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Organizational Culture, Job Satisfaction, and Turnover Intention among Hospital Staff in Indonesia: A Mixed-Methods SEM-PLS Study in a Type-C Hospital

Egri Fiona[1], Dicky Budiman[1,2], Oom Komariah[1]

[1]Master of Hospital Administration Study Program, Yarsi University, Jakarta, Indonesia
[2]Global Health Security CEPH, Griffith University, Brisbane, Australia

Corresponding author: Egri Fiona (e-mail: egrifiona@gmail.com)

ABSTRACT Healthcare workforce turnover remains a persistent challenge for hospital management, particularly in resource-constrained healthcare settings where financial limitations, workforce shortages, and increasing labor market competition have intensified following the COVID-19 pandemic. Although organizational culture and job satisfaction have traditionally been regarded as key determinants of employee retention, their influence on turnover intention in developing-country hospitals remains inconclusive. This study aimed to investigate the relationships among organizational culture, job satisfaction, and turnover intention among healthcare workers in an Indonesian Type-C hospital while exploring contextual factors underlying turnover decisions. An explanatory sequential mixed-methods design was employed. Quantitative data were collected from 150 healthcare workers using structured questionnaires and analyzed through Partial Least Squares Structural Equation Modeling (PLS-SEM). Subsequently, in-depth interviews with hospital stakeholders and healthcare personnel were conducted to provide contextual explanations for the quantitative findings using thematic analysis. The quantitative results demonstrated that organizational culture had a significant positive effect on job satisfaction ($\beta = 0.643$, $p < 0.001$), explaining 41.3% of the variance in job satisfaction. However, organizational culture did not significantly influence turnover intention ($\beta = -0.270$, $p = 0.113$), while job satisfaction also showed no significant effect on turnover intention ($\beta = -0.266$, $p = 0.157$). Furthermore, job satisfaction did not mediate the relationship between organizational culture and turnover intention. The structural model demonstrated acceptable goodness-of-fit (SRMR < 0.08) and adequate predictive relevance for job satisfaction ($Q^2 = 0.283$), whereas predictive relevance for turnover intention remained weak ($Q^2 = 0.038$). Qualitative findings revealed that turnover intention was primarily driven by structural factors, including compensation disparities, excessive workload, staffing shortages, and attractive external employment opportunities. These findings indicate that organizational culture and job satisfaction alone are insufficient to reduce turnover intention in resource-constrained hospitals, underscoring the need for retention strategies that address broader structural and workforce-related challenges.

INDEX TERMS Organizational Culture, Job Satisfaction, Turnover Intention, Healthcare Workers, PLS-SEM.

I. INTRODUCTION

Healthcare workforce retention has become one of the most pressing challenges confronting healthcare systems worldwide, particularly in the post-COVID-19 era. High employee turnover among healthcare professionals disrupts continuity of care, increases recruitment and training costs, reduces organizational productivity, and negatively affects patient safety and service quality [1]–[4]. According to the World Health Organization (WHO), persistent shortages of healthcare workers continue to threaten the sustainability and resilience of health systems, particularly in low- and middle-income countries where financial resources and human capital remain limited [2]–[4]. Indonesia faces similar challenges, especially in Type-C hospitals, which commonly experience staffing shortages, excessive workloads, limited financial capacity, and intense competition for qualified healthcare professionals [5], [6]. These conditions have increased workforce instability and highlighted the importance of understanding the determinants of turnover intention to develop evidence-based human resource management strategies capable of improving employee retention and organizational performance.

Recent studies have increasingly examined organizational and psychological determinants of turnover intention. Organizational culture has consistently been recognized as an essential organizational asset that promotes shared values, collaboration, employee engagement, and organizational commitment, thereby enhancing job satisfaction and

improving employee performance [7]–[10]. Likewise, job satisfaction remains one of the strongest psychological predictors of employee retention because employees who perceive supportive leadership, rewarding work environments, and professional recognition are generally less likely to seek alternative employment [11]–[13]. Beyond these traditional perspectives, recent healthcare workforce studies have demonstrated that organizational support, work engagement, burnout, and moral distress also influence turnover intention through complex interrelationships rather than simple direct associations [8], [9], [14]. Consequently, organizational behavior research has increasingly adopted more sophisticated analytical approaches capable of simultaneously examining multiple latent constructs and indirect relationships.

From a methodological perspective, Partial Least Squares Structural Equation Modeling (PLS-SEM) has become one of the most widely applied analytical techniques for investigating organizational behavior because of its robustness in evaluating measurement validity, structural relationships, mediation effects, and predictive capability within complex models [15], [16]. More recently, researchers have complemented quantitative SEM analyses with qualitative investigations using explanatory sequential mixed-methods designs to obtain deeper contextual explanations regarding employees' turnover decisions [17], [18]. These approaches provide richer insights into organizational phenomena by integrating statistical evidence with participants' lived experiences, thereby overcoming the limitations of relying solely on quantitative findings.

Although previous studies have reported significant relationships among organizational culture, job satisfaction, and turnover intention, several important research gaps remain. First, most existing studies employ purely quantitative cross-sectional designs, providing limited understanding of the contextual factors underlying healthcare workers' decisions to resign [7], [11], [12]. Second, empirical evidence has predominantly originated from developed countries or large tertiary hospitals, while studies involving Indonesian Type-C hospitals remain scarce despite their unique organizational and financial challenges [5], [6], [19]. Third, emerging evidence suggests that structural determinants including compensation disparities, staffing shortages, workload intensity, burnout, career development opportunities, and external labor market competition may exert stronger influences on turnover intention than organizational culture and job satisfaction alone [8], [13], [20]. These findings indicate that classical turnover theories may not adequately explain employee retention behavior in resource-constrained healthcare settings and therefore require further empirical validation using integrated analytical approaches.

Accordingly, this study aimed to examine the relationships among organizational culture, job satisfaction, and turnover intention among healthcare workers in an Indonesian Type-C hospital using an explanatory sequential mixed-methods design integrating PLS-SEM and qualitative thematic analysis. By combining quantitative structural modeling with qualitative exploration, this study seeks to provide a more comprehensive understanding of the organizational and structural determinants influencing healthcare workforce retention.

This study offers several important contributions. First, it extends organizational behavior literature by examining whether the classical relationship between organizational culture, job satisfaction, and turnover intention remains applicable within resource-constrained Indonesian hospital settings. Second, it integrates PLS-SEM with qualitative thematic analysis to provide comprehensive explanations for statistically significant and non-significant findings, thereby strengthening methodological rigor. Third, it provides empirical evidence supporting the existence of a decoupling phenomenon, whereby positive organizational culture and job satisfaction do not necessarily translate into employee retention because structural workforce conditions exert stronger influences on turnover intention. These findings contribute to the development of more comprehensive hospital workforce retention strategies that integrate psychological and structural organizational perspectives.

The remainder of this article is organized as follows. Section II describes the research methodology, including the study design, participants, measurement instruments, and data analysis procedures. Section III presents the quantitative and qualitative findings together with the integrated mixed-methods analysis. Section IV discusses the findings in relation to previous studies and outlines their theoretical and managerial implications. Finally, Section V concludes the study by summarizing the principal findings, identifying study limitations, and providing recommendations for future research.

II. METHOD

A. STUDY DESIGN

This study employed an explanatory sequential mixed-methods design, in which quantitative findings were collected and analyzed first, followed by a qualitative phase to explain and enrich the statistical results. This design was selected because turnover intention is a multidimensional organizational phenomenon that cannot be fully understood using quantitative analysis alone. The quantitative component adopted a cross-sectional analytical design to examine the structural relationships among organizational culture, job satisfaction, and turnover intention using Partial Least Squares Structural Equation Modeling (PLS-SEM). Subsequently, qualitative data were collected through semi-structured, in-depth interviews to explore contextual factors influencing healthcare workers' turnover decisions and to provide explanations for statistically significant and non-significant relationships identified during the quantitative analysis. The integration of quantitative and qualitative findings was performed during the interpretation stage using methodological triangulation, thereby improving the credibility and comprehensiveness of the research findings [21]–[23].

B. STUDY SETTING AND PARTICIPANTS

The study was conducted at RS Tarumajaya, a Type-C private hospital located in Bekasi Regency, West Java, Indonesia. This hospital was selected because it has experienced increasing workforce mobility and turnover in recent years, making it an appropriate setting for investigating organizational and structural determinants of employee retention. The study population consisted of all full-time healthcare professionals employed at the hospital, including physicians, nurses, midwives, pharmacists, laboratory personnel, radiographers, physiotherapists, and other allied health professionals.

The quantitative phase included 150 healthcare workers, who were recruited using purposive sampling based on predefined eligibility criteria. Participants were required to (1) be employed as full-time healthcare workers, (2) have worked continuously for at least six months to ensure sufficient organizational experience, and (3) voluntarily agree to participate by providing written informed consent. Temporary employees, interns, contract workers with less than six months of service, and personnel on extended leave during data collection were excluded from the study. The sample size satisfied the minimum recommendation for PLS-SEM, which recommends a sufficient number of observations to ensure stable parameter estimation and predictive model evaluation [24], [25].

Following completion of the quantitative analysis, participants for the qualitative phase were selected purposively to obtain diverse perspectives regarding organizational culture, job satisfaction, and turnover intention. Interview participants represented different professional categories, employment durations, managerial responsibilities, and experiences related to resignation or workforce retention. Recruitment continued until data saturation was achieved, whereby no new themes emerged from subsequent interviews.

C. VARIABLES AND RESEARCH INSTRUMENTS

Three latent constructs were investigated in this study: organizational culture, job satisfaction, and turnover intention. Organizational culture was assessed using the Denison Organizational Culture Model, comprising four dimensions: involvement, consistency, adaptability, and mission. Job satisfaction was measured using indicators adapted from Herzberg's Two-Factor Theory, including working conditions, achievement, recognition, interpersonal relationships, and opportunities for professional development. Turnover intention was measured using the Turnover Intention Scale (TIS-6) developed by Bothma and Roodt, covering employees' intention to search for alternative employment, thoughts of leaving the organization, and intention to resign.

All questionnaire items were evaluated using a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Prior to data collection, the questionnaire underwent content validation by experts in hospital management and organizational behavior to ensure construct relevance and clarity. A pilot assessment was subsequently performed to confirm instrument readability and response consistency before full-scale implementation.

D. DATA COLLECTION PROCEDURES

Quantitative data were collected through self-administered structured questionnaires distributed directly to eligible healthcare workers during the study period. Before participation, respondents received detailed information regarding the study objectives, confidentiality procedures, voluntary participation, and their right to withdraw at any stage without consequences. Written informed consent was obtained from all participants before questionnaire administration.

Following quantitative analysis, qualitative data were collected using **semi-structured in-depth interviews** guided by an interview protocol developed from the quantitative findings. The interview guide explored participants' perceptions of organizational culture, working conditions, compensation, workload, career development, organizational commitment, and reasons underlying turnover intention. All interviews were conducted face-to-face by the principal researcher, audio-recorded with participants' permission, and subsequently transcribed verbatim for analysis.

E. DATA ANALYSIS

Quantitative data were analyzed using SmartPLS version 4 following the recommended two-stage PLS-SEM procedure. The first stage evaluated the measurement model, including indicator reliability, internal consistency reliability, convergent validity, and discriminant validity. Indicator reliability was assessed using outer loading values (>0.70), while convergent validity was evaluated using the Average Variance Extracted (AVE >0.50). Composite Reliability and Cronbach's Alpha values above 0.70 indicated acceptable internal consistency reliability [24], [25].

The second stage evaluated the structural model, including path coefficients, coefficient of determination (R^2), predictive relevance (Q^2), effect size (f^2), and model fit using the Standardized Root Mean Square Residual (SRMR). Statistical significance of direct and indirect relationships was examined using a bootstrapping procedure with 5,000 resamples. Mediation analysis was conducted to determine whether job satisfaction mediated the relationship between organizational culture and turnover intention. Model interpretation followed contemporary PLS-SEM reporting guidelines [24], [25].

Qualitative data were analyzed using thematic analysis involving open coding, axial coding, and selective coding. Two researchers independently reviewed interview transcripts to improve coding reliability before discussing coding discrepancies until consensus was achieved. Themes emerging from the qualitative findings were subsequently integrated with quantitative results using joint display analysis, enabling comprehensive interpretation of convergence, complementarity, and divergence between both datasets. This integration strengthened interpretive validity and facilitated deeper understanding of turnover intention among healthcare workers [22], [23].

F. ETHICAL CONSIDERATIONS

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This study received ethical approval from the Health Research Ethics Committee of Universitas YARSI (Protocol No. 030/KEP-UY/EA.10/II/2026). All procedures complied with the ethical principles outlined in the Declaration of Helsinki. Participation was entirely voluntary, and written informed consent was obtained from every participant before data collection. Respondents' identities were anonymized using coded identifiers, and all research data were securely stored with access restricted exclusively to the research team. Confidentiality, participant autonomy, beneficence, and non-maleficence were maintained throughout all stages of the study.

III. RESULTS

A. MEASUREMENT MODEL

The measurement model evaluation demonstrated satisfactory validity and reliability. All reflective indicators achieved factor loadings above the recommended threshold of 0.70. The Average Variance Extracted (AVE) values for all constructs exceeded 0.50, indicating adequate convergent validity. In addition, Composite Reliability and Cronbach's Alpha values for all constructs were above 0.70, confirming internal consistency reliability. The analysis also indicated the absence of problematic multicollinearity, as all inner Variance Inflation Factor (VIF) values remained below the critical threshold.

TABLE 1
Measurement Model Evaluation

Construct	Outer Loading Range	AVE	Composite Reliability	Cronbach's Alpha
Organizational Culture	0.705 – 0.867	0.609	0.883	0.870
Job Satisfaction	0.773 – 0.885	0.717	0.872	0.867
Turnover Intention	0.746 – 0.939	0.742	0.887	0.881

The measurement model evaluation demonstrated satisfactory convergent validity and internal consistency reliability. All retained indicators achieved outer loading values above the recommended threshold of 0.70. Several indicators with loading values below 0.70 (X1 = 0.660, X6 = 0.619, and Y6 = 0.688) were removed from the model during the first-stage evaluation to improve construct validity.

The Average Variance Extracted (AVE) values for all constructs exceeded the minimum recommended threshold of 0.50, indicating adequate convergent validity. The highest AVE value was observed in the job satisfaction construct (AVE = 0.717), while the turnover intention construct demonstrated strong convergent validity (AVE = 0.742), including the non-procedural resignation dimension.

Composite Reliability values ranged from 0.872 to 0.887, while Cronbach's Alpha values ranged from 0.867 to 0.881, indicating satisfactory to good internal consistency reliability across all constructs. These findings confirm that the measurement model fulfilled the recommended criteria for SEM-PLS reflective construct evaluation.

B. STRUCTURAL MODEL

The structural model analysis demonstrated that organizational culture had a positive and statistically significant effect on job satisfaction ($\beta = 0.643$; $p < 0.001$), indicating that stronger organizational culture was associated with higher job satisfaction among healthcare workers.

However, organizational culture did not significantly influence turnover intention ($\beta = -0.266$; $p = 0.157$). Similarly, job satisfaction did not significantly influence turnover intention ($\beta = -0.270$; $p > 0.05$). Furthermore, mediation analysis demonstrated that job satisfaction did not mediate the relationship between organizational culture and turnover intention.

The coefficient of determination (R^2) indicated that organizational culture explained 41.3% of the variance in job satisfaction, while the model explained only 22.8% of the variance in turnover intention. The predictive relevance assessment demonstrated adequate predictive capability for job satisfaction ($Q^2 = 0.283$) but weak predictive relevance for turnover intention ($Q^2 = 0.038$). The model achieved acceptable goodness-of-fit based on the SRMR criterion (<0.08).

TABLE 2
Structural Model Assesment

Structural Path	Path Coefficient (β)	t-value	p-value	Decision
Organizational Culture → Job Satisfaction	0.643	9.254	<0.001	Supported
Job Satisfaction → Turnover Intention	-0.266	1.417	0.157	Not Supported
Organizational Culture → Turnover Intention	-0.270	1.585	0.113	Not Supported

The structural model analysis demonstrated that organizational culture had a positive and statistically significant effect on job satisfaction among healthcare workers ($\beta = 0.643$; $t = 9.254$; $p < 0.001$). This finding indicates that stronger organizational culture was associated with higher levels of job satisfaction.

However, job satisfaction did not significantly influence turnover intention ($\beta = -0.266$; $t = 1.417$; $p = 0.157$). Similarly, organizational culture also did not demonstrate a statistically significant direct effect on turnover intention ($\beta = -0.270$; $t = 1.585$; $p = 0.113$).

The bootstrapping results therefore suggest that organizational culture was effective in strengthening employees' psychological work perceptions, but insufficient to significantly reduce turnover intention under the existing structural workforce conditions.

C. ADVANCED SEM ANALYSIS

Effect Size (f^2)

1. Culture → Satisfaction: moderate effect
2. Others: small/negligible

Predictive Relevance (Q^2)

1. Job satisfaction: adequate predictive relevance
2. Turnover intention: weak predictive relevance

The model showed adequate predictive relevance for job satisfaction (Q2 = 0.283) but weak predictive power for turnover intention (Q2 = 0.038).

Model Fit (SRMR)

1. SRMR < 0.08 → acceptable fit

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TABLE 3
Predictive Relevance and Model Fit

Indicator	Value	Interpretation
R^2 Job Satisfaction	0.413	Moderate explanatory power
R^2 Turnover Intention	0.228	Weak explanatory power
Q^2 Job Satisfaction	0.283	Adequate predictive relevance
Q^2 Turnover Intention	0.038	Weak predictive relevance
SRMR	< 0.08	Acceptable model fit

The coefficient of determination (R^2) indicated that organizational culture explained 41.3% of the variance in job satisfaction, suggesting moderate explanatory capability. In contrast, the model explained only 22.8% of the variance in turnover intention, indicating relatively weak explanatory power for employee retention behavior.

The predictive relevance analysis demonstrated adequate predictive capability for the job satisfaction construct (Q^2 = 0.283). However, turnover intention demonstrated weak predictive relevance (Q^2 = 0.038), suggesting that additional structural, economic, and labor market variables outside the current model may play a more dominant role in shaping turnover intention among healthcare workers.

The Standardized Root Mean Square Residual (SRMR) value was below the recommended threshold of 0.08, indicating acceptable overall model fit and satisfactory model-data compatibility.

D. QUALITATIVE FINDINGS

The thematic analysis of in-depth interviews provided context to the quantitative "non-significance". Key themes identified include:

1. Structural Drivers: While staff perceived the culture as "friendly" and "familial", their decisions to leave were primarily driven by compensation disparities, high workload, and better external opportunities.
2. Non-Procedural Resignation: A significant phenomenon where staff (mostly early-career/fresh graduates) resign without following administrative protocols, often triggered by receiving salary payments or seeking better career stepping stones.

Key drivers of turnover:

1. compensation disparity
2. high workload
3. better external opportunities

The results indicate that organizational culture has a positive and statistically significant effect on job satisfaction among hospital staff, with the model explaining a moderate proportion of variance in job satisfaction. However, organizational culture does not have a significant effect on turnover intention. Similarly, job satisfaction does not significantly influence turnover intention, and no mediating effect was observed in the model.

Further analysis reveals that the effect size (f^2) for the relationship between organizational culture and job satisfaction falls within the moderate range, whereas the effect sizes for the remaining relationships are negligible. The predictive relevance (Q^2) assessment shows that the model possesses adequate predictive capability for job satisfaction but demonstrates weak predictive power for turnover intention. Although the model achieves acceptable goodness-of-fit based on the SRMR criterion, its explanatory capacity for turnover intention remains limited.

Qualitative findings further indicate that turnover decisions are primarily driven by structural factors, including non-competitive compensation, excessive workload, and better external employment opportunities.

E. INTEGRATION OF QUANTITATIVE AND QUALITATIVE FINDINGS

The integration of quantitative and qualitative findings revealed that turnover intention among healthcare workers was predominantly influenced by structural and external factors rather than psychological attachment to the organization. Although respondents generally perceived organizational culture positively and reported relatively satisfactory interpersonal work environments, these conditions were insufficient to reduce turnover intention.

Qualitative findings identified several dominant themes, including compensation disparities, excessive workload, staffing shortages, career uncertainty, and external employment opportunities. Participants also described a recurring phenomenon of non-procedural resignation, particularly among early-career healthcare workers who resigned abruptly after receiving salary payments or obtaining better employment opportunities elsewhere.

The mixed-methods integration suggests the presence of a decoupling phenomenon, whereby positive organizational culture and job satisfaction do not necessarily translate into employee retention behavior under conditions of economic and workforce pressure.

TABLE 4
Joint Display of Quantitative and Qualitative Findings

Quantitative Finding	Qualitative Theme	Integrated Interpretation
Organizational culture did not significantly influence turnover intention	Compensation disparity and external job opportunities	Structural and economic pressures outweighed organizational attachment
Job satisfaction did not significantly influence turnover intention	Employees reported comfortable interpersonal relationships but inadequate financial rewards	Psychological satisfaction alone was insufficient to retain healthcare workers
Weak predictive relevance for turnover intention (Q^2 = 0.038)	High workload, staffing shortages, and burnout	Turnover intention was predominantly driven by structural workforce conditions
Organizational culture significantly influenced job satisfaction	Familial and supportive work environment	Organizational culture contributed positively to psychosocial workplace conditions

F. JOINT DISPLAY MIXED-METHODS INTEGRATION

The integration of quantitative and qualitative findings demonstrated that turnover intention among healthcare workers was influenced more strongly by structural and external employment factors than by internal psychological organizational variables alone. Although respondents generally perceived organizational culture positively and reported relatively satisfactory interpersonal work environments, these conditions were insufficient to reduce turnover intention under conditions of compensation inequality, excessive workload, staffing shortages, and external labor market opportunities.

IV. DISCUSSION

A. INTERPRETATION OF THE FINDINGS AND COMPARISON WITH PREVIOUS STUDIES

The present study investigated the relationships among organizational culture, job satisfaction, and turnover intention among healthcare workers in an Indonesian Type-C hospital using an explanatory sequential mixed-methods approach. The quantitative findings demonstrated that organizational culture exerted a significant positive effect on job satisfaction, whereas neither organizational culture nor job satisfaction significantly influenced turnover intention. Furthermore, job satisfaction did not mediate the relationship between organizational culture and turnover intention. The qualitative findings complemented these statistical results by revealing that employees' decisions to leave the organization were primarily driven by structural and external factors, including compensation disparities, excessive workload, staffing shortages, limited career advancement opportunities, and attractive employment alternatives outside the hospital. These findings suggest that psychological organizational factors alone are insufficient to explain employee retention in resource-constrained healthcare settings.

The significant relationship between organizational culture and job satisfaction indicates that employees who perceive supportive leadership, effective communication, shared organizational values, and collaborative working environments tend to report higher levels of job satisfaction. Organizational culture functions as a psychosocial mechanism that strengthens interpersonal relationships, enhances employees' sense of belonging, and improves perceptions of organizational support. These findings are consistent with previous studies demonstrating that positive organizational culture contributes significantly to employee satisfaction by promoting teamwork, organizational commitment, and employee engagement [28]–[30]. Similarly, Liu *et al.* reported that organizational culture enhances employees' involvement and organizational commitment through supportive leadership and clearly communicated organizational values, thereby improving workplace satisfaction [31].

However, unlike many previous studies, the present research found that organizational culture did not significantly reduce turnover intention. This finding suggests that although healthcare workers positively perceived the organizational environment, these perceptions were insufficient to influence their intention to remain employed. Instead, employees appeared to prioritize economic security, workload balance, and career development opportunities when making employment decisions. Similar findings have recently been reported in healthcare organizations operating under workforce shortages, where organizational culture contributes positively to employee morale but demonstrates limited influence on actual retention behavior when structural employment conditions remain unfavorable [32], [33]. Therefore, organizational culture may strengthen employees' psychological attachment to the organization without necessarily preventing voluntary turnover.

The present study also identified that job satisfaction was not significantly associated with turnover intention, contradicting the assumptions of classical turnover theories that regard job satisfaction as one of the strongest predictors of employee retention. Although respondents generally expressed satisfaction with interpersonal relationships, teamwork, and the organizational climate, qualitative interviews revealed persistent dissatisfaction regarding financial compensation, workload intensity, staffing adequacy, and long-term career prospects. Consequently, employees may simultaneously experience satisfactory psychosocial working conditions while actively seeking alternative employment opportunities offering better economic and professional benefits. This phenomenon reflects what recent organizational behavior literature describes as the satisfaction–turnover paradox, whereby employees remain psychologically satisfied yet continue to exhibit high turnover intention because extrinsic employment conditions outweigh intrinsic organizational experiences [34], [35].

An additional contribution of this study is the identification of a decoupling phenomenon between organizational culture and employee retention. Traditionally, organizational culture has been regarded as a strategic mechanism for improving both employee satisfaction and organizational commitment. Nevertheless, the present findings indicate that this relationship may weaken considerably within resource-constrained healthcare organizations. The relatively low predictive relevance for turnover intention ($Q^2 = 0.038$) further suggests that substantial proportions of turnover behavior are explained by variables beyond the current research model. Similar observations have been reported in recent international studies indicating that burnout, workload imbalance, organizational justice, compensation competitiveness, and labor market dynamics increasingly dominate turnover decisions among healthcare professionals following the COVID-19 pandemic [32], [35], [36]. Accordingly, the findings imply that employee retention should be understood as a multidimensional organizational phenomenon influenced not only by psychological organizational variables but also by broader structural, economic, and labor-market determinants.

B. THEORETICAL AND MANAGERIAL IMPLICATIONS

The findings of this study contribute to the growing body of literature indicating that traditional turnover models may no longer adequately explain employee retention within resource-constrained healthcare organizations. Classical organizational behavior theories generally propose that a strong

organizational culture enhances job satisfaction, which subsequently reduces employees' intention to leave the organization. Although the present study confirmed the significant positive relationship between organizational culture and job satisfaction, the absence of significant relationships between organizational culture, job satisfaction, and turnover intention indicates that the psychological mechanisms underlying employee retention have become increasingly complex in contemporary healthcare environments. This finding suggests that organizational culture remains important for improving employees' workplace experiences; however, its influence on retention behavior appears to diminish when healthcare workers are simultaneously confronted with substantial structural and economic pressures.

The explanatory sequential mixed-methods design provided valuable insights into this phenomenon. While the quantitative findings demonstrated weak predictive relevance for turnover intention, qualitative interviews revealed that respondents consistently emphasized financial compensation, workload intensity, staffing adequacy, career advancement opportunities, and external employment prospects as the principal determinants of resignation decisions. These findings support recent international evidence indicating that healthcare professionals increasingly evaluate employment decisions based on both organizational experiences and broader labor-market conditions. Similar conclusions have been reported by Xu et al. and D'Alessandro-Lowe et al., who found that work engagement and job satisfaction alone were insufficient to explain turnover intention when healthcare workers experienced burnout, limited organizational support, and more attractive employment opportunities elsewhere [32], [36]. Likewise, Obeng and Atan demonstrated that organizational commitment weakens considerably when employees perceive inadequate compensation and excessive work demands, regardless of positive organizational relationships [33].

The present findings therefore reinforce the emerging concept of context-dependent turnover behavior, suggesting that the predictive ability of psychological organizational variables varies according to organizational circumstances and external labor-market conditions. Within well-resourced healthcare organizations, organizational culture and job satisfaction may substantially influence employee retention. Conversely, in hospitals experiencing financial limitations, workforce shortages, and intense competition for skilled personnel, structural determinants appear to become more influential than psychosocial organizational factors. This contextual interpretation extends previous organizational behavior theories by emphasizing that employee retention should be understood through a multidimensional framework integrating organizational, economic, and labor-market perspectives rather than relying exclusively on psychological constructs [34], [35].

Another important theoretical contribution is the empirical support for the decoupling phenomenon observed in this study. Although respondents generally perceived organizational culture positively and reported satisfactory interpersonal relationships, these favorable perceptions did not translate into stronger intentions to remain within the organization. This finding suggests that organizational culture may enhance employees' emotional attachment and day-to-day work experiences without necessarily influencing long-term employment decisions. Such evidence challenges the assumption that improvements in organizational climate alone will automatically reduce turnover intention. Instead, organizational culture should be viewed as one component of a broader retention framework requiring simultaneous improvements in compensation systems, workload management, staffing adequacy, and career development programs [30], [33].

From a managerial perspective, the findings provide several important implications for hospital administrators and policymakers. First, workforce retention strategies should extend beyond initiatives designed to strengthen organizational culture. While fostering supportive leadership, teamwork, and effective communication remains valuable, these interventions should be accompanied by structural improvements addressing employees' financial and professional expectations. Hospitals should therefore develop competitive compensation systems, transparent promotion pathways, continuous professional development programs, and equitable performance evaluation mechanisms to improve long-term retention [34], [35].

Second, hospital management should prioritize workforce planning aimed at reducing excessive workloads and improving staffing adequacy. The qualitative findings demonstrated that workload imbalance and personnel shortages substantially contributed to employees' turnover intention despite relatively positive perceptions of organizational culture. Appropriate workforce planning, balanced staff distribution, and effective scheduling systems may therefore reduce occupational stress and improve employees' willingness to remain within the organization. These findings are consistent with recent recommendations emphasizing the importance of integrating workforce planning with organizational well-being initiatives to improve healthcare workforce sustainability [28], [32].

Finally, policymakers should recognize that healthcare workforce retention represents a systemic challenge extending beyond individual hospital management. National and regional health authorities should consider developing financial incentives, retention allowances, rural workforce support programs, and standardized career progression policies to reduce disparities between healthcare institutions. Such policy interventions may be particularly important for Type-C hospitals, which frequently operate under substantial financial constraints while competing with larger hospitals for qualified healthcare professionals. Accordingly, sustainable workforce retention requires coordinated organizational and governmental strategies addressing both internal organizational practices and broader structural determinants of healthcare employment [29], [31], [36].

C. STUDY LIMITATIONS, PRACTICAL IMPLICATIONS, AND FUTURE RESEARCH

Several limitations should be considered when interpreting the findings of this study. First, the quantitative component employed a cross-sectional design, which captures organizational culture, job satisfaction, and turnover intention at a single point in time. Consequently, causal inferences regarding the relationships among these constructs cannot be established with certainty. Although PLS-SEM provides robust estimates of structural relationships, longitudinal studies are required to determine whether changes in organizational culture and job satisfaction subsequently influence employees' turnover behavior over time [37], [38].

Second, this study was conducted in a single Type-C private hospital in Indonesia. While this setting provided valuable insights into workforce retention under resource-constrained conditions, the findings may not be directly generalizable to other hospital classifications, public hospitals, or healthcare institutions operating under different organizational and financial environments. Organizational policies, leadership styles, staffing systems, and regional labor-market characteristics vary considerably across healthcare organizations and may influence turnover intention differently. Future multicenter studies involving hospitals of different ownership types and service levels would improve the external validity and generalizability of these findings [39].

Third, although the structural model demonstrated satisfactory measurement validity and acceptable overall model fit, its predictive capability for turnover intention remained relatively weak ($Q^2 = 0.038$). This finding indicates that important determinants of turnover intention were not incorporated into the current conceptual framework. Previous studies have identified burnout, psychological resilience, organizational commitment, perceived organizational support, work engagement, leadership effectiveness, compensation satisfaction, work-life balance, and career development opportunities as influential predictors of employee retention [32], [35], [40]. Integrating these variables into future structural models may substantially improve explanatory and predictive performance while providing a more comprehensive understanding of healthcare workforce retention.

Despite these limitations, this study possesses several methodological strengths. The explanatory sequential mixed-methods design enabled quantitative findings to be interpreted through qualitative evidence, thereby providing richer contextual understanding than would have been possible using a single-method approach. The integration of PLS-SEM with thematic analysis strengthened interpretive validity by allowing convergence between statistical relationships and participants' lived experiences. In particular, qualitative findings successfully explained why organizational culture and job satisfaction were not significantly associated with turnover intention, despite respondents generally reporting positive perceptions of their organizational environment. This methodological integration represents an important contribution because previous studies investigating turnover intention have predominantly relied on quantitative survey data without exploring the contextual mechanisms underlying employees' decisions to resign [37], [39].

The practical implications of this study extend beyond organizational theory to healthcare management and workforce policy. Hospital administrators should recognize that improving organizational culture alone is unlikely to substantially reduce turnover intention unless accompanied by structural interventions addressing employees' economic and professional expectations. Accordingly, workforce retention strategies should integrate competitive compensation systems, equitable workload distribution, adequate staffing levels, transparent career progression pathways, and continuous professional development opportunities. Simultaneously, organizational initiatives promoting supportive leadership, effective communication, employee recognition, and collaborative workplace culture should be maintained because these factors continue to play an important role in enhancing employees' psychological well-being and job satisfaction [34], [40].

At the policy level, the findings highlight the necessity of strengthening national healthcare workforce retention programs, particularly for resource-constrained hospitals. Government agencies should consider implementing financial incentives, rural retention schemes, workforce planning policies, and standardized career development frameworks to improve workforce stability across healthcare institutions. Such coordinated policy initiatives are particularly important in developing countries where healthcare organizations frequently experience persistent staffing shortages and increasing competition for qualified professionals [38], [39].

Future research should adopt longitudinal and multicenter designs to evaluate changes in turnover intention over time and across different healthcare settings. In addition, future studies are encouraged to develop more comprehensive structural models incorporating organizational, psychological, economic, and labor-market variables simultaneously. Advanced analytical approaches, including multigroup analysis, higher-order PLS-SEM, or multilevel structural equation modeling, may further clarify the contextual mechanisms underlying healthcare workforce retention. Such investigations would contribute to the development of more comprehensive evidence-based retention strategies capable of supporting sustainable human resource management in hospitals operating under increasingly complex organizational environments.

V. CONCLUSION

This study aimed to examine the relationships among organizational culture, job satisfaction, and turnover intention among healthcare workers in an Indonesian Type-C hospital using an explanatory sequential mixed-methods approach integrating Partial Least Squares Structural Equation Modeling (PLS-SEM) and qualitative thematic analysis. The findings demonstrate that organizational culture significantly enhanced job satisfaction, with a standardized path coefficient of $\beta = 0.643$ ($p < 0.001$), explaining 41.3% ($R^2 = 0.413$) of the variance in job satisfaction and showing adequate predictive relevance ($Q^2 = 0.283$). However, organizational culture did not exert a significant direct effect on turnover intention ($\beta =$

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−0.270, p = 0.113), while job satisfaction likewise failed to significantly influence turnover intention (β = −0.266, p = 0.157). Furthermore, no mediating effect of job satisfaction was identified between organizational culture and turnover intention. Although the structural model achieved an acceptable level of goodness-of-fit (SRMR < 0.08), its predictive capability for turnover intention remained relatively weak (R^2 = 0.228; Q^2 = 0.038), indicating that substantial variation in employees' intention to leave was explained by factors beyond the proposed model. The qualitative findings complemented these quantitative results by revealing that turnover intention was predominantly influenced by structural determinants, including compensation disparities, excessive workload, staffing shortages, limited career advancement opportunities, and attractive external employment alternatives. Collectively, these findings suggest that organizational culture and job satisfaction continue to play an important role in fostering positive psychosocial working environments but are insufficient, when considered independently, to retain healthcare professionals in resource-constrained hospital settings. Consequently, sustainable workforce retention strategies should integrate organizational development initiatives with structural human resource interventions, including competitive compensation systems, effective workforce planning, balanced workload allocation, and transparent career development pathways. Future research is recommended to employ longitudinal and multicenter study designs involving different hospital classifications and healthcare systems to improve generalizability. In addition, future studies should incorporate broader organizational, psychological, and economic determinants such as burnout, organizational commitment, leadership style, perceived organizational support, work engagement, work–life balance, and labor-market dynamics while applying advanced analytical techniques, including multilevel or higher-order PLS-SEM, to develop a more comprehensive understanding of healthcare workforce retention and turnover behavior.

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DATA AVAILABILITY
The datasets generated and/or analyzed during the current study are available from the corresponding author upon reasonable request. Data are not publicly available because they contain information that could compromise participant confidentiality.

AUTHOR CONTRIBUTION
Egri Fiona played a pivotal role in conceptualizing and designing the research, overseeing the data collection process, and actively participating in both data analysis and interpretation. Dicky Budiman contributed to methodological supervision, data interpretation, critical revision of the manuscript, and theoretical development of the study. Oom contributing substantially to the manuscript's writing and revision stages. All authors thoroughly reviewed and approved the final manuscript version, collectively assuming responsibility for ensuring the work's integrity and accuracy.

DECLARATIONS
ETHICAL APPROVAL
The present study was conducted in accordance with the ethical principles for medical research involving human subjects. Ethical approval for this research was granted by the Health Research Ethics Committee of Universitas YARSI (Protocol Number: No:030/KEP-UY/EA.10/II/2026). Prior to data collection, all participants were provided with a detailed explanation regarding the study's objectives, procedures, potential risks, and their right to withdraw at any time without penalty. Written informed consent was obtained from all individual participants included in the study. For the qualitative phase involving in-depth interviews, verbal and written consent were also secured before recording. To ensure confidentiality, all data were anonymized by removing personal identifiers, and access to raw data was restricted to the research team. The study strictly adhered to the principles of autonomy, beneficence, and non-maleficence throughout the research process.

CONSENT FOR PUBLICATION PARTICIPANTS
Consent for publication was given by all participants.

COMPETING INTERESTS
The authors declare no competing interests.

REFERENCES
[1] NSI Nursing Solutions, 2021 NSI National Health Care Retention & RN Staffing Report. East Petersburg, PA, USA, 2021.
[2] World Health Organization, Global Health and Care Workforce Strategic Directions 2021–2025. Geneva, Switzerland: WHO, 2022.
[3] World Health Organization, Health and Care Workforce in the Context of Universal Health Coverage. Geneva, Switzerland: WHO, 2023.
[4] World Health Organization, Global Strategy on Human Resources for Health: Workforce Progress Update. Geneva, Switzerland: WHO, 2024.
[5] Kementerian Kesehatan Republik Indonesia, Profil Kesehatan Indonesia 2024. Jakarta, Indonesia: Kementerian Kesehatan RI, 2024.
[6] N. N. Hanum, L. Ulfa, and S. Nugraha, "Analisis faktor-faktor penyebab burnout di Rumah Sakit Karya Medika Bantar Gebang Bekasi tahun 2024," Jurnal Manajemen dan Administrasi Rumah Sakit Indonesia (MARSI), vol. 10, no. 1, pp. 92–110, 2026.
[7] D. Purwanti and R. Indradewa, "Influence of work environment and organizational culture on turnover intention mediated by job satisfaction in Type-B private hospitals," Journal of Health Management, vol. 8, no. 1, pp. 55–67, 2022.
[8] K. Xu et al., "Turnover intention among healthcare workers in Shenzhen, China: The mediating effect of job satisfaction and work engagement," BMC Health Services Research, vol. 24, Art. no. 1413, 2024.
[9] Y. Chen et al., "Organizational support, work engagement, and turnover intention among healthcare workers," Frontiers in Public Health, vol. 12, 2024.

[10] L. Liu et al., "The multidimensional interaction effect of culture, leadership style, and organizational commitment on employee involvement," Sustainability, vol. 14, no. 16, Art. no. 9963, 2022.
[11] M. I. Al Bazroun et al., "Factors influencing job satisfaction and anticipated turnover among intensive care nurses in Saudi Arabia," British Journal of Healthcare Management, vol. 29, no. 6, 2023.
[12] E. Kasmai et al., "Intention to leave the job and nursing profession among nurses in Kenya's referral hospital," International Journal of Nursing Studies, vol. 15, no. 1, 2025.
[13] E. Fitriyawati et al., "The economic impact of job satisfaction on doctor retention," Journal of Health Economics and Management, vol. 6, no. 1, pp. 25–37, 2025.
[14] J. J. Lee et al., "Moral distress, burnout, turnover intention, and coping strategies among nurses: A mixed-methods study," Journal of Nursing Management, vol. 32, 2024.
[15] J. F. Hair, C. M. Ringle, and M. Sarstedt, Partial Least Squares Structural Equation Modeling Using R. Thousand Oaks, CA, USA: Sage Publications, 2021.
[16] J. F. Hair, G. T. M. Hult, C. M. Ringle, and M. Sarstedt, A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM), 3rd ed. Thousand Oaks, CA, USA: Sage Publications, 2022.
[17] J. W. Creswell and V. L. Plano Clark, Designing and Conducting Mixed Methods Research, 4th ed. Thousand Oaks, CA, USA: Sage Publications, 2023.
[18] A. C. Fetters, "The evolution of mixed methods integration in health research," Journal of Mixed Methods Research, vol. 18, no. 1, 2024.
[19] D. Damayanti and A. Maryadi, "Unraveling turnover dynamics: The strategic role of employee engagement and career pathways," RIGGS: Journal of Artificial Intelligence and Digital Business, vol. 4, no. 2, pp. 5815–5821, 2025.
[20] H. A. Obeng and T. Atan, "Understanding turnover intentions in the healthcare sector: The role of organizational support and work engagement," Sustainability, vol. 16, 2024.
[21] J. W. Creswell and V. L. Plano Clark, Designing and Conducting Mixed Methods Research, 4th ed. Thousand Oaks, CA, USA: Sage Publications, 2023.
[22] A. C. Fetters, "The evolution of mixed methods integration in health research," Journal of Mixed Methods Research, vol. 18, no. 1, 2024.
[23] M. D'Alessandro-Lowe et al., "Why Are Healthcare Providers Leaving Their Jobs? A Convergent Mixed-Methods Investigation," Nursing Reports, vol. 14, no. 3, 2024.
[24] J. F. Hair, G. T. M. Hult, C. M. Ringle, and M. Sarstedt, A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM), 3rd ed. Thousand Oaks, CA, USA: Sage Publications, 2022.
[25] J. F. Hair, C. M. Ringle, and M. Sarstedt, Partial Least Squares Structural Equation Modeling Using R. Thousand Oaks, CA, USA: Sage Publications, 2021.
[26] M. Sarstedt, C. M. Ringle, and J. F. Hair, "Partial Least Squares Structural Equation Modeling," International Journal of Research in Marketing, vol. 40, no. 4, pp. 1035–1053, 2023.
[27] World Health Organization, Ethics and Governance of Health Research: Updated Guidance. Geneva, Switzerland: WHO, 2023.
[28] D. Purwanti and R. Indradewa, "Influence of work environment and organizational culture on turnover intention mediated by job satisfaction," Journal of Health Management, vol. 8, no. 1, pp. 55–67, 2022.
[29] J. Jainurakhma, "Organizational culture, work motivation, and job satisfaction among healthcare personnel," Jurnal Ilmiah Kesehatan Media Husada, vol. 11, no. 1, pp. 84–96, 2022.
[30] M. I. Al Bazroun et al., "Factors influencing job satisfaction and anticipated turnover among intensive care nurses in Saudi Arabia," British Journal of Healthcare Management, vol. 29, no. 6, 2023.
[31] L. Liu et al., "The multidimensional interaction effect of culture, leadership style, and organizational commitment," Sustainability, vol. 14, no. 16, Art. no. 9963, 2022.
[32] K. Xu et al., "Turnover intention among healthcare workers in Shenzhen, China: The mediating effect of job satisfaction and work engagement," BMC Health Services Research, vol. 24, Art. no. 1413, 2024.
[33] H. A. Obeng and T. Atan, "Understanding turnover intentions in the healthcare sector," Sustainability, vol. 16, 2024.
[34] E. Fitriyawati et al., "The economic impact of job satisfaction on doctor retention," Journal of Health Economics and Management, vol. 6, no. 1, pp. 25–37, 2025.
[35] E. Kasmai et al., "Intention to leave the job and nursing profession among nurses in Kenya's referral hospital," International Journal of Nursing Studies, vol. 15, no. 1, 2025.
[36] M. D'Alessandro-Lowe et al., "Why Are Healthcare Providers Leaving Their Jobs? A Convergent Mixed-Methods Investigation," Nursing Reports, vol. 14, no. 3, 2024.
[37] J. W. Creswell and V. L. Plano Clark, Designing and Conducting Mixed Methods Research, 4th ed. Thousand Oaks, CA, USA: Sage Publications, 2023.
[38] World Health Organization, Health Workforce Support and Safeguards List 2023. Geneva, Switzerland: World Health Organization, 2023.
[39] M. D'Alessandro-Lowe et al., "Why Are Healthcare Providers Leaving Their Jobs? A Convergent Mixed-Methods Investigation," Nursing Reports, vol. 14, no. 3, pp. 1662–1678, 2024.
[40] Y. Chen, H. Zhang, and Y. Zhang, "Organizational support, work engagement, and turnover intention among healthcare workers: A chain mediation analysis," Frontiers in Public Health, vol. 12, Art. no. 1391036, 2024.