







When Nurses Leave Nursing: Leadership Priorities to Prevent Professional Exit in Somalia and Other Resource Limited Settings: An Evidence Informed Commentary

Yusuf Mohamed Salad ¹, Abdullahi Abdirahman Omar ², Ali Farah Abdullahi ³,
Fartun Abdullahi Hassan Orey ³⁻⁵, Ismail Mahad Abdullahi ², Abdullahi Hassan Elmi ^{1,6}

¹Department of Nursing, Dr Sumait Hospital, SIMAD University, Mogadishu, Somalia; ²Department of General Practice, Dr Sumait Hospital, SIMAD University, Mogadishu, Somalia; ³Department of Administration, Dr Sumait Hospital, SIMAD University, Mogadishu, Somalia; ⁴Department of Pediatrics' and Child Health, Dr Sumait Hospital, SIMAD University, Mogadishu, Somalia; ⁵Department of Medicine and Surgery, Faculty of Medicine and Health Sciences, SIMAD University, Mogadishu, Somalia; ⁶Department of Nursing and Midwifery, Faculty of Medicine and Health Sciences, SIMAD University, Mogadishu, Somalia

Correspondence: Yusuf Mohamed Salad, Email yusufmohamed@simad.edu.so

Abstract: Nurses are central to safe and continuous care delivery, yet in many fragile and resource limited systems an increasingly urgent problem is professional exit from nursing itself. In Somalia and comparable settings, nurses may leave the profession when compensation is unreliable, workload is chronically high, practice environments are under resourced and unsafe, supportive supervision is weak, and career progression is limited. This commentary argues that professional exit is shaped by a combination of individual circumstances and modifiable organizational and system factors, including leadership and governance conditions, with direct consequences for patient safety, service continuity, and workforce sustainability. It synthesizes published evidence and policy documents using a narrative approach and proposes a pragmatic leadership agenda feasible in low resource health systems. Priorities include transparent and reliable employment conditions, minimum safe staffing and essential supply reliability, supportive supervision that reduces blame culture, workplace violence prevention, structured continuing professional development linked to clinical roles, and credible career ladders that reward competence and experience. Retaining nurses should be positioned as a high yield patient safety intervention and a core leadership responsibility, supported by measurable retention indicators and accountability.

Keywords: nursing retention, professional exit, turnover, leadership, job satisfaction, low resource settings, Somalia

Introduction

Professional exit from nursing is a contemporary workforce threat in fragile health systems. While turnover between facilities is disruptive, leaving the profession is more damaging because it removes accumulated clinical competence and mentorship capacity that cannot be quickly replaced. Nursing is not interchangeable labor; it is the operating system of bedside care. When nurses leave nursing, continuity and safety are weakened, and service resilience declines.

Evidence indicates that turnover in adult nursing is shaped by factors at individual and organizational levels, with managerial style and supervisory support among the most influential organizational determinants.¹ This places the issue squarely within leadership. In parallel, global nursing workforce assessments note that supply gains coexist with persistent inequities, with shortages concentrated in settings where systems are least resilient.^{2,3} Somalia represents such a setting. In this context, professional exit should be interpreted less as a personal decision and more as a predictable response to leadership controlled conditions, alongside other structural and personal drivers.

This commentary reframes professional exit from nursing in Somalia as a leadership and governance problem and provides a focused set of feasible solutions aligned with patient safety and service continuity.

Methods

This is an evidence informed commentary using narrative synthesis. We integrated high level evidence on nursing turnover determinants, global workforce policy documents, and Somalia relevant empirical studies on motivation and wellbeing to inform the leadership priorities discussed.

To enhance transparency while remaining consistent with a commentary approach, we used a purposive selection of sources from peer reviewed literature and major policy documents, prioritizing systematic reviews, global reports, and Somalia relevant studies identified through targeted searches in common databases and organizational publication portals. No primary data were collected, and no statistical analyses were performed.

Results

Evidence from a systematic review of systematic reviews indicates that nurse stress and dissatisfaction are important determinants of turnover and that managerial style and supervisory support materially influence retention outcomes.¹ This matters for professional exit because it identifies leadership controlled conditions as key levers. The same evidence base suggests that retention depends less on individual commitment and more on whether the practice environment is fair, predictable, and supportive.¹

Somalia relevant studies reinforce the importance of context and organizational conditions. A study in Mogadishu examining motivation among maternal health workers linked motivation to factors that include job satisfaction and burnout, supporting the view that workforce stability is shaped by environment and leadership responsiveness rather than by resilience alone.⁴ A Mogadishu study among nurses reported a high prevalence of poor sleep quality and identified associations with night shifts, social support, and psychological symptoms, highlighting plausible pathways from workload and stress to performance strain and eventual exit.⁵

At the system level, global policy documents emphasize that nursing shortages and maldistribution remain substantial and concentrated in vulnerable regions.^{2,3} These pressures create a reinforcing cycle in fragile systems: understaffing increases workload, workload erodes wellbeing and satisfaction, and dissatisfaction accelerates attrition, deepening understaffing.¹⁻³

Discussion

Professional Exit is a Leadership Challenge with Patient Safety Consequences

Professional exit from nursing is often discussed as a labor market challenge, but in fragile systems it is better viewed as an operational risk with direct safety implications. When nurses leave the profession, care processes become more brittle. Medication administration becomes less reliable, infection prevention practices weaken, and early deterioration can be missed. The burden shifts onto fewer remaining nurses, increasing fatigue and error risk. This is consistent with how hospitals function under constrained staffing and with evidence linking workplace conditions and supervisory support to turnover.¹ Leadership is not the only determinant of professional exit, but it is among the most modifiable determinants within health system governance.

Why Common Retention Responses Fail in Fragile Settings

Retention efforts in low resource settings frequently emphasize recruitment, ad hoc incentives, or short trainings. These approaches fail when they do not change daily conditions that drive exit. The evidence that supervisory support influences retention indicates that leadership behaviors and unit management are central rather than secondary.¹ When supervision is inconsistent or punitive, when rosters are unpredictable, and when leave practices appear unfair, staff interpret the environment as disrespectful and unsafe. Small incentives do not offset sustained insecurity.¹

Resource scarcity also undermines retention when it repeatedly places nurses in ethically intolerable positions, where they are expected to meet clinical standards without supplies or escalation pathways. This produces moral distress and accelerates disengagement. In settings where workplace violence or intimidation occurs, safety concerns become immediate drivers of exit, particularly for nurses working night shifts or high pressure units.⁵

Leadership Priorities That are Feasible Now

A decisive leadership response should focus on reliable fundamentals rather than aspirational reforms. Priorities include stabilizing employment conditions through transparent contracts, predictable rostering, and timely pay; defining and protecting minimum safe inputs through ward level essential supply reliability and minimum staffing expectations; and making supportive supervision a non negotiable practice through constructive feedback, fair leave allocation, and active prevention of blame culture.¹

Leaders must also protect nurses from workplace violence and harassment through clear response protocols and incident reporting mechanisms that lead to action and restore credible professional progression through competency based pathways and structured continuing professional development linked to clinical roles.^{5,6} Global strategic directions emphasize investment in education, jobs, leadership, and enabling practice environments, reinforcing the need for integrated pathways rather than isolated trainings.⁶

Accountability and Measurement

Retention improves when it is governed. Facilities should distinguish job transfer from professional exit and track vacancy rates, absenteeism, overtime burden, reported safety incidents, and stated reasons for resignation. These indicators should be reviewed at executive level and used to guide corrective action. At national level, workforce planning should include retention targets and safeguards to reduce depletion in vulnerable settings.^{7,8}

Implications for Leadership, Policy, and Research

For leadership practice, nurse retention should be treated as a quality and safety program rather than only an HR function, prioritizing supervision quality, roster fairness, essential input reliability, and staff safety.¹ For policy, retention requires mechanisms that stabilize employment conditions, strengthen nursing leadership representation in decision making and support career pathways that keep nurses in clinical practice.^{2,6-8} For research, priorities include measuring professional exit and actual turnover, not only intention, and evaluating pragmatic retention packages in fragile settings, including sleep and wellbeing pathways suggested by Mogadishu evidence.⁵

Conclusion

Professional exit from nursing in Somalia is not inevitable, but it is more likely in environments where pay is unreliable, workload is excessive, supplies are inadequate, supervision is weak, safety is threatened, and professional progression is blocked. A pragmatic leadership agenda that stabilizes employment conditions, protects minimum safe inputs, strengthens supportive supervision, prevents workplace violence, builds structured professional development, and establishes credible career ladders can reduce preventable professional exit. As an evidence informed commentary, these priorities should be interpreted as actionable hypotheses for leadership practice and should be evaluated through future empirical work in Somalia and comparable settings.

Abbreviations

CPD, continuing professional development; WHO, World Health Organization.

Ethics Approval and Informed Consent

Not applicable. This article is a commentary and did not involve human participants, identifiable human data, or animal studies.

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Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

Disclosure

The authors declare no competing interests in this work.

References

1. Halter M, Boiko O, Pelone F. et al. The determinants and consequences of adult nursing staff turnover: a systematic review of systematic reviews. *BMC Health Serv Res.* 2017;17(1):824. doi:10.1186/s12913-017-2707-0
2. World Health Organization. *State of the World's Nursing 2025: Investing in Education, Jobs, Leadership and Service Delivery.* World Health Organization; 2025. Available from: <https://www.who.int/publications/i/item/9789240110236>. Accessed April 14, 2026.
3. World Health Organization. Nursing and midwifery. 2025. Available from: <https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery>. Accessed April 4, 2026.
4. Sheikh NS, Gele A. Factors influencing the motivation of maternal health workers in conflict setting of Mogadishu, Somalia. *PLOS Glob Public Health.* 2023;3(3):e0001673. doi:10.1371/journal.pgph.0001673
5. Haji Mohamud RY, Mohamed NA, Abdi AA, et al. Prevalence and associated factors of poor sleep quality among nurses in a tertiary care hospital: a cross sectional study. *Risk Manag Healthc Policy.* 2025;18:975–986. doi:10.2147/RMHP.S511543
6. World Health Organization. *Global Strategic Directions for Nursing and Midwifery 2021–2025.* World Health Organization; 2021. Available from: <https://www.who.int/publications/i/item/9789240033863>. Accessed April 14, 2026.
7. World Health Organization. *WHO Health Workforce Support and Safeguards List 2023.* World Health Organization; 2023. Available from: <https://www.who.int/publications/i/item/9789240069787>. Accessed April 14, 2026.
8. Cometto G. Understanding the WHO health workforce support and safeguards list 2023. *BMJ Glob Health.* 2023;2023:1.

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