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The Relationship Between Person-Organization Fit and Job Embeddedness in Nursing: The Mediating Role of Workplace Happiness

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ABSTRACT

Background: Person-organization fit and job embeddedness affect nurse performance and turnover intention, thus disrupting the functioning of the organization.

Objective: This study aimed to ascertain the mediating role of workplace happiness in the relationship between person-organization fit and job embeddedness in nursing.

Methods: Conducted as a descriptive and cross-sectional study, this study included 240 nurses working at a public hospital between January 15 and March 15, 2024. Data were collected using a descriptive information form, the Person-Organization Fit Scale, the Global Job Embeddedness Scale, and the Happiness at Work Scale. Statistical analyses were undertaken using IBM SPSS Statistics version 26 and the PROCESS Makro v4.2 plug-in.

Results: The findings revealed that person-organization fit significantly and positively affected workplace happiness and workplace happiness significantly and positively affected job embeddedness. Furthermore, the indirect effect of person-organization fit on job embeddedness was significant; therefore, workplace happiness mediated the relationship between person-organization fit and job embeddedness.

Conclusions: This study's results reveal that ensuring nurses' person-organization fit and increasing their workplace happiness levels contribute significantly to increasing their level of job embeddedness. Healthcare organizations and nurse managers play a crucial role in improving job embeddedness. Nurse managers can improve nurses' levels of job embeddedness by developing strategies to promote person-organization fit and increase workplace happiness.

1 | Introduction

Nurses have a crucial position within healthcare systems and play an important role in improving health outcomes and contributing to the health economy. Investment in nurses is crucial for the attainment of sustainable, efficient, and effective health systems [1]. Organizations and nurse managers

consistently face the ongoing difficulty of retaining nurses [2]. The World Health Organization predicts a shortage of 4.5 million nurses by 2030 [1]. Similarly, the International Council of Nurses (ICN) estimates that up to 13 million nurses will be needed to address the global shortage due to the worldwide shortage of nurses and the aging of the nursing workforce [3]. It is crucial for governments and organizations to

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implement measures to mitigate the risk of increasing turnover rates and ensure nurse retention. To retain nurses, emphasis is placed on implementing long-term strategies to protect nurses' safety and well-being and increase the nursing workforce stock. To effectively devise these methods, it is crucial to thoroughly investigate the organizational factors influencing nurse retention and take appropriate corrective measures [4].

Nurses have a crucial part in the healthcare system [5]. Given the growing global shortage of nurses, retaining them is of utmost importance. An increase in the nurse turnover rate can disrupt the continuity of care and lead to violations of patient safety [6]. Therefore, it is important to understand the concept of job embeddedness, which focuses on the underlying reasons and processes that influence nurse retention [7]. While job embeddedness is basically a measure of the extent of employees' commitment to their organizations, it also reflects employees' perceived sacrifices in the event of job loss, their level of connection with other employees, and their perceived fit within the organization [8]. Job embeddedness and person-organization fit are two constructs that indicate the level of dedication employees have toward their organizations. Employees' values, goals, and career plans should align with the organization's objectives. A high level of this harmony increases the employee's commitment and job embeddedness, while a low level results in an increase in the employee turnover rate [9].

A lack of fit between the individual and their work environment is considered a psychosocial job stressor, which has been associated with various physical health problems, higher absenteeism, reduced productivity, and organizational and economic losses [10]. Job embeddedness is a factor that can reduce employee turnover rates and prevent organizational and economic losses. The nursing profession is characterized by challenging working conditions, such as patient-related problems, heavy workloads, and ineffective policies that support nurses [5]. These challenging conditions lead to job stress, burnout, job dissatisfaction, and, ultimately, the intention to leave, among nurses [11]. Job embeddedness not only focuses on the factors that prevent employees from leaving their jobs and promote their job satisfaction but also helps improve nurses' job performance and foster a healthy work environment [12, 13].

Job embeddedness is a concept that addresses employee job satisfaction and happiness, in addition to person-organization fit [9]. Workplace happiness is one of the cornerstones of nurses' ability to provide high-quality nursing care and the overall effectiveness of the healthcare system [11]. In contrast to job stress and negative consequences associated with poor person-organization fit, employees who define themselves as happy in their jobs report lower levels of burnout and absenteeism, have stronger interpersonal and communication skills, and are more devoted to their organizations [11]. Strikingly, a study found that only one in seven nurses working in hospitals reported being happy in their roles [14]. Therefore, it is important for healthcare organizations and managers to determine the level of job embeddedness among nurses, as it serves as a precursor to job satisfaction and the intention to remain in the profession, as well as identify strategies for promoting workplace happiness [15].

Studies examining the factors related to job embeddedness have shown associations with managerial support, job satisfaction, turnover intention, burnout, and organizational identification [6, 7, 16–18]. However, the effect of person-organization fit on work engagement, as mediated by workplace happiness, remains unknown. Therefore, the current study aimed to ascertain the mediating role of workplace happiness in the effect of person-organization fit on job embeddedness among nurses.

1.1 | Research Hypotheses

The following hypotheses were proposed in this study:

Hypothesis 1 (H1). *There are significant relationships between nurses' personal and professional characteristics and person-organization fit, job embeddedness, and workplace happiness levels.*

Hypothesis 2 (H2). *There is a significant positive relationship between person-organization fit, job embeddedness, and workplace happiness.*

Hypothesis 3 (H3). *Workplace happiness significantly mediates the relationship between person-organization fit and job embeddedness.*

2 | Methods

2.1 | Design, Setting, and Sample

This descriptive and cross-sectional study was conducted with 240 nurses working at a public hospital between January 15 and March 15, 2024. The research population consisted of nurses employed at a public hospital in Balıkesir province, Türkiye ($n = 300$). The inclusion criteria for the study were being 18 years of age or older, working as a nurse during the study period, providing informed consent, and completing the data collection form in its entirety. Monte Carlo power analysis is the best method for determining power in mediation models. To check the sample adequacy and achieved power, Monte Carlo power analysis was conducted through an online application developed by Schoemann et al. (2017) [19]. Setting the sample size to 240, the replications to 5000, the Monte Carlo draws per replication to 20,000, the random seed to 1234, and the confidence level to 95%, the statistical power was estimated to be 100%. The study was reported following the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines.

2.2 | Data Collection

Data were collected through face-to-face interviews conducted by the researchers between January 15 and March 15, 2024. Appropriate time slots for data collection were determined based on the clinical workflow, and nurses were asked to read the questions and complete the questionnaire on their own. The survey took approximately 5–6 min to complete.

2.3 | Data Collection Tools

Data were collected using a descriptive information form, the Person-Organization Fit Scale, the Global Job Embeddedness Scale, and the Happiness at Work Scale.

2.3.1 | Descriptive Information Form

This form included nine questions about the nurses' age, gender, educational level, department, position, institutional experience, professional experience, experience in current unit and weekly working hours.

2.3.2 | Person-Organization Fit Scale

This scale was developed by Netemeyer et al. (1997) to determine the level of person-organization fit in organizations [20]. Vilela et al. (2008) modified the scale to make it more suitable for their research, and Turunc and Celik (2012) then adapted this modified version to Turkish and performed its validity and reliability analyses [21, 22]. The scale is based on a five-point Likert type (1-strongly disagree, 5-strongly agree), has a unidimensional structure, and consists of four items. Higher scores indicate a higher level of person-organization fit. The total Cronbach alpha reliability coefficient of the scale was previously reported to be 0.81 [22]. In the current study, the total Cronbach alpha reliability coefficient of the scale was found to be 0.93.

2.3.3 | Global Job Embeddedness Scale

Developed by Crossley et al. (2007) and adapted to Turkish by Akgunduz et al. (2016), this scale consists of seven items rated on a five-point Likert scale [23, 24]. Higher scores indicate a higher level of job embeddedness. The Cronbach's alpha reliability coefficient for the scale was reported to be 0.85 in the Turkish adaptation study [24] and determined to be 0.89 in the current study.

2.3.4 | Happiness at Work Scale

To measure workplace happiness, the abbreviated version of the Happiness at Work Scale, developed by Salas-Vallina and Alegre (2018) and adapted into Turkish by Bilginoğlu and Yozgat (2020), was used [25, 26]. The Turkish version consists of three dimensions (work engagement, job satisfaction, and organizational commitment) and nine items rated on a five-point Likert scale. There are no reverse-coded items. Higher scores indicate a higher level of workplace happiness. The Cronbach's alpha reliability coefficient was determined to be 0.89 in both the Turkish adaptation study [26] and the current study.

2.4 | Data Analysis

Before doing the study, the missing data was examined using frequency analysis. Nineteen surveys with missing responses to the descriptive questions or scales or multiple responses to the

same item were excluded from the data set. The Mahalanobis distance was assessed to identify multivariate extreme values that deviated from normality and might potentially cause errors in the analysis results, and no instances of multiple extreme values were detected ($p > 0.001$). Assumptions of normality, linearity, homoscedasticity, and error normality were also checked. Statistical analyses were performed using IBM SPSS Statistics version 26 and the PROCESS Macro v4.2 (Model 4) [27]. The normality of continuous variables was assessed using skewness and kurtosis coefficients, with ± 1 accepted as the threshold [28]. Descriptive analyses (frequency, percentages, mean, and standard deviation) were used to summarize the demographic and professional characteristics of the nurses and their scale scores. Internal consistency of the scales was assessed using Cronbach's alpha coefficients. The relationship between parametric data conforming to the normal distribution was evaluated using Pearson's correlation analysis. The cut-off points proposed by Schober et al. (2018) were used to interpret correlation coefficients, with 0.10–0.39 indicating a weak relationship, 0.40–0.69 a moderate relationship, 0.70–0.89 a strong relationship, and 0.90 and above a very strong relationship [29]. The significance of the indirect effect in the mediation model was examined with confidence intervals determined by the 5,000 bootstrap sample method. The statistical significance level was accepted as $p < 0.05$.

2.5 | Ethical Considerations

Ethical approval to conduct the study was obtained from the Noninvasive Research Ethics Committee of Balikesir University (decision number: 2023/100). The first page of the data collection tool included an informed consent form. Nurses were asked to read the form and provide their consent before participating. Permission to use the data collection instruments was obtained via email from the original authors of the scales. The study adhered to the principles of the Declaration of Helsinki at all stages.

3 | Results

3.1 | Personal and Professional Characteristics of Nurses and Comparisons Between Scales

The mean age of the nurses in the sample was 43.18 ± 7.63 years, with half (50%) being over the age of 45. Most participants were female (90.4%), held a bachelor's or postgraduate degree (84.6%), and were in a staff nurse position (93.3%). In addition, more than half of the nurses had over 20 years of professional experience (55.8%), 10 years or less of institutional experience (59.6%), and 5 years or less experience in their current unit (51.7%), and 52.9% reported working overtime (Table 1).

When examining the Person-Organization Fit Scale, no significant differences were observed in relation to age, gender, unit type, or experience (professional, institutional, or in the current unit) ($p > 0.05$). However, significant differences emerged for educational level, position, and overtime work. Participants with an associate degree reported higher fit scores than those holding a

TABLE 1 | Personal and professional characteristics of nurses and comparisons between scales ($n = 240$).

Variables	<i>n</i>	%	Person-Organization fit scale	Global job embeddedness scale	Happiness at work scale
Age (mean: 43.18 ± 7.63 ; min: 24, max: 60)					
< 45 years	120	50.0	3.74 ± 0.97	3.41 ± 0.88	3.46 ± 0.91
≥ 45 years	120	50.0	3.67 ± 0.96	3.39 ± 0.99	3.58 ± 0.87
<i>t</i> (<i>p</i>)			0.533 (0.595)	0.156 (0.876)	−1.070 (0.286)
Gender					
Male	23	9.6	3.53 ± 1.07	3.52 ± 0.81	3.44 ± 0.77
Female	217	90.4	3.72 ± 0.95	3.39 ± 0.95	3.53 ± 0.91
<i>Z</i> (<i>p</i>)			−0.749 (0.454)	−0.647 (0.518)	−0.773 (0.439)
Educational level					
Associate degree	37	15.4	4.05 ± 0.83	3.69 ± 0.91	3.66 ± 0.84
Bachelor's or postgraduate degree	203	84.6	3.64 ± 0.97	3.35 ± 0.94	3.50 ± 0.90
<i>t</i> (<i>p</i>)			2.372 (0.019)	2.021 (0.044)	0.985 (0.326)
Position					
Staff nurse	224	93.3	3.65 ± 0.96	3.34 ± 0.93	3.47 ± 0.89
Nurse manager	16	6.7	4.53 ± 0.50	4.26 ± 0.54	4.27 ± 0.62
<i>Z</i> (<i>p</i>)			−3.998 (0.001)	−4.147 (0.001)	−3.690 (0.001)
Unit					
Internal medicine unit	49	20.4	3.61 ± 1.04	3.24 ± 1.04	3.41 ± 0.86
Surgical unit	58	24.2	3.77 ± 0.89	3.48 ± 0.75	3.48 ± 0.87
Emergency-operating room	32	13.3	3.72 ± 0.79	3.15 ± 0.70	3.38 ± 0.69
Intensive care	55	22.9	3.62 ± 0.97	3.56 ± 1.01	3.59 ± 0.95
Other*	46	19.2	3.84 ± 1.10	3.47 ± 1.09	3.73 ± 1.03
<i>F</i> (<i>p</i>)			0.519 (0.722)	1.469 (0.212)	1.160 (0.329)
Professional experience					
≤ 20 years	106	44.2	3.69 ± 1.01	3.37 ± 0.87	3.42 ± 0.92
> 20 years	134	55.8	3.72 ± 0.93	3.42 ± 0.99	3.60 ± 0.87
<i>t</i> (<i>p</i>)			−0.242 (0.809)	−0.380 (0.704)	−1.492 (0.137)
Institutional experience					
≤ 10 years	143	59.6	3.70 ± 0.94	3.34 ± 0.88	3.47 ± 0.90
> 10 years	97	40.4	3.71 ± 1.00	3.48 ± 1.02	3.60 ± 0.89
<i>t</i> (<i>p</i>)			−0.012 (0.990)	−1.119 (0.264)	−1.075 (0.284)
Experience in current unit					
≤ 5 years	124	51.7	3.69 ± 0.92	3.38 ± 0.89	3.50 ± 0.89
> 5 years	116	48.3	3.72 ± 1.01	3.42 ± 0.99	3.54 ± 0.90
<i>t</i> (<i>p</i>)			−0.279 (0.781)	−0.358 (0.721)	−0.382 (0.703)
Working overtime					
Yes	113	52.9	3.38 ± 1.01	3.13 ± 0.94	3.24 ± 0.84
No	127	47.1	4.00 ± 0.81	3.64 ± 0.87	3.77 ± 0.87
<i>t</i> (<i>p</i>)			5.147 (0.001)	4.414 (0.001)	4.737 (0.001)

*Home care unit, blood collection, wound care unit, electrocardiography unit, pulmonary function testing unit, etc.
Abbreviations: F = one-way ANOVA, *t* = student's *t*-test, *Z* = Mann–Whitney *U* test.

bachelor's or postgraduate degree, and nurse managers as well as those not working overtime reported significantly higher fit scores. Similarly, for the Global Job Embeddedness Scale, age, gender, unit type, and experience variables were not associated with significant differences ($p > 0.05$), whereas higher scores were reported by associate degree holders, nurse managers, and participants who did not work overtime ($p < 0.05$). Regarding the Happiness at Work Scale, no significant differences were identified for age, gender, educational level, unit type, or experience. Consistent with the other scales, nurse managers and those not working overtime reported significantly higher levels of happiness at work ($p < 0.05$). Accordingly, the H1 hypothesis was supported.

3.2 | Correlations Between Person-Organization Fit, Job Embeddedness, and Workplace Happiness

The mean scores for the Person-Organization Fit Scale, Global Job Embeddedness Scale, and Happiness at Work Scale were 3.71 (± 0.96), 3.40 (± 0.94), and 3.52 (± 0.89), respectively. Pearson's correlation analysis revealed a statistically significant positive moderate correlation between person-organization fit and workplace happiness ($r = 0.645$) and job embeddedness ($r = 0.611$) ($p < 0.001$). In addition, a statistically significant strong positive correlation was found between workplace happiness and job embeddedness ($r = 0.751$; $p < 0.001$) (Table 2). Accordingly, the H2 hypothesis was supported.

3.3 | Regression Analysis for the Mediating Role of Workplace Happiness in the Relationship Between Person-Organization Fit and Job Embeddedness

To test whether workplace happiness mediated the relationship between person-organization fit and job embeddedness, regression analysis based on the bootstrap method was used. This method is considered more reliable than the traditional approach of Baron and Kenny (1986) or the Sobel test [27]. Analyses were performed using the PROCESS macro extension (Model 4), developed by Hayes (2018) [27]. During this analysis, the 5000 resampling option was selected with the bootstrap technique. In mediation effect analyses conducted with the bootstrap technique, in order for the research hypothesis to be supported, the 95% confidence

interval (CI) values obtained as a result of the analysis should not include the zero (0) value [30].

The results of the regression analysis are summarized in Table 3, and the regression coefficients are superimposed on the statistical diagram of the model in Figure 1: $a = 0.5993$, $b = 0.6424$, and $c' = 0.2105$. This analysis showed that person-organization fit (independent variable) significantly predicted workplace happiness (mediator) ($\beta = 0.5993$, standard error [SE] = 0.0460, 95% CI: 0.509–0.690, $p < 0.001$). This means that two nurses that differed by one unit in person-organization fit levels were estimated to differ by 0.5993 units on workplace happiness. In other words, these results suggest that a higher degree of person-organization fit is associated with greater workplace happiness in nurses (path a). Next, while controlling for person-organization fit, the results of the second regression analysis showed that workplace happiness significantly predicted job embeddedness ($\beta = 0.6424$, SE = 0.0570, $p < 0.001$). The regression coefficient for workplace happiness indicated that for two nurses who had the same level of personal-organization fit but differed by one unit in workplace happiness levels, the predicted difference in job embeddedness was 0.6424 units (path b).

Multiplying a and b coefficients yields the indirect effect. The indirect effect represents how job embeddedness is influenced by person-organization fit through a causal sequence in which person-organization fit influences workplace happiness, which in turn influences job embeddedness. In this study, the indirect effect of person-organization fit on job embeddedness was found to be statistically significant ($\beta = 0.3850$, SE = 0.0425, 95% CI: [0.3050–0.4731]). This means that two nurses who differed by one unit in person-organization fit were estimated to differ by 0.3850 units in job embeddedness due to the tendency of those who are relatively more person-organization fit to perceive a higher level of workplace happiness, which in turn translates into greater job embeddedness. The direct effect of person-organization fit on job embeddedness was found to be statistically significant ($\beta = 0.2105$, SE = 0.0530, $p < 0.001$), i.e., two nurses that differed by one unit in person-organization fit but had equal workplace happiness levels were estimated to differ by 0.2105 units in job embeddedness (path c'). This suggests that higher person-organization fit is associated with greater job embeddedness, independent of workplace happiness. The total effects of person-organization fit on job embeddedness, which

TABLE 2 | Descriptive statistics and correlations among variables ($n = 240$).

	Mean	SD	Range	1	2	3	4	5	6
1- Person-organization fit	3.71	0.96	1–5	(0.935)					
2- Job embeddedness	3.40	0.94	1–5	0.611*	(0.891)				
3- Workplace happiness	3.52	0.89	1–5	0.645*	0.751*	(0.890)			
4- Work engagement	3.91	0.96	1–5	0.554*	0.583*	0.823*	(0.851)		
5- Job satisfaction	3.06	1.01	1–5	0.477*	0.580*	0.833*	0.511*	(0.656)	
6- Organizational commitment	3.60	1.18	1–5	0.613*	0.744*	0.898*	0.628*	0.629*	(0.921)

Note: Cronbach's alpha reliability coefficients are presented in parentheses.
Abbreviation: SD, standard deviation.

* $p < 0.001$.

TABLE 3 | Results of mediation analysis.

Variables	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	LLCI	ULCI
<i>Indirect Effects</i>						
Person-Organization fit → workplace happiness → Job embeddedness (a*b)	0.3850	0.0425	—	—	0.3050	0.4731
<i>Direct effects</i>						
Person-Organization fit → workplace happiness (path a)	0.5993	0.0460	13.0279	0.0000	0.5087	0.6899
Workplace happiness → job embeddedness (path b)	0.6424	0.0570	11.2654	0.0000	0.5301	0.7547
Person-Organization fit → job embeddedness (path c')	0.2105	0.0530	3.9743	0.0001	0.1062	0.3148
<i>Total effects</i>						
Person-Organization fit → workplace happiness → job embeddedness (path c)	0.5955	0.0500	11.9003	0.0000	0.4969	0.6941

Abbreviations: *B* = unstandardized beta, LLCI = lower limit of confidence interval, *p* = significance level (*p*-value), *SE* = standard error, *t* = *t*-value, ULCI = upper limit of confidence interval.

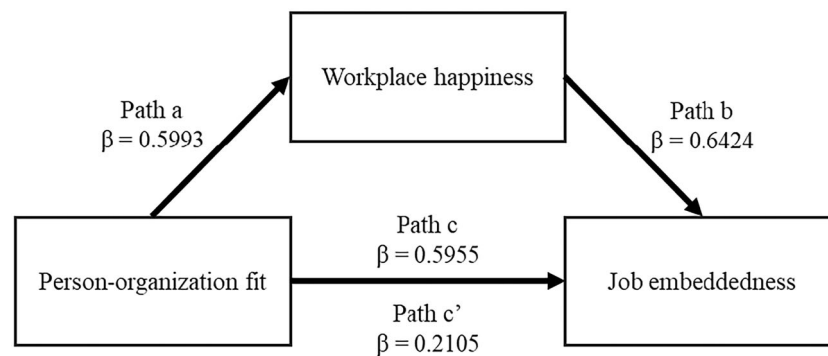


FIGURE 1 | Mediating model with unstandardized path (β) coefficients of workplace happiness as mediator in the relationship between person-organization fit and job embeddedness. *Note:* Path a, effect of person-organization fit on workplace happiness; path b, effect of workplace happiness on job embeddedness after controlling for person-organization fit; path c, the total effect of person-organization fit on job embeddedness; path c', the direct effect of person-organization fit on job embeddedness.

encompass both direct and indirect effects, were found to be statistically significant ($\beta = 0.5955$, $SE = 0.0500$, $p < 0.001$).

4 | Discussion

It is crucial to examine the factors that ensure the retention of nurses in both healthcare institutions and the nursing profession [18]. Person-organization fit, workplace happiness, and job embeddedness are among the issues that must be primarily addressed to ensure the retention of nurses. In light of this importance, the current study aimed to determine the mediating role of workplace happiness in the effect of person-organization fit on job embeddedness among nurses.

The results of this study reveal that staff nurses, nurses holding bachelor's and postgraduate degrees, and those working overtime exhibit lower levels of person-organization fit, job embeddedness, and workplace happiness. Contrary to these results, a previous study reported no significant differences in workplace happiness based on nurses' educational levels, while nurse managers were found to have higher levels of workplace happiness and perceptions of the quality of nursing work

life [31]. Similarly, El Gazar et al. found no significant relationship between nurses' educational levels and positions and their job embeddedness. However, another study demonstrated that higher educational levels among nurses were associated with decreased job satisfaction [4, 16]. These variations in results underscore the importance of considering personal and professional characteristics to enhance nurses' person-organization fit, job embeddedness, and workplace happiness. Furthermore, these results highlight the need for individualized approaches to address these issues effectively.

The results of this study showed that there was a significant and positive relationship between person-organization fit, job embeddedness, and workplace happiness in nurses, supporting the H2 hypothesis. As nurses' person-organization fit increased, so did their workplace happiness and its sub-dimension, namely work engagement, job satisfaction, and organizational commitment. Although research on nurse workplace happiness is limited, it is emphasized that nurses' happiness stems from their interactions with the organization and the healthcare system [32]. Studies have shown that person-organization fit is an important predictor of nurses' job satisfaction and the quality of patient care [16, 33]. Similarly, Kim et al. (2023) found a high

correlation between person-organization fit and organizational commitment among nurses [34]. Another recent study showed the positive effects of ethical leadership and social networks on workplace happiness [35]. These results reveal that organizational factors affect workplace happiness. Furthermore, they highlight the crucial roles and responsibilities of organizations and nurse managers in ensuring workplace happiness.

According to the results of the regression analysis, as nurses' workplace happiness increased, their level of work engagement also increased. Pepey et al. (2016) similarly demonstrated that employees who were happy at work exhibited higher levels of job embeddedness [36]. Studies conducted with nurses indicate that factors related to the work environment, such as job satisfaction and happiness, influence job embeddedness, and that enhancing organizational commitment is necessary to improve job embeddedness among nurses [37, 38]. The happiness of nurses has a positive impact on both their own well-being and organizational health [39]. In this context, this result is considered important in terms of providing evidence of the substantiating the contributions of investing in the happiness of nurses to organizations.

Job embeddedness is a strategic concern for managers aiming to retain nurses, influenced by a combination of psychological, social, and economic factors [18]. The research results showed that the direct effect of person-organization fit on job embeddedness was significant. In other words, higher person-organization fit was associated with greater job embeddedness, independent of workplace happiness. Similarly, Kwon and Kang (2019) reported that improving person-organization fit improved job embeddedness levels in nurses [40]. This fit helps nurses connect to the organization both emotionally and cognitively, thus reducing their turnover intentions and increasing their tendency to contribute to the organization in the long term. Research on job embeddedness in nurses mostly focuses on job satisfaction and turnover intention. Nurses who experience person-organization fit in different areas of work, such as values, justice, community, and control, are more likely to adapt to their jobs [4]. In addition, nurses with higher person-organization fit show lower turnover intentions [18, 41], which plays an important role in preventing new graduate nurses from leaving the profession [42].

The results of the analysis performed in this study further demonstrated that workplace happiness significantly mediated the relationship between person-organization fit and job embeddedness, supporting the H3 hypothesis. This finding shows that person-organization fit not only has a direct effect on job embeddedness but also has an indirect effect through workplace happiness. For nurse managers aiming to increase job embeddedness levels, this result highlights the importance of not only fostering person-organization fit but also designing interventions that improve workplace happiness. Ensuring workplace happiness will help employees fully utilize their talents and skills [39]. This will contribute to achieving both individual and organizational goals, as well as increasing levels of job engagement. Furthermore, with increased job embeddedness, it will be easier to achieve the intended results, as happy employees exhibit higher performance, along with a greater desire to remain with the organization.

4.1 | Limitations

This study contributes to the literature by identifying the role of workplace happiness in the relationship between person-organization fit and job embeddedness. However, there are some limitations. Conducting the study with nurses working at a single public hospital affects the generalizability of the results. Future studies with larger samples from different hospitals and regions could improve generalizability. Another limitation is the reliance on self-reported data from the nurses.

5 | Conclusion

The research findings are consistent with similar studies in the literature, showing significant positive relationships between person-organization fit, workplace happiness, and job embeddedness among nurses. In addition, the results suggest that person-organization fit positively affects job embeddedness both directly and indirectly through workplace happiness. In other words, a better person-organization fit not only directly strengthens job embeddedness but also indirectly enhances it through increased workplace happiness. This dual pathway emphasizes the importance for nurse managers to adopt strategies that both support a strong person-organization fit and foster a positive work environment.

Specifically, nurses with associate degrees, those in managerial positions, and nurses who did not work overtime reported higher levels of person-organization fit, job embeddedness, and workplace happiness. Reducing overtime work could lessen work-related stress and fatigue, thereby allowing nurses to develop a stronger connection with their organization and maintain a positive outlook toward their role. In addition to managing overtime, fostering professional development and leadership training—especially for nonmanagerial staff—could help emulate the positive experiences observed among nurse managers. These results emphasize the need for nurse managers to develop initiatives that promote both person-organization fit and workplace happiness to enhance nurse retention and job embeddedness. Future research could explore other variables and interventions that may influence the relationship between person-organization fit and job embeddedness.

6 | Implications for Practice

The results of this study carry significant implications for nursing practice, particularly for nurse managers and healthcare administrators. Enhancing person-organization fit emerges as a key strategy for increasing both workplace happiness and job embeddedness. In practice, managers who develop a personalized leadership style by focusing on the individual needs of nurses can contribute positively to nurses' person-organization fit, job embeddedness, and workplace happiness. Creating an organizational culture that encourages mutual respect and professional autonomy can further strengthen nurses' emotional connection to their work environment. Since workplace happiness was found to mediate the relationship between person-organization fit and job embeddedness, healthcare

organizations should prioritize initiatives aimed at improving the overall happiness of nurses at work. Importantly, subgroup analyses revealed that certain demographic and professional characteristics are associated with differences in perceived person-organization fit, workplace happiness, and job embeddedness. In particular, nurses who do not work overtime and those in managerial positions reported higher levels of all three constructs. These findings suggest that overtime work may negatively impact nurses' perceptions of fit and happiness, thereby reducing their organizational embeddedness. Therefore, organizations should reassess workload distribution and overtime policies to support a healthier work-life balance.

Author Contributions

Study idea (concept) and design: A.K., M.G., and N.T. Data collection/literature review: N.T., A.K., and M.G. Analysis and interpretation of data: M.G. Preparation of the article: A.K., M.G., and N.T. Approval of the final version to be published: A.K., M.G., and N.T.

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Ethics Statement

Balikesir University Health Sciences Non-Interventional Research Ethics Committee permission was obtained to conduct the research (date: 08/11/2023, no. 2023/100). Written permission was obtained from the institution where the research would be conducted.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

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

Permission to Reproduce Material From Other Sources

Written permission was obtained from the relevant authors via email for the data collection tools used in the research.

Congress Presentation

The research was presented as an oral presentation at the 4th National Nursing Management Congress on 23–25 May 2024 (Eskisehir).

Language Editing

Language Editing of the research was done by Kristal Translation & Editing Services.

Summary of the Key

Healthcare organizations and nurse managers play a crucial role in improving job embeddedness. Ensuring nurses' person-organization fit and increasing their workplace happiness levels contribute significantly to increasing their level of job embeddedness.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.