DDC Professional Journal
Vol. 7, No.1, January 2026
ISSN 1908-3130

PERCEIVED WORK ENVIRONMENT AND JOB EMBEDDEDNESS AMONG NURSES IN PRIVATE HOSPITALS IN DAVAO CITY

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Abstract

Nurse retention remains a pressing concern in healthcare systems, particularly in private hospitals where turnover pressures are high. Job embeddedness provides a broader framework for understanding retention by examining employees' fit, links, and perceived sacrifices associated with leaving. This study examined the relationship between perceived work environment and job embeddedness among nurses and determined whether perceived work environment predicts job embeddedness. A predictive–correlational design was utilized involving 101 registered nurses from selected private hospitals in Davao City, Philippines. Data were collected using validated questionnaires and analyzed using frequency and percentage, Pearson Product-Moment Correlation, and Multiple Linear Regression. Results revealed that nurses reported high levels of perceived work environment (M = 3.97, SD = 0.78) and job embeddedness interms of On the Job (M= 3.77, SD= 0.89) and Off the Job (M = 3.85, SD= 0.94). A significant positive relationship was found between perceived work environment and job embeddedness ($r = 0.522$, $p < .001$). Regression analysis showed that perceived work environment significantly predicted job embeddedness, explaining 50% of the variance (Adjusted $R^2 = 0.500$). Responsibility ($\beta = 0.309$, $p = .012$) and salary ($\beta = 0.109$, $p = .039$) emerged as significant predictors. The findings highlighted the importance of a supportive work environment in strengthening nurses' organizational attachment. Hospital administrators should prioritize leadership support, recognition systems, and work environment improvements to enhance nurse retention.

Keywords: *Job Embeddedness, Perceived Work Environment, Davao City, Predictive-Correlational, Davao City*

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Introduction

Nurse staffing had long been recognized as a crucial component of healthcare systems worldwide; however, the profession continued to experience persistent challenges such as high turnover rates, low morale, and limited engagement (Ha & Ko, 2020). Both the work culture and the nature of nursing

practice shaped retention, performance, and overall life satisfaction among nurses. Studies indicated that a supportive and positive work atmosphere encouraged job embeddedness, reduced turnover intentions, and improved patient safety outcomes (Lee & Lee, 2022). Job embeddedness also emerged as a potential mediator between perceived organizational support and innovative work behavior, suggesting that nurses' psychological attachment to their organizations played a critical role in fostering innovation (Rahimnia et al., 2021).

Individual initiative and outlook toward the work environment contributed significantly to job satisfaction (Kagan, 2021). A combination of professional values, such as self-efficacy and professionalism, enhanced job embeddedness and reinforced nurses' commitment to both their profession and their employing institutions (Kim & Park, 2023). Newly hired nurses, in particular, required greater support during the transition phase, as work-life integration and organizational conditions strongly influenced retention (Ho et al., 2021). Interprofessional collaboration also mitigated the negative effects of challenging work environments, improving both job satisfaction and patient safety outcomes (Labrague et al., 2021). Furthermore, efforts to improve organizational climate and foster inclusiveness were shown to increase participation and positively influence nurses' perceptions of their workplaces (Hegazy et al., 2022).

In the Philippines, nurses' alignment with organizational roles and values was often challenged by understaffing, excessive workloads, and resource limitations, particularly in government hospitals (Magnolo et al., 2022). Despite such challenges, many nurses opted to remain in stressful jobs to stay close to family. Strong community and familial ties enhanced their sense of embeddedness (Labrague & De los Santos, 2021). However, low wages and poor working conditions decreased the perceived sacrifices of leaving, often pushing nurses to migrate abroad (Al Sabei et al., 2020). During the COVID-19 pandemic, resilience was found to mediate the relationship between job embeddedness and turnover intentions, with those possessing stronger community links and organizational support demonstrating higher retention rates (Labrague & De los Santos, 2021). Meanwhile, disparities in salary and limited career advancement opportunities remained key drivers of overseas employment (Al Sabei et al., 2020).

Although global studies had extensively examined the impact of work environment on job outcomes, limited research focused specifically on the relationship between perceived work environment and job embeddedness among nurses. Most of the available literature centered on Western healthcare systems (Karatepe & Avci, 2019) or on general employee populations outside the nursing profession (Zhang et al., 2021). Most Philippine studies explored practice environments in relation to patient outcomes or occupational stress (Villanueva & Sarmiento, 2020), but not their influence on job embeddedness. This gap was particularly relevant in private hospitals where challenges in retaining nurses amid increasing workloads and migration trends are experienced. Cultural norms within non-Western healthcare systems significantly influenced job satisfaction and retention. There remained a need to further understand how job embeddedness varied

across countries and healthcare systems (Zhang, Fried, & Griffeth, 2020).

This study aimed to:

1. Determine the relationship between perceived work environment and job embeddedness; and
2. Examine whether perceived work environment significantly predicts job embeddedness among nurses in private hospitals.

Methods

Design

This study employed a predictive-correlational research design. The descriptive aspect was used to elicit the respondents' idea towards the perceived working environment and job embeddedness. Additionally, the correlational design was utilized when the researcher wanted to find out if a relationship existed, and how strong that relationship is, without trying to prove one variable causes the other. Thus, correlational approach was utilized to explore and establish the significant relationship between the independent and dependent variables. The study also fell under the correlation research design as it investigated the significant association between how employees perceived their work environment positively—such as feeling supported, valued, and aligned with the organizational culture—so they would tend to have higher job embeddedness.

A descriptive-correlational research design was the choice as it was the best for studying the relationship between perceived work environment and job embeddedness. This design had allowed the researcher to examine naturally existing relationships between variables without intervention. A non-experimental approach like descriptive-correlational is both feasible and ethically sound for workplace research. This design supported the use of standardized surveys or questionnaires, making it appropriate for measuring both perceived work environment and job embeddedness. These instruments produce quantifiable data that allow for statistical correlation analysis.

Setting

The study was conducted among nurses in selected private hospitals in Davao City. The city is a large and diverse and known for its economic activities, urban development, and rich cultural heritage. The study conducted was to understand how nurses perceive their workplaces and how that relates to their job embeddedness. There are many hospitals, clinics, and healthcare institutions in Davao City, giving a rich pool of potential participants for survey. The results would provide important and locally-drawn data that are relevant in the healthcare industry. Thus, whatever findings drawn from this study could help hospital administrators and policy-makers create better work environments, reduce turnover, and improve retention of nurses.

Participants

The respondents of this study were nurses working in selected private hospitals in Davao City. They have experienced real-world challenges like high patient loads, limited resources, and opportunities abroad — factors that affect their perception of the work environment and job embeddedness. The sample size was determined using G*Power, a statistical software tool for conducting power analysis. For this study, a bivariate

correlation test was used to assess the relationship between perceived work environment and job embeddedness. The parameters were medium effect size (r = 0.30), a significance level of 0.05, and a power level of 0.80. Based on these parameters, the recommended sample size is 84 individual nurses. To account for potential non-response or incomplete data, the sample was increased by 15%, resulting in a target sample size of approximately 97 nurses.

The researcher was able to gather one hundred and one (101) respondents. Convenience sampling was used based on the easy accessibility, willingness to participate, and availability of the respondents. It did not involve random selection and is often used when time, resources, or access to participants are limited. The researcher distributed online surveys to nurses working in different hospitals in the city. They may have worked in general medical and surgical wards or specialized unit. Only those who were working full-time and those who were willing, and available during the entire duration of data gathering were included in the study.

. The inclusion criteria for respondents included: (1) currently employed as a registered nurse, (2) with at least 12 months of clinical experience, and (3) working full-time in a hospital within Davao City. Nurses who were on prolonged leave or not involved in direct patient care were excluded from the sample.

Measures

The study aimed to assess the relationship between perceived work environment and job embeddedness among nurses working in selected private hospitals in Davao City, Philippines. The researcher employed a convenient sampling technique, a form of non-probability sampling, to identify respondents. This study utilized an adopted survey questionnaire which will be subjected to approval and validation to ensure the right tool to measure what the study intends to measure. Three panel of experts reviewed the questionnaire to ensure content validity, relevance, and accuracy in measuring the intended constructs. After obtaining validation, the survey was administered to the selected respondents who met the criteria. This thorough methodological framework underscored the reliability and depth of the data collected.

The research instrument used for data gathering and adopted from two authors. The questionnaire consisted of three sections. Section A collected the demographic profile of the respondents, including age, gender, and years of experience. Section B focused on assessing the respondents' perceived work environment. The questionnaire contains 43 questions that will cover the aspects of job satisfaction along with responsibility, autonomy, advancement and growth, perception of work, vision and mission, core values of the organization, relationship among co-workers, level of satisfaction with the salary, the feelings of good in the organization as well as having a good balance, training and development. Based on the measurement of 5-point Likert type scale rating will be performed from 1- strongly disagree to 5-strongly agree. The questions that are being performed by various personals and job characteristics of participants are of different age, gender, and tenure. Section C aims to gather data based on a questionnaire Job Embeddedness: A New Attitudinal Measure (Clinton 2012). The two 6-item JE measures were tested for

measurement invariance across subgroups using further CFAs in LISREL. Furthermore, the two 6-item measures of JE show consistently high internal reliability (0.83) across these subgroups. Invariance tests also supported the two-factor structure of the JE measure across the Services and the IT worker samples (alpha internal consistency in the IT worker sample was 0.75 and 0.82 for JE on and JE off, respectively; factor loadings were adequate). This supports the validity and reliability of the measure's two-factor structure in a non-military population. This follows the measurement of 5-point Likert type scale rating from 1- strongly disagree to 5- strongly agree.

To examine the relationship between perceived work environment and job embeddedness, the study applied the Spearman Rank Correlation, which assessed the strength and direction of the relationship between these variables. Additionally, the researcher employed regression analysis to further investigate this relationship, with Perceived Work Environment serving as the independent variable and Job embeddedness as the dependent variable.

Ethical Considerations

Ethical approval for this study was obtained from the Davao Doctors College Institutional Review Board (DDC_REC_MAN_03-25_001). Prior to participation, eligible nurses were provided with a detailed information sheet outlining the study's purpose, procedures, potential risks and benefits, measures to ensure confidentiality, and the voluntary nature of participation, including their right to decline or withdraw at any time without penalty. Written informed consent was secured from all participants before data collection. To ensure confidentiality and protect participants' privacy, no personally identifiable information was collected. All questionnaires were assigned numerical codes and stored in password-protected files accessible only to the research team. Data were reported in aggregate form to minimize any risk of identification. Furthermore, no incentives were offered to avoid undue influence, and participants were assured that their responses would remain confidential and would not affect their employment status or performance evaluations.

Procedures

In order to achieve a systematic and organized collection of data, the following steps were done during the actual data collection: Firstly, a letter of request to conduct the study was obtained from the Program Chair of the Master of Arts in Nursing or the Dean of Graduate Programs. This letter highlighted the objectives and purpose of this research. After securing permission to conduct the study, the researcher defined the target population and develops a stratified random sampling strategy to ensure demographic representation. Questionnaire development was crucial, integrating validated scales and theories Job Demands-Resources (JD-R) and Social Exchange Theory. The theory assessed perceived work environment and job embeddedness.

The researcher administered the structured questionnaire through online surveys, prioritizing informed consent and ethical considerations throughout. This phase will involve engaging with respondents sensitively to gather data on

the agreement on perceived work environment and job embeddedness. Throughout this phase, adherence to ethical guidelines was implemented to ensure confidentiality and respect for respondents' autonomy, crucial for maintaining trust and integrity in the research process.

After data collection, the focus shifted to data analysis and interpretation. Quantitative data underwent statistical analysis using software to summarize demographic characteristics and explore associations between variables. Inferential statistics was employed to identify significant factors influencing job embeddedness. Findings were compiled into a comprehensive report detailing methodology, results, and implications for policy and practices. Dissemination of findings to local stakeholders, community leaders, and government agencies is crucial for informing evidence-based interventions aimed at improving job embeddedness among nurses in Davao City.

Data Analysis

The data collected in this study were analyzed using both descriptive and inferential statistical techniques to provide a comprehensive understanding of the variables under investigation. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were utilized to summarize the data. Specifically, frequency and percentage were employed to describe the demographic profile of the respondents, such as age, gender, and years of experience. Frequency counts indicated the number of participants within each category, while percentages facilitated clearer interpretation by presenting the proportional distribution of responses, thereby enhancing comparability and overall presentation of the findings.

To determine the levels of perceived work environment and job embeddedness among nurses, the mean and standard deviation were used. The mean provided an estimate of the central tendency, while the standard deviation indicated the variability or dispersion of responses.

For inferential analysis, the Pearson Product-Moment Correlation Coefficient (Pearson *r*) was applied to examine the strength and direction of the linear relationship between perceived work environment and job embeddedness. In addition, multiple linear regression analysis was conducted to determine the extent to which perceived work environment significantly influences job embeddedness among nurses. These statistical techniques enabled the study to not only describe the data but also to test relationships and predictive effects between key variables.

Results and Discussions

Table 1. The Demographic Profile of Respondents.

Demographic Profile	Frequency (n=101)	Percentage
Age:		
21-30 years old	49	48.5
31-40 years old	37	36.6
41-50 years old	13	12.9

51-60 years old	2	2.0
60 years old & above	0	0
Total	**101**	**100%**
Sex:		
Male	25	24.8
Female	76	75.2
Total	**101**	**100%**
Years of Experience:		
1-5 years	72	71.3
6-10 years	14	13.9
11-15 years	5	5.0
16-20 years	5	5.0
21 years old & above	5	5.0
Total	**101**	**100%**

Based on the table presented in Table 1. The Demographic Profile of Respondents, the results were as follow: The majority of respondents were 21–30 years old (48.5%), followed by 31–40 years old (36.6%). A smaller percentage fell within 41–50 years old (12.9%), while only 2.0% were in the 51–60 years old range. Notably, none of the respondents are 60 years old and above. All of the hospitals have followed the government regulation Department of Labor on mandatory retirement by the age of sixty in any private organization. According to studies like those by Hayes et al. (2012), younger professionals are more likely to participate in surveys and are often more accessible in health care and academic studies due to their higher engagement with institutional networks and digital platforms. In terms of sex, a significant majority are female (75.2%), while males account for only 24.8%. This reflected the known gender distribution in certain healthcare fields (e.g., nursing, physical therapy, allied health), where females tend to dominate. The WHO (2019) reports that women make up over 70% of the global health and social workforce, which aligns with these findings. In terms of years of experience, the largest group has 1–5 years of experience (71.3%), indicating they are early-career professionals. Those with 6–10 years of experience make up 13.9%, while only 5% each fall into the 11–15, 16–20, and 21 years & above categories. This indicated that the sample population consisted primarily of relatively new entrants into the workforce and that could influence their perceptions, adaptability, and openness to innovation or policy shifts. Literature supports that early-career health professionals often display higher levels of enthusiasm and flexibility but may face challenges with clinical judgment and decision-making (Benner, 1984).

The demographic data suggested that the respondents are young, predominantly female, and early in their careers. This profile has implications for interpreting the broader research findings, especially when studying workplace behavior, training needs, leadership development, or job satisfaction. Older nurses or those with longer tenure may have different priorities or perceptions about the work environment. Male nurses, may experience workplace dynamics, leadership interactions, or role

expectations differently due to gender-related social and cultural factors (Cottingham et al., 2018).

Table 2. The Nurses' Level of Perceived Work Environment.

Indicators	Mean	SD	Interpretation
Job Satisfaction	3.91	0.80	High
Recognition	3.80	0.95	High
Work Itself	4.22	0.71	Very High
Opportunities for Promotion	3.67	1.00	High
Promotional Advancement Opportunities	4.03	0.97	High
Responsibility	3.94	0.85	High
Good Feelings about the Organization	4.04	0.81	High
Clarity of Mission	4.30	0.70	Very High
Relationship with Co-Workers	4.30	0.77	Very High
Effective Supervisor	3.97	0.98	High
Salary	3.34	1.14	Moderate
Presence of Core Values	4.23	0.76	Very High
Overall	**3.97**	**0.78**	**High**

Note: 4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80---Very Low
SD- Standard Deviation.

Table 2 presents the Nurses' Level of Perceived Work Environment; the study assessed private hospital nurses' perceptions of their work environment across multiple indicators. Overall Perception: Mean = 3.97, Standard Deviation (SD) = 0.78 and this is interpreted as high. Generally, nurses perceived their work environment positively, though not at the very highest level. This had suggested that most aspects of their professional setting were favorable and supportive, contributing to job retention, morale, and performance (Aiken et al., 2002; Lake, 2002). Both clarity of mission and relationship with co-worker got an equal mean of 4.30. Hence, a clear organizational mission improves role clarity and alignment with institutional goals. A strong collegial relationship enhanced teamwork, reduced stress, and promoted collaboration (Laschinger et al., 2001). Strong alignment with organizational values boosts morale and ethical behavior of these nurses and Nurses find their actual tasks meaningful and engaging — a major contributor to motivation (Hackman & Oldham, 1976). While salary got the lowest mean of 3.34, and interpreted as moderate, it might not meet expectations or industry standards, potentially affecting retention. Notably, work itself, clarity of mission, relationships with co-workers, and core values which were perceived very highly. Salary scheme for nurses was the only area rated as moderate, suggesting it is a dissatisfier in Herzberg's Two-Factor Theory (1959). In general, hospitals have provided a supportive and enriching work environment, which is essential for nurse engagement, patient care quality, and

workforce stability (Shields & Ward, 2001).

Table 3. Nurses' Level of Job Embeddedness

Table 3. The Nurses' Level of Job Embeddedness.

Indicators	Mean	SD	Interpretation
On the Job:	**3.77**	**0.89**	**High**
Fit	3.77	0.79	High
Links	3.69	1.00	High
Sacrifice	3.86	0.89	High
Off the Job (Community):	**3.85**	**0.94**	**High**
Fit	3.81	0.90	High
Links	3.84	0.97	High
Sacrifice	3.89	0.95	High

Note: 4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80---Very Low
SD- Standard Deviation.

Based on Table 3: The Nurses' Level of Job Embeddedness, the study evaluated how strongly private hospital nurses feel connected to their job and community using the Job Embeddedness Model developed by Mitchell et al. (2001), which included three dimensions: fit, links, and sacrifice, both on the job and off the job. All dimensions are interpreted as "High", with mean scores ranging from 3.69 to 3.89. This suggested that nurses generally experience a strong sense of embeddedness in both their workplace and community. Overall, nurses perceive their work environment positively, though not at the very highest level. This suggests that most aspects of their professional setting are favorable and supportive, contributing to job retention, morale, and performance (Aiken et al., 2002; Lake, 2002).

On-the-Job Embeddedness sacrifice got a mean of 3.86 which is interpreted as high. Nurses perceived that leaving the job would result in considerable loss (benefits, stability, friendships), increasing their commitment. While links got a mean of 3.69 and interpreted as high. Nurses reported having meaningful professional relationships at work (e.g., with coworkers, supervisors), reinforcing their desire to stay. These findings indicated strong job embeddedness, meaning nurses were likely to stay in their current positions because of alignment with the job, social connections, and perceived losses if they were to leave. This aligned with studies that show higher on-the-job embeddedness reduces turnover (Lee, Mitchell, Sablynski, Burton, & Holtom, 2004).

Off-the-Job (Community) Embeddedness sacrifice got a mean of 3.89. Interpreted as high. Nurses showed that they would give up valuable community-related aspects (schools, lifestyle, social support) if they moved — increasing embeddedness. While fit got the lowest mean of 3.81, but still interpreted as high. Nurses felt they belong in the community where they work, suggesting life outside the hospital supports job stability. The strong off-the-job embeddedness implies that nurses were not just professionally tied to their

jobs but also personally and socially rooted in their communities. This is critical because community embeddedness is also a predictor of reduced turnover intention and greater job stability (Feldman & Ng, 2007). The data indicated both workplace and community factors contribute to nurses' embeddedness, which supports overall job retention. Strengthening relational ties at work (e.g., team-building, mentoring), offering benefits or incentives that would be difficult to give up. And encouraging community involvement or partnerships.

Table 4: The Test of Relationship between Nurses' Perceived Work Environment and the Job Embeddedness.

Perceived Work Environment	Job Embeddedness			
	r	**p-value**	**Decision**	**Remarks**
Job Satisfaction	.545	<.001	Reject H_{01}	Significant
Recognition	.573	<.001	Reject H_{01}	Significant
Work Itself	.549	<.001	Reject H_{01}	Significant
Opportunities for Promotion	.427	<.001	Reject H_{01}	Significant
Promotional Advancement Opportunities	.480	<.001	Reject H_{01}	Significant
Responsibility	.658	<.001	Reject H_{01}	Significant
Good Feelings about the Organization	.597	<.001	Reject H_{01}	Significant
Clarity of Mission	.480	<.001	Reject H_{01}	Significant
Relationship with Co-Workers	.579	<.001	Reject H_{01}	Significant
Effective Supervisor	.414	<.001	Reject H_{01}	Significant
Salary	.418	<.001	Reject H_{01}	Significant
Presence of Core Values	.538	<.001	Reject H_{01}	Significant
Overall	**.522**	**<.001**	**Reject H_{01}**	**Significant**

***Note*:** p<0.05 (Significant); IV- Perceived Work Environment; DV- Job Embeddedness.

As shown in table 4, the perceived work environment (r =.522, p= <.001) had a significant relationship with the job embeddedness among nurses. In general, it also implied that as their perceived work environment increases, the level of their job embeddedness also increases. The results of this study revealed a statistically significant positive correlation between perceived work environment and job embeddedness among nurses in private hospitals (r = 0.522, p < 0.001). This indicated a moderate to strong relationship, suggesting that improvements in how nurses perceive their work environment were associated with increased levels of job embeddedness.

In essence, as the work environment becomes more supportive, engaging, and aligned with nurses' values and needs, they are more likely to feel "embedded" in their role, organization, and community.

This finding aligned closely with Mitchell et al.'s (2001) Job

Embeddedness Theory, which posits that employees remain with an organization when they (1) fit with the job and organization, (2) have strong links with people and activities, and (3) perceive high sacrifice if they leave. A positive work environment enhances all three dimensions: It improves fit by aligning the job with the individual's values and skills. It strengthens links through team collaboration and leadership support. It raises the perceived sacrifice of leaving by increasing psychological and emotional investment in the role.

Prior research supported the notion that a healthy work environment fosters stronger organizational commitment and retention: Laschinger et al. (2001) found that structural and psychological empowerment in the work environment was associated with reduced job strain and higher job commitment among nurses. Lee et al. (2004) demonstrated that job embeddedness mediates the relationship between workplace conditions and voluntary turnover.

Lake (2002) emphasized that supportive environments characterized by autonomy, professional relationships, and mission clarity were strong predictors of job satisfaction and embeddedness. In the context of this study, nurses rated aspects such as work itself (M = 4.22), clarity of mission (M = 4.30), and relationships with co-workers (M = 4.30) as very high, indicating an environment that not only meets but exceeds many of the conditions necessary for embeddedness to develop.

The strength of the correlation implies that strategic efforts to enhance work environment can directly influence nurse retention. For instance: Further, the only moderately rated factor—salary (M=3.34)—while not as highly influential in embeddedness as interpersonal or intrinsic motivators, should not be neglected. Financial compensation still plays a role in perceived fairness and long-term commitment, especially among younger or early-career nurses.

Table 5: The Test of Influence of Perceived Work Environment on the Job Embeddedness among Nurses.

Perceived Work Environment	Job Embeddedness							
	Unstandardized Coefficients		Standardized Coefficient			CI (95%)		Remarks
	β	SE	Beta	t	*p*	*LB*	*UB*	
(Constant)	.757	.363		2.088	.040	.036	1.478	
SJ	.074	.110	.081	.673	.503	-.144	.292	NS
REC	.151	.095	.213	1.586	.116	-.038	.340	NS
WI	.045	.125	.044	.361	.719	-.204	.294	NS
OFP	-.090	.079	-.127	-1.143	.256	-.247	.067	NS
PAO	-.055	.101	-.076	-.540	.591	-.256	.147	NS
RES	.309	.120	.346	2.581	.012	.071	.547	S

GFO	.088	.111	.100	.797	.427	-.132	.308	NS
COM	-.072	.112	-.074	-.644	.521	-.295	.151	NS
RCW	.108	.129	.115	.836	.405	-.149	.365	NS
ES	-.039	.084	-.057	-.466	.642	-.205	.127	NS
SAL	.109	.052	.177	2.099	.039	.006	.213	S
PCV	.145	.092	.170	1.577	.118	-.038	.327	NS

Note: p<.05 *(Significant); Adjusted R^2= 0.500; F= 9.332; SE- Standard Error; IV- Perceive Work Environment (JS-Job Satisfaction; REC-Recognition; WI- Work Itself; OFP- Opportunities for Promotion; PAO-Promotional Advancement Opportunities; RES-Responsibility; GFO- Good Feelings about the Organization; COM- Clarity of Mission; RCW- Relationship with Co-Workers; ES-Effective Supervisor; PCV- Presence of Core Values); DV- Job Embeddedness; CI- Confidence Interval; LB= Lower Bound; UB-Upper Bound.

Table 5 revealed that the perceived work environment in terms of responsibility (β=.309, p= .012), and salary (β =.109, p= .039) showed significant influence with job embeddedness among nurses. This would also mean that for every unit increase in the responsibility, the job embeddedness increases by 0.12. Similarly, for every unit increase in salary, the job embeddedness also increases by 0.109. Additionally, the findings were apparent in the results of parametric regression analysis, in which 50% of the job embeddedness can be explained by the perceived work environment as indicated by an adjusted r-square of 0.500. This would mean that 50% of the variation can be attributed to other factors aside from the job embeddedness. The results of the regression analysis revealed that responsibility (β = 0.309, p = .012) and salary (β = 0.109, p = .039) within the perceived work environment have a significant positive influence on job embeddedness among nurses. These findings indicate that even modest increases in these two workplace dimensions can lead to measurable improvements in how strongly nurses feel anchored to their jobs and organizations.

Responsibility (β = 0.309) emerged as the stronger predictor. It implies that as nurses are given more meaningful responsibilities, their level of job embeddedness increases significantly. For every unit increase in responsibility perception, job embeddedness increases by 0.309 units, supporting the idea that nurses value professional autonomy and accountability. This aligned with Hackman and Oldham's (1976) Job Characteristics Theory, which posits that responsibility for outcomes enhanced intrinsic motivation and job commitment. Salary (β = 0.109), while a weaker predictor, also has a significant impact. A one-unit increase in satisfaction with salary is associated with a 0.109-unit increase in embeddedness. This is consistent with the Herzberg's Two-Factor Theory (1959), which classifies salary as a "hygiene factor"—necessary to prevent dissatisfaction. Although salary does not always motivate, it supports retention by reducing dissatisfaction, especially among early-career nurses. These results are also supported by modern empirical research. Tamin et al. (2020) found that a sense of role responsibility and control over work processes significantly predicted retention among hospital nurses in Indonesia. Shields and Ward (2001)

noted that dissatisfaction with pay was one of the most common reasons for nurses intending to leave the profession in the UK. The adjusted R^2 value of 0.500 indicates that 50% of the variation in job embeddedness among the respondents can be explained by the perceived work environment variables included in the regression model. This is a substantial effect size in social science research, where multi-factorial influences are common. The remaining 50% of variance suggests that other unmeasured variables also influence job embeddedness. These may include: Organizational culture and leadership styles (e.g., transformational leadership). Work-life balance, scheduling flexibility, and staffing levels. Community embeddedness (as supported in your earlier findings on off-the-job fit, links, and sacrifice). Personal factors, such as family obligations, career aspirations, and health status.

This confirms the multidimensional nature of job embeddedness, as described in Mitchell et al.'s (2001) original framework, which considers both work-related and community-related influences. Elevating nurse responsibility through participatory decision-making, shared governance, or clinical leadership roles can enhance a sense of ownership—thereby strengthening embeddedness. While salary is not the most dominant driver of embeddedness, it remains a crucial foundation for satisfaction. Hospitals should conduct regular wage benchmarking and communicate pay structures clearly. Responsibility must be paired with adequate support and autonomy; otherwise, it risks increasing stress rather than engagement. Since half of the variation in embeddedness lies beyond the current work environment, relational and community-based factors—such as team support, mentoring, or local incentives—deserve strategic attention.

The findings affirmed that responsibility and salary were significant predictors of job embeddedness among nurses, explaining half of the variance in embeddedness outcomes. A more responsible and fairly compensated nursing role translates into stronger commitment and retention, validating prior theories and research in organizational psychology and nursing workforce studies. However, the unexplained variance also reminds us that job embeddedness is a complex, multi-dimensional construct requiring holistic strategies for workforce stability.

Conclusion and Recommendations

The findings of the study underscore the critical role of the perceived work environment in shaping job embeddedness among nurses in private hospitals. A generally high level of satisfaction with key aspects of the work environment—particularly the nature of work, clarity of organizational mission, co-worker relationships, and alignment with organizational values—was observed to contribute positively to nurses' sense of fit, interpersonal connectedness, and intention to remain within the organization. Although salary was rated at a moderate level, it emerged, together with responsibility, as a significant determinant of job embeddedness based on regression analysis, indicating that both intrinsic and extrinsic factors are essential in influencing retention.

Further analysis revealed a statistically significant positive relationship between perceived work environment and job embeddedness, suggesting that nurses who perceive their work environment more favorably are more likely to develop stronger attachments to their organization and exhibit reduced intentions to leave. Moreover, the results of the regression analysis reveal that the model accounts for a substantial proportion of the variability in job embeddedness. Specifically, the adjusted coefficient of determination indicates that approximately half of the variation in nurses' job embeddedness can be attributed to their perceived work environment. This suggests that the work environment serves as a significant explanatory factor in understanding nurses' attachment to their organization.This finding reflects a substantial explanatory capacity, while also implying that other factors—such as personal characteristics, organizational dynamics, and external influences—may likewise contribute to nurses' retention.

Overall, the study highlights the importance of fostering a supportive and engaging work environment as a strategic approach to strengthening job embeddedness and promoting long-term retention of nursing personnel. Enhancing workplace conditions through the provision of meaningful responsibilities, equitable compensation, and a positive organizational climate appears to be fundamental. Consequently, hospital administrators and nurse leaders are encouraged to invest in policies and practices that cultivate a fair, empowering, and professionally fulfilling work environment.

In light of these findings, several recommendations are proposed. First, healthcare institutions should empower nurses by assigning meaningful responsibilities, involving them in decision-making processes, and promoting shared governance structures. Such initiatives can enhance nurses' sense of ownership, accountability, and organizational commitment. Second, salary structures should be regularly reviewed and adjusted to ensure competitiveness and equity. While not the highest-rated factor, compensation demonstrated a significant influence on job embeddedness, underscoring the importance of financial incentives, particularly for early-career nurses. Additionally, organizations should continue to strengthen positive workplace attributes, including clarity of mission, supportive collegial relationships, and alignment with organizational values, while recognizing excellence through formal appreciation programs and opportunities for professional development.

Furthermore, given the predominance of younger and early-career nurses in the workforce, hospitals should implement structured mentorship programs, clearly defined career pathways, and targeted training initiatives that address their developmental needs. Institutions are also encouraged to explore other potential determinants of retention, such as work-life balance, psychological well-being, community engagement, and leadership styles, to provide a more comprehensive understanding of factors influencing job embeddedness.

Finally, future research is recommended to adopt longitudinal designs to better establish causal relationships and to include a wider range

of healthcare settings, such as public and rural hospitals, to enhance generalizability. Incorporating qualitative approaches may also provide deeper insights into the lived experiences of nurses. Moreover, the use of stratified or purposive sampling techniques is advised to ensure balanced representation across demographic groups, while subgroup analyses may further elucidate differences in relationships across age, gender, and levels of professional experience.

Limitations

The study of the perceived work environment and job embeddedness encompassed a multidimensional analysis of how employees' subjective experiences of their workplace influence their attachment to the organization. This study discussed key concepts on employees' perceptions of organizational culture, leadership, social dynamics, work-life balance, physical conditions, and resources and Job Embeddedness that construct comprising three dimensions: Links: Social and professional connections within the organization and community. Fit: Alignment of personal values with organizational and community culture. Sacrifice: Perceived losses (e.g., benefits, status) upon leaving.

Despite the meaningful insights derived from the study, several limitations must be acknowledged to properly contextualize the findings: The sample was predominantly composed of young, female nurses with 1–5 years of work experience. This demographic skew limits the generalizability of the results to the broader nursing population, particularly to older, more experienced, or male nurses, who may perceive the work environment and job embeddedness differently. Data were collected through self-administered questionnaires, subjected to social desirability bias, recall bias, or misinterpretation of questions. Respondents might have responded in a way that reflects organizational norms or personal expectations rather than their true perceptions. While the study explored the influence of perceived work environment on job embeddedness, other potentially influential factors were not included in the analysis. The study was conducted in selected hospitals and work conditions unique to those settings may have shaped the results, reducing the applicability to other healthcare institutions.

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