

Relation between Intensive Care Nurses' Job Embeddedness and Workplace Thriving Seham Aly Mahmoud¹, Heba Kamal Obied²

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Abstract

Background: Maintaining stability for intensive care nurses is crucial to confirm the quality of care. Thriving is an essential component of sustainable development for nurses as well as organizations and job embeddedness is a key factor for nurses to thrive in the workplace. **Aim of the study:** Explore the relation between intensive care nurses' job embeddedness and workplace thriving. **Method: Design:** A correlational design was utilized. **Subjects:** The study's subjects consisted of all (183) intensive care nurses **Tools:** Two tools were used for data collection, Intensive Care Nurses' Job Embeddedness Questionnaire and Intensive Care Nurses' Workplace Thriving Questionnaire. **Results:** The results showed that 69.4% of intensive care nurses had a low level and around one quarter (24%) had a moderate level of total job embeddedness. 54.1 of intensive care nurses had a moderate level, and 25.1% had a low level regarding the total workplace thriving. **Conclusion:** Intensive care nurses' had a low level of both job embeddedness and workplace thriving. There was a highly statistically significant correlation between total intensive care nurses' job embeddedness and their total workplace thriving. **Recommendations:** The hospital managers develop strategies to enhance nurses' embeddedness and their workplace thriving by providing career opportunities within the hospital, involving them in decision-making and mentoring programs for newly hired nurses.

Key Words: Embeddedness, Intensive Care Nurses, Workplace Thriving

Introduction

Nursing profession is a challenging career; where nurses constantly work under stress and face various challenges in their efforts to give patient care and meet hospital prospects. ⁽¹⁾Particularly, intensive care nurses often have high workloads in addition to the complexity of care provider to the critically ill patients being cared for in these units. This intense workload makes intensive care nurses feel emotionally and physically exhausted, that in-turn affects their quality of life and jeopardizes quality of care provided to their patients. ⁽²⁾ A lot of nurses are inclined to change their careers or do not keep working in hospitals for long periods because of the

intolerable working conditions. Losing those competent nurses can have serious consequences for the overall healthcare system, especially with the global nursing shortage problems. Therefore, nurses' retention is far more vital than the costs traditionally consumed in recruiting, socializing, and training replacement nurses. ⁽³⁾ Job Embeddedness (JE) describes the means by which healthcare organization plan to enhance nurses' retention and intent to stay. ⁽⁴⁾ The JE concept shifted the traditional approach of looking for reasons to leave the organizations to intent to stay. ⁽⁵⁾ Job embeddedness was defined as the extent to which intensive care nurses are engaged,

allied, and attached to their job which saves them from leaving their current organization.^(6,7) Job embeddedness (JE) represents a broad gathering of influences on nurses' intent to stay and can be thought of as a network of activities which can cause a nurse to retain. The JE is viewed as a combination of psychological, personal as well as professional features keeping nurses from leaving their job.^(8,9)

Generally, JE can be viewed as the totality of workplace forces supporting the continuing tenure of nurses and their efforts to develop performance. Job embeddedness is considered as a stronger forecaster of job outcomes such as nurses' attendance, retention and performance. It also influences nurses' attachment to their hospital, which raises collaboration, cooperation, emotional links, and a longing to develop the organization.⁽⁵⁾

Job embeddedness encompasses three dimensions namely: link, fit, and sacrifices.⁽¹⁰⁾ The term link refers to a nurse's connections and relations with others, involvement in decision-making, commission service, and participation on work team. The more connections to these activities, the more nurses stay in hospital. Fit describes the degree to which a nurse's professional commitment and close connection to the organization. It is based on nurses' compatibility with the organization's culture, values, career goals, and job requirements.^(11,12)

Finally, sacrifice refers to the perceived sacrifices made by nurses when they leave the hospitals. These sacrifices can be recognizable as losses in salary, pension funds, paid time off, sick leave, and other benefits. Also, they can be subtle psychological losses like losing seniority, office space, parking privileges, opportunities for promotion, job stability, and

loss additional experience and knowledge that would help nurses cope and succeed.^(11,12)

These three elements combine together to shape the depth of embeddedness nurses have to their job that is considered the core of workplace thriving. Thriving more probably exists if nurses find themselves attached to and by a certain way engaged to their current job.⁽¹⁰⁾

Thrive refers to the ability of intensive care nurses to prosper, flourish, and grow energetically on an upward trajectory rather than just surviving or maintaining the status quo.^(13,14) Workplace thriving is a psychological condition characterized by the intensive care nurses' experience of both vitality and learning.⁽¹⁵⁾ The nurses' sense of aliveness, positive emotions, passion, enthusiasm, and energy to work are referred to as vitality, the affective aspect of thriving. While learning, the cognitive dimension that entails nurses' belief that they are constantly improving their work by acquiring and utilizing domain-relevant knowledge and skills to build their self-assurance, abilities, and competence.^(16,17)

Workplace thriving is regarded as a personal experience that enables nurses to appraise their work (such as their performance, attitude, and so on) and aids in their growth. Performance and adaptability in the workplace will improve when intensive care nurses experience positive workplace growth. As a result, workplace thriving would not only support the work of intensive care nurses but also the positive impact they have on the care of patients by improving working conditions, providing high-quality care, and paying attention to patient safety.^(18,19)

Workplace thriving can be viewed as a means to sustainability and organizational effectiveness through healthy, high performing

nurses. ⁽²⁰⁾ In today's multifaceted careers, nurses who have experienced job thriving are more likely to actively participate in the development of a successful career path. Additionally, thriving nurses are healthier, proactive, career-oriented, resilient, and lifelong learners who can benefit from a variety of learning opportunities. ⁽²¹⁾ Nurses who thrive have low rates of absenteeism and turnover, less burnout, and desirable workplace behaviors like creativity, innovation, and commitment. ⁽²²⁾

Significance of the study

Globally, nursing shortage is one of the most serious issues facing healthcare systems. ^(23,24) Tanta University Hospitals as a major healthcare organization that provides low cost care for El-Gharbia Governorate and other surrounding areas, also suffer from nursing shortages. ⁽²⁵⁾ This shortage creates instability in healthcare organization that affects their work operations and quality of care. So, it is of utmost importance to examine factors that enhance skilled nurses' embeddedness and retention despite the dramatically changing workplace conditions, and augment nurses' fitness and thriving in their organization. ⁽⁹⁾

Aim of the study

This study was carried-out to explore the relation between intensive care nurses' job embeddedness and workplace thriving.

Research questions

- What are the levels of intensive care nurses' job embeddedness?
- What are the levels of intensive care nurses' workplace thriving?
- What is the relation between intensive care nurses' job embeddedness and workplace thriving?

Subjects and Method

Study design

A correlational design was used in this study to explore the relation between study variables

and reveals the degree to which the variables affect each other ⁽²⁶⁾.

Setting

The study was conducted in intensive care units at Tanta University Main and Emergency Hospitals.

Subjects

The study subjects consisted of all (183) intensive care nurses from the previously mentioned setting available at the time of data collection as follows: Emergency ICU (23), Chest ICU (5), Burn ICU (34), Pediatric ICU (16), Neuro ICU (19), Cardiac ICU, (16), Incubators (17), Anesthesia ICU (34) and Medical ICU (19).

Tools

Two tools were used for data collection.

Tool I: Intensive Care Nurses' Job Embeddedness Questionnaire

consisted of two parts: **Part one:** Nurses' personal data encompass: age, gender, marital status, number of children, previous training program, years of experience, educational level, and unit name

Part two: Intensive Care Nurses' Job Embeddedness, this part developed by the researchers based on **Holtom et al., (2006)** ⁽²⁷⁾, **Ghaffar & Khan (2018)** ⁽²⁸⁾ and related literatures ^(3,4,10) that consisted of 14 items divided into three dimensions: fit-organization (5 items), links-organization (5 items), and sacrifice-organization (4 items). Scoring system: Nurses' responses were measured on a 5-points Likert Scale from 1= strongly disagree to 5 = strongly agree. The total level of intensive care nurse's embeddedness was classified into levels according to cutoff points: High embeddedness > 75, moderate embeddedness 75-60, and low embeddedness < 60.

Tool II: Intensive Care Nurses' Workplace thriving Questionnaire, it was developed by **Porath et al., (2012)** ⁽²⁹⁾ and modified by the researchers. It consisted of 12 items divided into two dimensions: vitality dimension (6 items) and learning dimension (6 items). Scoring system: Nurses' responses were measured on a 5-points Likert Scale from 1 = strongly disagree to 5 = strongly agree. Total level of nurses' workplace thriving was classified into levels according to cutoff points: High workplace thriving > 75, moderate workplace thriving 75-60, and low workplace thriving < 60.

Ethical considerations: The manager of Tanta University's Main and Emergency Hospitals granted the study official permission. The researchers met with the intensive care nurses to explain the purpose of the study, obtain their consent, inform them of their right to withdraw, and ensure that their data would be kept private. **Validity and reliability:** The researchers constructed the questionnaires, translated it into Arabic, and introduce it to five experts in nursing administration to examine the content validity. A pilot study was conducted prior data collection to test the tools' clarity on 10% (N=19) nurses from chest ICU who were not included in the actual sample. Reliant on the experts' responses and a pilot study, tools were modified and finalized. The reliability of the tools (I and II) was tested using Cronbach's alpha coefficient test (0.85 and 0.98 respectively). Also, the Content Validity Index were 93 %, and 97% respectively.

Field work: Researchers met the participant intensive care nurses individually in their work units and distribute the questionnaires to get their responses, during the morning shifts after they finished their assigned work according to their unit work load. Data was

collected at the beginning of May 2021 to the end of October 2021.

Statistical analysis

Data were fed to the computer and analyzed using IBM SPSS software package version 20 (Armonk, NY: IBM Corp). Qualitative data were described using numbers and percent. The Kolmogorov-Smirnov test was used to verify the normality of distribution. Quantitative data were described using range (minimum and maximum), mean, and standard deviation. Significance of the obtained results was judged at the 5% level. The used tests were: Marginal Homogeneity Test, ANOVA with repeated measures, Wilcoxon signed ranks test, and Friedman test.

Results

Table 1 represents the intensive care nurses' personal data. The table revealed that around half (47%) of intensive care nurses fall in the age group 30–<40 years with a mean age of 33.67 ± 8.02 . the majority (95.6% and 90.2%) of them were female and married respectively. More than half (50.8%) of them had three or more children. More than one third (35%) of intensive care nurses had between 10 up to <20 years of experience with a mean of 11.52 ± 8.85 . Around half (46.4%) of them had a Bachelor Degree in Nursing. The highest and equal percent (18.6%) of them worked in Burn and Anesthesia ICUs, followed by equal percent (10.4%) worked in Neuro and Medical ICUs.

Figure 1 describes intensive care nurses' levels of job embeddedness. The figure shows that a high percent (69.4%) of intensive care nurses had a low level and around one quarter (24%) had a moderate level of total job embeddedness. The majority (83.1%) of intensive care nurses had a low level regarding sacrifice-organization dimension. High percent (60.1%) had a low level and one third

(33.9%) had a moderate level according to fit-organization dimension of job embeddedness. Around half (45.9%) of intensive care nurses had a low level and more than one third (37.7%) had a moderate level regarding links-organization dimension of job embeddedness. Figure 2 presents the intensive care nurses' levels of workplace thriving. The figure illustrates that over half (54.1%) of intensive care nurses had a moderate level, and quarter (25.1%) of them had a low level regarding the total workplace thriving. Around half (45.9%) of intensive care nurses had a moderate level and more than one third (38.3%) had a high level concerning learning dimension of workplace thriving. More than half (50.3%) of intensive care nurses had a low level and more than one third (35.5%) had a moderate level of vitality dimension of workplace thriving. Table 2 displays the correlation between intensive care nurses' job embeddedness and workplace thriving. The table shows there was

a highly statistically significant correlation between intensive nurses' total job embeddedness and overall workplace thriving at $p < 0.001$. Also, the table reveals that there were statistically significant correlations between intensive care nurses' fit-organization dimension of job embeddedness and the total as well as the vitality and learning dimensions of workplace thriving at $p \leq 0.001$.

Table 3 highlights the relation between intensive care nurses' personal data and their job embeddedness and total workplace thriving. The table illustrates that there were statistically significant relations between total intensive care nurses' job embeddedness and their age, sex, level of educational, years of experience, number of children and attending training courses. at $p \leq 0.05$. Also there was a statistically significant relation between intensive care nurses' age and their total workplace thriving at $p \leq 0.05$.

Table (1): Intensive care nurses' personal data (N=183)

Items	No.	%	Items	No.	%
<u>Age</u>			<u>Years of Experience</u>		
<30	60	32.8	<5	45	24.6
30–<40	86	47.0	5–<10	41	22.4
40–<50	31	16.9	10–<20	64	35.0
≥50	6	3.3	≥20	33	18.0
Mean ± SD.	33.67 ± 8.02		Mean ± SD.	11.52 ± 8.85	
<u>Gender</u>			<u>Level of nursing education</u>		
Female	175	95.6	Diploma	58	31.7
Male	8	4.4	Associate degree	40	21.9
<u>Marital status</u>			Bachelor degree	85	46.4
Unmarried	18	9.8	<u>Unit name</u>		
Married	165	90.2	Emergency ICU	23	12.6

<u>No. of children</u>			Chest ICU	5	2.7
0	28	15.3	Burn ICU	34	18.6
1-2	62	33.9	Pediatric ICU	16	8.7
3+	93	50.8	Neuro ICU	19	10.4
Mean \pm SD.	2.28 \pm 1.34		Cardiac ICU	16	8.7
<u>Attended training course</u>			Incubators	17	9.3
No	103	56.3	Anesthesia ICU	34	18.6
Yes	80	43.7	Medical ICU	19	10.4

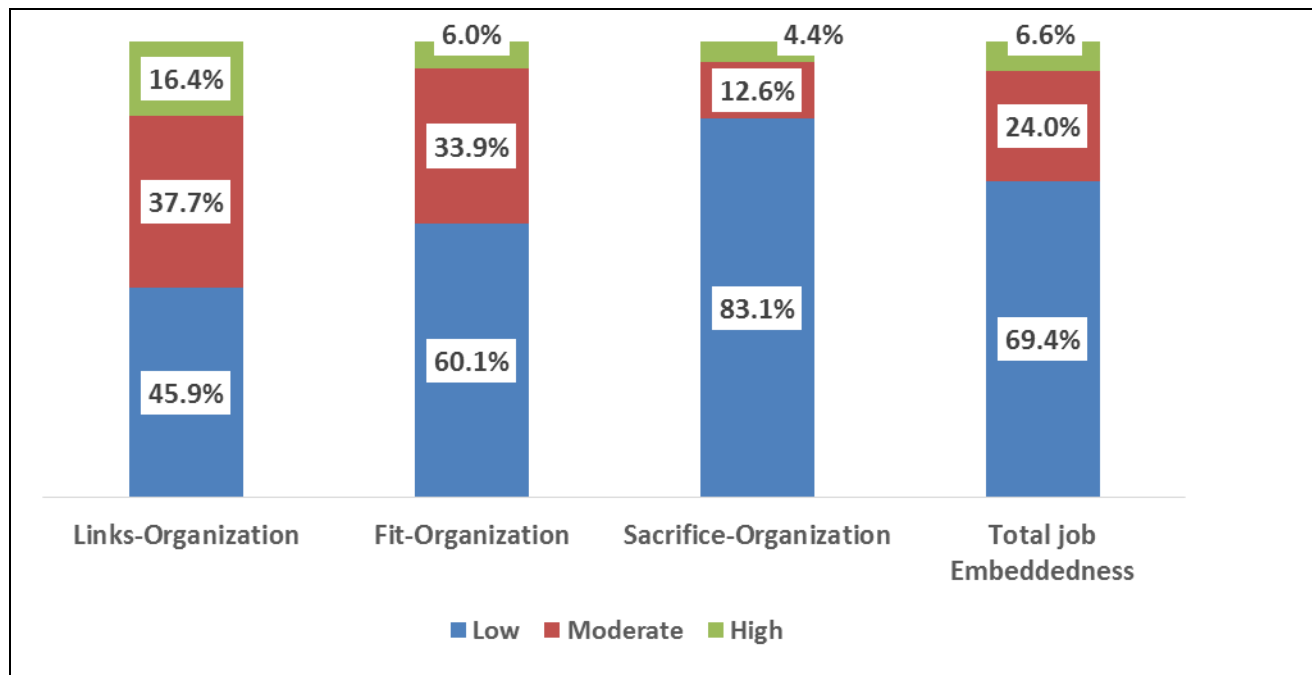


Figure (1): Intensive care nurses' levels of job embeddedness (N=183)

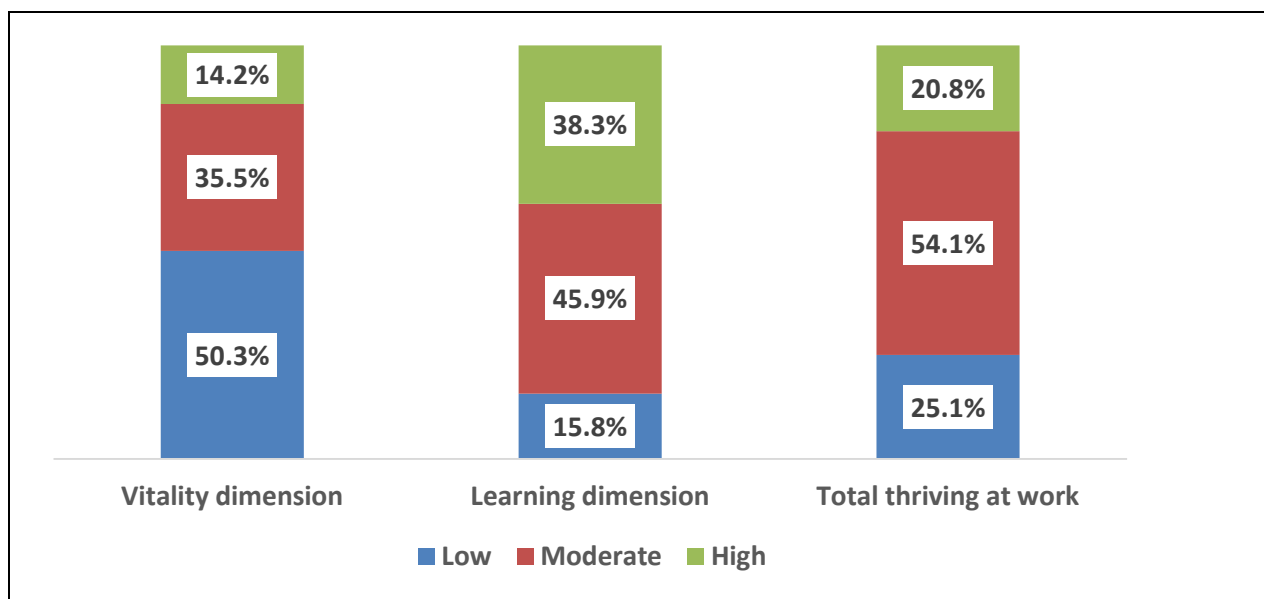


Figure (2): Intensive care nurses' levels of workplace thriving (N=183)

Table (2): Correlation between intensive care nurses' job embeddedness and workplace thriving (n = 183)

Workplace thriving		Job Embeddedness			
		Fit-Organization	Links-Organization	Sacrifice-Organization	Total job Embeddedness
Vitality	r	0.356	-0.016	-0.061	0.562
	p	<0.001*	0.830	0.408	<0.001*
Learning	r	0.216	-0.010	-0.047	0.430
	p	0.003*	0.893	0.530	<0.001*
Total Workplace thriving	r	0.305	-0.014	-0.058	0.536
	p	<0.001*	0.852	0.432	<0.001*

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Table (3): Relation between intensive care nurses' personal data and their total job embeddedness and workplace thriving (n = 183)

Characteristic data	Total job embeddedness	Test of sig. (P value)	Total workplace thriving	Test of sig. (P value)
	Mean ± SD.		Mean ± SD.	
Age (years)				
<30	41.58 ± 17.33	F= 27.858* (<0.001*)	65.83 ± 21.40	H= 13.478* (0.004*)
30–<40	50.12 ± 12.81		62.06 ± 19.80	
40–<50	67.05 ± 13.89		73.92 ± 16.92	
≥50	80.06 ± 20.28		81.94 ± 19.26	
Sex				
Female	50.97 ± 18.20	t= 2.107* (0.049*)	65.49 ± 20.55	U= 488.0 (0.146)
Male	55.58 ± 4.81		76.30 ± 12.98	
Marital status				
Unmarried	43.45 ± 24.12	t= 1.948 (0.053)	57.18 ± 30.84	U= 1296.5 (0.375)
Married	52.01 ± 16.90		66.92 ± 18.78	
Unit name				
Emergency ICU	53.80 ± 11.32	F= 1.065 (0.390)	68.57 ± 11.58	H= 11.320 (0.184)
Chest ICU	61.79 ± 19.99		73.33 ± 17.64	
Burn ICU	53.62 ± 15.70		65.26 ± 23.51	
Pediatric ICU	49.78 ± 13.85		66.80 ± 14.88	
Neuro ICU	52.26 ± 23.14		73.36 ± 12.85	
Cardiac ICU	42.30 ± 13.81		64.06 ± 18.75	
Incubators	54.73 ± 37.22		64.46 ± 38.06	
Anesthesia ICU	48.79 ± 10.02		65.56 ± 15.56	
Medical ICU	49.44 ± 10.08		57.68 ± 20.44	
Qualification				
Diploma	56.25 ± 19.62	F= 4.260* (0.016*)	70.91 ± 14.51	H= 3.066 (0.216)
Associate degree	46.12 ± 10.75		63.02 ± 18.79	
Bachelor degree	50.08 ± 18.54		63.97 ± 23.83	
Years of experience				
<5	43.21 ± 19.74	F= 20.380* (<0.001*)	60.79 ± 26.26	H= 7.190 (0.066)
5–<10	45.17 ± 11.27		65.50 ± 19.02	
10–<20	51.45 ± 13.58		65.17 ± 16.78	
≥20	68.94 ± 17.08		75.13 ± 16.77	
No of children				
0	42.54 ± 17.88	F= 4.332* (0.006*)	62.05 ± 25.33	H= 1.195 (0.550)
1	47.37 ± 22.03		68.09 ± 20.29	
2	49.83 ± 18.80		67.83 ± 20.49	
3+	55.17 ± 15.39		65.84 ± 18.81	
Training course				
No	46.74 ± 17.49	t= 3.962* (<0.001*)	66.50 ± 18.53	U= 4025.0 (0.788)
Yes	56.88 ± 16.73		65.26 ± 22.63	

U: Mann Whitney test

H: H for Kruskal Wallis test

*: Statistically significant at $p \leq 0.05$

Discussion

Recurrent displacement of intensive care nurses is costly problem facing healthcare organizations. Developing and retaining nursing workforce has become a subject of interest for nursing management. They are always looking for ways to keep their nurses because inefficient staff jeopardize quality of care provided to patients.⁽³⁰⁾ Well embedded nurses are more motivated, productive and are expected to thrive at workplace.⁽³¹⁾ So, the present study aimed to explore the relation between intensive care nurses' job embeddedness and workplace thriving.

The current study revealed that a high percent of intensive care nurses had a low level of overall job embeddedness. This finding evidenced by majority of them had low level of agreement regarding sacrifice-organization dimension. Furthermore, a high percent and around half of them had a low levels of agreement regarding fit and links-organization dimensions of job embeddedness respectively. Low level of sacrifice-organization disclosed that intensive care nurses did not see leaving their hospital a big issue this may be due to around half of them had less than ten years of experience and still bedside nurses. Consequently, did not got administrative position or other privileges to fear of losing it. Also none of them had post graduate studies that showed a limited opportunity to develop and advance in their hospitals.

Moreover, low levels of agreement regarding fit and links-organization declared that their goals were not compatible with those of the hospital this can be due to more than two thirds of them had more than thirty years of age and did participate hospital committee services, and more than half of them did not attend training

courses, thus their career advancement was restricted. Moreover, the studied nurses agreed that their jobs do not use their skills and talents well, and hospital management did not offer them a way of life that suites them this can be justified as majority of them were married and more than half of them had more than three children to support. Thus their total job embeddedness was low.

Nurses are expected to stay and perform excellently when they are fit, feel linked, and willing to make sacrifices. Thus, low levels in all three dimensions of job embeddedness lead automatically to low level of overall embeddedness. Additionally, many factors can contribute to this finding as inadequate sources of income for nurses, particularly in light of price increases, unfavorable working conditions for nurses as restricted policy and system at university hospitals (such as inability to transfer to another work setting without replacement). Additionally, congested ICU rooms, work burdens, nursing shortage, conflict between work and life, and increased family pressure to leave the career. Because of these factors, nurses have no incentive to remain in the field and their tendency to leave the hospital for informal work rises.

The current findings were compatible with **Mohamed & Ali (2020)**⁽³²⁾ who showed that the majority of Minia general hospital staff nurses showed low responses toward JE dimensions. **In the same line, Elsabahy (2019)**⁽³³⁾ discovered that nearly half of nurses who were studied had a moderate level of job embeddedness. Contradictory to this finding the study of **Goliroshan1 et al., (2021)**⁽³⁴⁾ and **Dechawatanapaisal (2018)**⁽³⁵⁾ found high levels of job embeddedness among nurses.

The current study results exposed that above half of intensive care nurses had a moderate

level of overall workplace thriving. Around half of them had a moderate level concerning the learning dimension and more than half had a low level of the vitality dimension of workplace thriving. It is essential for nurse to have high level of learning and vitality in order to experience thriving at workplace.⁽³⁶⁾

The results of the current study may be related to our university hospitals had inadequate resources, and suffer from nursing shortage that increase the burden on hospital administration to provide nurses with protective and considering work environment. Moreover, they cannot offer scholarships for continuing education and post graduate studies, therefore nurses have to bear the fees to continue their education, or even can free their nurses to study. Thus nurses have to struggle to take appropriate work schedule to manage their study timetables. Thus deviant work behaviors, conflict, burnout, exhaustion, reduced commitment emerged. So, nurses lose energy (vitality), motivation to learn, as well as workplace thriving.^(25, 37-39)

In agreement **Walt (2018)**⁽⁴⁰⁾ and **Gao et al., (2017)**⁽⁴¹⁾ found low and moderate levels in both vitality and learning of workplace thriving. **Abou Ramadan (2020)**⁽⁴²⁾ and **Silen et al., (2018)**⁽⁴³⁾ disagreed with our findings and found a high level of workplace thriving among nurses.

The current study results discovered that there was a statistically significant correlation between intensive nurses' total job embeddedness and total workplace thriving. This can be related to job embeddedness is considered as a generator for workplace thriving. When nurses are energetic, active and focused on their work they are said to perform magnetically. Job embeddedness inspires the experience of thriving in two ways, when nurses are job embedded, they are more

expected to engage in their work which upsurges energy and vitality. Also, nurses improve and enhance practices when they are absorbed and embedded in their assigned task of doing their labor efficiently and effectively, which contributes to learning.⁽¹⁸⁾

The current findings go in the same line with those **Ali (2018)**⁽⁴⁴⁾ and **El-Zaiade (2022)**⁽⁴⁵⁾ who found that job embeddedness and workplace thriving were strongly positively and meaningfully correlated. The more embedded nurses, the more thrive at work.

Our findings illustrated that there was a statistically significant relation between intensive care nurses' age and overall workplace thriving. This result might be attributed to high percent of studied nurses were between the age of thirty to fifty. Those nurses were more experienced, autonomous, and thinking in their work decisions, had more expectations for themselves, were motivated and confident enough to take on additional roles and to put further energy into their work and learning. These results congruent with **Dwyer et al. (2019)**⁽⁴⁶⁾; and **You (2018)**⁽⁴⁷⁾ revealed that nurses' age has positive effects on their workplace thriving. Contradictory to these findings **Ujoatuonu1 (2020)**⁽⁴⁸⁾ who found that older age for Nigerian nurses was associated with less thriving.

The present study findings showed that there were statistically significant relations between intensive care nurses' total job embeddedness and their age, gender, level of educational, years of experience, number of children and attending training courses. These results might be attributed to highest mean of studied nurses were in the age group $40 \geq 50$ and years of experience ≥ 20 where they are form a strong tie, connection and relationship within the workplace and will not sacrifice to leave this links. Also, the relation is more significantly in

female nurses with increases numbers of children this might be due to feminine nature that like stability especially with load of children responsibilities. Additionally, significant relation between job embeddedness and lower educational level this may be due to limited employment options of diploma nurses especially with the advancement of the profession and need with highly educated staff this help them to stay in their hospital. Finally, there a significant relation with attending training courses. Nurses will be embedded to their jobs when resources are restocked, their expectations, and opportunities for development increase.

In the same scene, **Elsabahy (2019)**⁽³⁷⁾ and **Yeong (2016)**⁽⁴⁹⁾ clarified that job embeddedness significantly correlated with nurses' age, marital status, education, and experience years. In contrast, **Choi et al. (2019)**⁽⁵⁰⁾ revealed that nurses' job embeddedness was not significant correlated with their age, gender, marital status, and experience.

Conclusion

According to the study findings, intensive care nurses had a low level of job embeddedness and a moderate level of workplace thriving. Furthermore, there was a highly statistically significant correlation between intensive nurses' total job embeddedness and their overall workplace thriving. It was concluded that job embeddedness affects nurses' workplace thriving.

Recommendations

The following recommendations are made in light of the findings of the current study: The hospital managers need to develop strategies that can reinforce nurses' embeddedness with the job and subsequently their workplace thriving including:

- Set clear system for career advancement opportunities within the hospital to increase nurses' fit and retention.
- Seek nurses' participation in decisions related to their work.
- Design and implement orientation and socialization programs for newly hired nurses and provide them with realistic job preview.
- Plan and implement continuous training workshops that cover all nurses to equip them with updated knowledge and skills.
- Provide nurses with opportunities for continuing education without limitations.
- Establish creative benefit alternatives such as on-site childcare, use of a hospital bus, pay well and share profits.
- Ensure flexibility, equity and respect nurses' shift preferences to minimize turnover.
- **Further research:** explore factors influencing nurses' job embeddedness and workplace thriving.

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