

Mediator Role of Quality Work Life in Relationship Between Perception of Job Embeddedness and Intention to Leave Work in Nurses: A Cross-Sectional Study

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ABSTRACT

Purpose: The aim of the study is to examine the relationships between the perception of “job embeddedness”, “quality of work life” and “intention to leave” among nurses and to determine the effect of “quality of work life” on the relationship between the perception of “job embeddedness” and “intention to leave”.

Methodology: This study was conducted between June and August 2024. It has a cross-sectional design. 244 nurses working in a public hospital in Istanbul were included in the study by convenience sampling method. Data were collected using scales regarding “job embeddedness”, “quality of work life” and “intention to leave” perceptions. IBM SPSS 28.0 Hayes' PROCESS macro was used for data analysis.

Findings: “Quality of work life” among nurses mediates the effect of the perception of “job embeddedness” on “intention to leave”. The findings provide an important perspective on the determinants of “intention to leave” among clinical nurses.

Originality: More studies are needed to determine the factors that will enable nurses to stay in their jobs. Studies have largely focused on nursing specialty groups (intensive care, infection, emergency nurses, primary care, etc.), with a few studies focusing on general clinical nurses. Although studies have examined the relationship between perception of job embeddedness, quality of work life, and intention to leave, no study has been found that has examined the causal relationship of these three variables among clinical nurses.

Keywords: Nursing, Intention to Leave Work, Job Embeddedness, Quality of Work Life, Human Resources Management.

JEL Codes: J45, L20, L80, M10.

Hemşirelerde İşe Gömülü Olma Algısı ve İşten Ayrılma Niyeti Arasındaki İlişkide İş Yaşam Kalitesinin Aracılık Rolü: Kesitsel Bir Çalışma

ÖZET

Amaç: Çalışmanın amacı, hemşirelerde “işe gömülmüşlük” algısı, “iş yaşam kalitesi” ve “işten ayrılma niyeti” arasındaki ilişkileri incelemek ve “işe gömülmüşlük” algısı ile “işten ayrılma niyeti” arasındaki ilişkide “iş yaşam kalitesinin” etkisini belirlemektir.

Yöntem: Bu çalışma Haziran-Ağustos 2024 tarihlerinde yapılmıştır. Kesitsel tasarımdadır. İstanbul'daki bir kamu hastanesinde çalışan 244 hemşire, kolayda örnekleme yöntemi ile çalışmaya dahil edilmiştir. Veriler, “işe gömülmüşlük”, “iş yaşam kalitesi” ve “işten ayrılma niyeti” algılarına ilişkin ölçekler kullanılarak toplanmıştır. Verilerin analizi için IBM SPSS 28.0 Hayes' PROCESS makrosu kullanılmıştır.

Bulgular: Hemşirelerde “iş yaşam kalitesi”, “işe gömülmüşlük” algısının “işten ayrılma niyeti” üzerindeki etkisine aracılık etmektedir. Bulgular klinik hemşireler arasında “işten ayrılma niyetinin” belirleyicileri hakkında önemli bir bakış açısı sağlamaktadır.

Özgünlük: Hemşirelerin işlerinde kalmalarını sağlayacak faktörleri belirlemek için daha fazla çalışmaya ihtiyaç vardır. Çalışmalar büyük ölçüde hemşirelik branş gruplarına (yoğun bakım, enfeksiyon, acil hemşireleri, birincil bakım vb.) odaklanmış olup birkaç çalışma genel klinik hemşirelerine odaklanmıştır. Çalışmalar işe gömülmüşlük algısı, iş yaşam kalitesi ve ayrılma niyeti arasındaki ilişkiyi incelemiş olsa da klinik hemşireler arasında bu üç değişkenin nedensel ilişkisini inceleyen bir çalışmaya rastlanmamıştır.

Anahtar Kelimeler: Hemşirelik, İşten Ayrılma Niyeti, İşe Gömülmüşlük, İş Yaşam Kalitesi, İnsan Kaynakları Yönetimi.

JEL Kodları: J45, L20, L80, M10.

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1. INTRODUCTION

Nurses leaving their profession is currently a global issue. The World Health Organization estimates that there will be a 12.9 million shortage in the number of healthcare professionals, most of whom are nurses, by 2039 (Khan et al., 2019). Challenges in the work environment, the aging nurse workforce and nurses leaving their profession are among the important reasons for the nursing shortage (Eriksson et al., 2021; Slater et al., 2021). In particular, professional nurses leaving the profession leads to increased costs, as well as affecting efficiency and quality patient care (Griffeth et al., 2000). It is reported that patient satisfaction increases, length of stay is shortened, and hospital infection rates decrease with professional nursing practices (Aiken et al., 2001). Considering that nurses constitute the majority of hospital manpower, it is clear that they are an important source of manpower that ensures hospital service efficiency due to the active role they play in health care services. The productivity of the nursing workforce directly affects the quality and efficiency of health services (Bayer and Gölbaşı, 2021; Oztürk and Akbulut, 2011).

Effective, effective and productive health care services can be provided more easily with a nursing workforce resource with high levels of job satisfaction. High job satisfaction will increase the productivity of the nursing workforce and the quality of nursing care services (Çam and Yıldırım, 2010). Considering that as job satisfaction increases, the “*intention to leave*” will decrease (Başpınar et al., 2024; Brady et al., 2025; Maniscalco et al., 2024; Yıldız and Intepeler, 2024), the “*intention to leave*” emerges as an important issue that needs to be investigated. Intention to leave (ITL) is described as “*a preoccupation that nurses experience in their own minds about leaving and not leaving the profession*” (Maleki et al., 2023). It leads to excessive workload, job stress, dissatisfaction with work life, decreased productivity and leaving the profession. It also negatively affects patient well-being (Albougami et al., 2020). It is important to retain nurses to ensure optimal patient safety and improve the quality of care.

It is seen that there are many studies on the factors that affect nurses' “*intention to leave*” (Bilben et al., 2025; Bingöl et al., 2025; Brady et al., 2025; Dönmez et al., 2024; Duran et al., 2024; Edwin et al., 2024; Maniscalco et al., 2024; Sarıkaya, 2024; Yalçın and Kalmuk, 2025). Unlike other studies, this study focuses on the factors that push nurses to stay at work (“*job embeddedness*”, “*quality of work life*”) rather than the factors that affect the intention to leave. In this direction, the aim of this study was to examine the relationships between the perception of “*job embeddedness*” and the “*quality of work life*” and “*intention to leave work*” in clinical nurses, while also determining the mediating effect of the “*quality of work life*” on the relationship between the perception of “*job embeddedness*” and “*intention to leave work*”.

The research consists of six sections. First, the introduction is made and the purpose and importance of the research is mentioned. In the second section, in line with the main purpose of the research, the intention to leave the job, the perception of job embeddedness and the quality of work life are explained in line with the studies in the literature and the conceptual framework related to the subject is given. In addition, in this section, the hypotheses of the study were developed in line with the previous studies and the research model was created. In the third section, the method of the research is explained with all its stages. In the fourth section, the hypotheses developed in line with the relevant literature are analyzed through statistical tests and the findings obtained are given. In the fifth section, the findings obtained are discussed in the light of the literature. Finally, the results of the research are given, the theoretical and practical contributions of the research are mentioned and suggestions are given.

2. LITERATURE REVIEW

Many factors can affect “*intention to leave work*”. Slater et al. (2021) state that dissatisfaction with the profession, and resources and organizational commitment are significantly associated with “*intention to leave work*”. Albougami et al. (2020) report that nurses' “*intention to leave work*” is affected by job satisfaction and quality of life. There are also current study results showing that job satisfaction affects “*intention to leave*” (Bingöl et al., 2025; Brady et al., 2025; Maniscalco et al., 2024). Saeed and Al-Shafei (2021) have shown that the type of hospital and the related workload are the most important determinants of nurses' “*intention to leave work*”. Eriksson et al. (2021) report that the poor organization of the work and working conditions affect “*intention to leave work*”. Phillips (2020) has stated that the perception of workload and burnout have an effect on intention to leave. Fasbender et al. (2019) have shown that stress is positively associated with “*intention to leave work*”. In addition, these studies, there are study results showing that family support level (Duran et al., 2024), work commitment (Sarıkaya, 2024), job stress (Bilben et al., 2025; Bingöl et al., 2025), talent management perception (Yalçın and Kalmuk, 2025) and psychological distress (Edwin et al., 2024) affect the “*intention to leave the job*”.

The perception of “*job embeddedness*” expresses employees' perception of the harmony between their values and the organizational goals, their relations with their teammates, and their organizational links through the number of opportunities they would sacrifice when they leave (Mitchell et al., 2001). This concept focuses on the reasons for employees to stay in the organization rather than the reasons for

leaving. Adapting to the values and principles of an institution with strong social links may reduce employees' willingness to leave work. The perception of healthcare service as valuable in society and having a moral aspect create emotional satisfaction and provide motivation in the nursing profession. Therefore, it is expected that the perception of "*job embeddedness*" will reduce nurses' "*intention to leave work*" (Vardaman et al., 2020). Choi and Kim (2015) report that nurses' perceptions of "*job embeddedness*" have an effect on their "*intention to leave work*". Dechawatanapaisal (2018) and Vardaman et al., (2020) state that nurses' perceptions of "*job embeddedness*" are negatively related to their "*intention to leave work*". Based on these findings, this study hypothesizes that nurses' perceptions of "*job embeddedness*" may negatively affect their "*intention to leave work*".

H₁: Nurses' perception of "job embeddedness" negatively affects their "intention to leave".

The "*quality of work life*" is an indicator of how satisfied employees are with their own needs and work conditions while working in accordance with the organizational goals (Elshahat et al., 2019; Salahat and Al-Hamdan, 2022). Having the optimal "*quality of work life*" ensures that nurses provide quality care services and improve the quality of care (Hamaideh et al., 2024; Javanmardnejad et al., 2021). Previous studies have shown that the "*quality of work life*" affects the care behaviors of clinical nurses (Inocian et al., 2021). Another study found that as the quality of work life improves, the productivity of nurses also increases (Nazari et al., 2019). Additionally, Borhani et al. (2016) showed that the quality of life is directly related to the productivity of nurses. It is stated in the literature that nurses are not satisfied with their "*quality of work life*" (Almalki et al., 2012; Devi and Hajamohideen, 2018). Lee et al. (2020) and Salahat and Al-Hamdan (2022) have shown that the "*quality of work life*" is negatively related to "*intention to leave work*". Therefore, the second hypothesis is that nurses' "*quality of work life*" may negatively affect their "*intention to leave work*".

H₂: Nurses' "quality of work life" negatively affects their "intention to leave".

Studies on the relationship between the perception of "*job embeddedness*" and the "*quality of work life*" are also available in the literature. Ibraheem and Kora (2015) have shown that the perception of "*job embeddedness*" of nurses and the "*quality of work life*" are related. Zhao et al. (2013) state that the "*quality of work life*" is positively related to "*job embeddedness*". Therefore, the third hypothesis is that the perception of "*job embeddedness*" can positively affect the "*quality of work life*". Through combining the three proposed hypotheses, the fourth hypothesis is also proposed that the "*quality of work life*" can mediate the relationship between the perception of "*job embeddedness*" and "*intention to leave work*".

H₃: The perception of "job embeddedness" positively affects "quality of work life".

H₄: "Quality of work life" mediates the relationship between the perception of "job embeddedness" and "intention to leave".

Professional nurses in developing countries who experience resource-related challenges are migrating to developed countries for better working conditions and career goals. This situation has become a serious issue, such as instability in the labor force in migratory countries. Further studies are required to determine the factors that will allow nurses to retain and the reasons that affect their "*intention to leave work*". The previous studies are largely related to nursing special branch groups (intensive care, infection, emergency nurses, primary care etc.), and few studies have focused on general clinical nurses. Current studies have examined the relationship between the perception of "*job embeddedness*", the "*quality of work life*" and "*intention to leave work*"; however, they have only examined the relationship between two of these variables, and there has not been a study examining the correlational relationship between these three variables among clinical nurses.

Table 1. Comparison of studies on the intention to leave, job embeddedness and quality of work life experienced by nurses

Author(s)	Intention to Leave Work	Job Embeddedness	Quality of Work Life
Zhang et al. (2019)	x	x	
Vardaman et al. (2020)	x	x	
Choi and Kim (2015)	x	x	
Dechawatanapaisal (2018)	x	x	
Lee et al. (2020)	x		x
Salahat and Al-Hamdan (2022)	x		x
Ibraheem and Kora (2015)		x	x
Zhao et al. (2013)		x	x

As seen in Table 1, when the studies on the subject were examined, no research was found that examined the relationships between nurses' "*intention to leave the work*", "*job embeddedness*" and "*quality of work life*" in a single study.

As a result of the literature review process conducted in the research, a research model was developed by considering the research variables in line with the determined hypotheses. This research model was shaped in accordance with the purpose to be achieved as a result of the research. The research model was developed in the context of the theoretical framework in the literature regarding the interaction between the three variables subject to the research. According to the model, the quality of work life plays a mediating role in the effect of "*job embeddedness*" perception on the "*intention to leave the work*". The model is schematized in Figure 1.

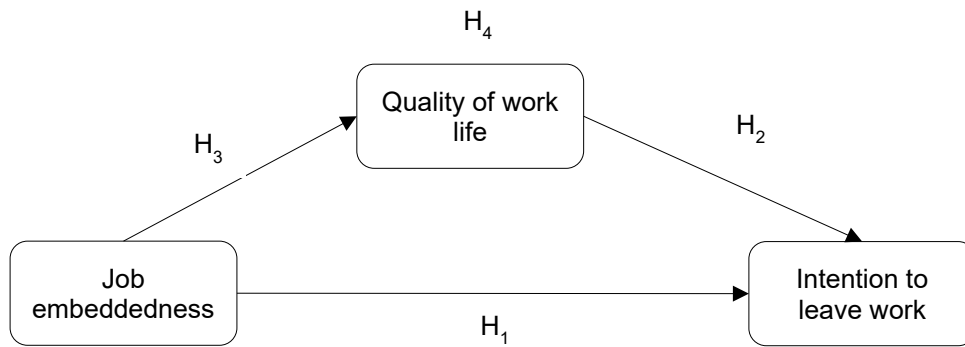


Figure 1. Research model

3. METHODOLOGY

3.1. Purpose

This study focused on clinical nurses and proposed four hypotheses based on previous studies. First hypothesis suggests that nurses' perception of "*job embeddedness*" can negatively affect their "*intention to leave work*". Second suggests that the increasing "*quality of work life*" of nurses may reduce their "*intention to leave work*". Thirdly, nurses' perception of "*job embeddedness*" can positively affect the "*quality of work life*". Fourth, the "*quality of work life*" plays a mediator role between the perception of "*job embeddedness*" and "*intention to leave work*". The aim of this study was to examine the relationships between the perception of "*job embeddedness*" and the "*quality of work life*" and "*intention to leave work*" in clinical nurses, while also determining the mediating effect of the "*quality of work life*" on the relationship between the perception of "*job embeddedness*" and "*intention to leave work*".

3.2. Research Design and Participants

The convenience sampling method was used to invite nurses working in a public hospital in Istanbul, Türkiye, to participate in this cross-sectional study. Registered nurses who were working in clinics and met the following criteria were included in the study: (1) to work in inpatient units for at least six months and (2) to volunteer for participation. Exclusion criteria were (1) being a clinical nurse who was not on duty during the research period for reasons such as annual leave, maternity leave, unpaid leave; (2) being a trainee nurse.

3.3. Procedure

This study was carried out in accordance with the Helsinki Declaration. Ethical compliance approval was received from Istanbul University-Cerrahpaşa Social Sciences and Humanities Research Ethics Committee with the decision dated 17.04.2024 and numbered 160. Prior to conduct of the research, the nurses responsible for the inpatient treatment units of the hospital were contacted, the purpose and importance of this research were explained, and their approval and cooperation were obtained. The purpose and significance of the research and security of the data were explained to nurses by the researchers. The questionnaires were distributed after receiving the signed informed consent forms. Clinic nurses were asked to fill out the forms in a calm environment. The forms took approximately 20 minutes to fill out. A total of 250 clinical nurses completed the survey between June and August 2024. Among those, 244 responses were considered valid and a response rate of 97.6% was achieved.

3.4. Measure

3.4.1. Sociodemographic information

The form prepared by the researchers consists of a total of nine questions questioning the individual (age, sex, marital status, educational status and professional characteristics of nurses (occupation, unit, professional experience, duration of experience in the institution, duration of experience in the unit).

3.4.2. The Intention to Leave Work Scale

The “*intention to leave work*” Scale (ILWS), which was developed by O'Reilly et al. (1991) to assess the intention to leave and Turkish translation study of which was conducted by Kıran (2017), was used. It consists of a total of four items in the five-point Likert type, ranging from “1-Strongly disagree” and “5-Strongly agree”. There is no subscale in the scale. The lowest score to be obtained from the scale is 4, and the highest score is 20, and higher scores indicate that the individual has a high “*intention to leave work*”. The scale is widely used in Türkiye. Cronbach's alpha value in the original study was found to be 0.88, while it was 0.90 in the Turkish translation study. In this study, Cronbach's alpha value was 0.90.

3.4.3. The Job Embeddedness Scale

The Job Embeddedness Scale (JES) was developed by Mitchell et al. (2001) and structured by Felps et al. (2009). The Turkish translation study was conducted by Kıran (2017). The JES consists of a total of 15 items and five subscales in the five-point Likert type, ranging from “1-Strongly disagree” and “5-Strongly agree”. The subscales of the scale include organizational fit (1, 2, 3, 4), dedication to the organization (5, 6), organizational links (7, 8, 9), environmental fit (10, 11, 12, 13), environmental links (14, 15). The lowest score to be obtained from the scale is 15, the highest score is 75, and higher scores indicate that the individual's perception of “*job embeddedness*” is high. In the original study, Cronbach's alpha value was 0.89 for the overall scale, while it ranged from 0.64 to 0.82 in the subscales. In the Turkish translation study, Cronbach's alpha value of the overall scale was found to be .88, while it ranged between .64 and .85. In this study, Cronbach's alpha value was .86 for the overall scale, while it ranged between 0.65 and 0.82 in the subscales.

3.4.4. The Quality of Work Life Scale

The Quality of Work Life Scale (QWLS) was developed by Van Laar et al. (2007) and its Turkish translation study was conducted by Akar and Üstüner (2017). The scale consists of a total of 23 items and six subscales in the five-point Likert type, ranging from “1-Strongly disagree” and “5-Strongly agree”, and the items 7, 9 and 19 are reverse scored. The subscales of the scale include job and career satisfaction (1, 3, 8, 11, 18, 20), general well-being (4, 9, 10, 15, 17, 21), control at work (2, 12, 23), working conditions (13, 16, 22), stress at work (7, 9, 19) and home-work interface (5, 6, 14) are ranked. The lowest score to be obtained from the scale is 23, the highest score is 115, and higher scores indicate that the individual's perception of the “*quality of work life*” is high. In the original study, Cronbach's alpha value was found to be .91 for the overall scale, while it ranged between 0.75 and 0.88 in the subscales, and in the Turkish translation study, it was 0.93 for the overall scale and ranged between 0.70 and 0.91 in the subscales. In this study, Cronbach's alpha value was found to be 0.90 for the overall scale, while it ranged between 0.63 and 0.84 in the subscales.

3.5. Statistical Analysis

SPSS package program (IBM Statistical Package for Social Science, version 28.0 New York, NY) was used for data entry and analysis. Continuous data were defined in mean, standard deviation and intervals. Categorical data were defined with frequencies and percentages. Hayes' PROCESS macro was used in SPSS for the model test. The mediator role of the “*quality of work life*” was tested using bootstrap method. A 95% confidence level (CI) including no zero indicates a significant mediating effect.

4. FINDINGS

4.1. Descriptive Statistics

Sociodemographic information of clinical nurses and descriptive statistics related to the main variables were shown in Table 2. The average age of the nurses participating in the study was 31.82 ± 8.28 years (range 19-60 years), average duration of professional experience was 8.99 ± 8.50 years (range 1-35 years), and the duration of experience in the institution was 5.41 ± 6.01 years (range 1-31 years). The majority of the clinical nurses were women (69.7%), single (52%), had a bachelor's degree (51.1%).

The mean scores of clinical nurses for “*job embeddedness*”, “*quality of work life*” and “*intention to leave work*” were 3.06 ± 0.59 , 2.62 ± 0.57 and 3.01 ± 1.16 , respectively. The mean scores of the subscales of the data collection tools were given in detail in Table 2.

Table 2 Descriptive statistics of sociodemographic information and main variables (N = 244)

Variable	n	%	Mean±SD	Range
Gender				
Women	170	69.7		
Men	74	30.3		
Age			31.82±8.28	19-60
Duration of Professional Experience			8.99±8.50	1-35
Duration of Experience in the Institution			5.41±6.01	1-31
Marital Status				
Married	117	48.0		
Single	127	52.0		
Educational Status				
High school	7	2.9		
Associate degree	29	11.9		
Bachelor's degree	125	51.1		
Master's degree	46	18.9		
Postgraduate	37	15.2		
JE			3.06±.59	1-5
Organizational fit			3.03±.81	1-5
Environmental fit			3.18±.86	1-5
Dedication to the organization			2.67±.86	1-5
Organizational links			3.48±.76	1-5
Environmental links			2.80±.97	1-5
QWL			2.62±.57	1-5
Job and career satisfaction			2.90±.66	1-5
General well-being			2.67±.63	1-5
Ability to manage the work			2.37±.63	1-5
Working conditions			2.29±.86	1-5
Home-work interface			2.34±.88	1-5
Stress at work			2.87±.82	1-5
ILW			3.01±1.16	1-5

Note: ILW=Intention to Leave Work, JE=Job Embeddedness, QWL=Quality of Work Life, SD=standard deviation.

4.2. Model Testing

The effects of independent variables on the dependent variable were given in Table 3. In this table, three different sub-models were created in accordance with the model. In Model 1, the effects of the perception of “*job embeddedness*” on the “*quality of work life*” were analyzed. Accordingly, the effect of the perception of “*job embeddedness*” on the “*quality of work life*” was found to be positive ($\beta = 0.669$, <0.01). H_3 hypothesis was accepted. In Model 2, the effects of the perception of “*job embeddedness*” on “*intention to leave work*” were analyzed. The perception of “*job embeddedness*” had a negative ($\beta = -0.898$, <0.01) effect on “*intention to leave work*”. H_1 hypothesis was accepted. The effect of the perception of “*job embeddedness*” and the “*quality of work life*” on “*intention to leave work*” was shown in the Model 3. The perception of “*job embeddedness*” was found to have a negative effect on “*intention to leave work*” ($\beta = -0.537$, <0.01), while “*quality of work life*” also had a negative ($\beta = -0.538$, <0.01) effect on “*intention to leave work*”. H_2 hypothesis was accepted.

Table 3. Main effect on the “quality of work life” on “intention to leave work”

Variable	Model 1: QWL			Model 2: ITL			Model 3: ITL		
	β	SE	p	β	SE	p	β	SE	p
(Constant)	0.574	0.139	<0.001**	5.770	0.348	<0.001**	6.079	0.352	<0.001**
JE	0.669	0.045	<0.001**	-0.898	0.111	<0.001**	-0.537	0.151	<0.001**
QWL							-0.538	0.157	0.001*
F		225.439			65.043			39.835	
p		<0.001**			<0.001**			<0.001	
R ²		0.482			0.212			0.248	

Note: ILW=Intention to Leave Work; JE=Job Embeddedness; QWL=Quality of Work Life; SE=standard error.

* $p < 0.05$, ** $p < 0.01$

The Hayes process analysis was performed and shown in Table 4 in order to determine whether the “*quality of work life*” had a mediator role in the relationship between the perception of “*job embeddedness*” and “*intention to leave work*”. In order to reach the results of the mediation analysis in the study, direct regression analyses were primarily performed between the variables. According to Model 1, the effect of the perception of “*job embeddedness*” on the “*quality of work life*”, which was a mediator variable, and the effect of the “*quality of work life*” on “*intention to leave work*” was found to be significant. In addition, the effect of the perception of “*job embeddedness*” on “*intention to leave work*” was significant (Model 2). In Model 3, it was found that the effects of “*quality of work life*” on “*intention to leave work*” along with the perception of “*job embeddedness*”, which was an independent variable, were significant. Therefore, significant relationships necessary for the mediating effect were identified. Accordingly, as understood in Table 3 showing the mediation analysis, the mediating effect of “*quality of work life*” was found to be statistically significant. ($Y=-0.36$, $SE=0.115$, 95% (Boot CI [-0.577, -0.125])). In this context, the mediator role of “*quality of work life*” was found in the effect of the perception of job embedded on “*intention to leave work*”. H_4 hypothesis was accepted.

Table 4. Direct and indirect effects of the perception of “job embeddedness” on “intention to leave work”

Total effect of JE on ITL			Unstand.	SE	LLCI	ULCI
			-0.898	0.111	-1.117	-0.678
Direct effect of JE on ITL						
			-0.537	0.151	-0.836	-0.239
Indirect effect of JE on ITL mediated by QWL						
Independent	Mediator	Dependent	Unstand.	SE	LLCI	ULCI
JE	QWL	ITL	-0.360	0.115	-0.577	-0.125

Note: ILW=Intention to Leave Work; JE=Job Embeddedness; LLCI=lower limit confidence interval; QWL=Quality of Work Life; SD=standard error; ULCI=upper limit confidence interval

5. DISCUSSION

To the best of our knowledge, this study is the first study designed to reveal the effects of perception of “*job embeddedness*” and “*quality of work life*” on “*intention to leave work*” in clinical nurses. The findings showed that the “*quality of work life*” had a mediator role between the perception of “*job embeddedness*” and “*intention to leave work*”.

In this study, general clinical nurses were found to have a higher mean “*intention to leave work*” score compared to previous studies conducted with special branch nurses such as psychiatric nurses (Hamaideh et al., 2024) (2.76 ± 0.77) and intensive care nurses (Lee et al., 2020) (2.33 ± 1.34). The findings showed that general clinical nurses working in public hospitals experienced a moderate level of “*intention to leave work*”, which was higher than of special branch nurses. Special branch nurses may have tasks requiring higher autonomy compared to general clinical nurses due to their specific knowledge and skills in their field. It is also believed that the level of professionalization and job satisfaction specific to their fields are also high. Therefore, the level of “*intention to leave work*” of general clinical nurses may be higher compared to special branch nurses.

The analysis showed that the perception of “*job embeddedness*” may have negatively affected intention to leave, which was consistent with the first hypothesis of the current study and previous studies (Vardaman et al., 2020; Dechawatanapaisal, 2018). It was found that the higher the perception of “*job embeddedness*”, the lower “*intention to leave work*”. Given the high level of clinical nurses of intention to leave, the necessity to ensure the perception of “*job embeddedness*” becomes critically important. For this reason, measures should be applied to facilitate the perception of nurses of “*job embeddedness*”. For instance, networks that link nurses with their institution can be developed through involving nurses in the planning of changing processes, making applications that will promote a sense of team, taking steps to strengthen the sense of trust among nursing staff, providing a better work environment and valuable resources such as job support, information and salary etc. (Vardaman et al., 2020; Dechawatanapaisal, 2018). Therefore, the perception of “*job embeddedness*” can be increased.

The current analyses showed that the “*quality of work life*” of clinical nurses may have negatively affected their “*intention to leave work*”, which was consistent with previous studies (Salahat et al, 2022; Lee et al., 2013). This finding revealed that as the “*quality of work life*” of nurses was higher, their level of intention to leave was the lower. Many studies have stated that nurses are dissatisfied with their “*quality of work life*” (Javanmardnejad et al., 2021; Almalki et al., 2012; Devi and Hajamohideen, 2018). Considering the encouraging effect of the “*quality of work life*” on “*intention to leave work*”, nurse managers should take measures to at least achieve an optimal level of the “*quality of work life*”. These measures can include reducing the workload of clinical nurses, encouraging autonomy, managing work stress, supportive attitude

towards ensuring home-work interface, creating an effective communication environment with managers and teammates.

As for the relationship between the perception of “*job embeddedness*” and the “*quality of work life*”, analyses showed that the perception of “*job embeddedness*” can positively affect the “*quality of work life*” among clinical nurses, which is consistent with the study hypothesis and previous studies (Ibraheem and Kora, 2015, Zhao et al, 2013). The findings also showed that the higher the perception of clinical nurses of “*job embeddedness*”, the better their “*quality of work life*” was. Therefore, interventions that focus on increasing the perception of clinical nurses of “*job embeddedness*” are helpful in improving the “*quality of work life*”.

An innovative finding of the study was that the “*quality of work life*” mediated the relationship between the perception of “*job embeddedness*” and “*intention to leave work*”. This showed that clinical nurses having a strong perception of “*job embeddedness*” may have directly reduced “*intention to leave work*”, while also indirectly reducing intention to leave through improving the “*quality of work life*”. The mediating effect of “*quality of work life*” revealed a new perspective on reducing clinical nurses’ “*intention to leave work*”. These findings provided empirical support for the perception of “*job embeddedness*” and the reducing effect of “*quality of work life*”, which may have supported the development of practices aimed at reducing clinical nurses’ “*intention to leave work*”. In addition, this study also provided findings that would lead to further research. Given the current findings, nurse managers are required to take the initiative for measures, programs or evidence-based initiatives aimed at strengthening the perception of “*job embeddedness*” and improving the “*quality of work life*”.

This study was conducted under certain limitations. The fact that the study was conducted in a cross-sectional design limited the ability to detect correlational relationships between the perception of “*job embeddedness*”, the “*quality of work life*” and “*intention to leave work*”. Future studies to determine correlational relationships should be planned in longitudinal design. The participants were invited from a tertiary public hospital using the convenience sampling method, which may limit the generalizability of the results. Therefore, a randomized sampling method including the whole country should be adopted in future research.

6. CONCLUSION

Clinical nurses have reported a moderate level of “*intention to leave work*”. The perception of “*job embeddedness*” may negatively and directly affect the “*quality of work life*”, while positively and directly affecting “*intention to leave work*”. The “*quality of work life*” may negatively and directly affect “*intention to leave work*”. In addition, the perception of “*job embeddedness*” may indirectly affect “*intention to leave work*” mediated by the “*quality of work life*”. In other words, the “*quality of work life*” mediates the effect of the perception of “*job embeddedness*” on “*intention to leave work*”.

An employee’s intention to leave the job can be determined by different variables. Quality of work life is an important factor in the intention to leave the job. If the employee feels that the quality of work life is low, they can evaluate their current resources and opportunities and intend to leave the job, which can result in leaving the job. On the contrary, the more employees feel embedded in their job, the more they move away from the intention to leave the job. Quality of life can play a role as a mitigating factor in the intention to leave of an employee with a low perception of job embeddedness. As a result, high levels of job embeddedness and quality of work life increase the loyalty of nurses to the organization and therefore reduce their intention to leave the job.

The current findings provide a valuable perspective on the determinants of “*intention to leave work*” among clinical nurses. This study can contribute nurse managers to pay attention to intention of clinical nurses to leave work, as well as to create practices and programs aimed at improving the perception of “*job embeddedness*” and the “*quality of work life*”, and to indirectly reduce workforce turnover and “*intention to leave work*”. Nurse managers can support the quality of work life and job embeddedness perceptions and minimize thoughts of leaving by increasing nurses’ participation in decisions, providing an autonomous work environment, taking initiatives to increase work motivation, creating a safe work environment, giving importance to communication, providing an environment that will facilitate nurses’ self-expression, and planning in-service trainings that will support their professional development. Increasing the “*job embeddedness*” and “*job quality*” levels of nurses, who are an important source of labor for hospitals, and thus reducing the turnover of professional labor, will reduce the personnel shortage that causes serious disruptions in care services and will have significant effects on care costs and institutional performance. In this case, it will be easier to obtain positive patient outcomes, the efficiency of health care services will be increased, positive reflections will be obtained for many segments of society and positive contributions will be made to the country’s economy. In this study, the general quality of life, physical and mental health status of nurses can be used in future studies instead of the quality of work life used as a mediator variable.

Testing the model used in different samples, different sectors and using larger samples will be useful in terms of making more comprehensive interpretations.

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Author Contributions

Fatma Demirkaya: Conceptualization, Literature Review, Methodology, Writing, Analysis, Writing-original draft, Modelling, Writing-review and editing *Ece Uysal Kasap*: Literature Review, Methodology, Data curation, Writing-original draft, Modelling *Hanife Tiryaki Şen*: Methodology, Writing-review and editing

Conflicts of Interest

The authors declare no conflicts of interest.

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Compliance with Ethical Standards

For this study, the approval of the Istanbul University-Cerrahpaşa Social Sciences and Humanities Research Ethics Committee was obtained with the decision dated 17.04.2024 and numbered 160.

Ethical Statement

It was declared by the authors that scientific and ethical principles have been followed in this study and all the sources used have been properly cited.



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