC assessed narratively only, measured only as an unrelated outcome, or not central to the relationship with turnover intention, intention to leave, or intention to stay.
C	Not applicable. Natural variation across individuals and settings accepted.	Not applicable.
O	Turnover intention, intention to leave, intention to stay, or professional turnover intention measured with a validated scale.	Actual turnover behavior without a distinct intention construct; turnover intention not a primary or secondary outcome.
S	Hospital, inpatient unit, emergency department, ICU, or acute care setting.	Community-based, primary care, long-term care, or non-acute settings without statistical control.
D	Primary quantitative studies (cross-sectional, cohort, longitudinal) and mixed-methods studies with extractable quantitative data.	Systematic reviews, meta-analyses, qualitative-only studies, editorials, letters, conference abstracts.

P = Population; E = Exposure; C = Comparator; O = Outcome; S = Setting; D = Design; WLB = Work-Life Balance; WFC = Work-Family Conflict.

D. Protocol Deviations

During the review process, the eligibility criteria were clarified to include work-life balance, work-family conflict, family-work conflict, work-life interference, or related work–life constructs when they were examined as independent variables, mediators, moderators, or central explanatory variables in relation to turnover-related outcomes. The final analysis was limited to PubMed/MEDLINE and Scopus records that could be verified. No full-text reports were inaccessible during the final eligibility assessment.

E. Study Selection

All retrieved records were exported from PubMed/MEDLINE and Scopus and checked for duplicates [8], [9]. Two reviewers, both of whom were medical doctors and one of whom held a PhD in medicine and public health, independently screened titles and abstracts according to the predefined eligibility criteria. Potentially eligible articles were retrieved for full-text assessment. The same reviewers independently assessed the full texts for eligibility based on the predefined PECOS criteria [11]. Any disagreement between reviewers was resolved through discussion and consensus. Reasons for exclusion at the full-text stage were recorded and reported in the PRISMA 2020 flow diagram [7].

A total of 154 records, shown in figure 1, were identified from Scopus (n = 130) and PubMed/MEDLINE (n = 24). No records were removed before screening, and no duplicate records were identified. Therefore, 154 records were screened by title and abstract. Of these, 117 records were excluded because they did not meet the eligibility criteria. Thirty-seven reports were sought for retrieval, and all were successfully retrieved. The same 37 reports were assessed for full-text eligibility. Fifteen full-text reports were excluded for the following reasons: wrong population (n = 3), wrong exposure (n = 7), wrong outcome (n = 4), and wrong setting (n = 1). Finally, 22 studies were included in the systematic review [6].

F. Data Extraction

Data extraction was conducted using a standardized extraction form to ensure consistency and accuracy across the included studies [12]. For each study, the following information was collected: author and year of publication, country of study, study design, sample characteristics and size, healthcare professional group, clinical setting, measurement instruments used to assess work-life balance or work-family conflict, instruments used to measure turnover intention, statistical methods employed, effect estimates, adjusted analyses where available, and key findings related to the relationship between exposure and outcome variables. When studies reported multiple outcomes, only data directly related to turnover intention, intention to leave, intention to stay, or professional turnover intention were extracted. The extracted data were subsequently organized into summary tables to facilitate comparison and synthesis across studies [8].

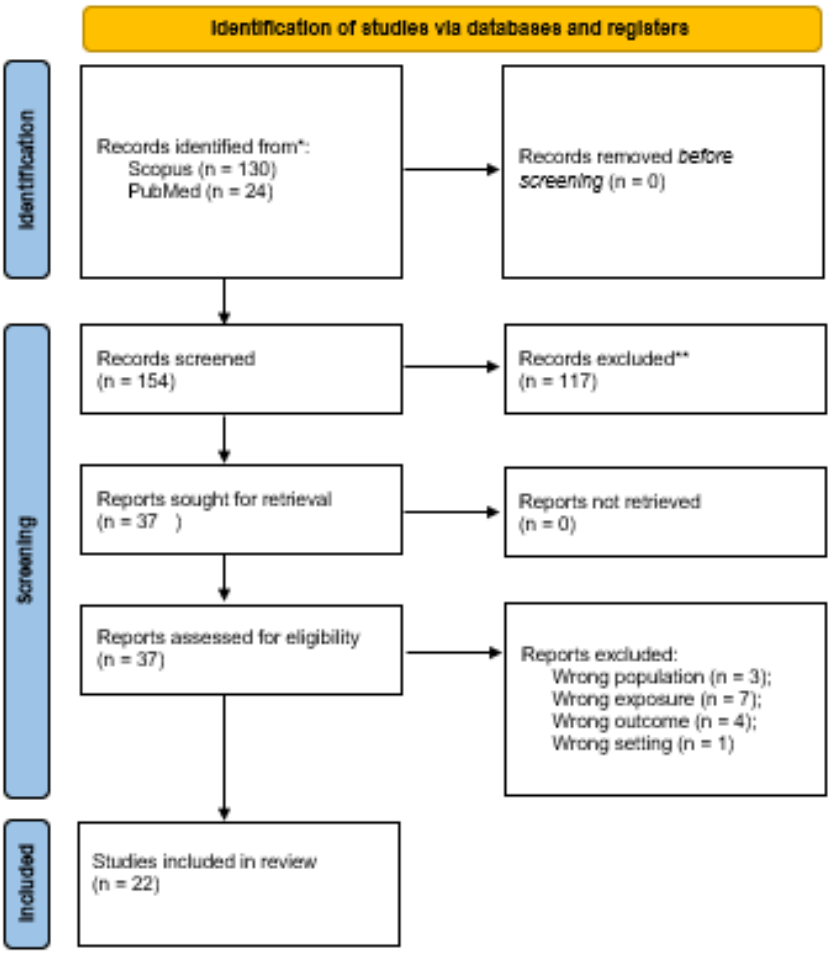

Fig. 1. PRISMA flow diagram

G. Risk of Bias and Quality Appraisal

The methodological quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools according to each study design. Cross-sectional studies were evaluated using the JBI Critical Appraisal Checklist for Analytical Cross-Sectional Studies, while longitudinal and prospective studies were assessed using the JBI Critical Appraisal Checklist for Cohort Studies. The appraisal covered key methodological domains, including the clarity of inclusion criteria, adequacy of participant and setting descriptions, validity and reliability of exposure and outcome measurements, identification and management of confounding factors, completeness of follow-up when applicable, and appropriateness of statistical analysis.

Two reviewers independently assessed the methodological quality of each included study, and any disagreements were resolved through discussion until consensus was reached. The results of the quality appraisal were used to guide the interpretation of the review findings. Studies with greater methodological limitations or unclear methodological reporting were interpreted with caution and were not used as the sole basis for drawing definitive conclusions.

Based on the JBI assessment, most included studies were judged to have a low risk of bias, while one study was classified as having a moderate risk of bias due to uncertainty in one appraisal domain.

Results

A. Characteristics of Included Studies

A total of 22 studies were included in this review. The studies were conducted in a range of geographical settings, including Asia, Europe, Africa, and North America. Asian countries were the most frequently represented, including China, Japan, South Korea, Indonesia, Bangladesh, Pakistan, and Hong Kong. Other studies were conducted in Spain, Switzerland, Sweden, Canada, Ethiopia, Ghana, Iran, and Poland. Most studies used a cross-sectional design, while a smaller number used longitudinal, prospective, diary-based, or multilevel designs. The study populations included nurses, physicians, doctors, hospital ophthalmologists, female medical workers, and other healthcare workers. Nurses were the most commonly studied group. The sample sizes ranged from 56 to 17,582 participants.

The outcomes assessed across the included studies were turnover intention, intention to leave, professional turnover intention, and intention to stay. These constructs were included when they were examined as predictors, mediators, moderators, or central explanatory variables in relation to turnover-related outcomes. The characteristics and study-level findings of the included studies are summarized in Table 2.

B. Methodological Quality Appraisal

The methodological quality of the included studies was appraised using the Joanna Briggs Institute Critical Appraisal Tools. Most studies met the basic criteria for clear participant description, appropriate outcome measurement, and relevant statistical analysis. However, several studies had limitations related to cross-sectional design, self-reported exposure and outcome measures, limited reporting of confounding control, and incomplete reporting of adjusted estimates. These limitations were considered when interpreting the synthesis, and findings from studies with greater methodological concerns were interpreted cautiously.

A thematic synthesis was conducted to describe how work-life balance, work-family conflict, work-life interference, and related work–life factors were linked to turnover-related outcomes among healthcare workers. Based on the revised study characteristics and PECOS criteria, the findings were grouped into four main themes.

Table 2. Characteristics of studies

Ref	Country	Design	Sample (n)	Population	Exposure/main variable	Outcome	Key finding
[13]	Japan	Cross-sectional	74	Hospital ophthalmologists	Work-family conflict	Turnover intention	Work-family conflict was associated with higher turnover intention among hospital ophthalmologists.
[14]	China	Cross-sectional / pathway analysis	436	Female medical workers	Work-family balance and perceived stress	Turnover intention	Work-family balance and perceived stress were associated with turnover intention among female medical workers.
[15]	Spain	Experience-sampling / diary-based study	56	Healthcare workers	Daily work-family conflict and burnout	Leaving intention/ vitality	Daily work-family conflict and burnout explained leaving intention and vitality levels.
[16]	Indonesia	Cross-sectional	202	Doctors	Work-life balance, job satisfaction, and other determinants	Turnover intention	Work-life balance and job satisfaction were related to turnover intention among doctors.
[17]	China	Cross-sectional / serial mediation model	435	Female healthcare staff	Perceived stress, coping strategies, and work-family balance	Turnover intention	Perceived stress was associated with turnover intention through serial mediating pathways involving coping strategies and work-family balance.
[18]	Japan	Cross-sectional	827	Hospital nurses	Work-family conflict and work engagement	Turnover intention	Work-family conflict and work engagement interacted in relation to hospital nurses' turnover intention.
[19]	China	Cross-sectional	2,112	Nurses in tertiary hospitals	Work-family conflict, family-work conflict, perceived social support, and resilience	Turnover intention	Work-family conflict was a common factor associated with turnover intention across nurse generations.
[20]	Iran / Poland	Cross-sectional comparative study	365	Nurses in state-owned hospitals	Work-family conflict, job satisfaction, and workplace support	Turnover intention	Work-family conflict, job satisfaction, and workplace support were associated with nurses' turnover intention in different country contexts.
[21]	Canada	Cross-sectional	407	Physicians	Job demands-resources factors and burnout	Professional turnover intention	Burnout and job demands-resources factors were associated with professional turnover intention among physicians.
[22]	Bangladesh	Cross-sectional	383	Nurses	Perceived organizational support, supervisor support, and work-family conflict	Turnover intention	Work-family conflict played a role in the relationship between perceived support and nurses' turnover intention.

Ref	Country	Design	Sample (n)	Population	Exposure/main variable	Outcome	Key finding
[23]	South Korea	Cross-sectional	179	Generation Z nurses	Communication competence, meaning of work, and work-life balance	Turnover intention	Work-life balance, communication competence, and meaning of work were associated with turnover intention among Generation Z nurses.
[24]	China	Cross-sectional	3,563	Physicians	Job satisfaction, work stress, and work-family conflict	Turnover intention	Work-family conflict, work stress, and job satisfaction were associated with physicians' turnover intention.
[25]	Ethiopia	Cross-sectional	385	Nurses in governmental hospitals	Family-to-work conflict and associated factors	Turnover intention	Family-to-work conflict was significantly associated with higher turnover intention.
[26]	Pakistan	Cross-sectional	105	Married female doctors	Work-family conflict and psychological empowerment	Turnover intention	Work-family conflict was associated with turnover intention, while psychological empowerment appeared to reduce its effect.
[27]	Switzerland	Cross-sectional	1,840	Health professionals in hospital setting	Burnout and work-life imbalance	Intention to leave the profession	Work-life imbalance and burnout were associated with intention to leave the profession among hospital health professionals.
[28]	Ghana	Cross-sectional	363	Healthcare workers in hospitals	Organizational politics, psychological well-being, and work-life balance	Turnover intention	Work-life balance and psychological well-being were examined as factors related to turnover intention in Ghanaian hospitals.
[29]	South Korea	Multilevel analysis	328	Newly graduated Generation Z nurses	Work-life balance and individual/organizational factors	Turnover intention	Higher work-life balance was significantly associated with lower turnover intention.
[30]	South Korea	Cross-sectional	175	Female nurses returning from parental leave	Return-to-work factors and support	Intention to stay	Supportive factors after returning from parental leave were associated with intention to stay among female nurses.
[31]	China	Cross-sectional	17,582	Emergency department nurses	Work-family conflict, positive affect, and negative affect	Turnover intention	Work-family conflict influenced turnover intention through positive and negative affect.
[32]	Sweden	Longitudinal	1,575	Physicians	Work-life interference	Burnout and job discontent	Work-life interference predicted burnout and job discontent over one year.
[33]	Hong Kong	Cross-sectional	502	Registered nurses in public hospitals	Job demands, burnout, and pay-level satisfaction	Turnover intention	Burnout mediated the relationship between job demands and turnover intention, while pay-level satisfaction had a moderating role.
[34]	Japan	Prospective study	975	Nurses	Striving for work-life balance and sense of coherence	Intention to leave	Striving for work-life balance and sense of coherence were associated with intention to leave among nurses over six months.

1. Theme 1: Work–Family Conflict as a Predictor of Turnover Intention

Several studies showed that work-family conflict was associated with higher turnover intention among healthcare workers. This pattern was observed across different professional groups and settings, including hospital ophthalmologists, hospital nurses, emergency department nurses, physicians, married female doctors, and nurses in governmental hospitals [13], [18], [19], [22], [24], [25], [26], [31]. These findings suggest that competing demands between work and family roles may increase psychological strain and contribute to withdrawal intention among healthcare workers.

The direction of the association was generally consistent across studies. For example, family-to-work conflict was significantly associated with turnover intention among nurses in Ethiopia [26], while work-family conflict influenced turnover intention among emergency department nurses through affective pathways [32]. Studies involving physicians also showed that work-family conflict, together with work stress and job satisfaction, was associated with turnover intention [25], [27]. However, because most of these studies used cross-sectional designs, the findings should be interpreted as associations rather than evidence of causality.

2. Theme 2: Work-Life Balance and Work-Life Interference as Work–Life Constructs Related to Turnover Outcomes

Several studies examined work-life balance, work-family balance, work-life imbalance, or work-life interference in relation to turnover intention, intention to leave, intention to stay, or related workforce outcomes [15], [18], [24], [28]–[30], [33], [35]. Overall, better work-life balance was generally associated with lower turnover intention, whereas work-life imbalance or work-life interference was associated with less favorable workforce outcomes.

Among Generation Z nurses, work-life balance was associated with turnover intention, suggesting that balance between work and personal life may be particularly important for younger healthcare workers [24], [30]. Similarly, striving for work-life balance and sense of coherence were related to intention to leave among nurses in a prospective study [35]. Work-life imbalance was also linked with intention to leave the profession among hospital health professionals [28]. One longitudinal study showed that work-life interference predicted burnout and job discontent over time among physicians [33]. Although this study did not focus exclusively on turnover intention, it was retained under the revised PECOS criteria because work-life interference was examined as a central explanatory construct related to workforce dissatisfaction and potential withdrawal.

3. Theme 3: Burnout, Stress, and Psychological Distress as Mediating Mechanisms

Burnout, perceived stress, psychological distress, and affective responses appeared to be important mechanisms linking work–life problems with turnover-related outcomes. Studies using mediation or pathway models showed that perceived stress, burnout, coping strategies, positive affect, and negative affect may explain how work-family conflict or work-life imbalance contributes to turnover intention [16], [18], [22], [28], [32], [34].

For example, daily work-family conflict and burnout explained leaving intention among healthcare workers in an experience-sampling study [16]. Perceived stress was associated with turnover intention through serial mediating pathways involving coping strategies and work-family balance among female healthcare staff [18]. In emergency department nurses, work-family conflict influenced turnover intention through positive and negative affect [32]. These findings suggest that work–life conflict may influence turnover intention not only directly, but also indirectly through psychological strain. However, mediation findings from cross-sectional studies should be interpreted cautiously because temporal ordering cannot be fully established.

4. Theme 4: Individual and Organizational Resources as Buffers of Turnover Intention

Several studies identified individual and organizational resources that may reduce turnover intention or buffer the negative effects of work–life conflict. These resources included work engagement, psychological empowerment, perceived organizational support, supervisor support, workplace support, job satisfaction, psychological well-being, pay-level satisfaction, sense of coherence, and return-to-work support [19], [21], [23], [27], [29], [31], [34], [35].

Work engagement interacted with work-family conflict in relation to turnover intention among hospital nurses [19]. Perceived organizational support and supervisor support were also relevant in explaining nurses' turnover intention, with work-family conflict playing an important role in this relationship [23]. Psychological empowerment appeared to reduce the negative effect of work-family conflict among married female doctors [27]. For nurses returning from parental leave, supportive return-to-work factors were associated with intention to stay rather than intention to leave [31]. These findings indicate that organizational support and individual resilience-related resources may be important components of retention strategies in healthcare settings.

Discussion

This systematic review synthesized evidence on how work-life balance, work-family conflict, work-life interference, and related work–life factors were associated with turnover-related outcomes among healthcare workers. Overall, the findings suggest that work-family conflict was frequently associated with higher turnover intention, while better work-life

balance and stronger individual or organizational resources appeared to be related to lower turnover intention or greater intention to stay. These findings are relevant to healthcare systems, where workload, burnout, and workforce shortages remain important challenges for retaining healthcare personnel. Turnover intention, which reflects an employee's perceived likelihood of leaving their job in the near future, is commonly used as an early indicator of actual turnover behavior [39]. High turnover may create consequences for healthcare organizations, including increased recruitment and training costs, reduced staff morale, disruption of team stability, and loss of professional knowledge [1].

The first main finding was that work-family conflict was commonly associated with turnover intention. This pattern was observed across different healthcare professional groups, including nurses, physicians, hospital ophthalmologists, emergency department nurses, and married female doctors. In healthcare settings, long working hours, shift work, high patient loads, and emotional demands may interfere with family and personal responsibilities. When these competing demands are difficult to manage, healthcare workers may experience psychological strain, dissatisfaction, and a stronger intention to leave. This finding is consistent with previous evidence showing a positive association between work-family conflict and turnover intention, with work-to-family conflict often having a stronger effect than family-to-work conflict [39]. However, because most studies included in this review used cross-sectional designs, this relationship should be interpreted as an association rather than evidence of a direct causal effect.

The second finding concerns work-life balance and work-life interference. In several studies, better work-life balance was associated with lower turnover intention, whereas work-life imbalance or work-life interference was associated with less favorable workforce-related outcomes. This suggests that work-life balance may be a relevant protective factor in demanding healthcare environments. Among younger healthcare workers, such as Generation Z nurses, work-life balance may be particularly important because expectations about work increasingly include personal well-being, meaningful work, and career sustainability. However, work-life balance, work-family conflict, and work-life interference should not be treated as identical constructs. They are conceptually related but reflect different aspects of the relationship between work and non-work life.

The findings may be interpreted through the Conservation of Resources theory and the Job Demands–Resources model. The Conservation of Resources theory suggests that individuals seek to protect valued resources, including time, energy, emotional stability, and psychological well-being [40]. When healthcare workers experience persistent work-family conflict or poor work-life balance, these resources may be threatened or depleted. This may contribute to psychological withdrawal or thoughts of leaving work. Similarly, the Job

Demands–Resources model proposes that high job demands, such as heavy workloads, night shifts, and unpredictable schedules, may contribute to emotional exhaustion and burnout when adequate job resources are lacking [5]. These theoretical perspectives help explain why work–life difficulties may be linked to turnover intention, although the available evidence does not allow firm causal conclusions.

Burnout, perceived stress, psychological distress, and affective responses also appeared to be important explanatory mechanisms. Several studies suggested that work-family conflict and work-life imbalance may be related to turnover intention through psychological strain. Extended exposure to demanding work conditions may contribute to burnout, which is commonly characterized by emotional exhaustion, cynicism, and reduced professional efficacy [5]. Burnout has been identified as a factor related to healthcare workforce attrition, as workers experiencing chronic stress may consider leaving their positions to protect their well-being [41]. Previous studies have also suggested that the relationship between work-family conflict and turnover intention may be mediated by burnout or work-related stress [3]. Nevertheless, mediation findings from cross-sectional studies should be interpreted carefully because temporal order cannot be fully established.

Individual and organizational resources may also play a role in turnover-related outcomes. Several studies reported that work engagement, psychological empowerment, perceived organizational support, supervisor support, workplace support, job satisfaction, psychological well-being, pay-level satisfaction, sense of coherence, and return-to-work support were associated with lower turnover intention or greater intention to stay. These findings suggest that turnover intention may be influenced not only by individual experiences but also by organizational conditions. Supportive supervision, fair workload distribution, flexible scheduling, and return-to-work support after parental leave may help healthcare workers manage competing work and family demands. However, the strength of these associations varied across studies, and findings should be interpreted in light of study design and methodological quality.

The distinction between turnover intention, intention to leave, and intention to stay is important. Turnover intention and intention to leave reflect withdrawal-oriented outcomes, whereas intention to stay reflects a retention-oriented outcome. Although these outcomes are related, they are not identical. Reducing turnover intention may not automatically increase intention to stay unless healthcare workers also experience positive reasons to remain in their organization. This distinction is important when interpreting the findings and when designing workforce retention strategies.

From a practical perspective, the findings suggest that healthcare organizations may benefit from addressing work–life issues as part of broader retention strategies. Flexible

scheduling, adequate staffing, supportive leadership, fair workload allocation, and burnout reduction strategies may help reduce turnover intention. However, these approaches may be difficult to implement in hospital and acute-care settings because such settings require continuous patient care and often operate under staffing constraints. Therefore, improving work-life balance should be viewed not only as an individual responsibility but also as an organizational and policy-level issue.

The certainty of evidence should be interpreted cautiously. Although findings were broadly consistent across countries and healthcare professional groups, most included studies were cross-sectional and relied on self-reported measures. This limits the ability to determine causal relationships between work–life factors and turnover-related outcomes. In addition, the included studies varied in their exposure definitions, outcome measures, statistical adjustment, and reporting of study-level effects. Some studies reported adjusted analyses, while others provided limited information on confounding control. Therefore, findings from studies with clearer methodology and adjusted analyses should be given greater interpretive weight, while findings from studies with methodological limitations should be interpreted more carefully.

This review has several limitations. First, the search was limited to PubMed/MEDLINE and Scopus and included only English-language peer-reviewed articles. Therefore, relevant studies indexed in other databases or published in other languages may have been missed. Second, most included studies used cross-sectional designs, which limits the ability to determine causal relationships between work–life factors and turnover-related outcomes. Third, most studies relied on self-reported measures of both exposure and outcome, which may introduce response bias and common-method bias. Fourth, the included studies used different but related constructs, including work-family conflict, family-work conflict, work-life balance, work-family balance, work-life imbalance, and work-life interference. Although these constructs were harmonized for synthesis, they are conceptually distinct and should not be interpreted as identical. Fifth, the outcomes also varied across studies, including turnover intention, intention to leave, professional turnover intention, intention to stay, burnout, and job discontent. This variation limited direct comparison across studies. Sixth, not all studies reported complete study-level effect estimates, adjusted analyses, or covariates, which limited the ability to compare the strength of associations and assess confounding. Seventh, although the review focused on hospital and acute-care settings, differences in healthcare systems, staffing structures, professional roles, and cultural contexts may limit the generalizability of the findings. Finally, because of heterogeneity in study design, exposure definitions, outcome measures, and statistical reporting, a meta-analysis was not conducted.

Overall, this review suggests that work-family conflict and poor work-life balance are commonly associated with turnover-related outcomes among healthcare workers.

Organizational and individual resources may help reduce turnover intention or support intention to stay, but stronger evidence is needed. Future studies should use longitudinal designs, standardized measurement instruments, and adjusted analytical models to better clarify the pathways linking work–life factors with healthcare workforce retention.

Conclusion

This systematic review suggests that work-family conflict and poor work-life balance are commonly associated with turnover-related outcomes among healthcare workers. Work-family conflict was frequently linked to higher turnover intention, particularly when work demands interfered with family or personal responsibilities, while better work-life balance and supportive individual or organizational resources appeared to be related to lower turnover intention or stronger intention to stay. These findings indicate that workforce retention strategies in healthcare settings should consider work–life factors as part of broader organizational support, including fair workload distribution, supportive supervision, flexible scheduling where feasible, and burnout reduction strategies. However, because most included studies were cross-sectional and relied on self-reported measures, causal conclusions remain limited. Future research should use longitudinal designs, standardized measurement tools, and adjusted analyses to better clarify the pathways linking work–life factors with healthcare workforce retention.

Conflict of Interest

The authors declare no conflict of interest.

Author Contributions

Y.N.S. contributed to conceptualization, literature search, screening, data extraction, analysis, and manuscript drafting. A.D. contributed to conceptualization, methodology, supervision, interpretation of findings, manuscript review, and critical revision. Both authors approved the final version of the manuscript.

Data Availability

All data used in this review were extracted from published articles. The extracted data are available from the corresponding author upon reasonable request.

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