

A comparative study of employee characteristics and retention intentions in two private hospitals in Surabaya

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Abstract

Purpose: Employee characteristics, well-being, and intention to stay influence workforce stability and performance and may vary across hospitals due to differences in management, work environment, and organizational culture. This study aims to compare employee characteristics (conscientiousness), employee well-being, and intention to stay between two private hospitals in Surabaya, Indonesia. **Methods:** This study employed a quantitative analytic design with a cross-sectional approach using secondary data collected in December 2024 and January 2025. A total of 228 respondents from Hospital X and Hospital Y participated. Conscientiousness was measured using a structured questionnaire based on the Big Five personality framework; employee well-being was assessed using a multidimensional well-being scale; and intention to stay was measured using indicators of work engagement and organizational commitment. Data were analyzed using the Mann–Whitney U test because the assumption of normality was not met. **Results:** There was a significant difference in employee conscientiousness between Hospital X and Hospital Y ($p = 0.010$), with Hospital X showing higher levels. A significant difference was also found in intention to stay ($p < 0.001$), with employees in Hospital Y reporting stronger retention intentions. In contrast, no significant difference in employee well-being was observed between the two hospitals ($p = 0.450$). **Conclusion:** These findings indicate that differences in conscientiousness and organizational context influence employees' intention to stay in private hospitals. Hospital management is encouraged to adopt personality-informed recruitment and development strategies, alongside strengthening employee well-being programs, as part of hospital human resource policies to enhance workforce retention and sustainability.

Keywords: characteristics; employee; hospital; intention to stay; well-being

INTRODUCTION

Hospitals are complex and labor-intensive organizations that play a crucial role in achieving optimal public health outcomes. The performance and quality of hospital services largely depend on the competence and stability of human resources. Employee turnover has become a major challenge for maintaining service

quality and patient safety, particularly in private hospitals facing increasing competition. According to CNBC Indonesia (2023), the number of hospitals in Indonesia has increased significantly since 2009, reflecting growth in the healthcare industry and indicating rising competition for qualified medical personnel [1]. The growing number of hospitals provides healthcare workers with broader career opportunities, potentially leading to higher turnover

intentions. High turnover disrupts continuity of care, increases recruitment costs, and reduces service efficiency [2,3].

Several studies have examined factors influencing turnover and retention in healthcare organizations. In Indonesia, Qanitah et al. (2022) reported a nurse turnover rate of 18.14% at RSI Surabaya, while turnover at Surabaya Surgical Hospital increased from 13.67% in 2014 to 16.91% in 2016 [4,5]. International evidence similarly identifies job satisfaction, work stress, organizational support, and employee well-being as key predictors of retention, as reflected in Mobley's employee withdrawal decision model and subsequent studies [3,6–8]. More recent studies further emphasize that positive work environments, compensation, motivation, and employee well-being play a critical role in enhancing commitment and retention among healthcare workers [9–13]. However, despite this growing body of literature, comparative studies examining differences in employee characteristics, well-being, and intention to stay across hospitals with distinct organizational contexts remain limited in Indonesia. Previous research conducted in Kasih Ibu Hospital, Bali, Siloam Hospital Manado, as well as Hospital X and Hospital Y in Surabaya, primarily focused on identifying determinants of intention to stay within single institutions and did not assess whether these variables differ significantly between hospitals with varying sizes, structures, and work cultures [14–17].

Despite the extensive literature on employee retention in healthcare settings, most existing studies in Indonesia focus on single-hospital analyses and identify determinants of intention to stay without examining institutional differences. Hospitals often operate in distinct organizational contexts, including variations in size, management systems, workforce composition, and work culture, which may shape employee characteristics, well-being, and retention intentions in different ways. Without comparative evidence across hospitals with different contexts, retention strategies risk being generalized and may fail to address institution-specific challenges. Therefore, a comparative analysis is essential for generating context-sensitive evidence to inform more effective and targeted human resource policies in hospital settings.

Therefore, this study aims to analyze differences in employee characteristics, employee well-being, and intention to stay between two private hospitals in Surabaya. Employee characteristics are individual attributes, such as age, gender, education, and tenure, that may influence job attitudes and turnover behavior. Employee well-being encompasses psychological, emotional, and social health, reflecting satis-

faction and fulfillment at work [18,19]. Meanwhile, intention to stay represents the employee's desire to remain in the organization and serves as a key indicator of retention [20]. By identifying differences in these variables, this study contributes to understanding the dynamics of workforce stability in healthcare organizations and supports policy development for sustainable human resource management in hospitals.

METHODS

Study design

This study uses a quantitative, analytic approach with a cross-sectional design. The research utilized secondary data obtained from previous studies [21,22]. The design was selected to compare differences in employee characteristics, employee well-being, and intention to stay between two private hospitals in Surabaya, Indonesia. A cross-sectional approach enables simultaneous observation of variables to identify patterns and relationships across the two hospital settings.

Study setting and subjects

This study analyzed secondary data collected from two private hospitals in Surabaya, designated Hospital X and Hospital Y. The dataset comprises responses from employees who had participated in previous surveys in December 2024 at hospital X and January 2025 at hospital Y. The total number of respondents was 228, comprising 114 employees from Hospital X and 114 from Hospital Y.

The inclusion criteria in the original data collection included full-time employees with at least 6 months of work experience at their respective hospitals, representing various professional categories, including medical, nursing, administrative, and support staff. The exclusion criteria included employees on leave or medical sick leave, as well as those who were not present during the data collection period. Respondents with incomplete or invalid questionnaire responses were excluded from the dataset. The unit of analysis in this study was the individual employee.

Data collection

The data used in this study were obtained from authorized researchers after formal permission was granted. The data covered three primary variables: employee characteristics, employee well-being, and intention to stay. The original data were collected through a structured, closed-ended questionnaire using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Employee characteristics were measured using the conscientiousness construct, which has been shown to influence perceived organizational support [23]. Conscientiousness was defined according to Costa and McCrae and assessed across five dimensions: dependability, carefulness, thoroughness, responsibility, and perseverance [24]. A total of 10 items were used, rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating greater conscientiousness.

Employee well-being was measured as a multi-dimensional construct comprising psychological, social, workplace, and subjective well-being. Questionnaire items were adapted from Pradhan and Hati and covered indicators of adaptation, stress management, interpersonal relationships, job satisfaction, work environment, work-life balance, happiness, and optimism [25]. In total, 33 items were assessed using a five-point Likert scale, with higher scores reflecting better well-being.

Intention to stay was defined as employees' willingness to remain with the organization and was measured through work engagement, organizational commitment, and withdrawal behaviors. Work engagement was conceptualized following Bakker et al. and encompassed vigor, dedication, and absorption. This construct was measured using 45 items rated on a five-point Likert scale, with higher scores indicating stronger intention to stay [26].

Data were collected using a structured online questionnaire administered via Google Forms. Composite scores were treated as ratio-scale data. Each questionnaire item was developed based on theoretical frameworks and validated using content validity methods by experts and hospital management practitioners. The overall Cronbach's alpha coefficient for the questionnaire was 0.95. Furthermore, Cronbach's alpha values for all items exceeded 0.90, confirming that each item consistently measured its respective construct and met the recommended reliability threshold for social science research. The primary data collection took place in December 2024 and January 2025, while the present analysis was conducted between October and December 2025. The researchers ensured the confidentiality and anonymity of respondents and participating institutions.

Data analysis

Data were analyzed quantitatively using descriptive and inferential statistics. Descriptive statistics were used to present frequency distributions and percentages for each variable. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) software version 21. Before hypothesis testing,

assumption tests were conducted to justify the selection of appropriate statistical methods. Normality was assessed using the Kolmogorov-Smirnov and Shapiro-Wilk tests, while homogeneity of variance was examined using Levene's test.

For the employee characteristic (conscientiousness), the normality test results indicated that the data from both Hospital X and Hospital Y were not normally distributed ($p < 0.05$). However, Levene's test indicated homogeneity of variances across groups ($p > 0.05$). Regarding employee well-being, the normality test showed that data from Hospital X were normally distributed ($p > 0.05$), whereas data from Hospital Y were not ($p < 0.05$). Levene's test indicated homogeneity of variances between the two groups ($p > 0.05$). For the intention-to-stay variable, the normality test results indicated non-normality at both hospitals ($p < 0.05$). Levene's test further revealed heterogeneous variances between groups ($p < 0.05$).

The Mann-Whitney U test was applied to test the hypotheses about differences between the two hospitals. Data analysis aimed to determine whether there were significant differences in employee characteristics, employee well-being, and intention to stay between Hospital X and Hospital Y. Differences were considered statistically significant if the p-value was less than 0.5. All data processing and analysis procedures followed standard statistical practices to ensure the validity and reliability of the results.

RESULTS

Respondent characteristics

Table 1 presents the demographic profiles of respondents from Hospitals X and Y in Surabaya. A total of 228 employees participated, consisting of 114 respondents from each hospital. The majority of respondents at both hospitals were female, with a higher proportion at Hospital Y (80.7%) than at Hospital X (66.7%). This indicates that the healthcare workforce in these hospitals is predominantly female, especially at Hospital Y.

Regarding educational level, most employees at Hospital X held bachelor's degrees (42.1%), whereas most at Hospital Y held diplomas (46.5%). This difference suggests that Hospital X tends to recruit employees with higher academic qualifications. The majority of respondents in both hospitals were married, with a higher proportion being at Hospital X (85.1%) than at Hospital Y (70.2%). This may be associated with the age difference between the two employee groups.

Most employees at both hospitals were healthcare professionals (57.9% at Hospital X and 54.4% at

Hospital Y). In terms of age, employees at Hospital X were generally older, with an average age of 38.04 years, compared to 32.35 years at Hospital Y. The broader age distribution at Hospital Y suggests a more diverse age composition, which could influence differences in work experience, job expectations, and retention rates. The same pattern holds for years of service: employees at Hospital X had longer tenure (mean 13.21 years) than those at Hospital Y (mean 7.21 years).

Table 1. Respondent characteristics (n=228)

Variable	Hospital X	Hospital Y
	(n=114)	(n=114)
	n (%)	n (%)
Sex		
Male	38 (33.3)	22 (19.3)
Female	76 (66.7)	92 (80.7)
Education level		
Senior high school	20 (17.5)	33 (28.9)
Diploma	46 (40.4)	53 (46.5)
Bachelor's degree	48 (42.1)	28 (24.6)
Marital status		
Unmarried	13 (11.4)	32 (28.1)
Divorced	1 (0.9)	1 (0.9)
Widowed	3 (2.6)	1 (0.9)
Married	97 (85.1)	80 (70.2)
Profession		
Health professional	66 (57.9)	62 (54.4)
Non-health	48 (42.1)	52 (45.6)

Table 2. Mean and Mann–Whitney U test scores of study variables

Variable	Hospital X median (Q1-Q3)	Hospital Y median (Q1-Q3)	p-value
Employee characteristics (Conscientiousness)	40 (36-44)	40 (38-42)	0.010
Employee well-being	108 (93-123)	110 (98-122)	0.450
Intention to stay	8 (3-13)	16 (13-19)	0.000

Overview of research variables

Table 2 shows the average scores for the three main variables: employee characteristics (conscientiousness), employee well-being, and intention to stay. Employees at Hospital X and Hospital Y had similar conscientiousness scores (median = 40). This suggests that employees at Hospital X demonstrate the same level of responsibility, reliability, and discipline in completing tasks. Employee well-being scores were nearly identical

between the two hospitals (median 108 in Hospital X and 110 in Hospital Y). This finding shows that both hospitals have created relatively similar work environments with respect to comfort, psychological balance, and employee welfare.

In contrast, analysis revealed a clear difference in the intention-to-stay score, with higher scores among employees at Hospital Y (median = 16) than at Hospital X (median = 8). This implies that employees at Hospital Y are more willing to remain with their current organization, possibly due to higher job satisfaction or greater perceived organizational support.

Interpretation of findings

The results reveal interesting patterns in employee behavior and workplace experience. Employees in Hospital X, who tend to be older and have longer tenure, show higher levels of conscientiousness, suggesting that experience contributes to responsibility and discipline at work. However, the higher levels of conscientiousness do not directly correspond to stronger intentions to stay, particularly among Hospital Y employees, who are generally younger and display higher retention intentions.

This difference in intention to stay may relate to organizational culture, leadership style, and a supportive work environment. Employees in Hospital Y may perceive better career opportunities or a more supportive management system, leading to greater attachment to the organization despite having shorter work experience. In contrast, employees at Hospital X may experience work fatigue or fewer development opportunities due to their longer tenure, which could reduce their enthusiasm for staying. The nearly equal employee well-being scores in both hospitals indicate that both organizations have achieved relatively stable employee welfare levels.

Figure 1 shows that employees in Hospital X exhibit slightly higher conscientiousness scores than those in Hospital Y, as reflected in a marginally higher median. Although the difference is small, the distribution suggests a more consistent level of conscientiousness among employees at Hospital X. This pattern indicates that Hospital X tends to demonstrate a modest advantage in this employee characteristic. Hospital Y demonstrates a wider spread and more outliers, suggesting greater variability in individual conscientiousness levels.

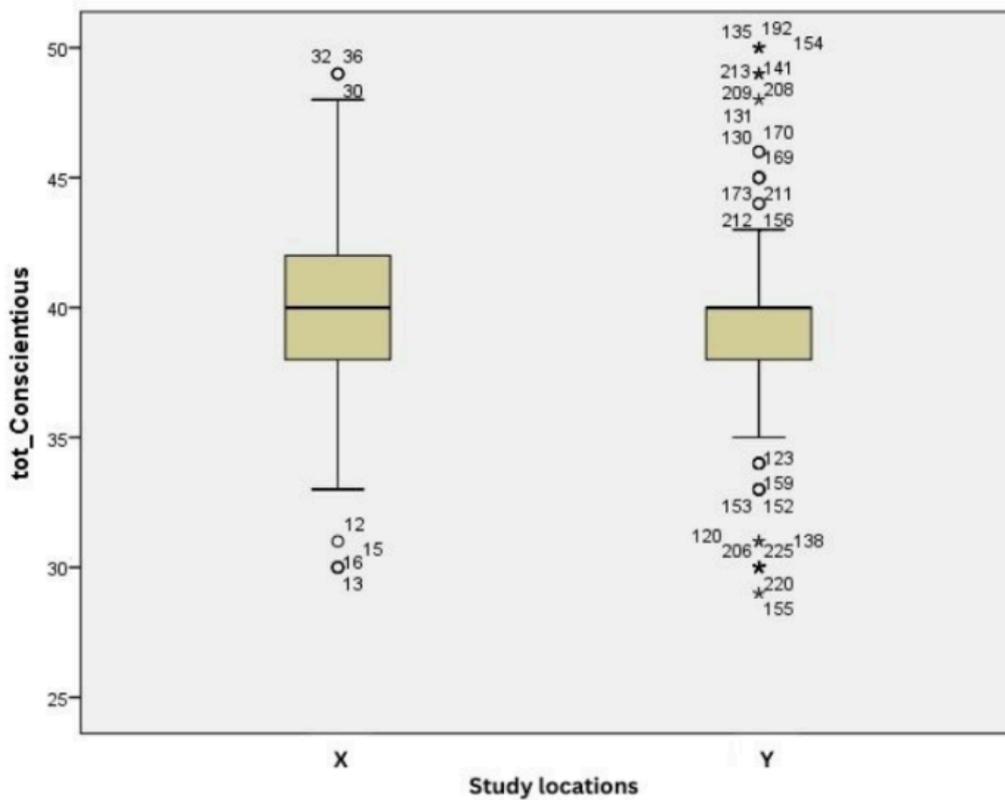


Figure 1. Distribution comparison of employee characteristic (conscientiousness) in hospital X and hospital Y

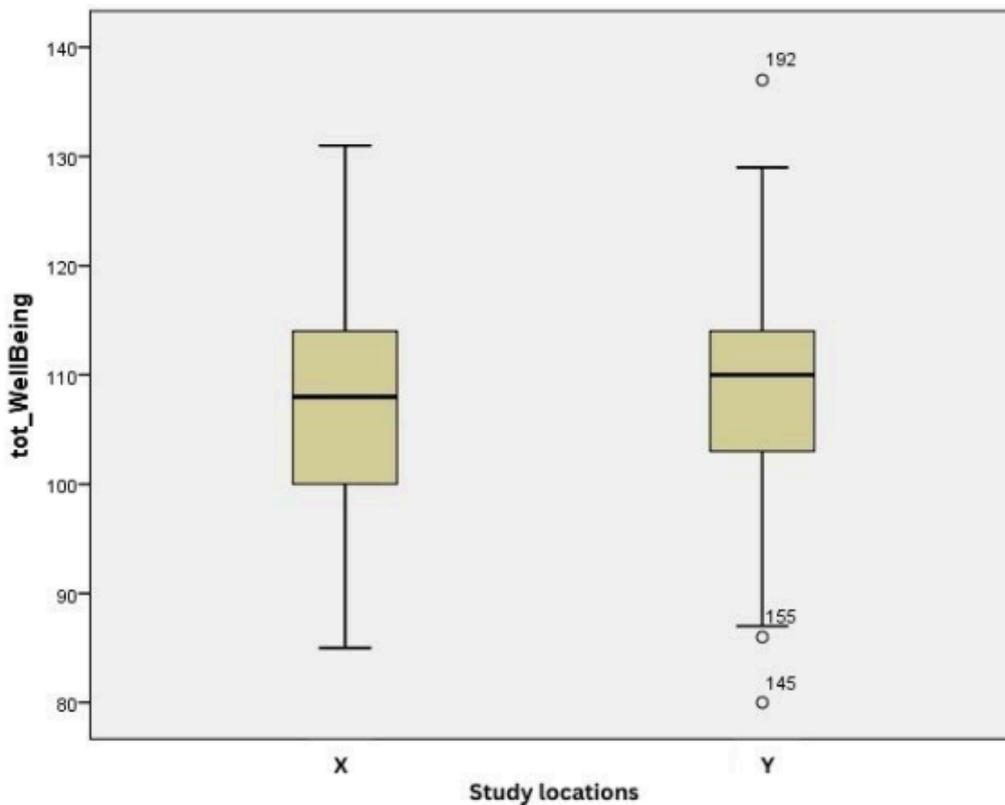


Figure 2. Distribution comparison of employee well-being in hospital X and hospital Y

Figure 2 illustrates the distribution of employee well-being in Hospital X and Hospital Y. The median values and interquartile ranges are largely similar, indicating that the same levels of employee well-being are present in both hospitals. However, several outliers

are observed in Hospital Y, suggesting that some employees have well-being scores that are notably higher or lower than the overall distribution.

Figure 3 illustrates the distribution of intention to stay among employees in Hospital X and Hospital Y.

Hospital Y demonstrates a noticeably higher median intention-to-stay score compared to Hospital X. Hospital Y shows stronger retention intentions among its employees. Although the overall distribution in Hospital Y is higher, several lower outliers are

observed. It visualizes variability in retention intentions among certain individuals. In contrast, Hospital X shows a lower central tendency with a more compact distribution, reflecting generally lower intention-to-stay levels.

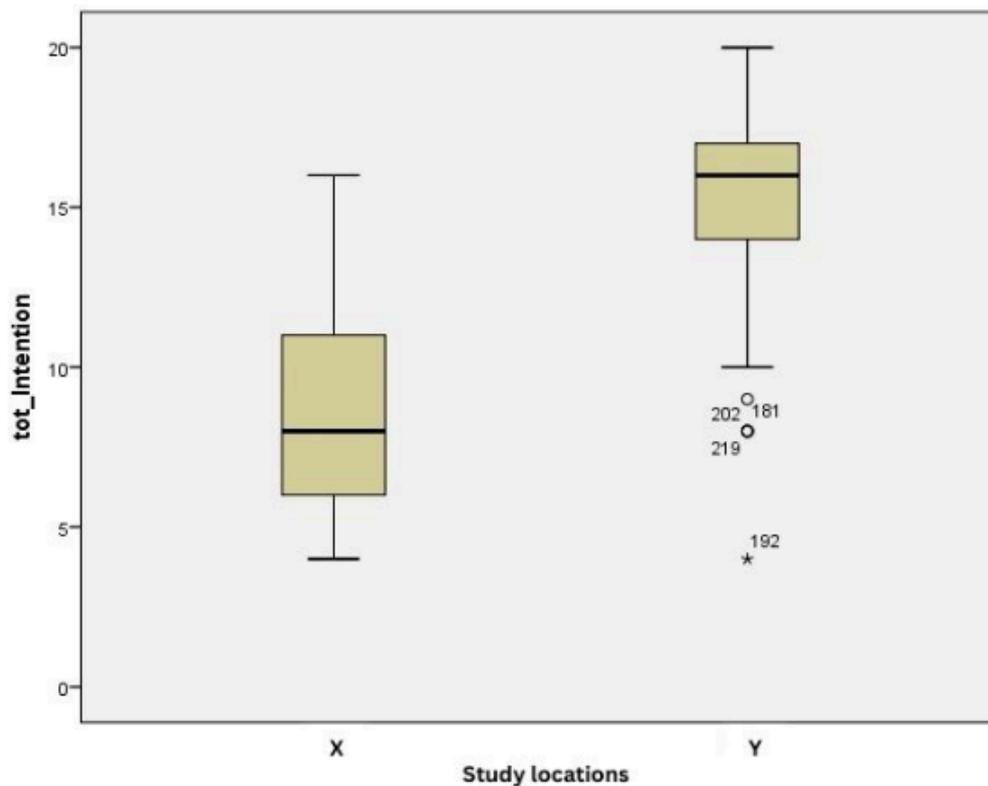


Figure 3. Distribution comparison of intention to stay in hospital X and hospital Y

DISCUSSION

The findings of this study provide meaningful insights into how employee characteristics, well-being, and intention to stay interact within private hospital settings. These results hold substantial implications for workforce management in the health sector, particularly in improving employee retention and the overall quality of care. In hospital management, understanding these dynamics is crucial for designing effective human resource policies. Enhancing employee well-being and maintaining a positive work environment are essential strategies for preventing turnover and sustaining service quality, especially in health facilities facing increasing workloads and resource constraints. Hospitals can utilize these findings to develop targeted programs that strengthen motivation, work engagement, and long-term commitment among healthcare workers through leadership development, structured recognition systems, and mental health promotion initiatives.

From an organizational psychology perspective, these findings are consistent with established human resource theories, particularly social exchange theory

and perceived organizational support (POS). According to social exchange theory, employees who perceive organizational support through well-being initiatives are more likely to reciprocate with positive attitudes, including a stronger intention to stay. Similarly, the POS framework suggests that employees' perceptions of care and value from the organization enhance emotional attachment and organizational commitment. The observed association between well-being and intention to stay in this study reinforces the relevance of these theoretical perspectives within hospital work environments, where emotional demands and workload pressures are particularly high. However, it is important to note that the strength and manifestation of these relationships may vary across different hospital contexts, depending on factors such as organizational culture, leadership style, resource availability, and institutional policies.

From a public health perspective, the stability and satisfaction of hospital employees directly influence patient safety, continuity of care, and organizational performance. Retention of skilled health workers ensures that institutional knowledge, teamwork, and patient trust are preserved. Therefore, interventions

that promote employee well-being, such as regular stress-management training, fair workload distribution, and supportive supervision, should be integrated into hospital health-promotion programs. These measures align with global recommendations from the World Health Organization that emphasize the importance of a healthy workforce as a determinant of sustainable health service delivery [27,28]. Strengthening employee well-being thus represents a strategic entry point for achieving better population health outcomes and maintaining the resilience of healthcare systems.

The social implications of these findings extend beyond organizational boundaries. Employee well-being reflects the broader social and institutional support systems in which healthcare workers operate. A positive organizational culture that prioritizes fairness, recognition, and psychological safety can enhance not only job satisfaction but also social cohesion within the workplace. As reported by previous research, organizational interventions such as leadership engagement, career development pathways, and work-life balance programs have been shown to increase retention and reduce burnout among healthcare professionals [29,30]. Therefore, the study highlights that investing in employee well-being also supports social stability, productivity, and the overall quality of healthcare systems. This reinforces the notion that hospital management should integrate human resource policies with broader social health objectives to ensure a balanced and sustainable workforce.

From an applied human resource management perspective, these findings suggest that hospital administrators should move beyond reactive retention strategies and adopt proactive, well-being-oriented HR policies. Integrating employee well-being indicators into performance management systems, leadership evaluation, and organizational climate assessments can help hospitals identify early signs of disengagement and turnover risk. Practical HR strategies, such as flexible scheduling, transparent career pathways, and supervisor training in supportive leadership, may be effective interventions to strengthen employees' intention to stay, particularly among healthcare professionals experiencing high job strain.

In terms of social impact, this study underscores that employee well-being in hospitals is not merely an internal organizational concern but a broader social issue with implications for health system sustainability. High turnover among healthcare workers can disrupt continuity of care, increase patient safety risks, and exacerbate inequalities in access to quality care. By demonstrating the link between well-being and

intention to stay, this study highlights the social value of investing in healthy work environments to protect both healthcare workers and the communities they serve. Thus, improving employee well-being contributes to social resilience, workforce stability, and public trust in healthcare institutions.

Future research should expand on these findings by exploring the longitudinal effects of personality traits and well-being on retention behavior. While this study provides a cross-sectional view, a longitudinal design could capture dynamic changes in employee perceptions and motivations over time. Additionally, incorporating qualitative methods, such as interviews or focus group discussions, would allow researchers to explore employees' subjective experiences in greater depth. This approach could uncover contextual factors that are not easily measurable through quantitative data, such as perceptions of fairness, organizational justice, and emotional attachment to the institution. Comparative studies across different hospital types or regions could also provide valuable insights into how cultural and managerial differences influence employee well-being and retention.

Several limitations must be acknowledged in interpreting these findings. The cross-sectional design limits causal inference, relies on self-reported data, and is limited to context-specific data from only two hospitals. Finally, contextual variables such as organizational culture, compensation systems, and leadership style were not examined in depth. These limitations should be considered in future studies to provide a more comprehensive understanding of the complex interactions influencing employee behavior in healthcare institutions.

In summary, the study highlights the importance of aligning organizational policies with employee-centered approaches to improve workforce sustainability in hospitals. By promoting well-being and strengthening intention to stay, healthcare organizations can enhance both staff satisfaction and patient outcomes. Overall, this research supports the integration of psychological and organizational strategies into national efforts to build a resilient health workforce.

CONCLUSION

This study found meaningful differences in employee characteristics, well-being, and intention to stay between two private hospitals in Surabaya. These findings emphasize that organizational context and individual personality traits, particularly conscientiousness, play crucial roles in influencing employee motivation, satisfaction, and long-term commitment. Hospitals with higher staff conscientiousness tend to

demonstrate stronger performance and work discipline, whereas those with lower levels may require targeted interventions to enhance engagement and productivity.

This study suggests that hospital management should integrate psychological and personality assessments into recruitment and staff development processes. Strengthening employee well-being through supportive leadership, equitable workloads, and psychosocial programs can enhance commitment and reduce turnover. Policymakers and hospital administrators can use these findings to design more holistic human resource programs that foster both employee satisfaction and organizational sustainability. Promoting an environment that values well-being and personal growth will ultimately improve the quality of healthcare services and workforce stability.

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Authors' contribution

A.D: Conceptualization; Formal analysis; Investigation; Methodology; Software; Supervision; Validation; Visualization; Writing – original draft; Writing – review & editing. M.R.R: Data curation. E.I: Funding acquisition; Resources. A.P: Project administration. All authors have read and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

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Data availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Ethics statement

This study used secondary data from a previous study conducted by the same author team with permission from the original researchers. The original study received ethical approval from the Health Research Ethics Committee of STIKES Yayasan Rumah Sakit Dr. Soetomo (No. KEPK/YRSDS/069.1/X/2025; October 10, 2025). The use of secondary data complied with research ethics principles and followed the Declaration of Helsinki and the International Committee of Medical Journal Editors (ICMJE) guidelines.

Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this article. The authors have no financial, personal, or institutional relationships that could have influenced the research outcomes or the interpretation of the findings.

Use of artificial intelligence (AI)

Artificial intelligence (AI) tools were used only to assist with manuscript drafting and language refinement. ChatGPT (OpenAI) was used to improve wording, clarity, and coherence in selected sections. The AI tool was not involved in the study design, data collection, analysis, interpretation, or conclusions. All AI-assisted content was reviewed and verified by the authors, who take full responsibility for the final manuscript.

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