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Original Article

Relationship job embeddedness to turnover intention among nurses: A cross-sectional, correlational study

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ABSTRACT

Background & Aim: Given the high turnover rate among nursing staff, contemporary healthcare facilities are experiencing an increasing demand for nurses. Retaining nursing personnel is crucial for ensuring patient safety and preventing malpractice. Job embeddedness has emerged as a key determinant in employee retention. This study examined the relationship between job embeddedness and nurses' turnover intentions.

Methods & Materials: This descriptive-analytic study included 242 nurses from hospitals affiliated with Zahedan University of Medical Sciences, Iran. Participants were selected through stratified random sampling. Data were collected using a demographic questionnaire, the Global Job Embeddedness Scale, and a turnover intention questionnaire. The data were analyzed using independent t-tests, Pearson correlation coefficients, and ANOVA.

Results: The mean turnover intention score was relatively high, particularly in the organizational (M \pm SD= 3.3 \pm 0.7) and professional (M \pm SD= 3 \pm 0.8) dimensions. The mean score for job embeddedness was above average (M \pm SD= 2.8 \pm 0.9). The Pearson correlation coefficient analysis revealed a significant negative correlation between job embeddedness and turnover intentions among nurses (r = -0.3, p<0.001).

Conclusion: The study concluded that higher levels of job embeddedness are associated with a lower intention to leave the profession. By enhancing and maintaining job embeddedness among nurses, it is possible to reduce turnover rates, ultimately contributing to improved patient care.

Introduction

Human resources critical to are organizational success. with employee performance, support, and engagement playing key roles in achieving corporate objectives (1). In healthcare settings, particularly hospitals, nurses are an integral part of the workforce (2). As primary care providers, any shortage of nursing staff can significantly impact the quality of care delivered (3). According to the World Health Organization, the global healthcare system will require an additional 9 million nurses by 2030, posing a considerable challenge, especially for countries facing nursing shortages (4). While there are no official statistics on the nursing workforce deficit in Iran, various sources suggest that the current number of nurses is insufficient to meet the healthcare needs of the country's 80 million citizens. Nurse turnover rates, which range from 20% to 50%, further exacerbate this shortage (6). High turnover places additional strain on the remaining staff, leading to more departures, higher training costs, and diminished quality of care (7, 8). Ensuring adequate nurse staffing is crucial for patient safety and the reduction of medical errors (9).

Turnover intention, defined as an employee's inclination to leave their job (10), is a key predictor of actual turnover (8). According to a report by the International

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Council of Nurses, the intention to leave the profession among nurses has risen to 20 percent or higher. This rate of turnover intention is notably greater compared to other healthcare professionals, highlighting that nurses are at a significantly higher risk of departure from the workforce (10).

Many employers prioritize addressing turnover intentions before they culminate in actual resignations. Numerous studies have explored various factors influencing nurses' intent to leave, including resilience (7), moral climate (8), organizational support (11), leadermember exchange (12), job embeddedness (13), as well as commitment, belonging, and organizational trust (14). Among these, job embeddedness —which involves both social and organizational factors (15)—has emerged as a key determinant in employee retention. This concept encompasses an employee's alignment with the organization, their interpersonal connections, and the potential sacrifices they would face if they were to leave the job (16).

Previous research, including a metaanalysis by Kim and Kim (2021), has identified job embeddedness as a significant predictor of turnover intention among hospital nurses (17). much of this literature is based on studies conducted in countries such as South Korea, where healthcare systems, organizational and cultural contexts differ structures, significantly from those in Iran. In Iran, the healthcare system faces unique challenges, including high nurse turnover rates, staffing shortages, and specific socio-cultural dynamics that may influence job embeddedness and turnover intentions differently. These factors underscore the need for a focused investigation relationship between the embeddedness and turnover intentions among Iranian nurses. Our study aims to address this gap by providing empirical evidence on how job embeddedness impacts turnover intention in Iranian hospitals, thus offering insights that are directly relevant to local healthcare policies and nurse retention strategies. This study aimed to examine the relationship between job embeddedness and turnover intentions among nurses at teaching hospitals in Zahedan in 2020.

Methods

Design

This study examined the relationship between job embeddedness and turnover intentions among nurses and adhered to the STROBE guidelines for cross-sectional studies. A stratified random sampling method was employed to select 249 nurses from a total of 701 nurses practicing in two hospitals affiliated with Zahedan University of Medical Sciences, Iran, between June and October 2020.

The inclusion criteria required participants to have at least six months of professional experience and a clear willingness to participate in the study. Nurses who did not complete the questionnaire were excluded from the analysis.

According to information from the nursing administration, Hospital A employed 521 nurses, while Hospital B employed 180. With a total nurse population of 701, Cochran's formula indicated that a sample size of 249 was required. Stratified random sampling was applied across the two hospitals, with a sampling ratio of approximately 3:1 (Hospital A to Hospital B). In the subsequent stage, a list of nurses from both hospitals was compiled, and each nurse was assigned a number. Sampling was then conducted using simple random sampling, with selection made through random number tables. If a nurse declined participation, the next individual on the list was selected as a replacement.

Data collection & questionnaires

With the cooperation of hospital administrators, the researchers visited the wards to explain the study's purpose and methodology to nurses selected at random. Participants who consented to take part completed paper-based questionnaires after their shifts. Once all participants had completed the questionnaires, the researchers revisited the wards to collect the completed forms.

This study utilized three self-report instruments: a demographic form, the Global Job Embeddedness Scale, and a turnover intention questionnaire, for assessment purposes.

Demographic form

The first section collected demographic information, including age, gender, marital status, ward type, shift work, job experience, and employment status.

The global job embeddedness scale

The Global Job Embeddedness Scale comprises seven items, forming a single dimension that assesses nurses' overall level of embeddedness in their jobs. It utilizes a 5-point Likert scale, ranging from "strongly agree" (5) to "strongly disagree" (1). All items are scored on a scale from 1 to 5, with the average score representing the overall level of job embeddedness, where a score of 5 indicates the highest level of embeddedness. Crossley et al.'s previous evaluation of the scale confirmed its satisfactory validity and reliability, with a reported Cronbach's alpha value of 0.88 (18). This scale was validated in a previous study in Iran, Cronbach's alpha value was reported as 0.94 (19).

Turnover intention questionnaire

Turnover intentions were assessed using the final questionnaire, which consists of twenty items divided into four sections: family (4 items), organizational (6 items), economic (6 items), and professional (4 items). All items are scored on a 5-point Likert scale, with responses ranging from "agree" (5) to "disagree" (1). The average score for all items, as well as for each dimension, represents the overall turnover intention, where higher scores indicate a greater intention to leave the job. The scale was originally developed by Abasszadeh et al. in Iran, who assessed its validity and reliability, reporting a Content Validity Index (CVI) of 0.83 and a Cronbach's alpha of 0.87 (20). In the present research, the turnover intention questionnaire displayed a reliability coefficient of 0.90.

Data analysis

Data were analyzed using both descriptive and inferential statistics in SPSS 21. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were

employed to analyze and summarize nurse turnover intention, its dimensions, embeddedness, and related factors. The results of the Kolmogorov-Smirnov test for normality indicated that the data followed a normal distribution. Independent t-tests, chi-square tests, and one-way analysis of variance (ANOVA) were used to evaluate the demographic characteristics of nurses, their level of job embeddedness, turnover intention, and associated factors. Pearson's correlation coefficient was conducted to examine the relationship between turnover intention and job embeddedness. The study adopted a confidence level of 95% and considered a p-value of less than 0.05 as statistically significant.

Ethical considerations

The study was approved by the Ethics Committee of Kerman University of Medical (code: IR.KMU.REC.1399.601). Sciences Ethical guidelines outlined in the Declaration of Helsinki were strictly adhered to throughout the study. Written informed consent was obtained from each participant as part of the recruitment process. To ensure anonymity, each participant was assigned a serial number for identification and data entry during the survey. Data confidentiality was maintained on a passwordprotected computer, with access restricted to members of the research team. Prior to participation, the researchers provided oral explanations to participants regarding the study's objectives, data collection methods, the roles of both the researchers and participants, the importance of data privacy and confidentiality, and the participant's right to withdraw from the study at any time.

Results

Out of the 249 individuals invited to participate, 242 completed the questionnaire, resulting in a response rate of 97.1%. Seven participants provided incomplete responses. The participants had a mean age of 30.7 ± 7 years, ranging from 20 to 59 years. The majority were female (82.6%) and married (61.9%). The mean work experience of participants was 7.6 ± 6.6 years, with a range of 6 months to 30 years.

The mean turnover intention score was relatively high, particularly in the organizational $(M\pm SD=3.3\pm 0.7)$ and professional (M±SD=3±0.8) dimensions. The mean score for job embeddedness was above average (M±SD= 2.8 ± 0.9) (Table 1). Table 2 compares the mean scores of turnover intentions and their dimensions across demographic variables. Significant differences in turnover intention were found based on gender (p=0.002) and ward type (p=0.032). Nurses with fixed shifts reported significantly higher economic turnover intentions compared to those with rotating shifts (p=0.01). Table 3 presents the frequency distribution of demographic variables and compares the mean scores of job embeddedness across these variables. The analysis revealed significant differences in job embeddedness scores based on gender (p= 0.03). Additionally, nurses working in Hospital B exhibited significantly higher levels of job embeddedness than those in Hospital A (p=0.001). Furthermore, the Pearson correlation coefficient revealed a significant negative correlation between job embeddedness and turnover intention (r= -0.3, p< 0.001) (Table 4).

Table 1. Average scores and standard deviations of nurses' turnover intention and its dimensions and job embeddedness

Variable	Dimensions	Mean±SD	
	Turnover intention	3 ± 0.5	
	Organizational dimension	3.3 ± 0.7	
Turnover intention	Professional dimension	3 ± 0.8	
	Family dimension	2.9 ± 0.5	
	Economic dimension	2.9 ± 0.5	
Job embeddedness		2.8 ± 0.9	

Table 2. Comparing nurses' turnover intention mean score and its dimensions based on demographic characteristics

	The desire to leave the profession and its dimensions					
Variable		Professional dimension	Economic dimension	Organizational dimension	Family dimension	Total
		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Gender	Female	3±0.9	2.9±0.5	3.3±0.7	3±0.6	3±0.5
Gender	Man	2.7±0.7	2.7±0.4	3±0.6	2.7±0.5	2.8±0.4
P-value (t-test)		0.02	0.1	0.02	0.04	0.002
Marital	Single	3±0.8	3±0.5	3.3±0.7	3±0.5	3.1±0.5
status	Married	2.9±0.9	2.8±0.5	3.2±0.7	2.9±0.6	3±0.5
P-value (t-test)		0.5	0.09	0.4	0.1	0.1
	20-24	2.9±0.8	2.8±0.5	3.3±0.6	2.9±0.4	2.9±0.4
A	25-29	3±0.9	2.8±0.5	3.2±0.8	2.9±0.5	2.9±0.6
Age	30-34	2.9±0.9	2.8±0.5	3.3±0.7	3±0.6	3±0.5
	>35	3.1±0.8	3±0.5	3.3±0.5	3.1±0.6	3.1±0.4
P-value (ANOV	/A)	0.4	0.09	0.6	0.3	0.3
TT 24 - 1	A	3±0.8	2.8±0.5	3.3±0.7	3±0.6	3±0.5
Hospital	В	2.9±0.9	2.9±0.5	3.1±0.7	2.9±0.5	2.9±0.5
P-value (t-test)		0.4	0.2	0.05	0.2	0.3
***	General	2.9±0.8	2.8±0.5	3.2±0.7	2.9±0.5	2.9±0.5
Wards	Specialized	3±0.9	3±0.5	3.4±0.7	3.1±0.5	3.1±0.5
P-value (t-test)		0.3	0.01	0.05	0.01	0.03
Work shifts	Fixed	3±0.9	3.1±0.5	3.2±0.7	3.1±0.7	3±0.6
WOLK SHILLS	Rotating	3±0.8	2.8±0.5	3.3±0.7	2.9±0.5	3±0.5
P-value (t-test)		0.8	0.01	0.7	0.1	0.2
Employment status	Permanent	3±0.8	2.9±0.6	3.2±0.6	2.9±0.6	3±0.5
	Temporary	3±0.9	2.9±0.4	3.2±0.7	2.9±0.6	3±0.5
	Contract Employee	2.9±0.8	2.8±0.4	3.4±0.7	3±0.5	3±0.5
	Apprentice	3±0.9	2.7±0.6	3.2±0.8	2.9±0.5	2.9±0.5
P-value (ANOV	/A)	0.9	0.06	0.5	0.7	0.9

Table 3. Comparing nurses' job embeddedness	an score based on their demographic characteristics
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Variable		N (%)	Mean±SD	P-value
Gender	Female	200 (82.6)	2.8±0.9	0.03
	Male	42 (17.3)	3.1±0.9	t-test
Marital status	Single	92 (38)	2.7±0.8	0.05
	Married	150 (61.9)	2.9±0.9	t-test
	20-24	42 (17.3)	2.8±0.8	
A	25-29	80 (33)	2.9±1	0.9
Age	30-34	59 (24.3)	2.8±1	ANOVA
	>35	61 (25.2)	2.8±0.8	
Hospital	A	180 (74.3)	2.7±0.9	< 0.001
	В	62 (25.6)	3.2±0.9	t-test
Wards	General	172 (71)	2.9±0.8	0.1
	Specialized	70 (28.9)	2.7±1.1	t-test
Work shifts	Fixed	28 (11.5)	3±0.9	0.4
	Rotating	214 (88.4)	2.8±0.9	t-test
Employment status	Permanent	81 (33.4)	2.9±0.9	
	Temporary	49 (20.2)	2.8±1	0.8
	Contract Employee	67 (27.6)	2.8±1	ANOVA
	Apprentice	45 (18.5)	2.9±0.9	

Table 4. The correlation of nurses' turnover intentions and its dimensions with job embeddedness

Variable	Turnover intention	Professional dimension	Economic dimension	Organizational dimension	Family dimension
Job	- 0.3	- 0.1	- 0.2	- 0.3	-0.4
embeddedness	p <0.001	p=0.03	p < 0.001	p <0.001	p <0.001

Discussion

Based on the results, turnover intention was relatively high among nurses. The current study reported turnover intention scores that align with previous research (5-8). The study by Abasszadeh et al. reported a lower mean score for turnover intention (20), likely due to the higher work experience of participants in their study. Some studies have shown that longer work experience correlates with lower turnover intentions (21). While both the Abasszadeh et al. study and the present study examined turnover intention, the dimensions they focused on differed slightly. For example, Abasszadeh et al. identified the highest turnover intention in the professional and economic dimensions, whereas the present study found organizational and professional dimensions to be most significant, with the financial dimension being less influential. Factors such as challenging care environments or limited authority contributed to professional turnover intentions, while poor management and a lack of organizational support were associated with organizational turnover intentions. Leadership, salary, and promotion opportunities are key organizational factors influencing turnover (20-24).

The study did not find significant relationships between turnover intention and demographic variables such as marital status, employment status, work shifts, or age. However, higher turnover intentions were observed among women and nurses working in intensive care units. These findings are consistent with those of Graminejad et al. (2020), who also reported higher turnover intentions among fixed-shift nurses (7). Some studies, such as Sharifi et al. (2019), indicated that male nurses were more likely to leave the profession (5), while Agarwal et al. (2017) found that men were less likely to leave their profession compared to women Additionally, research has shown that nurses working in intensive care units exhibit higher turnover intentions (20, 26). In contrast, Korean studies found that general ward nurses reported higher turnover intentions (6). Other research suggests that married nurses, those over 40, and those with fixed shifts are less likely to leave their jobs (8). These discrepancies may be due to differences in the tools used to measure turnover intentions.

Additionally, this study found that job embeddedness scores were consistent with prior findings (6, 19). Notably, the study revealed that male nurses exhibited higher levels of job embeddedness than their female counterparts. However, no significant associations were found between job embeddedness demographic factors such as age, marital status, or employment status. Rakhshani et al. (19). also observed higher levels of work embedding among male nurses and found no association between work embeddedness and marital status. Furthermore, research by Treuren and Fein (2018) identified a positive correlation between age and job embeddedness among male nurses.

Similarly, Min and Min (2019) found that married individuals and those with more work experience had higher levels of job embeddedness (27). However, Lee (2020) found no significant relationship between job embeddedness, age, or gender among nurses who had fixed shifts or had worked for 6-11 years (28). The context of the study seems to influence the results, with married male nurses exhibiting higher job embeddedness due to financial responsibilities. Additionally, as work experience increases, job embeddedness tends to rise, although fewer employment options may also contribute. Given the overrepresentation of women in nursing, the data in this study may have limited comparative value due to the unequal representation of men and women.

The findings of this study are consistent with existing literature on the relationship between job embeddedness and turnover intention among nurses, reinforcing the role of job embeddedness as a strong predictor of turnover intentions. For instance, Min and Min (2019) identified a significant inverse relationship between job embeddedness and turnover intentions (27). Research on Korean nurses also found that job embeddedness and job

satisfaction significantly influenced turnover intentions (8). Woo and Lee (2018) further reported a negative relationship between workplace embeddedness and nurses' intention to leave their jobs, highlighting that factors such as defensive silence, work experience, and the sacrifice component contribute to variations in turnover intentions (6). These findings further emphasize that job embeddedness is a reliable indicator of nurses' intentions to either remain in or leave their positions.

This study has several limitations. First, it was conducted during the COVID-19 pandemic, which could have exposed nurses to additional psychological stress, potentially influencing their turnover intentions. Previous studies have shown that the psychological consequences of the pandemic led to an increase in turnover intentions among nurses (29, 30). Second, the sample was predominantly female, reflecting the gender composition of the nursing profession, which may limit the generalizability of the findings.

Conclusion

This study identified a significant correlation between job embeddedness and nurses' intention to leave the profession. As job embeddedness increased, nurses' inclination to leave the profession decreased. Understanding potential mediating role of the embeddedness is crucial for elucidating the relationship between turnover intention. organizational fairness, and job satisfaction. To reduce nurse attrition and improve patient safety, it is essential to foster and enhance job embeddedness among nurses. Job embeddedness can serve as a predictor of turnover intention, which, in turn, can negatively impact the quality of nursing care, compromise patient safety, and hinder effective healthcare management. While this study employed a broad measure of job embeddedness, future research should consider using instruments that assess the specific dimensions of job embeddedness, namely, connection, fit, and sacrifice. This approach would offer more detailed and comprehensive insights into the underlying processes associated with this construct. Additionally, it is recommended that a conceptual model be developed and qualitative research be conducted to explore participants' perspectives on turnover intention.

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Conflict of interests

The authors declare that there are no conflicts of interest related to this study.

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