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THE ROLE OF JOB EMBEDDEDNESS AND NURSE SELF LEADERSHIP IN IMPROVING RETENTION THROUGH IMPORTANCE-PERFORMANCE MAP ANALYSIS

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Abstract. *This study analyses the role of job embeddedness and nurse self-leadership in improving retention in private hospitals, using Importance–Performance Map Analysis (IPMA) to identify strategic priorities. A cross-sectional survey of 138 skilled nurses from two accredited private hospitals was conducted. Data from validated questionnaires were analysed using PLS-SEM with IPMA extension. Job embeddedness significantly enhanced self-leadership and directly increased intention to stay. IPMA identified incentive adequacy, perceived sacrifice of leaving, self-development opportunities, and interpersonal relationships as high-importance but underperforming factors. High-performing strengths such as skill utilization were also noted. Hospitals should enhance incentives, career pathways, recognition, and team cohesion to strengthen both economic and emotional embeddedness. Integrating job embeddedness and self-leadership within the IPMA framework provides actionable, evidence-based insights for improving nurse retention in competitive healthcare settings.*

Abstrak. Penelitian ini menganalisis peran *job embeddedness* dan *nurse self-leadership* dalam meningkatkan retensi perawat di rumah sakit swasta, dengan menggunakan *Importance–Performance Map Analysis* (IPMA) untuk mengidentifikasi prioritas strategis. Survei *cross sectional* dilakukan terhadap 138 perawat mahir dari dua rumah sakit swasta terakreditasi. Data dari kuesioner dianalisis menggunakan PLS-SEM untuk memperoleh reliabilitas dan validitas data dan dilanjutkan dengan analisis IPMA. *Job embeddedness* terbukti secara signifikan meningkatkan *self-leadership* dan secara langsung meningkatkan niat untuk tetap bekerja (*intention to stay*). IPMA mengidentifikasi kecukupan insentif, persepsi pengorbanan ketika meninggalkan pekerjaan, peluang pengembangan diri, dan hubungan interpersonal sebagai faktor dengan tingkat kepentingan tinggi namun kinerja rendah. Kekuatan berkinerja tinggi ditunjukkan lewat pemanfaatan keterampilan. Rumah sakit disarankan untuk meningkatkan insentif, jalur pengembangan karier, program pengakuan, serta sinergi tim untuk memperkuat keterikatan secara ekonomi maupun emosional. Integrasi *job embeddedness* dan *self-leadership* dalam kerangka IPMA memberikan wawasan yang aplikatif dan berbasis bukti untuk meningkatkan retensi perawat di lingkungan layanan kesehatan yang kompetitif.

INTRODUCTION

Nurses are pivotal to healthcare systems worldwide, delivering essential care, promoting health, and safeguarding patient safety across diverse clinical settings. The World Health Organization (WHO) projects that by 2030, there will be a global shortfall of approximately 5.7 million nurses, a deficit that poses serious risks to patient care quality and health outcomes (WHO, 2022). This shortage is closely associated with increased workload, burnout, and higher turnover rates among nursing staff, placing additional strain on healthcare systems (Amelia et al., 2022; Daniel et al., 2019; Willoughby et al., 2018). In low and middle income countries, the challenge is even more acute, as rising healthcare demands intensify pressure on the existing workforce. Unlike the global trend, Indonesia does not face a broad nurse shortage, as it produces a surplus of nursing graduates (Efendi et al., 2022). However, there is a significant shortage of skilled and experienced nurses, particularly in metropolitan areas such as Jakarta, where the rapid expansion of private hospitals has sharply increased demand (RI, 2023). This imbalance underscores the need for targeted retention strategies to stabilize the skilled nursing workforce and ensure sustainable delivery of quality care in an increasingly competitive healthcare market.

Research consistently highlights that nurse retention is influenced by multiple organizational and individual factors, including job satisfaction, professional alignment, and perceived organizational support (Ann-Christin et al., 2019; Hayes et al., 2015; Sameh et al., 2018; Xiaoyu et al., 2020). Burnout, in particular, has been shown to negatively affect nurse job satisfaction and overall care quality (Antonio, Andy, & Moksidy, 2024). Among these, job embeddedness defined by fit, link, and sacrifice dimensions (Mitchell et al., 2001) has emerged as a critical determinant of intention to stay. Nurses with higher job embeddedness are more inclined to remain in their positions, driven by strong organizational connections and the perceived cost of leaving (Reitz, 2010; Son & Choi, 2015). Complementing this, self-leadership, a self-regulatory process encompassing behaviour-focused strategies, natural reward strategies, and constructive thought patterns has been linked to enhanced job satisfaction, resilience, and organizational commitment (Goldsby et al., 2020; Deci et al., 2017; Shi-Nae & Park, 2020). In high-pressure healthcare environments, these self-leadership skills enable nurses to navigate challenges, maintain motivation, and sustain performance.

Given these dynamics, this study investigates how job embeddedness and nurse self-leadership interact to influence retention in private hospitals, using *Importance–Performance Map Analysis* (IPMA) to identify strategic priorities for managerial action. By focusing on IPMA this research offers practical, evidence-based insights for optimizing retention strategies in skilled nursing populations. Building on these theoretical foundations, the conceptual model in this study positions intention to stay as the primary outcome, influenced by the three dimensions of job embeddedness which are fit, link, and sacrifice and the three dimensions of nurse self-leadership which are behaviour-focused strategies, natural reward strategies, and constructive thought patterns. The model further applies Importance–Performance Map Analysis (IPMA) within the PLS-SEM framework to evaluate both the relative importance of each indicator in predicting intention to stay and its current performance level in practice. This dual-lens approach allows the identification of high-importance, low-performance factors that should be prioritized in retention strategies. By adopting this integrated design, the study aims to provide actionable recommendations for hospital administrators to strengthen both economic and emotional embeddedness, enhance self-leadership capabilities, and ultimately improve skilled nurse retention in competitive private hospital settings. The proposed research model is illustrated in Figure 1.
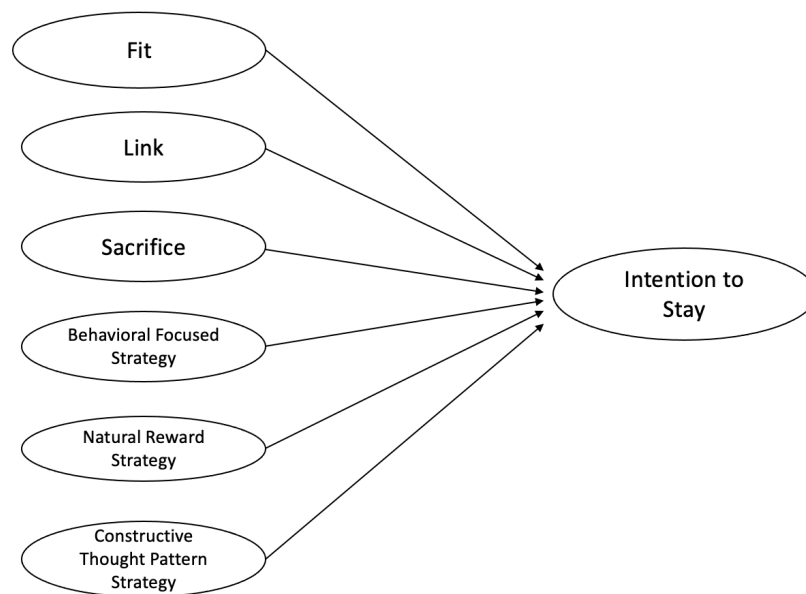
Figure 1. Conceptual Framework

RESEARCH METHOD

This study employed a quantitative survey with a cross-sectional design to examine the relationship between job embeddedness, nurse self-leadership, and intention to stay. The analysis utilized **Partial Least Squares Structural Equation Modelling (PLS-SEM)** with an **Importance–Performance Map Analysis (IPMA)** extension to identify key factors that should be prioritized to improve nurse retention. PLS-SEM was selected for its ability to assess predictive models with higher-order constructs and its suitability for relatively small to medium sample sizes. The unit of analysis was nursing personnel who met the following inclusion criteria: (1) direct patient care nurses actively employed by the hospital for at least two years, (2) assigned to specialized units requiring advanced competencies such as the operating room, ICU, ICCU, PICU, NICU, Cath Lab, haemodialysis, or oncology, (3) completion of specialized training relevant to their assigned roles, and (4) no history of disciplinary warnings during their employment.

Purposive sampling was applied to select respondents from two leading private hospitals in West Jakarta and Tangerang, Banten. These hospitals were chosen because they have more than 200 beds, are fully accredited by the Joint Commission International (JCI), and provide specialized services supported by skilled nursing staff. Using **G*Power** analysis with an effect size (f^2) of 0.15, a power level of 0.95, and an alpha of 0.05 with five predictors, a minimum sample size of 138 was determined.

Table 1. Respondent's Profile

Description	Categories	Sample (n)	Percentage (%)
Gender	Male	36	21
	Female	102	79
Marital Status	Married	86	62
	Single	52	38
Age	18 - < 25 years	14	10
	25 - < 35 years	70	51
	35 - < 45 years	38	27
	> 45 years	16	12
Education	Diploma (D3/D4)	44	32
	Bachelor (S1)	10	7
	Registered Nurse (RN)	84	61
	Postgraduate (S2/3)	0	0
Work Unit	Operating Room	60	44
	ICU/ICCU	36	26
	NICU/PICU	20	14
	Haemodialysis	6	4
	Cath Lab	4	3
	Oncology	5	4
	Endoscopy	7	5
Length of Service	2 - 7 years	64	46
	> 7 years	74	54
Total		138	100

The research instrument comprised a structured questionnaire with closed-ended items measured on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The constructs were adapted from well-established measurement scales to ensure validity and comparability with prior studies. Job embeddedness was measured through the dimensions of fit, link, and sacrifice as conceptualized by Mitchell et al. (2001). Nurse self-leadership was assessed using the behavioral-focused strategy, natural reward strategy, and constructive thought pattern strategy dimensions developed by Houghton and Neck (2002). Intention to stay was evaluated based on the conceptualization of the desire to remain working within the organization as proposed by Radford and Shacklock (2015). All items were translated and culturally adapted to the Indonesian hospital context. Data were collected in September 2024 through an online questionnaire. Participation was voluntary, and all respondents provided informed consent prior to completing the survey. Confidentiality and anonymity were maintained throughout the research process. Data analysis was performed using SmartPLS® version 4.1.0.8 (Sarstedt et al., 2019). In the first stage, the measurement model was evaluated for indicator reliability (outer loadings ≥ 0.70), internal consistency (Cronbach's alpha and composite reliability ≥ 0.70), convergent validity (AVE ≥ 0.50), and discriminant validity (HTMT ratio ≤ 0.85). The second stage assessed the structural model by examining path coefficients, significance levels via bootstrapping with 5,000 resamples, and coefficients of determination (R^2) for endogenous variables.

The Importance–Performance Map Analysis (IPMA) was conducted to extend the PLS-SEM results by ranking the importance of each predictor variable on intention to stay and assessing its current performance level (scaled 0–100). IPMA results guide managerial focus by

highlighting variables with high importance but low performance, thus offering practical insights for targeted interventions. In this study, IPMA was applied to both the higher-order constructs (Job Embeddedness, Nurse Self-Leadership) and their respective lower-order components. Ethical approval was obtained from the Research Ethics Committee of Pelita Harapan University (Code: 030/MARS/EC/X/2024). All participants were informed of the study's purpose and procedures, assured of confidentiality, and informed of their right to withdraw at any stage without penalty.

RESULTS AND DISCUSSION

This study involved 138 skilled nurses from two leading private hospitals. As shown in Table 1, the majority were female (79%), consistent with the global nursing demographic profile and prior Indonesian workforce studies (Efendi et al., 2022). Most respondents were married (62%), potentially reflecting a life stage in which stability and job security are prioritized. Age distribution indicated that 51% of respondents were between 25 and 34 years, representing early to mid-career professionals who may still be in the process of career consolidation. Meanwhile, 27% were aged 35–44 years, generally associated with higher workplace tenure and embeddedness. In terms of education, the largest group held Registered Nurse (RN) qualifications (61%), followed by diploma holders (32%) and bachelor's degree holders (7%). The absence of postgraduate qualifications aligns with the typical profile of clinical nurses in Indonesian private hospitals, where postgraduate training remains limited. Work unit distribution showed a concentration in the Operating Room (44%), followed by ICU/ICCU (26%) and NICU/PICU (14%), highlighting the critical-care orientation of the sample. Regarding tenure, 46% had served between 2–7 years, while 54% had more than 7 years of experience, an even split that facilitates analysis of embeddedness across tenure groups.

Table 2. Construct Validity and Reliability

Variable	Codes	Indicator	Outer Loadings
Fit	FIT 1	I like working together with my work team members.	0,819
	FIT 2	I can develop myself in this hospital.	0,859
	FIT 3	I love the responsibility I have at this hospital.	0,901
	FIT 4	My values are in line with the values implemented in this hospital	0,855
	FIT 5	My job makes good use of my skills.	0,768
		CA=0.897; Rho_a=0.907; Rho_c=0.924; AVE=0.708	
Link	LINK 1	I already feel at home working at this hospital.	0,781
	LINK 2	I have been working with my current work team for a long time.	0,860
	LINK 3	I interact regularly with my work team both inside and outside this hospital.	0,797
	LINK 4	In this team, I have quite an influence.	0,832
		CA=0.835; Rho_a=0.835; Rho_c=0.890; AVE=0.669	
Sacrifice	SAC 1	I feel like people at work really respect me.	0,817
	SAC 2	I would sacrifice a lot if I left this job.	0,813

Variable	Codes	Indicator	Outer Loadings
	SAC 3	I was given incentives commensurate with my performance level.	0,682
		CA=0.674; Rho_a=0.706; Rho_c=0.816; AVE=0.598	
Behavioural Focused Strategy	BFS 1	I am able to set personal targets (e.g., no lateness/zero absences) that I want to achieve.	0,888
	BFS 2	I am able to assess whether my work can still be improved.	0,865
	BFS 3	I am able to predict what the operator wants before it is asked.	0,826
		CA=0.823; Rho_a=0.826; Rho_c=0.895; AVE=0.739	
Constructive Thought Pattern Strategy	CTP 2	I am open to discussing with my friends who have different opinions about the task at hand.	1,000
Natural Reward Strategy	NRS 1	If I successfully handle a difficult case, I can sleep peacefully/relaxed.	0,837
	NRS 2	If I succeed in a job that exceeds the operator's expectations, I will feel proud.	0,896
	NRS 3	If I get a bonus, I will consider it as a reward for my achievements.	0,776
		CA=0.786; Rho_a=0.789; Rho_c=0.876; AVE=0.702	
	ITS 1	I feel comfortable with the work I am currently doing.	0,833
	ITS 2	I will continue to work at this hospital even if there is an attractive new offer.	0,896
Intention to Stay	ITS 3	I am committed to continuing to work and developing my career at this hospital.	0,932
	ITS 4	I plan to continue working at this hospital as long as I am needed.	0,933
		CA=0.921; Rho_a=0.923; Rho_c=0.944; AVE=0.809	

These characteristics underscore that the sample represents a highly specialized workforce, making retention particularly critical for sustaining service quality in complex clinical environments. The measurement model demonstrated strong psychometric properties (Table 2). All constructs exceeded the reliability thresholds for Cronbach's alpha and composite reliability ($\geq$ 0.70), with AVE values above 0.50, confirming convergent validity (Hair et al., 2021). Outer loadings were robust, particularly for FIT 3 ("I love the responsibility I have at this hospital," 0.901) and ITS 4 ("I plan to continue working at this hospital as long as I am needed," 0.933).
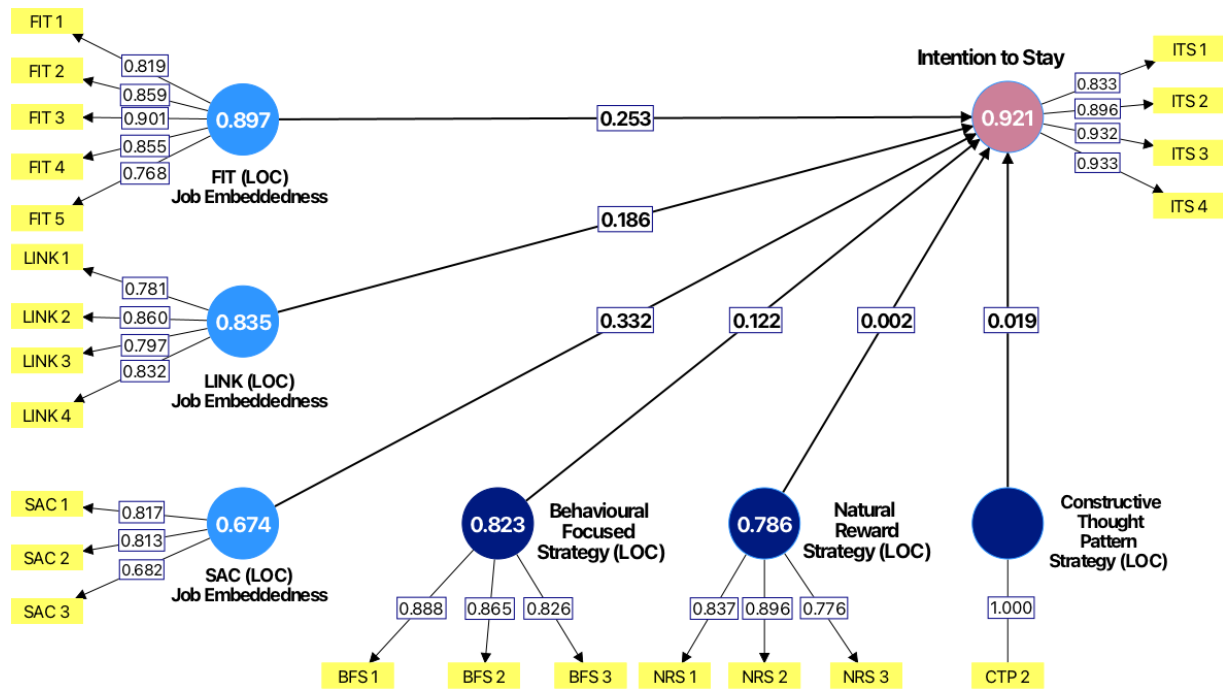
Figure 2. PLS-SEM Model

The Job Embeddedness dimensions of Fit, Link, Sacrifice, retained conceptual clarity, while Nurse Self-Leadership dimensions (Behavioural Focused Strategy, Natural Reward Strategy, Constructive Thought Pattern Strategy) exhibited stable internal consistency. The Intention to Stay construct displayed high reliability, reinforcing its suitability as a retention outcome measure in this context. The IPMA (Table 3; Figure 3) provided nuanced insights beyond path coefficients, identifying where managerial interventions can yield the greatest impact on intention to stay. The Sacrifice dimension emerged as the strongest driver of intention to stay, with SAC 1 ("I feel like people at work really respect me") and SAC 2 ("I would sacrifice a lot if I left this job") scoring importance values of 0.172 and 0.156, respectively, both well above the mean (0.059). This finding aligns with embeddedness theory (Mitchell et al., 2001), which posits that the perceived loss associated with leaving significantly influences retention. SAC 3 ("I was given incentives commensurate with my performance level") also ranked above average in importance (0.095) despite its low performance score.

Table 3. IPMA Indicator

Indicator	Importance	Performance
FIT 1	0,063	73,095
FIT 2	0,068	69,286
FIT 3	0,065	69,048
FIT 4	0,057	73,750
FIT 5	0,047	76,429
LINK 1	0,057	69,464
LINK 2	0,057	76,429

Indicator	Importance	Performance
LINK 3	0,060	66,190
LINK 4	0,054	65,714
SAC 1	0,172	69,643
SAC 2	0,156	59,464
SAC 3	0,095	43,571
BFS 1	0,050	75,238
BFS 2	0,044	73,333
BFS 3	0,048	71,667
CTP 2	0,019	72,143
NRS 1	0,001	80,714
NRS 2	0,001	75,476
NRS 3	0,001	74,286
Mean	0,059	70,260

Within the Fit dimension, FIT 2 ("I can develop myself in this hospital") and FIT 3 ("I love the responsibility I have at this hospital") scored importance values of 0.068 and 0.065, respectively, indicating that opportunities for growth and meaningful responsibilities also shape retention intentions. Several indicators demonstrated high performance but low importance, such as NRS 1 ("If I successfully handle a difficult case, I can sleep peacefully/relaxed," performance 80.714) and FIT 5 ("My job makes good use of my skills," performance 76.429). These should be maintained but do not warrant immediate resource reallocation.

In contrast, the analysis revealed several indicators that were classified as high in importance yet low in performance, highlighting critical areas for managerial attention. This included incentive adequacy (SAC3), which scored an importance of 0.095 but exhibited the lowest performance at 43.571, and the perceived sacrifice of leaving (SAC2), with an importance of 0.156 and a performance of 59.464. Social interaction within and outside the workplace (LINK3) also emerged as a priority, with an importance of 0.060 and a performance of 66.190, indicating room for improvement in fostering interpersonal connections. Additionally, opportunities for self-development (FIT2) were rated as having an importance of 0.068 but achieved only a performance of 69.286, suggesting that greater emphasis on professional growth initiatives could substantially enhance retention outcomes. These represent priority intervention points where performance improvements could significantly boost retention.
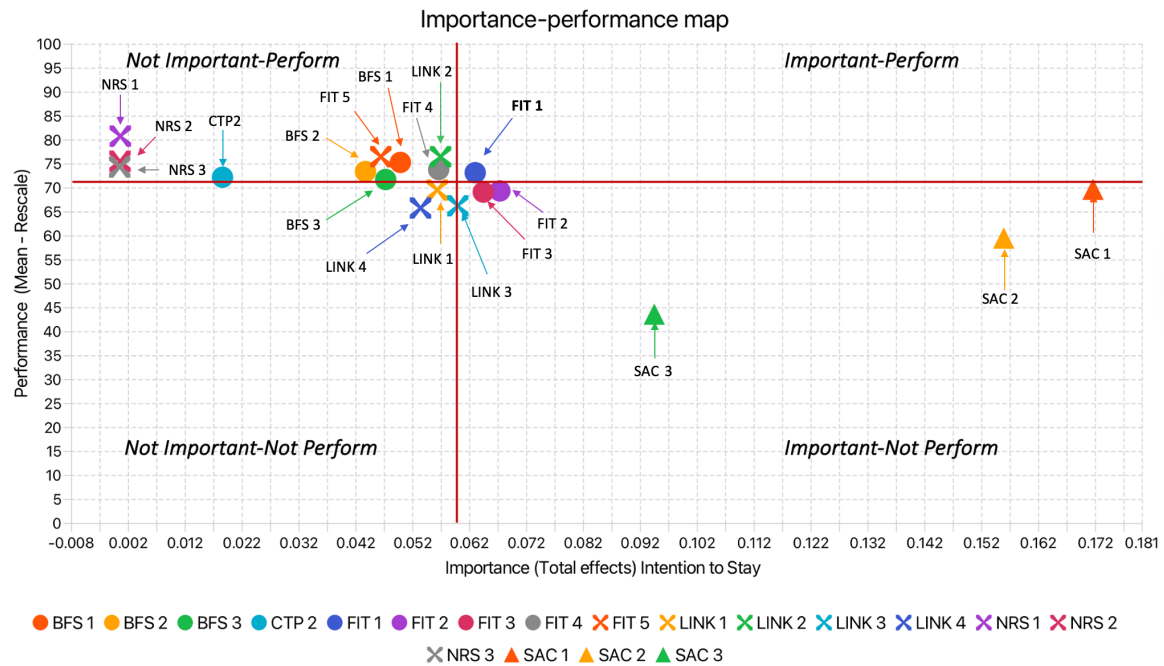
Figure 3. Importance-Performance Map Analysis (IPMA)

The prominence of Sacrifice indicators corroborates prior findings that retention is strengthened when employees perceive substantial professional, social, or financial loss upon leaving (Choi & Lee, 2018; Reitz, 2010). In the Indonesian private hospital context, this translates into enhancing reward systems, recognition programs, and long-term career benefits. The identification of FIT 2 as a priority suggests that professional development remains under-leveraged. Literature indicates that opportunities for learning and advancement are critical for sustaining commitment among mid-career nurses (Fackler, 2019). Management should thus institutionalize structured career pathways and advanced clinical training programs.

The LINK 3 finding highlights the relational dimension of embeddedness. Building interpersonal connections through formal and informal interactions can increase affective attachment to the organization. This supports Zhou et al. (2021), who emphasize the role of relational networks in fostering organizational loyalty among nurses. The use of IPMA adds methodological novelty by integrating predictive importance with managerial performance diagnostics. Unlike traditional SEM outputs, IPMA offers hospital management a clear prioritization framework targeting interventions that are both influential and currently underperforming.

Based on the IPMA findings, several strategic priorities emerge for hospital administrators to enhance nurse retention. First, incentive structures should be optimized by aligning both financial and non-financial rewards with measurable performance contributions. Second, perceived organizational investment can be strengthened through comprehensive retention

packages that include training sponsorships, long-service recognition, and exclusive employee benefits. Third, social capital within the organization should be cultivated by promoting cross-unit collaboration, implementing structured mentorship programs, and organizing team-building initiatives that reinforce trust and cohesion. Finally, expanding professional development opportunities through specialty certifications, leadership training, and transparent promotion pathways will further embed nurses within the organization. Concentrating on these targeted areas will enable management to allocate resources more effectively and generate the greatest possible impact on workforce stability and retention.

CONCLUSION

This study highlights that job embeddedness, particularly the sacrifice and fit dimensions plays a decisive role in strengthening nurses' intention to stay in private hospitals. While nurse self-leadership remains an important personal capability, the findings indicate that its influence on retention is optimally realized when supported by strong organizational embeddedness. The application of Importance–Performance Map Analysis (IPMA) offers both theoretical and managerial value by identifying high-impact yet underperforming indicators. The most critical areas for improvement include adequacy of incentives, the perceived sacrifice of leaving, opportunities for professional self-development, and the quality of interpersonal relationships within the work environment. Addressing these priorities provides the most strategic pathway to enhance retention outcomes.

From a managerial perspective, hospitals should implement integrated retention strategies that combine competitive and fair reward systems, structured career progression pathways, and recognition mechanisms with initiatives that strengthen team cohesion and inter-unit collaboration. By doing so, both the economic and emotional aspects of embeddedness are reinforced, fostering a more sustainable nursing workforce. Theoretically, this research advances the understanding of nurse retention by integrating job embeddedness and self-leadership constructs within an IPMA framework, thereby bridging predictive analytics with actionable managerial insights. Practically, the study equips healthcare leaders with a clear evidence-based prioritization model to allocate resources where they will generate the highest impact. Future research could adopt a longitudinal or multi-hospital design to examine how targeted interventions in these high-priority areas influence retention over time, further refining the strategic toolkit for sustaining a skilled nursing workforce.

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