



# Exploring nurses' experiences: Abandoning the profession and migrating for improved opportunities

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## ARTICLE INFO

**Keywords:**  
Nursing  
Retention  
Migration  
Quit  
Intention to leave

## ABSTRACT

**Aim:** This study explores nurses' experiences in migration for employment and professional abandonment in Barcelona (Spain).

**Methods:** Employing a mixed-design approach comprising 1) a qualitative descriptive phenomenological study, followed by 2) a subsequent cross-sectional study, 20 and 225 nurses participated in each study, respectively. Qualitative data, gathered through 4 focus group discussions, underwent inductive thematic analysis, following the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines, while quantitative data were descriptively analyzed.

**Findings:** Three qualitative themes emerged: 1) Migration motives, such as improved job opportunities, permanent contracts, continuous training, and professional recognition; 2) Reasons for leaving or contemplating leaving the profession, including excessive workload, lack of recognition, limited development, and exhaustion; 3) Nurses' needs, encompassing more staffing, improved remuneration, permanent contracts, flexible schedules, greater autonomy, and career growth. The cross-sectional study revealed a 13.5 % professional abandonment rate at some point across all demographics and seniority levels. Migration trends varied by professional experience, with younger nurses seeking better conditions and opportunities elsewhere.

**Conclusions:** Multifactorial causes underlie job migration and professional abandonment, necessitating comprehensive interventions to improve nurses' working and professional conditions.

## Summary statement

### What is known about this topic?

- The global nurse shortage has become a critical concern.

- Unsatisfactory working conditions affect nursing turnover rates.
- Unemployment, precarious working conditions, and lack of professional development drive professional migration.

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<https://doi.org/10.1016/j.apnr.2024.151787>

Received 9 February 2024; Received in revised form 23 March 2024; Accepted 24 March 2024

Available online 25 March 2024

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## What this paper adds

- This study provides insights into nurses' experiences of quitting the profession and migrating to other countries.
- The implications of this paper
- The findings of this study could contribute to formulating healthcare policies to improve nurses' working conditions to prevent attrition and migration.
- Institutions and nursing management need to strategize for optimal professional development and nurse retention.

## 1. Introduction

The shortage of nurses is a global issue today, with nurse retention standing out as the foremost workforce challenge confronting healthcare institutions (Marufu et al., 2021). Areas requiring improvement include nursing leadership and management, education and career advancement, staffing levels, workplace support, and financial remuneration (Bae, 2022; Bae, 2023; Marufu et al., 2021).

Various studies have pinpointed motivators for leaving the nursing profession, including a lack of career prospects, generational barriers, limited visibility, workplace pressures (Roth et al., 2022), and unsatisfactory working conditions (Millones Trinidad & Alvarado Rivasdeneyra, 2021). Conversely, key incentives for remaining in professional practice comprise a reasonable workload, manageable nurse-patient ratios, a supportive and empathetic leader, and flexibility in scheduling (Tourangeau et al., 2013).

In a 2018 study conducted in the United States involving 3,957,661 nurses, 60 % reported leaving or considering leaving their jobs due to burnout from stressful work environments and inadequate staffing (Shah et al., 2021). Research suggests that enhancing the work environment can mitigate job dissatisfaction, the intention to leave, and emotional and physical nurse burnout, thus improving nurse retention within the healthcare system. Favorable work environments are linked to outcomes for nurses and those receiving care (Millones Trinidad & Alvarado Rivasdeneyra, 2021; Nantsupawat et al., 2017).

Professional competence and the nursing practice environment are significant predictors of nursing care quality. The measures used to determine nursing care quality are adequate staffing and resources, highly skilled nurses, and a positive work environment are better able to provide good care to patients (Galan et al., 2019). It is also necessary to consider other factors such as relationships in the team's work team and economic resources (Campbell & Patrician, 2020).

In the last two decades in Spain, reasons for leaving the nursing profession

in the hospital setting were perceived as unfavorable working conditions, dissatisfaction, lack of resources, and emotional exhaustion (Fuentelsaz-Gallego et al., 2012; Sillero-Sillero & Zabalegui, 2020). Another study conducted between 2010 and 2015 revealed a decline in job security in Spain, with poor access to the profession for new graduates, an increased rate of professional dropout, and decreasing numbers of permanent contracts. Temporary and indefinite nursing contracts have remained unchanged for years, standing at 75 % and 25 %, respectively. (Galbany-Estragués et al., 2019)

The reasons for migration among newly qualified Spanish graduate nurses were precarious employment and a desire for professional development (Gea-Caballero et al., 2019).

Since 2014, Spain has shifted from a stable nursing labor market to one that increasingly supplies nurses to foreign markets, primarily in Europe (Galbany-Estragués & Nelson, 2016). Indeed, the Spanish press has promoted the push factor driving nurses to migrate to the United Kingdom (Rodríguez-Arrastia et al., 2019), the country that was the largest recipient of Spanish nurses (10,429 nurses) between 2013 and 2019 (Galbany-Estragués et al., 2019).

## 2. Methods

### 2.1. Aim

This study explores nurses' experiences in migration for employment and professional abandonment in Barcelona (Spain).

### 2.2. Study design

This study employed a mixed-design study consisting of two sequential phases. The first phase involved a qualitative descriptive phenomenological study (Giorgi, 2014), selected for its appropriateness in directly capturing the lived experiences associated with the study phenomenon. The second phase adopted a cross-sectional descriptive observational study.

### 2.3. Participants

For the qualitative phase, nurses were recruited based on the following inclusion criteria: a) registration with the Official College of Nurses and Nurses of Barcelona (COIB); b) active nurses who had temporarily or definitively abandoned professional practice; c) nurses who had considered migrating to another country; and d) had >2 years of professional experience. The exclusion criterion was the failure to sign an informed consent.

The sample was drawn from the COIB register of nurses. Eighty nurses meeting the inclusion criteria were selected for their relevance and convenience, ensuring maximum variability. Subsequently, they emailed an informative letter outlining the study and an application form for participation. From this outreach, 26 nurses confirmed their intention to participate. Following confirmation, the nurses were contacted via telephone to verify their alignment with the inclusion criteria and commitment to joining the focus group (FG). Purposive maximum heterogeneity sampling was sequentially employed until saturation was attained.

In the quantitative phase, nurses participating in a COIB study on professional practice expectations of nurses in Barcelona completed an ad hoc questionnaire, which included exclusive questions on leaving the nursing profession and labor migration. That study involved all registered professionally practicing nurses within the province of Barcelona with at least 2 years of work experience since graduation.

Of the 43,933 registered nurses, 32,243 active nurses met the inclusion criteria. A sampling error of 3 % was calculated for a confidence level of 95 % based on the universe of 37,598 nurses meeting the inclusion criteria.

Out of the 1069 active nurses who took the survey, 225 of them had responded affirmatively to questions related to leaving the profession (temporarily or definitively) ( $n = 145$ ) or who had migrated to other countries/cities to practice ( $n = 80$ ). The sampling was conducted by quotas based on the inclusion criteria to ensure maximum representativity. For quota stratification, variables such as geographical area, age, primary care/specialized care, and public, private, or affiliated subsidized centers were taken into account.

### 2.4. Data collection

The first phase involved the qualitative data collection spanning July 2022 to February 2023. The process began with outreach to the eligible nurses, who were briefed about the study and signed informed consent forms.

Data were gathered from the focus group discussions (FG), conducted in four sessions: three face-to-face and one online, accommodating nurses outside the city of Barcelona. The FGs were organized based on homogeneity (aligning with the inclusion criteria) and heterogeneity (diversity in professional backgrounds, age, care context, and specialization).

Each FG session lasted between 80 and 110 min and was audio-recorded for the face-to-face and video-recorded for the online session. All sessions took place at the COIB premises and were moderated by two experienced researchers (OC and RC), who are well-versed in research methodology and the study context.

Two methodology experts (OC and RC) designed and reviewed the interview script for the FGs. The script was subsequently refined with input from a nurse knowledgeable about the subject (PG) (Table 1). A field journal was also maintained for each session, documenting the moderator's notes.

In the qualitative phase of the study, data were collected in April 2023 through the Computer-Assisted Web Interviewing (CAWI) methodology (survey by email). The survey, which took 15 min to complete, contained questions on employment migration and abandonment of the profession included in the ad hoc online survey (Table 2).

## 2.5. Data analysis

The first phase involved an independent qualitative thematic analysis of the FGs conducted by two researchers (OC and RC). Themes were derived through open coding, following a constructivist framework and an inductive approach (Braun & Clarke, 2019), assisted by ATLAS-ti 9 software. Code and theme analysis underwent audit procedures to ensure scientific rigor, incorporating criteria of credibility, dependability, and transferability, as proposed by Graneheim et al. (Graneheim et al., 2017).

Each FG was transcribed verbatim, and research outcomes were supported by quoted examples from the discourse analysis for evidence. The codes were meticulously reviewed, and the themes and results were analyzed for reproducibility and consistency, with researcher triangulation (OC, AM and RC) to reach a consensus. The COREQ checklist for qualitative designs was used to conduct and assess the study (Tong et al., 2007).

In the quantitative phase, the data from the entire study were extracted, and a descriptive analysis of the sample and the key variables was performed. A bivariate analysis of potential confounding variables with the events of interest was carried out, and the effect of exposure on each was adjusted. The chi<sup>2</sup> test, Krustall-Wallis test, or McNemar test was used for qualitative variables, depending on the distribution.

## 2.6. Ethical considerations

Both studies (phases 1 and 2) received approval from the Research Ethics Committee of the Faculty of Health Sciences of Universitat Ramon Llull. Stringent measures were implemented to safeguard participant confidentiality, adhering to current European data protection and digital rights regulations. Thus, participants were pseudonymously identified using an alphanumeric code, and each participant received an information sheet outlining the study and a consent and revocation form. During the first phase, specific dates and times were agreed upon for the FGs, and all participating nurses provided consent for audio or audio-visual recording.

**Table 1**

Discussion group script.

1. What factors prompt nurses to consider labor migration?
2. How was the experience of practicing nursing abroad?
3. Have you thought about returning to work in Barcelona?
4. If you have returned to Barcelona, what motivated your decision to return?
5. Why have you considered abandoning the nursing profession?
6. If you have considered leaving, could you describe the reasons?
7. If you have left the profession, would you consider returning to work as a nurse?
8. What changes would you suggest to enhance nurse retention and encourage their return?

## 3. Findings

Twenty active registered nurses, comprising 3 men and 17 women, took part in the first phase (Table 3). The mean age of the participants was 37.6 years (ranging from 29 to 63 years), with an average nursing experience of 17 years (ranging from 3 to 33 years). Participants were distributed across different work settings: 11 in hospitals, 6 in community health or mental health centers, and 4 in universities (Table 4).

In the second phase, 225 nurses responded affirmatively to the survey questions about leaving the profession (temporarily or definitively) ( $n = 145$ ) or migrating to work in their profession ( $n = 80$ ). Table 3 provides an overview of the sociodemographic characteristics of the sample of the two studies.

### 3.1. Themes

A thorough analysis of responses from the first phase revealed three distinct themes (Fig. 1): 1) why migrate; 2) why leave the profession; 3) nursing profession needs.

The results from the second phase complement and extend the qualitative thematic data obtained in the first phase.

### 3.2. Motivations and causes for migration

Participants who worked abroad as nurses in the United Kingdom, Ireland, Andorra, Germany, or the United States expressed diverse reasons for migration, primarily centered on improved working conditions.

These conditions included securing more stable employment with greater flexibility in shift patterns, increased job opportunities, and the ability to choose the unit or department where they wanted to work. They also mentioned the prospect of promotion and support for continuous training facilitated or funded by the hospital.

*"The idea of having more professional opportunities and securing stable, tailored contracts motivated me to relocate to another country. Originally planning to stay abroad for a year, I ended up working there for almost 15 years."*

(P1, FG4)

*"...in some other countries, the training is incredibly rewarding, and they immediately offer you financial assistance for additional training, which was a great help."*

(P12, FG4)

Additionally, some participants chose to migrate for new experiences, to learn a new language, or to train as midwives.

*"I moved to London to study midwifery. I still live here, working for the NHS, and I've been a midwife since 2014."*

(P20, FG1)

Most participants who returned to work in Spain did so for personal reasons rather than professional ones. Rare, exceptional opportunities were often the driving force behind their return.

*"I didn't return out of necessity but rather opportunistically, as a rare opportunity presented itself, which I couldn't afford to miss. I had to give it a try."*

**Table 2**  
Questions on migration and leaving the profession.

Why did you leave your job in your hometown/last city? What were your reasons for migrating?
Have you ever left the nursing profession?
Why did you leave the nursing profession?
What factors influenced you or would influence you to return to nursing?
What are your professional expectations for the next decade?

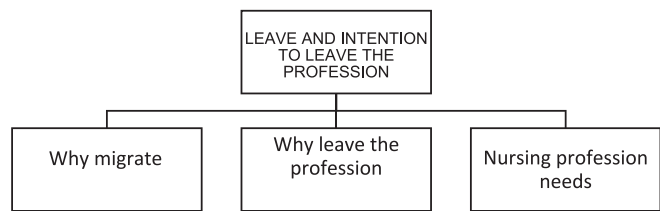
**Table 3**  
Participants' sociodemographic characteristics.

Study		Gender		Age (years)				
		Woman % (n)	Man % (n)	18–29 % (n)	30–34 % (n)	35–49 % (n)	50–65 % (n)	>65 % (n)
Qualitative Cross- sectional	Abandonment of profession and migration to other countries (n = 20)	85 (17)	15 (3)	10 (2)	25 (5)	35 (7)	25 (5)	5 (1)
	Abandonment of profession (n = 145)	83.4 (121)	19.8 (24)	11.7 (17)	13.8 (20)	46.2 (67)	26.9 (39)	1.4 (2)
	Professional migration (n = 80)	83.8 (67)	16.2 (13)	8.8 (7)	15 (12)	52.5 (42)	23.8 (19)	–

**Table 4**  
Focus group participant profiles.

Participant ID Code	Highest qualification	Workplace	Nursing experience (years)	Centre typology	Job	Employment contract
P1	MSc	H	9	P	C, T	PE
P2	NS	CMHC	33	P	C, T	PE
P3	PhD	U	33	PR	T	PT
P4	MSc	PHC	32	P	C	PE
P5	MSc	PHC	8	P	C	PT
P6	MSc	PHC	25	P	T, MA	PE
P7	MSc	PHC, U	30	P	C	PE
P8	BN	U	25	PR	T, MA	PE
P9	MSc	PHC	18	P	C	PE
P10	MSc	H	7	PR	C	PE
P11	MSc	H	8	P	C	PE
P12	BN	H	9	PR	C	PE
P13	PhD	U	14	PR	T, MA	PE
P14	NS	H	12	P	C	PE
P15	MSc	H	26	P	C	PE
P16	MSc	H	3	P	C	PE
P17	NS	H	16	P	C	PE
P18	NS	H	10	P	C	PE
P19	MSc	H	16	P	C	PT
P20	MSc	H	5	P	C	PE

Abbreviations: BN, bachelor of nursing; C care; CMHC community mental health center H hospital; MA management; MSc master of science; NS nursing specialization; P public; PE permanent; PHC primary health center; PhD, doctor; PR private; PT part-time; T teaching; U university.



**Fig. 1.** Emerged themes.

(P17, FG3)

“I’d return for personal reasons. I don’t think the decision would be for a professional reason. If something like this did ever happen, and I’d never rule it out, it would have to be something that would convince me to return or for family reasons....”

(P2, FG1)

The findings of the quantitative phase shed light on the main drivers behind the nurses’ migration (n = 80). These were: 1) lack of job opportunities (26.3 %); 2) having an experience of working abroad (25.8 %); 3) seeking new professional challenges (25 %); and 4) working

conditions that did not meet my expectations (17.5 %).

3.3. Motivations and causes for leaving the profession

Participants stated that they were experiencing significant professional instability due to excessive workload, lack of professional and financial reward, lack of professional development, and inflexible shift work, leading to emotional and physical burnout.

“Our responsibility and the emotional respect we hold for others and ourselves is what drives us to say ‘I can’t go on like this’”

(P3, FG3)

“...due to the working conditions, the lousy contract, the lousy pay, the lack of any short-term prospects for improvement, and the difficulty in achieving professional satisfaction.”

(P1, FG5)

“The nursing profession is characterized by burnout, compassion fatigue, moral fatigue, so what are we doing? Resource policies....”

(P14, FG2)

In the second phase of the study, out of the 1069 surveyed nurses, 13.5 % (n = 145) reported having left the profession at some point. The

quitting rate was consistent across all age groups and levels of seniority (Table 5).

The primary reasons for leaving the profession at some point were: 1) ‘Personal reasons’ (83 %); 2) ‘I found a more interesting job alternative’ (65 %); 3) ‘The position I was in did not meet my expectations’ (33 %); 4) ‘I needed to improve my professional skills’ (14.2 %) and 5) ‘No work-life balance, stress’ (4.9 %).

Among these 145 nurses, 31 were not practicing at the time of the study. The reasons were: 1) ‘The working conditions did not suit me’ (55 %); 2) ‘Personal reasons’ (48.4 %); 3) ‘I found more interesting job alternatives’ (32.3 %); 4) ‘After practicing for a time, I discovered I didn’t want to go back into nursing at this time’ (19.4 %); 5) ‘Patient care doesn’t interest me, but I’m interested in working as a nursing educator’ (9.7 %); 6) ‘I haven’t had the opportunity to practice my specialization’ (9.7 %); 7) ‘I never want to go into nursing’ (6.5 %); 8) ‘Type of work’ (red tape, undervalued...) (6.5 %) and 9) ‘Stress and burn out’ (6.5 %).

3.4. Nursing profession needs

In our study, the participant nurses emphasized specific needs that must be addressed to implement enhancements and retention strategies within the nursing workforce. All nurses were unanimous regarding the necessity to enhance working and career conditions. Participants perceived adequate staffing levels and the ability to work autonomously within the full scope of practice as crucial factors for providing optimal nursing care.

In addition, there was a consensus on the need for clear professional development policies, considering academic training and experience. Some nurses highlighted the importance of promoting continuous training.

*“This recognition of age or at the curriculum for the experience that probably again and I believe is related or from my point of view with the issue of respect for the profession, is what a nurse contributes as she acquires experience based on her clinical practice and age, and I think this is not recognized.”*

*“...the training part is very important, perhaps it should be encouraged more, that is, that they help you and almost that they help you in order to promote this training so that there is a reward.”*

*“...we recognize it from the postgraduates, the masters and all that, which I also believe that there is a business behind everything that is the training in which I believe that it should also be paid by the recruiters if they ask you according to which courses or according to which experts or according to which postgraduates... In England, for example, you had a lot of training, and you could do a lot of training subsidized by hospital...”*

Furthermore, a majority (n = 19) called for permanent contracts, flexible work schedules and shifts, and the ability to practice within their fields of expertise or interest. Simultaneously, most participants stressed the essential factor of improving current financial remuneration to sustain the nursing workforce.

*“There’s a huge challenge regarding respect for the nursing profession at all levels, including salary and professional recognition... because I think sometimes the issue lies in the insufficient recognition of the nursing profession.”*

(P7, FG2)

*“I wish there were more of us, and we could work at our full competency level. I wish there were guidelines in place supporting the recognition of nursing specializations, competency development, and financial and social recognition of the nursing profession.”*

(P10, FG4)

In the second phase of the study, 97.2 % (n = 1039) of participants reported that the nursing profession is undervalued by society, particularly compared to other healthcare professions such as physicians. Nurses with >12 years in the profession believe in the need for proactive measures to improve this perception. Conversely, factors motivating nurses to reenter the profession include: 1) Improved working conditions (24.8 %); 2) Vocation (12.4 %); 3) Economic needs (11.7 %); 4) Permanent contract (11 %) and 5) Professional/personal growth (8.3 %).

4. Discussion

The absence of adequate working and professional conditions aligned with nurses’ expectations and professional opportunities contributes to nurse turnover and labor migration. The nurse participants cited reasons for leaving the profession, including excessive workload, limited professional recognition, inadequate financial remuneration commensurate with nurses’ needs, lack of professional development, and emotional and physical exhaustion.

On the other hand, reasons they mention for relocating abroad include greater job opportunities, flexible schedules, improved financial remuneration, availability of continuous training, and the social recognition of the profession.

Our findings, consistent with other studies, demonstrate that nurses’ flexibility and availability regarding schedules and shifts influence professional burnout. Associated factors include fatigue, practice environment, depression, and dissatisfaction with work-life balance (Dyrbye et al., 2019). Perceived workload (Holland et al., 2019) and interpersonal relationships influence the intention to quit (Stevanin et al., 2018). Working overtime was associated with a higher likelihood of burnout among nurses (Dyrbye et al., 2019). Limited career prospects, generational barriers, limited social visibility, and workplace pressures contribute to nurse turnover (Roth et al., 2022).

The awareness of the factors associated with nurses’ intention to leave identified in our findings aligns with other studies regarding the pursuit of improved financial compensation and greater job satisfaction. However, our findings also incorporate additional factors, such as conflicts with colleagues and a diminished sense of belonging to the hospital (Liu et al., 2023).

Nurse migration is observed globally as an opportunity for professional growth and improvement. This is due to the underfunding of the health service, unemployment, or underemployment (Castro-Palaganas et al., 2017). A study exploring the influence of continuous professional development on the wellbeing of nurses in Ireland, the United Kingdom, Italy, and Croatia specifically evaluated the intention to leave their current workplace (Kearns, 2021).

The interviewed nurses indicated that the desire to relocate to another country for professional reasons was more prevalent among younger nurses. Conversely, older nurses, those with extensive clinical experience, and married nurses tended to express less intention to migrate, a finding that aligns with previous studies (Lee & Kang, 2018;

Table 5  
Leave the professions in all age groups and levels of seniority.

Question	N (%)	Age					Age working professionally (years)			
		18–29	30–34	35–49	50–65	> 65	2–5	5–8	8–12	>12
Yes, one occasion	145 (13,5)	10,1	14,6	16,9	10,8	33,3	16,8	11,0	15,4	13,5
Yes, more than one occasion	36 (3,6)	3,1	3,1	3,3	3,7	–	3,0	4,6	6,6	2,9
Never	888 (82,9)	86,8	82,3	79,8	85,5	66,7	80,2	84,4	78,0	83,6



Lee & Lim, 2023; Park & Lee, 2018).

For some years, the considerable effort-reward imbalance has heightened the intention to leave the profession (Li et al., 2011), a challenge that persists worldwide. Besides salary redistribution, another challenge is the pressing issue regarding the insufficient recognition of the nursing profession (Arroyo-Laguna, 2020). Furthermore, the inclination of nurses to retire from the profession in the near future is on the rise (Smiley et al., 2021), both in Spain and worldwide.

Nurses' recommendations regarding perceived needs primarily concentrate on enhancing work and professional aspects, specifically integrating financial remuneration with professional responsibility.

The nurses also stress the crucial need to retain nursing talent and policies for professional development. There is consensus among nurses that to encourage them to remain in the profession, there must be a sense of professional pride, improved remuneration, recognition of their role, and an enhancement of their professional image.

Perhaps the first step is to raise awareness of the severity of the situation (Brook et al., 2019). Policymakers and healthcare systems should concentrate on aspects of the work environment that boost job satisfaction, such as appropriate staffing ratios, continuous nursing education, and support for interdisciplinary teamwork (Shah et al., 2021).

On the other hand, policies promoting the attraction and retention of nurses in healthcare centers should be implemented to prevent nurse migration or the abandonment of the profession. Considering that the academic training of Spanish nurses is acknowledged in other European countries, greater recognition should be granted to prevent the loss of talented professionals in Spain. Priority should be given to developing a career plan tailored to nurses' competence and responsibility, with tier levels involving progressively higher remuneration.

Additionally, efforts should be directed at increasing the public offer of nursing positions, reducing temporary contracts across the entire healthcare sector, and establishing policies regulating the adequacy and standardization of nursing staff levels throughout the healthcare system to ensure equitable patient care.

#### 4.1. Limitations

The principal limitation of the study is the context in which it was conducted, specifically in the province of Barcelona. Thus, variations in healthcare systems and differences in the ability to retain professionals may restrict the transferability of our findings to other autonomous regions in Spain and other countries. However, aspects related to generational and gender considerations should hold relevance.

## 5. Conclusion

The factors triggering nurse migration, abandonment, or the intention to leave the nursing profession demand a comprehensive and competent intervention. Improvements are required in both working conditions (nurse-patient ratio, financial remuneration, permanent contracts, flexible schedules, and shifts) and professional aspects (greater autonomy, professional development, practice in fields of expertise and interest, continuous training, and research). Finally, the personal conditions of the nursing workforce should be taken into consideration.

#### CRedit authorship contribution statement

**Paola Galbany-Estragués:** Writing – review & editing, Supervision, Project administration, Conceptualization. **Miquel Àngel Giménez-Lajara:** Writing – review & editing, Validation, Conceptualization. **Glòria Jodar-Solà:** Writing – review & editing, Methodology, Investigation, Formal analysis. **Rocio Casañas:** Writing – original draft, Methodology, Formal analysis. **Maria Romeu-Labayen:** Writing – review & editing, Resources, Methodology, Conceptualization. **Encarnación Gomez-Gamboa:** Writing – review & editing, Validation,

Conceptualization. **Olga Canet-Vélez:** Writing – original draft, Resources, Project administration, Methodology, Conceptualization.

#### Declaration of competing interest

The authors declare that they have no competing interests.

#### Acknowledgments

We are grateful for the support provided by the Col·legi Oficial d'Infermeres i Infermers de Barcelona (COIB) for their interest and support in carrying out this study, as well as the collaboration of the nurses who have been part of the focus groups.

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