Reasons Influencing Nurses' Interdepartmental Transfers in King Fahd Armed Forces Hospital

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Abstract: **Nowadays, Saudi Arabia is undergoing a magnificent health system transformation that involves the expansion of care, budget control and engaging private sectors in providing care. As nursing is the biggest part of potential workforce in any healthcare organization it is crucial to understand reasons behind nurses outflow from a single unit to another unit. Although nursing transfers between units would allow the organization to manage the shortage and it will also enhance nursing skills, yet, nurses' request of transfer will affect the unit workflow and patient care. Adjusting to a new unit with different work routine and different patient population will increase the possibility of errors and increase the staff stress. Thus, effective management of these interdepartmental transfers is a must for overall hospital performance. For that, this study aims to explore reasons influencing nurses' interdepartmental transfers. Furthermore, despite how frequent nurses are transferring to different departments, there is limited literature that comprehensively analyze the reasons and the impact of nurses' interdepartmental transfers. Therefore, a recent thesis will assist to reveal any knowledge gap.**

Keywords: **"Nurses Burnout", "Nurses Intention to leave", "Nurses Job Satisfaction", "Nurses Retention", "Nurses Turnover", "Nurses Work-Life Balance", "Nursing Leadership", "Nursing Payments", "Nursing Shortage", "Organizational Factors", "Psychosocial Factors", "Reasons Affecting Nurses' transfers".**

I. INTRODUCTION

This study aims to explore the different reasons that influence nurses transferring to another department within King Fahd Armed Forces Hospital in Jeddah. Methodology: The research employs a qualitative design which has been integrated in-depth interviews from nurses whilst incorporating sociodemographic data. The mixed methods approach helps to consider both nurses' subjective experiences and objective demographic factors that influenced their decisions concerning movement to another department. In this context, after reviewing the literature, themes were identified using the review matrix through extracting data from each article; title, date, author, sample, main findings and study design. The first theme is Job dissatisfaction & Burnout and subtheme that include leadership and career development, workflow and shortage, and financial benefits. The second theme is Psychosocial factors and subthemes that include; quality of life, the effect of demographic data, and social support.

Job dissatisfaction and Burnout:

Several studies have been conducted to cover elements that had great contribution to understanding as to what influences job satisfaction and turnover intentions in different healthcare settings.

Leadership and Career Development:

In the context of leadership and career development five studies were included to find the relation between this subtheme and the nurses' interdepartmental transfers.

A systematic review by Alrobai (2020) established to determine the most effective leadership styles that can be employed by nurse leaders to amplify job satisfaction and prevent nurses burnout. This systematic review included nine studies which eight of the studies used are cross-sectional studies while one is a correlational study. The systematic review revealed that transformational leadership motivate staff members, and create a conducive environment where trust and respect are fostered thus improving job satisfaction. Moreover, it enhances the nurse's morale and job satisfaction thus reducing burnout and intention to leave.(Alrobai ,2020). Furthermore, a quantitative study by Brunetto et al. (2013) established that supportive supervisor-subordinate relationships enhance job satisfaction and reduce turnover intentions. Utilizing a self reported survey to collect data in 2010-2012 from 510 haphazardly selected nurses from Australian hospitals and 718 nurses from US hospitals. In addition, the study discussing the impact of workplace relationships on turnover rate. It revealed that for USA, the supervisor-subordinate relationship is not significantly related to teamwork, perceived organizational support (POS), employee engagement, well-being, organizational commitment and turnover intention, but all other factors are related to each other. In contrast, for Australian nurses, all variables are significantly related to each other, reflecting that perhaps, supervisors have greater influence on nursing outcomes and intention to leave. (Brunetto et al. 2013). Also, a descriptive qualitative study was conducted between January and February 2019, by Çamveren et.al. (2019) using purposeful sampling to interview 15 nurses who left a university hospital in Turkey. The reasons behind young nurses deserting the organization were divided to three main categories. The first was the negative work environment category which includes the lack of professionalism, lack of management support, inadequate mentorship process, and horizontal violence. The second one is, nursing shortage category consists of excessive workload and overtime. The last category is unsatisfied individual expectations comprised of the subcategories of work–social life imbalance, availability of alternative options, and family-related reasons. The study revealed that junior nurses were leaving the organization because of the insufficient support from managers and colleagues. These finding shows that nurse managers and leaders has to have the skills to regulate work environment and increase peer support. (Çamveren et al. 2020).

Moreover, Najimi et al. (2012) conducted a cross-sectional study that aimed at finding out the factors that contribute to job stress among nurses and how those factors affect job satisfaction. The study survey was filled by 189 nurses from different Kashan hospitals. The findings showed that the impact of salaries, promotions and professional development opportunities contribute to major determinants of job satisfaction. It illustrated that nurses who felt their compensation was fair enough, had chances for career advancement, and access to training programs were more satisfied with their jobs. Moreover, this satisfaction was linked with lower intention of leaving current positions stressing on the need to address such issues for purposes of improving nurse retention.(Najimi et al. ,2012). Additionally, a cross- sectional study was established by Almalki et al.,(2012), gathering data using Brooks' survey of quality of nursing work life and demographic questions. The study included 532 from 134 primary care centers in Jazan Region. With 91% response rate, the study revealed that respondents were dissatisfied with their work life. Furthermore, promotion opportunities were found to be essential in retention and motivation for registered nurses alongside with continued professional development programs. Also, unsuitable working hours, lack of facilities for nurses, imbalanced work-life, insufficient vacations time especially with the massive nursing shortage are vital factors to nurses quality of life. (Almalki et al. 2012).

Leadership style and the nature of relationships with managers and colleagues are critical determinants of job satisfaction. Transformational leadership, characterized by inspiration, motivation, and support, has a positive correlation with higher job satisfaction and lower turnover intentions. Furthermore, supportive supervisor-subordinate relationships enhance job satisfaction by fostering a positive and understanding work environment. These insights highlight the importance of leadership development programs that cultivate transformational leadership skills and promote supportive workplace relationships. In addition, the availability of professional development opportunities and career advancement prospects significantly impacts nurses' decisions to stay or transfer. Continuous education programs and clear promotion pathways are essential for maintaining job satisfaction and reducing turnover. Nurses who perceive better career prospects are more likely to remain in their current departments. Thus, investing in professional development is a key strategy for healthcare organizations aiming to retain their nursing workforce.

Workflow: Nursing shortage and Scheduling:

With regards to nursing shortage and scheduling, five studies were included to connect these reasons to nurses' interdepartmental transfers.

A systematic literature review by Aboshaiqah (2016) on nursing shortages in Saudi Arabia revealed that stress from excessive working hours, and low nursing staff- ratios increased the probability of errors, and work fatigue affecting the quality of care and increasing turnover intentions. The study investigates the nursing shortage circumstance in Saudi Arabia, including the dearth of Saudi nurses that exist in healthcare workforce and suggest a way out. The review process covered literature published from 1993 to 2013, which provided information relevant to understanding the nursing shortage, cultural traditions and beliefs, and nursing education and policies in Saudi. The result of the study shows that Saudi relies heavily on an expatriate nursing labor force. However, the country is experiencing a worldwide shortfall of nurses and especially women among them. (Aboshaiqah,2016). Another study by Lee et al. (2014), to examine the nursing environment affects on the job satisfaction and turnover intention of Korean Hospitals. 5654 nurses responded to self-administered survey. The study showed four variables were significantly related in the job satisfaction model. The nursing process was the highest, followed by the doctor-nurse relationship, nurse-staffing adequacy, and organizational support and management of hospital. Moreover, hospitals with a patient-to-nurse ratio of 3.5 to 3.9 had the highest turnover intention followed by those with <3.0, 3.0 to 3.4, and ≥4.0. The study concluded that providing a standardized nursing process, having adequate nurse staffing, and good doctor-nurse relationship were significantly connected to nurses' job satisfaction. (Lee et al.,2014).

Also in a cross sectional study by Muir et al. (2024), to examine factors driving nurses to end their health care career between 2018 and 2021 in New York and Illinois. A total of 7887 nurses, 93% of them were females who recently ended their career with average of 30.8 years of experience. Even though planned retirement was the foremost effecting factor with 39%, nurses also marked burnout or emotional exhaustion 26%, insufficient staffing 21%, and family obligations 18% as other top contributing factors. (Muir et al. 2024). Additionally, a study done by Mazurenko et al. (2023) in the United States focuses on examining and comparing the reasons behind registered nurses' choices to quit jobs yet remain in nursing career completely or leave their jobs as well as the profession. The study targeted 8,796 RNs who had active licenses by March 10th 2008 but had either changed places of work or leave the profession. The analysis was conducted to establish variables that influence a nurse's decision to leave an organization and exit professional practice. lastly, the researchers concluded that different factors affect decisions made by registered nurses about leaving their job compared to leaving nursing as a whole profession. Furthermore, the results of binary logistic regression revealed that RNs who reported work-related disability, medical illness, high workload or burnout, were unsatisfied with their schedule or staffing arrangements and they were more expected to leave the profession. While RNs who reported high levels of stress were unsatisfied with the organization's leadership and unsatisfied with career development plans or were not sufficiently compensated were having high possibility to leave the organization. (Mazurenko et al. 2023). Finally, a Qualitative research used thematic analysis was conducted by Aljumah (2021), to find out reasons behind nurses abandoning ICU. Using a semi-structured interviews, 17 critical care nurses interviewed, where 88% of them were female and 83% of them under 30 years of age with less than 5 years of experience. Furthermore, the study theme was categorized into three main items; Environmental, Administrative and Personal factors. The first subthemes is Environmental Factors that includes nurses' back pain, high workload, exposure to traumatic and infectious environments, and poor relationships with other staff. The second subtheme is Administrative Factors which involves nursing shortage, irregular scheduling, unfair annual evaluations, inadequate infection allowance, lack of privacy, insufficient administrative support, and negative organizational climate. The last subtheme is Personal Factors that demographic factors such as age, gender, and number of children, and social aspects affecting work-life balance . Finally, the study recommended that improving organizational support, fair evaluation systems, staffing, and work conditions could help reducing turnover. (Aljumah, 2021).

Financial Benefits/ income:

Within the scope of financial benefits and the income and how it affect the nurses' intention to transfer to another department three studies were included.

The first study is a qualitative study was done by Catharina Roth et al. (2022), to find out the factors that influencing nurses to leave or stay in nursing. Adding to that, twenty-one nurses were interviewed who were working in German hospitals. The mean age of participants was 40.4 years. 81.0% were females. Participants work experience average of 19.5 years. Moreover, the study claimed two main themes emerged. The first theme is Push factors which are the factors that increasing the intention to leave nursing profession such as Limited career prospects, Generational barriers, Poor public image, and Workplace pressure. The second theme is Pull factors which are factors that could keep the nurses in the profession as

motivators. Those factors are Professional pride, Improved financial income, Recognition of nursing, and Professionalization with higher education. Finally, the study concluded that those factors has an impact on nurses decision to leave the profession or to motivate the nurses to stay in nursing job. (Catharina Roth et al. 2022). Moreover, Alasmari & Douglas (2012), noted that there are different employment legislations governing recruitment as well as working conditions of nursing staff across healthcare facilities in Saudi Arabia, thereby impacting on job satisfaction among them and overall turnover rate. Therefore, the purpose of this study is to examine the relationship between registered nurses' (RN) job satisfaction and their intention to leave critical care unit at King Abdul-Aziz University Hospital, Saudi Arabia. A convenience sample of 182 RNs working in critical care areas during the data collection period were included. Additionally, regression analysis predicting RN intention to leave found that demographic variables including age, parental status, length of ICU experience and three of the job satisfaction subscales including perceived workload, professional support , pay and prospects for promotion were significantly associated with the outcome variable. These findings suggest that management interventions are required regarding nurse's workload issues such as professional support through pay increase or promotion opportunities so that they may be retained longer within their organizations. (Alasmari & Douglas ,2012). Lastly, Al-Dossary et al. (2012) explored job satisfaction in a cross-sectional study among nurses working within university teaching hospital in Saudi Arabia. With a broad questionnaire-based survey the research examined various aspects related to job contentment like workload tension or organizational support. The study included a systematic sample of N=189 nurses who responded to self-administered questionnaire, and the data were analyzed using SPSS. Generally, it was undecided if nurses satisfied or not with their job. However, nurses expressed satisfaction with management, co-workers and nature of work. Also nurses reported dissatisfaction with subscales such as pay, benefits, contingent rewards and operating conditions. (Al-Dossary et al.,2012).

Psychosocial Factors:

Psychosocial factors are those factors which affect emotions and wellbeing. The literature embraced some of those factors' effect on nurses intention to leave or transfer.

Work-Life Balance:

Concerning the work-life balance, this literature incorporated two studies to support it as an influencing reason to nurses' transfers.

A cross-sectional study by Kaddourah and Al-Tannir (2018) assessed the quality of nursing work-life and its correlation with turnover intention. The study was done in two randomly selected hospitals located in Riyadh, Saudi Arabia. A sample of 364 nurses were recruited to respond to the survey that involved questionnaire issued to nurses who had a minimum of one year experience. Also, data collection was done using a tool that included Brooks' Survey of QNWL (Quality of Nursing Work Life), ATS (Anticipated Turnover Scale), open-ended questions, and demographic characteristics. Therefore, the findings showed that there are dissatisfaction with QNWL among nurses; hence they have high intentions for leaving. This has effects on patient care that becomes difficult for healthcare organizations to manage. In conclusion, the study submits that improving QNWL is very important in retaining the staff. (Kaddourah and Al-Tannir,2018). Similarly, a descriptive quantitative study took a place in Turkey by Çalışkan et al. (2019), discussed reasons behind nurses interdepartmental transfers. Retrospectively, the study included transfer requests that were done by the nurses. In addition, 134 nurses requests were evaluated. The majority of the transfers requests were for female nurses (89%) with the mean age of 30years. Also, 44.7% have a college degree and 69.4% have been working at high risks of occupational injury departments. As those requests contained reasons of transfers, the greater part of the reasons were; medical issues, wishing to specialized, bullying, long working hours, and work schedules. Moreover, While work-life balance may not be the central focus of the study, yet issues like workload, shift patterns, and lack of support directly impact nurses' ability to maintain a healthy work-life balance, influencing their decisions to seek transfers. (Çalışkan et al. 2019).

Demographic Characteristics:

Pertaining to demographic characteristics, three studies were included to find out the connection between these characteristics and nurses switching units.

An integrative interview to discuss nurses turnover in Saudi Arabia was done by Falatah & Salem (2018). Moreover, 11 primary recourses were reviewed and it was found that health care system in Saudi Arabia is known for being one of the

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most affected by high rates of turnover and its attendant intention towards that. Additionally, the increasing population and growth of health care systems have led to demand for nurses in Saudi. The study summarized that turnover rates reported by different studies vary considerably, however, the reasons behind nurses turnover in Saudi Arabia are demographic characteristics, job satisfaction, leadership and management as well as job-related factors. (Falatah & Salem,2018). Also, a cross-sectional study was conducted by Sharififard et al. (2019), from June to December 2016 in six educational hospitals of Qom province, Iran. 206 nurses participated in the study 77.30% them were female with the average age of 32.20years. In addition, the average work experience was 8.60 years; and 91.8% worked in shifts. The cross sectional study revealed that, the highest level of intention to leave the nursing profession was 23.70% of the participants, and 25.10% of the participants had a moderate intention to leave. Also, the study noted that, work environment, marital status, and overtime hours were significant predictors of nurses' intention to leave. (Sharififard et al., 2019). Another cross-sectional study, involving 318 staff nurses working in two public hospitals in Saudi Arabia, who filled a questionnaire that was developed to measure job satisfaction, stressors; quality of life and the intent on leaving current job among recruited nurses during April and June 2018.The study found out that being unmarried, non- Saudi, belonging to medical/surgical departments, having low gross monthly income are highly associated with high intention to leave (IL) scores. As the population rapidly growing and the expansion of the healthcare system is massive, nursing turnover rates increased in Saudi Arabia. Thus, the study emphasized on the need for more research that centers on the cost implications and outcomes of nurse turnover as well as turn over intention within Saudi Arabia. (Albougami, 2020).

Social Support:

In the context of social support importance, two studies were included in this literature review to bond this reason to nurses intradepartmental transfers.

A systematic review and meta-analysis done by Chen et al. (2024), of 38 studies. The studies involved 63,989 clinical nurses to measure the effect of social support on nurses intention to leave. Also, the study revealed that there is a negative association between social support and nurses intention to leave, with correlation of ($p < 0.050$). This means that the more social support the nurses getting from leadership, the least they would have intention to leave and vice versa. (Chen et al. ,2024). Furthermore, another cross sectional study was done by Al-Mansour (2021), aimed to investigate the association between stress and turnover intention among healthcare workers in Saudi Arabia and whether social support could affect this association during COVID-19 pandemic. A total of 1101 healthcare workers (242 physicians, 340 nurses, 310 paramedics, and 209 administrative workers) participated in this study using an online questioner. The study revealed that, stress is linked to turnover intention among healthcare workers and social support had a mitigating effect on the correlation between stress and turnover intention. The study approved that social support can weaken the impact of stress on turnover intention. (Al-Mansour, 2021).

In brief, demographic factors such as age, marital status, and nationality significantly impact nurses' decisions to transfer. Single nurses exhibit higher turnover intentions than married ones. Additionally, work-related characteristics, including the clinical area of work, also play a pivotal role in taking this decision. For instance, nurses working in high-stress environments like medical and surgical departments are more inclined to seek transfers. Additionally, quality of life, encompassing physical, psychological, and social well-being, is a significant predictor of job satisfaction and turnover intentions. The literature consistently shows that poor quality of life leads to job dissatisfaction, driving higher turnover rates. On the other hand, improved working conditions, robust support systems, and opportunities for professional growth are essential to enhance nurses' quality of life and job satisfaction.

Methodology of Data Collection:

Semi-structured interview was utilized in this research. It combines a pre-defined set of open-ended questions with the flexibility to explore emergent themes and follow-up questions during the interview. (Tegan George, 2022). Since semi-structured interview is a blend of unstructured and structured interview methods, it has plenty of advantages. It is a flexible method when interacting with the participants while they were able to share their experiences and perspectives freely. (Brinkmann & Kvale, 2015). Additionally, the interviewees can communicate their thoughts and ask questions to the interviewer during the interview, which push them to give more details. (Rosalind Edwards, Janet Holland, 2013).

Interview Guide Development

A guide for interviewing was prepared to facilitate semi-structured interviews. It composed of socio-demographic data in closed quotations. It also contained five open-ended questions that were supposed to elicit responses on the participant's experience on interdepartmental transfers. Questions were framed in a way that would allow flexible responses from participants and provided room for participants to introduce other related issues within the study (Smith, Flowers & Larkin 2009).

Data Collection Procedure:

After developing an interview guide, hospital approval was received. A cover letter explaining the study aim, and the voluntary nature of participating and willingness to withdraw from the study. The researcher highlighted that the privacy and confidentiality for each participants and all the data collected for research purpose only. Participants were not asked to state their names, instead they were given a participant code for reference, ex: P1, P2, P3..etc. . The research consent and hospital approval were attached for the participant's review. Finally, data were collected by one to one interview in-person in a private hospital room or virtual as each participant pleases.

Average time of each interview was 20 minutes up to 1 hour and 17 minutes. Morning or evening as suitable for each participant. Interviews started on August 19, 2025 till August 28, 2025. The interviews were recorded in order to ensure accuracy of transcription. These conversations were then transcribed verbatim for analysis. The original recordings were compared with the transcriptions for accuracy and completeness. This ensured all relevant data required for analysis went into them (Halcomb & Davidson, 2006).

Data Analysis:

Thematic analysis was employed in analyzing this interview data. This method involved several steps. First, the researcher read and re-read the transcripts until totally conversant with the data. Then, thematic analysis was used to identify significant phrases, sentences or paragraphs that relate to research questions and coding them. Afterwards, the researcher continued refining themes so they accurately reflect data answering research questions. (Lincoln & Guba, 1985).

Findings of the study

Characteristics of the Participants:

A total of 18 participants were interviewed. It can be declared that the majority of the participants are females (77.77%) and 50% of them are younger than 40 and older than 30 years of age (30>40). A total of 27.7% of the participants were 40 years of age and above. Also, 72% of the participants were from Saudi nationality and the majority of them were married (66.6%). Moreover, a total of 8 participants (44.4%) has 10 years working experience or more and six of them (33.3%) were less than 5 years of experience. In addition, 12 of the interviewee (66.6%) were holding a bachelor of nursing degree while the remaining participants were holding a diploma in nursing. Furthermore, 13 of the participants were on annual contract and 3 were on a tow years contract and 2 nurses were governmental employees.

Table 1. Participants Sociodemographic data

	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Gender	Male		female			
	4	22.22%	14	77.78%		
Age	20>30		30>40		40 and above	
	4	22.22%	9	50.00%	5	27.78%
Marital status	Single		Married			
	6	33.33%	12	66.67%		
Nationality	Saudi		Non Saudi			
	13	72.22%	5	27.78%		
Higher Qualifications	Diploma (2.5-3years)		BSN			
	6	33.33%	12	66.67%		
Years of Experience	1>5		5>10		10 and above	
	6	33.33%	4	22.22%	8	44.44%

Type of Contract	Annual		2 years		Governmental Employee	
	13	72.22%	3	16.67%	2	11.11%

From the data analysis, two main themes emerged from the current study: loss spiral leading to emotional exhaustion and gain spiral leading to nurse well-being and retention. Each theme composed of few subthemes as follow:
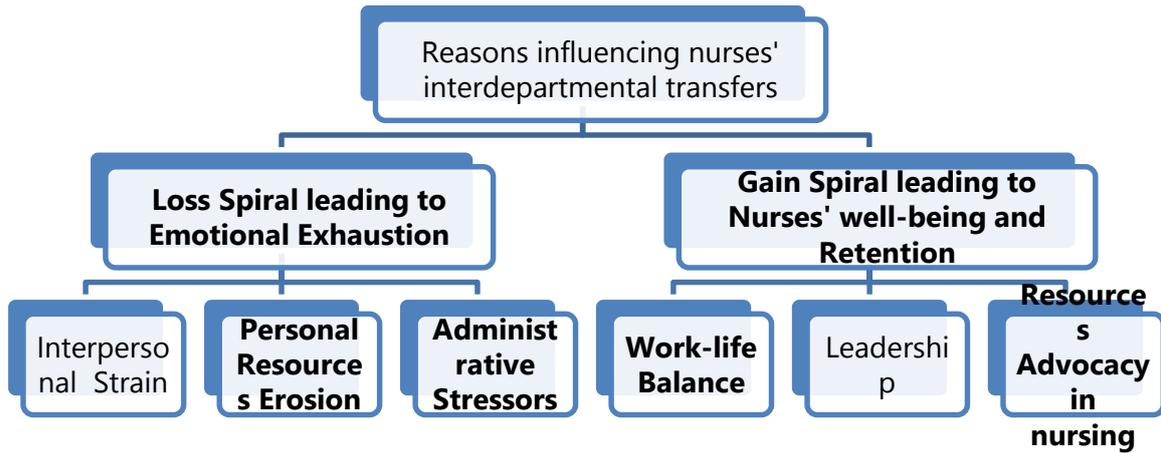

Figure 1: Reasons influencing nurses' interdepartmental transfers

Loss Spiral leading to Emotional Exhaustion:

This theme explained by three subthemes which are; interpersonal strain, Personal recourses Erosion and Organizational stressors. These sub themes will be explained further bellow:

1. Interpersonal Strain:

Relating to interpersonal strains, two main reasons were highlighted by the participants. Accordingly a number of study participants expressed team dynamics as one of the main reasons of their decision to transfer to another department. In this context, one nurse was professionally aligned with work yet personally, she was disheartened by the worked colleagues. Despite the efforts and the seniority, she felt unattached, which made the environment toxic and ultimately unsupportive of growth or happiness as highlighted by a participant:

"I love my work, I adored what I was doing, but the main problem was my colleagues. I mostly feel unwelcomed and isolated from them even though I am senior to them, it was a very toxic environment". P1

Another participant reflected that a negative work environment can significantly impact on an individual's well-being and job performance. The nurse felt as she must constantly be on guard or prepared for conflict, which created a sense of ongoing stress and emotional exhaustion as reported bellow:

"negative environment, it's like being ready to fight every time I go to work and I'm not a warrior, I want to work in peace". P12

Additionally, an interviewee was particularly critical about team dynamics and how it affects the employee. The experience of workplace emotional distress by being unwelcomed and deliberately held back from achieving success suggests the presence of unsupportive team. As a result this statement signifies high emotional strain and lack of team support as stated bellow:

"I felt unwelcomed and they don't want me to achieve anything. when I was in night duty, I work while I'm crying. I was excluded from decision making, I was not part of the team". P14

Moreover, unsupportive team will contribute to professional disempowerment, as nurses might undergo feelings of being underrated, isolated, or feeling of low self-esteem, and that ultimately will , affect the nurses' professional identity. This issue was illustrated by participants quotes as follow:

"I felt that the team was not there for me, I had to take the decision on my own and later on an incident happened, luckily the patient is fine". P4

Furthermore, several participants declared that the lacking management support and mentorship is another reason affecting the transfer decision. With lack of management support nurses often experience job dissatisfaction and it will tremble the nurse choice of interdepartmental transfer. This expressed by the participants as shown below:

"*no support and no guidance, I had to rise an official complain till my voice was heard, and afterwards they assigned me a mentor to help me who was strictly controlling and uncommunicative. She did not care if I will learn, she wanted to do her job only regardless of the result. I did not feel that I will be able to learn".* P6

Another nurse felt unwanted due to the lack of experience. Although the standard orientation period was three months yet she felt she needed more time to learn and to build confidence in nursing skills. The nurse's request for extended support was declined by the management, which left the nurse feeling overwhelmed and fearful of making mistakes as stated bellow:

"I felt not welcomed because I don't have experience so, I explained that I am a junior nurse and I need time to coop and to learn but all what I was given was 4 patients to handle on my own. I understand the orientation period was 3 months, but I felt that I needed more time yet the management did not agree to that. I felt scared that I will make mistakes so I started the transfer process looking for supportive management and now I'm doing very well for two years in this department" P15.

One more nurse elaborated, despite the strong connection with colleagues and the work enjoyment she had, she ultimately chose to leave because the management was unsupportive. Furthermore, being professional and diligent was not considered, the management lacked the thoughtfulness for the staff's personal circumstances and was unwilling to make exceptions or offer flexibility as reported:

"*I was very stressed, because the manager was not considering my situation. Even though I am a hardworking nurse, committed and punctual, but sometimes I have issues like any other nurse. The manager did not like to make any exceptions. Also, she was not flexible with the schedule as sometimes I cannot work on morning or sometimes on evening. I loved my previous unit and the nurses were good to me, I only left because the unsupportive management*" P18.

Personal Resources Erosion:

Several interviewee reported that the depletion of internal resources is one of the reasons they decided to transfer to another department. The reduction of personal resources such as; energy, and time can lead to burnout, reduced engagement, and a defensive posture to preserve remaining resources. Thus, a nurse mentioned that the physical energy needed for shifting patients to do procedures, combined with prolonged periods of standing, have significantly impacted the nurse's health. This ongoing effort consumed the staff energy and resulted in tiredness and inability to socially engage as reflected bellow:

"*shifting patients for procedures, very heavy and tiring, and also continues standing doesn't help, it affected my health. Because of the workload, I feel mentally and physically tired, I cannot socialize*" P3.

Another participant validated this statement by underscoring the detrimental impact of inconsistent or demanding work on an individual's overall well-being. The nurse explained the mental and physical exhaustion she faced due to irregular and demanding work schedules. This instability has created a sense of loss, as if she is becoming disconnected from both her family and herself.:

"*I felt mentally and physically tired, I want fixed schedule. It feels like I lost my family and my health*" P8.

Another nurse reflected the sense of emotional loss due to workload on oneself. Also, she elaborated the identity erosion she possessed was associated with inadequate time for family engagement as reported below:

"*with the workload and the shifts, I have not had the chance to see my own child grow. It's like losing myself and losing my family* " P11.

Administrative Stressors:

With regards to administrative stressors, participants mentioned three reasons that affecting the decision of transfer. A part of the interviewees stated that working in unorganized area and having no standardized protocol, making daily operations difficult and emotionally draining for staff. This will exacerbates stress and compromises staff well-being. The need of standardized workflow and clear protocols is massive and indispensable as one nurse mentioned below:

"*no standardized protocols for prioritizing patients, and for the workflow, in some points, which made the area chaotic and unbearable. I understand that some days are busy days yet we should have a clear bath to follow*" P6.

Additionally, some nurses affirmed that when nurses perceiving limited opportunities for advancement, inadequate support for skill development, or unclear career paths, will lead to frustration, diminished motivation, and a sense of stagnation as illustrated bellow:

"*no chances for improvement, it's like I am the same staff as I was years ago. I want to improve and to have a plan for promotion especially that I proved myself as a trustworthy*" P11.

Moreover, among the participants, two nurses declared that one significant yet often unnoticed reason is the lack of adequate financial benefits. The first participant words gave an insight into how economical factors contribute to declined enthusiastic and passion, and how it make the staff feels valued by the organization. The participant highlighted:

"*Honestly, I am keen on my previous unit and it has more skills than the current one. Every day I am learning something new but having no financial benefits like hazard pay or Nature-of-work allowance make me feel less appreciated*" P13.

The second participant pointed up the disparity between the level of responsibility involved in caring for critical patients and the compensation received. This perceived imbalance can lead to feelings of injustice, and emotional exhaustion, particularly when the role involves minimal tolerance for error. The nurse projected her feelings by saying:

" *Why I have to stay?. I am handling critical patients with no financial benefits, I am getting paid like other nurses in less critical, less load units and even less room for mistakes areas. I need to be compensated*" P9.

2. Gain Spiral leading to Nurses' well-being and Retention:

This theme explained by two subthemes which are; Work-life balance and leadership. These sub themes will be explained further bellow:

Work-life Balance:

Many participants has discussed work-life balance in different dimensions and it's major effect on staff retention. Moreover, some nurses reported that having a flexible schedule to manage the social needs or **regular** schedule with weekends off is the main reason they will never leave the current unit. One interviewer explained that the structured break from work provides a valuable opportunity to rest, socialize, and engage in personal activities that contributed to a healthier work-life balance.

"*It was the best decision I made. Having weekends offs is a life changing. I feel I have time to socialize and I have time for myself.*" P5.

Also, another participant expressed the effect of regular schedule as taking weekdays off, is less effective for family time. However, having weekends off allows the nurse to spend quality time with family, which has greatly improved mental well-being as reported:

" *My children the whole week busy with school, taking weekdays off not helpful. Now having the weekend off make me enjoy time with my family, I feel mentally healthier* " P8.

Another participant elaborated that, with a more structured schedule made it easier to have time to pursue new hobbies and engage in continuous learning as stated below:

"*Working regular hours is something I should have done long time ago, I'm re-discovering myself as I have more time to practice new hobbies and to learn new things*" P11

Another nurse detailed, that this decision has significantly improved the quality of life. Also, it has provided the staff with personal time and to establish a consistent daily routine, which includes dedicated spiritual practices that is vital for the staff nurse well-being as mentioned below:

"*I waited almost 4 years until I made the transfer request to work regular hours, now I have my personal time and I have a life routine including spiritual time and it's the most important for me*" P16.

Another participant distinguished the effect of working schedule corresponding to the nurse medical condition. The nurse explained that, severe physical pain had a significant negative impact on mental health. However, establishing a consistent routine allowed her to manage health effectively and take care of all aspects of life.

"*I gained my health, myself and my family. The physical pain I was going through due to my medical condition and how it affected me mentally was awful. I am here now I have a fixed routine that I can take care of everything*" P2.

On the other hand, other participants mentioned the management social support and considering family matters are having a prime impact on the nurses' decision. The nurse mentioned that, despite the unit's busy and chaotic nature, she is relaxed because she can express concerns openly, and the management regularly checks in on the staff well-being, fostering a strong sense of emotional security as stated below:

"*although this unit is very busy and chaotic, I'm relaxed because I can speak up about my concerns and our manager makes rounds daily to check if we are ok, even when I have family issues back home, she would be concerned and she will offer to help me*" P 12.

Another nurse expressed that involvement of the management extends beyond the workplace reflecting a holistic approach to staff well-being and fostering a strong sense of belonging and connection within the unit as mentioned below:

" *my head nurse and manager are looking for us not only at work, but also at home and thinking about our families, that is why I feel I belong to this unit*" P3.

Leadership:

Some participants agreed that team cohesion has a major effect on the staff. One nurse verbalized that working in a supportive and peaceful environment enhances confidence and motivation, enabling individuals to realize their full potential cultivating collaboration and driving meaningful change within the unit as declared below:

"*working in one environment with peace of mind is better than anything and its all what I need. I have more confidence in me and I know I can achieve a lot of good things. My Head Nurse and my colleagues are supporting me and together we are making a change*" P1.

One more participant pointed how the supportive management fosters a low-stress environment by emphasizing guidance over judgment, and valuing learning from mistakes. Moreover, the staff feelings of appreciation encouraging and motivating the staff as cited below:

"*The management in here are amazing, I'm not giving them stress because I have less stress. They consider teaching me when I make mistakes, they don't judge and they are helping me and they really appreciate my effort when I do something good.*" P4.

Also, another staff brought up the supportive management and career growth effect on the intention to leave. A participant agreed that, the supportive and developmental approach of the head nurse motivated her to improve professionally and remain in the unit. And the constructive feedback and leadership training promoted growth and a strong sense of commitment as demonstrated below:

"*I do not think of leaving this unit because of my head nurse. He is very supportive and attentive. I want to do better because whenever I make mistakes, his professional way of handling my errors and how he wants to improve my skills and knowledge is motivating me. He also is giving me a chance to improve and trying to teach me how to be a shift leader.*" P6.

Page | 52

Likewise, another participant mentioned that , the transfer experience has significantly enhanced communication skills, particularly in public settings, and boosted self-confidence. As a result, the staff felt well-prepared for future professional advancement as outlined below:

"*I learnt a lot in here, for instance; how to communicate clearly especially facing audience. I also gained self-confidence and I'm sure that I will be promoted soon*" P15.

Additionally, another nurse detailed that receiving positive feedback and career guidance from a supportive manager helped restoring confidence and sense of professional identity. She also highlighted that active listening and structured development plan have a huge effect on strengthening motivation and commitment to career growth as detailed below:

"*I found the old me finally after I heard that when I was floated to another unit. A manger gave a positive comment about me. That manager gave me confidence, and she is a very good listener for that I want to be under her supervision, which I am right now. She gave me a career improvement plan for my own career path. She did not disappoint me*" P14.

Lastly, a staff explained that despite the high workload, she feels mentally at peace due to the supportive and understanding management. Their approach creates a positive work environment that promotes emotional well-being as described below:

"I'm so relaxed now. I feel I'm in peace, this area is very busy and no time to rest, but I'm mentally satisfied and relaxed and this is because of the supportive management" P18.

II. DISCUSSION

This chapter discusses the study findings concerning the reasons influencing nurses' interdepartmental transfers in King Fahd Armed Forces- Jeddah, Saudi healthcare setting. The discussion integrates sociodemographic characteristics, thematic findings, and the Conservation of Resources (COR) Theory (Hobfoll, 1989) to interpret how personal, organizational, and psychosocial factors shape nurses' transfer decisions. The discussion is organized into two main sections: participants' sociodemographic characteristics and participants point of view.

Sociodemographic Characteristics:

The demographic profile of a total of 18 participants provides essential context for understanding how individual and professional characteristics relate to transfer behaviors and perceptions.

Gender Distribution:

The majority of participants were female (77.8%), reflecting the gendered nature of the nursing profession both globally and within Saudi Arabia (Alharbi et al., 2023). Similar to previous studies, this finding underscores that women dominate the Saudi nursing workforce, especially in direct care roles. Female nurses often face unique challenges balancing professional and familial obligations Almutairi & El-Mahalli (2020), which may amplify their sensitivity to factors such as scheduling flexibility, managerial support, and work–life balance all prominent in this study's qualitative themes.

Age and Experience:

Half of the participants were aged between 30 and 40 years, and 27.7% were above 40 years, indicating a predominantly mid-career workforce. This aligns with findings from Alonazi (2021), who reported that Saudi nurses are primarily in their 30s and early 40s, a stage characterized by career consolidation and family responsibilities. COR theory speculates that individuals at this stage are particularly motivated to conserve and protect their personal and professional resources (Hobfoll, 2002). The results here reflect that mid-career nurses often sought transfers to departments offering greater stability, supportive management, and better alignment between work and family life.

Regarding experience, 44.4% of nurses had more than 10 years of professional experience, while 33.3% had less than 5 years. Experienced nurses tended to report administrative stressors and career stagnation, while less experienced nurses described lack of guidance and support as motivators for transfer. This pattern mirrors findings by Labrague et al. (2021), who noted that burnout and leadership style differentially affect turnover intentions across career stages.

Educational Attainment:

Most participants (66.6%) held a Bachelor of Nursing degree, and 33.3% held a diploma. This reflects Saudi Arabia's continuing professionalization of the nursing workforce (Ministry of Health, 2022). Education level often shapes expectations of autonomy, advancement, and support (Lu et al., 2020). In this study, bachelor-prepared nurses emphasized the absence of promotion systems and professional development opportunities as reasons for transfer suggesting that unmet career expectations may drive internal mobility.

Nationality and Employment Type:

Seventy-two percent of participants were Saudi nationals, and most were on annual or two-year renewable contracts, with only two being government employees. This distribution mirrors ongoing Saudization efforts but also highlights job insecurity among contract nurses. Prior research indicates that contractual employment correlates with reduced organizational commitment and increased turnover intention (Alzamel et al., 2020). This may explain why some nurses viewed interdepartmental transfer as a coping mechanism to improve their perceived stability and work environment.

Marital Status:

Two-thirds of the nurses (66.6%) were married, emphasizing the influence of family obligations on work decisions. Married nurses are more likely to seek schedules and departments compatible with family life (Boamah et al., 2021). This demographic factor is consistent with qualitative reports where participants valued regular schedules, weekends off, and management understanding of family matters, elements that enhanced their well-being and reduced transfer intentions.

Resource Loss and Emotional Exhaustion:

The first major theme, Loss Spiral leading to Emotional Exhaustion, aligns with the core tenets of COR theory: individuals strive to acquire, maintain, and protect valued resources (e.g., energy, social support, professional identity). When resources are threatened or lost, stress and burnout arise (Hobfoll, 1989). In this study, interpersonal strain, erosion of personal resources, and administrative stressors emerged as key contributors to nurses' decisions to seek transfers. Furthermore, participants' narratives highlighted the harmful impact of unsupportive team dynamics and lack of managerial support on their emotional and social resources. Feelings of isolation, being undervalued, or excluded from decision-making undermined their professional identity and well-being. These qualitative insights indicating that poor team relationships and deficient supervisory support are significant predictors of turnover and internal mobility among nurses. For example, an integrative review by Caceres et al. (2025) found that transformational, inclusive, servant and authentic leadership styles negatively influence nurses' turnover intentions. (Caceres et al. 2025).

Moreover, the erosion of personal resources (e.g., physical energy, time for family) highlights how job demands translate into resource depletion, consistent with COR's loss spirals. Participants described the heavy workload, prolonged standing, and shift patterns that drained their personal capacity and undermined their sense of self and family life. This is in line with a cross-sectional survey that took a place in Riyadh-Saudi Arabia showing poor quality of nursing work life is linked to high turnover intent. (Kaddourah et al., 2018).

Finally, administrative stressors such as absence of standardized protocols, limited career advancement, and inequitable financial compensation represent structural resource losses that erode motivation and commitment. When nurses perceive that their efforts are not recognized or supported, the decision to transfer becomes a coping mechanism to restore resource equilibrium.

Resource Gain and Well-being:

In contrast, the second major theme, Gain Spiral leading to Nurses' Well-being and Retention, illustrates how resource acquisition and reinforcement promote retention and positive work experience. COR theory posits that resources tend to accumulate, and that those who manage to gain resources are better protected against loss (Hobfoll, 2002). In this study, work–life balance, supportive leadership, and resource advocacy acted as key gain mechanisms. Work-life balance emerged as a pivotal determinant of retention as nurses emphasized that structured schedules (weekends off, fixed shifts), flexibility and managerial consideration of personal/family needs greatly improved their well-being. The positive effect of scheduling predictability and social support on retention is well documented. For instance, a recent Egyptian study found work–life balance was a strong predictor of nurse retention ($\beta = 0.426$) in a sample of 297 nurses. (AbdELhay et al., 2025). In COR terms, having time to rest, engage in family and personal activities replenishes emotional and psychological resources, thereby interrupting potential loss spirals.

Similarly, supportive and developmental leadership emerged as crucial for resource gain. Participants described leaders who provided constructive feedback, mentorship, appreciation and opportunities for professional growth as instrumental in rebuilding their confidence, professional identity and commitment. This corresponds with evidence showing inclusive leadership is negatively associated with turnover intentions ($\beta = -0.27$) via organizational self-esteem and interactional justice. (Du et al., 2024).

Interpreting Transfer Dynamics via COR Theory:

The integration of findings with COR theory offers a coherent explanation of inter-departmental transfers. When nurses face a loss spiral, characterized by interpersonal strain, resource erosion and administrative barriers, they are likely to initiate a transfer as an adaptive response essentially seeking to reposition themselves into an environment where resource gain is more probable. On the other hand, when nurses are embedded within a gain spiral receiving support, balancing life/work, and advancing they display higher retention and well-being. This transfer dynamic reflects Hobfoll's notion that unless resources are replenished, individuals will continue to lose them; thus relocation (interdepartmental transfer) is a strategic coping response.

III. CONCLUSION

Some reasons were identified by this research that are influential when nurses decide to move from one department to another. Among them are the workload, leadership style, team dynamics, work environment, social support from the management, professional development and life-work balance. Moreover, sociodemographic characteristics such as age, gender, marital status and academic qualifications were also noted to determine its effect on interdepartmental transfers.

The research prove that how the results contributed to a deeper understanding of interdepartmental transfer reasons within healthcare organization. Also, the study findings align with existing literature on nurse retention and turnover implying that both personal/professional needs have to be catered for when there is need for sustainable motivated nursing workforce. However, the literature lacked the availability of researches directly refers to nurses' interdepartmental transfers. Finally, it outlines the study's limitations and proposes recommendations for future research and practice to minimize and organize nurses' transfers across departments.

The researcher conducted a descriptive qualitative research design to explore the experience of nurses who decided to transfer to another department within the organization. Data were collected by one to one, semi structured interviews in King Fahd Armed Forces Hospital in Jeddah. The sample size of this study included 18 nurses. Finally, data analysis was done utilizing a thematic analysis approach.

The findings of this study showed that reasons of interdepartmental transfers can vary between organizational and individual reasons that reflect both professional development needs and workforce management strategies. On an individual level, nurses may request transfers to seek new learning opportunities, reduce occupational stress, or achieve better alignment between clinical expertise and departmental specialization. Transfers can also be motivated by personal factors, such as the desire for improved work–life balance, more supportive team dynamics, or exposure to different clinical environments. Yet, on the organization level it is reflecting deeper issues within the workplace environment and management practices. Poor leadership communication, lack of managerial support, and inequitable workload distribution are among the primary organizational factors that contribute to dissatisfaction and motivate nurses to seek transfer. Also, failing to recognize nurses' contributions, feelings of undervaluation and disengagement may arise. Additionally, inadequate professional development opportunities and limited career advancement pathways can prompt nurses to transfer to departments perceived as more supportive or conducive to growth. Rigid scheduling practices and insufficient attention to work–life balance further exacerbate stress and burnout, encouraging staff to seek more flexible environments. Collectively, those findings erode job satisfaction and loyalty, leading nurses to pursue interdepartmental transfers as a coping mechanism to regain professional fulfillment and psychological safety within the organization.

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