



Original Article

Perceived organizational support and its impact on nurses' intention to stay in Vietnam: Psychological well-being and organizational commitment as mediators

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ABSTRACT

**Background & Aim:** Post the COVID-19 pandemic, there has been an observable escalation in the propensity of nurses to resign from their positions, which exerts substantial pressure on healthcare systems worldwide. Perceived Organizational Support has been acknowledged as a pivotal factor in the retention of nursing personnel after the pandemic. This study aims to provide valuable insights into the intricate interplay between Perceived Organizational Support, Psychological Well-being, Organizational Commitment, and Nurses' Intention to Stay in Vietnamese healthcare.

**Methods & Materials:** This study adopted a cross-sectional quantitative design using a structured questionnaire to collect data from diverse professionals in Vietnam through an online platform. Data analysis was conducted using PLS-SEM on a robust dataset of 302 valid observations. A hybrid sampling method combining convenience and snowball techniques was employed. The questionnaire was disseminated via Google Forms during March and April 2024, allowing for an insightful examination of the research phenomena within Vietnam's unique sociocultural context.

**Results:** The study showed a significant positive impact of Perceived Organizational Support on Psychological Well-being, Organizational Commitment, and Nurses' Intention to Stay. Perceived Organizational Support directly affects Nurses' Intention to Stay, and Psychological Well-being emerges as a strong determinant of Nurses' Intention to Stay and a mediator between Perceived Organizational Support and Nurses' Intention to Stay.

**Conclusion:** Healthcare managers play a key role in promoting Nurses' Intention to Stay by increasing Organizational Support, promoting Psychological Well-being, and enhancing Organizational Commitment. These strategies are critical to maintaining stability within the healthcare organization, addressing nursing turnover, and maintaining a resilient workforce.

Introduction

The global nursing workforce is confronting a critical shortfall, with Vietnam reporting a ratio of 11.4 nurses per 10,000 population as of late 2023, contrasting numbers in developed nations (1). This deficiency is exacerbated by a high attrition rate in the nursing profession, as evidenced by the resignation or departure of 9,680 medical staff in Vietnam from January 1, 2021 - June 30, 2022, in Vietnam, which included a significant number of nurses (2). The propensity of nurses to remain in their roles is a multifaceted issue, encompassing not only the decision to leave but also underlying

psychological inclinations. Elevating this intention to stay among nurses is critical in bolstering workforce stability and mitigating turnover, the average turnover rate among nurses has been observed to vary across countries, with USA at 27.65%, and even more pronounced among newly licensed registered nurses in South Korea at 42.7% (3, 4).

Intention to stay refers to the degree of likelihood that an employee will remain employed with the organization (5). Perceived Organizational Support (POS) reflects an employee's belief that their contributions are

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valued and their well-being is a priority for the organization (6). According to organizational support theory, the positive impacts of POS on employee behavior and attitudes emerge from the social exchanges that occur between the organization and its employees (7). Social exchange theory further suggests that individuals reciprocate favorable treatment with positive actions (8). POS is believed to fulfill socio-emotional needs, enhance employees' performance, and strengthen their emotional bond with the organization. High levels of POS can lead to increased Psychological well-being (PWB) (9), enhanced Organizational Commitment (OC) (10), and a stronger desire to remain with the organization (11).

PWB describes a holistic positive state in individuals that includes key facets of human functioning such as competence, quality interpersonal relationships, and the drive for a meaningful, purpose-oriented life (12). Previous research indicated that high levels of PWB can lead to increased OC (13), and enhance nurses' intention to stay (NITS) in their positions (14).

OC is defined as an employees' identification with, involvement in, and loyalty toward their workplace. This includes embracing the organization's goals and values, a willingness to exert effort on behalf of the organization, and a strong desire to maintain employment in the organization (15). Previous research indicated that high levels of OC can lead to enhanced employees' intention to stay with the organization (16)

Most of the research on POS and NITS predominantly centers on developed countries, leaving a noticeable research void regarding emerging countries, particularly Vietnam. This shortfall is prominent in studying POS and its effects on NITS within Vietnamese healthcare, highlighting the pressing need for comprehensive research. Additionally, existing studies have not thoroughly explored the combined roles of PWB and OC as mediators in the relationship between POS and NITS. Most studies have examined these factors separately (9-11, 13, 14, 16), failing to uncover their interdependent dynamics. This fragmented approach limits our understanding of the complex effects of POS on NITS. Consequently, a more comprehensive and

integrated study is necessary to clarify the mechanisms through which POS impacts on NITS via these mediators.

This study aims to fill notable gaps by examining the intricate relationships between POS, PWB, OC, and NITS within Vietnamese healthcare. By focusing on the specific context of Vietnam, the research offers valuable insights into how NITS is shaped by PWB and OC. This study significantly contributes by presenting a unique perspective on the influence of POS on NITS, particularly in the setting of developing countries, with an emphasis on Vietnam. The main research questions guiding this study are:

- RQ1: How does POS affect NITS among nurses in Vietnamese healthcare?
- RQ2: How do PWB and OC mediate the relationship between POS and NITS among nurses in Vietnamese healthcare?

This study answers important issues about POS, PWB, OC, and NITS in Vietnamese healthcare. It increases understanding of POS for NITS in the context of Vietnamese healthcare as well as developing countries. This study examines how POS affects NITS through PWB and OC. The serial mediation of PWB and OC provides a new lens for understanding the impact of POS on NITS. Furthermore, the study highlights the critical role of PWB in the relationship between POS and NITS, offering insights that can help Vietnamese healthcare enhance NITS by leveraging the positive effects of PWB.

## **Methods**

An intricate data collection paradigm was implemented to fulfill the research aims. We utilized a hybrid sampling approach in our study, combining convenience and snowball sampling methods. Convenience sampling allowed for the rapid and efficient collection of data from easily accessible groups, addressing the study's time and resource constraints. Complementing this, snowball sampling enabled access to harder-to-reach, yet crucial participants, broadening our dataset with diverse insights from specific nursing groups. The snowball sampling method also helped reduce representational biases inherent in convenience sampling, thereby enhancing the credibility and generalizability of

our findings. The data was compiled from both public and private healthcare facilities in Vietnam. Participants in this study were mandated to be full-time nurses, aged 18 and above. They were comprehensively briefed about the study's objectives, scope, and content prior to participation, ensuring informed consent. Employing a cross-sectional methodology and utilizing Smart PLS software for data analysis, a minimum sample size of 260 was established (17). Ultimately, the study collected 302 valid responses, thereby facilitating a thorough investigation of the study's structure.

The data collection process was facilitated by deploying a structured questionnaire, disseminated via Google Forms between March and April 2024. Prospective respondents were approached through a combination of personal and professional channels. The authors will contact potential participants via telephone to extend invitations for study participation. Upon obtaining their consent, survey invitations will be disseminated through email and prevalent Vietnamese social media outlets, including Facebook and Zalo. Furthermore, the author requested participants to distribute the survey questionnaire among their colleagues in various departments and units within their healthcare facilities. Additionally, the author appointed one individual from each department to assist in data collection, ensuring that all respondents were nurses and preventing duplicate responses from the same individual. Such an approach was instrumental in acquiring diverse experiences and perspectives for the purpose of the research.

The questionnaire was composed of two sections: demographic information and variable measures. The demographic section collected data on participants' characteristics, such as age, gender, marital status, location, and income. This integrative approach was devised to construct a multifaceted data repository, thereby augmenting the granularity of our comprehension regarding the propellants of NITS within the Vietnamese healthcare infrastructure.

To adequately address linguistic subtleties, meticulous attention was given to translating the questionnaire into Vietnamese, ensuring accessibility for all participants. We

applied the back-translation method originally advocated by Brislin (18) to maintain translational fidelity. This process began with the initial translation of the survey from English to Vietnamese by a linguistically adept professional, followed by an independent retranslation into English by a separate expert to check for consistency. Subsequently, a pilot test of the translated survey was undertaken with 50 participants to ascertain its comprehensibility and appropriateness for the target demographic.

The central constructs of our study include POS, PWB, OC, and NITS, each tailored from prior research to fit the unique context of this investigation. POS was assessed using an eight-item scale adapted from Eisenberger, Huntington (6), and OC was measured through a five-item scale based on Moqbel, Nevo (19). The PWB construct was evaluated using an eight-item scale informed by Jaiswal, and Sengupta (12), and NITS was determined with a five-item scale from Mrayyan (20). All constructs utilized a five-point Likert scale for measurement.

In this study, we engaged in descriptive statistical analysis and preliminary data screening utilizing Microsoft Excel software, and SmartPLS 3.2.9 was used for the Partial least squares structural equation model (PLS-SEM). This technique was chosen due to its proven efficiency in forecasting within model constructs and in contributing to theoretical elaboration, as articulated by Hair, and Risher (21). Additionally, PLS-SEM is renowned for its adeptness in managing intricate variable interconnections, including multiple indicators, and parsing out the nuances between direct and indirect effects. To fortify the study's reliability and validity, the measurement model underwent stringent estimation, a crucial step validating the construct measurements' robustness and precision. Subsequently, the structural model was meticulously scrutinized to confirm discriminant validity, calculate the coefficient of determination ( $R^2$ ), and evaluate the predictive relevance ( $Q^2$ ).

To assess the measurement model by evaluating its validity and reliability through five steps: Firstly, convergent validity, which utilizes the outer loading requiring a correlation greater than 0.7 (22); Secondly, average variance

extracted (AVE), where a variable is considered valid if its AVE exceeds 0.50 (22); Thirdly, composite reliability (CR), deeming a variable reliable when its composite reliability score surpasses 0.70 (23); Fourthly, Cronbach's alpha, which confirms reliability if it is greater than 0.70 for each variable (24). Finally, the variance inflation factor (VIF), with a value less than 5.0, indicates the absence of multicollinearity in the data set (25).

To assess discriminant validity, we applied the Fornell-Larcker criterion (26). This method requires that the square root of the AVE must exceed all correlations between the constructs (27). Additionally, we utilized the Heterotrait-Monotrait (HTMT) ratio as a supplementary test for discriminant validity. According to Henseler, and Ringle (28), an effective model will demonstrate HTMT ratios below 0.9 among construct pairings.

According to Circular No. 4/TT-BYT issued on March 5, 2020, the Ministry of Health of Vietnam specifies that all biomedical research involving humans must be approved and supervised by an institutional or local review board, and observational studies of this are excluded. Therefore, the ethics committee did not need formal approval from the institutional review board or the local ethics committee during the implementation of this study, because it was observational in nature and did not include any therapeutic drugs. Additionally, According to the "Ethical Review of Biomedical Research Involving Human Beings," a public source from China's National Health and Wellness Commission, all life science and medical research activities involving human beings should be subject to ethical review ([http://www.gd.gov.cn/zw/gk/wjk/zcfgk/content/post\\_2530813.html](http://www.gd.gov.cn/zw/gk/wjk/zcfgk/content/post_2530813.html)). Business research and management do not fall under the part of life sciences or medical research involving human subjects, and formal ethics approval was not required. Instead, our research only necessitated clear and explicit informed consent from

participants before data collection. Because "(a) the data is completely anonymous with no personal information being collected; (b) the data is not considered to be sensitive or confidential in nature; (c) the issues being researched are not likely to upset or disturb participants; (d) vulnerable or dependent groups are not included; and (e) there is no risk of possible disclosures or reporting obligations". Throughout the study, all researchers strictly adhere to ethical guidelines. Before participating, individuals were fully informed about the research goals and scope. Each participant provided informed consent, though they are currently unreachable. To protect their anonymity, personal identifiers were removed from all data, which was then anonymized. Unique identification codes replaced any potentially identifying information, ensuring the confidentiality and privacy of the respondents as per the ethical standards required for conducting research. This research did not include any juveniles and was conducted in accordance with the Helsinki Declaration.

## **Results**

### ***Sample characteristics***

Our study involved 302 participants, primarily female, which mirrors the gender distribution commonly seen in nursing. Table 1 delineates a pronounced asymmetry favoring female participation, evidencing 262 female participants (86.75%) as opposed to 40 male participants (13.25%).

Additionally, the demographic data shows a predominant level of higher education among the participants: 192 (73.84%) hold a University/College degree. The predominance of survey participants is derived from the northern region, constituting 61.92% of the sample. This is followed by the middle region, which comprises 19.54%, and the southern region with 18.54%. A thorough exposition of the demographic details is shown in Table 1.

**Table 1.** Sample characteristics (N= 302)

Characteristics	Categories	N	%
Age	18-27	46	15.23
	28-37	150	49.67
	38-47	84	27.81
	> 47	22	7.29
Gender	Male	40	13.25
	Female	262	86.75
Education level	University/College	192	73.84
	Master and above	70	26.16
Monthly income	< \$250	07	2.32
	\$251-\$400	94	31.12
	\$401-\$600	89	29.47
	> \$601	112	37.09
Marital status	Single	42	13.91
	Married	260	86.09
Working time at the nursing	Less than 02 years	04	1.33
	02-<05 years	31	10.26
	05-<10 years	54	17.88
	10-<15 years	119	39.4
	15 years and above	94	31.13
Location	Northern	187	61.92
	Middle	59	19.54
	Southern	56	18.54

### *Estimation of the measurement model*

The research presents a measurement model that incorporates the interplay of four constructs: POS, PWB, OC, and NITS within Vietnamese healthcare. Table 2 shows the results of outer loadings, VIF, construct reliability, and validity measures. The value of outer loading ranges from 0.702 to 0.902. These exceeded the accepted standard of 0.7 thus validating the relevance of the items utilized. The variance inflation factor (VIF) computation, with a maximum detected value of 4.787, substantiated

the nonexistence of multicollinearity within the dataset. The value of all Cronbach's alpha above 0.885 surpassing the 0.7 threshold, is emblematic of the questionnaire's exceptional reliability. These findings further corroborated the model's integrity. Composite reliability (CR) and AVE indices scrutinized the questionnaire's veracity. All the values of CR were greater than 0.9 and all the values of AVE were greater than 0.5, endorsing the model's robust internal consistency and adequate construct validity.

**Table 2.** Result of validity and convergent validity

Construct	Items	Outer loading	VIF	Construct reliability and validity			
				Cronbach's Alpha	rho_A	CR	AVE
Nurses' intention to stay	NITS1	0.702	1.425	0.868	0.878	0.905	0.659
	NITS2	0.861	2.483				
	NITS3	0.716	1.627				
	NITS4	0.902	4.217				
	NITS5	0.858	3.129				
Organizational commitment	OC1	0.719	1.721	0.885	0.887	0.916	0.688
	OC2	0.858	2.556				
	OC3	0.856	2.568				
	OC4	0.883	3.511				
	OC5	0.821	2.532				

Construct	Items	Outer loading	VIF	Construct reliability and validity			
				Cronbach's Alpha	rho_A	CR	AVE
Perceived organizational support	POS1	0.728	2.095	0.932	0.932	0.944	0.679
	POS2	0.787	2.558				
	POS3	0.837	2.970				
	POS4	0.872	3.457				
	POS5	0.836	2.868				
	POS6	0.856	3.917				
	POS7	0.863	4.787				
	POS8	0.803	3.040				
Psychological well-being	WB1	0.790	2.570	0.927	0.929	0.940	0.662
	WB2	0.766	2.192				
	WB3	0.834	2.918				
	WB4	0.818	2.622				
	WB5	0.855	3.297				
	WB6	0.903	4.550				
	WB7	0.800	2.705				
	WB8	0.730	2.142				

**Discriminant validity**

The distinctive nature of the constructs within our research was scrutinized through discriminant validity, evaluating the uniqueness of the observed variables. Table 3 shows the result of discriminant validity with the Fornell-Larcker criterion and HTMT ratio. Our findings indicate that the AVE square roots surpass the inter-construct correlations, thereby endorsing

discriminant validity in accordance with the benchmarks. The HTMT ratios documented in Table 3 do not exceed 0.9, lending further credence to the discriminant validity within our study. Collectively, these outcomes validate the rigorous reliability and validity embedded in our study's design.

**Table 3.** Discriminant validity with Fornell-Larcker Criterion and HTMT Ratio

Fornell-Larcker Criterion				
	NITS	OC	POS	PWB
NITS	0.812			
OC	0.472	0.829		
POS	0.479	0.380	0.824	
PWB	0.579	0.307	0.440	0.814
Heterotrait-Monotrait Ratio (HTMT)				
	NITS	OC	POS	PWB
NITS				
OC	0.529			
POS	0.523	0.418		
PWB	0.633	0.333	0.463	

**Estimation of the structural model**

Figure 1 describes an exhaustive assessment of the causal pathways within the structural model, detailing both direct and mediated interactions. It demonstrates that POS exerts a direct and substantive effect on NITS ( $\beta= 0.195$ ,  $p\text{-value}= 0.001$ ) affirming a significant linkage. Furthermore, the influence of POS on OC is considerable ( $\beta= 0.304$ ,  $p\text{-value}= 0.000$ ) reinforcing its direct and strong impact. A

significant direct relationship is evident in the link between POS and PWB ( $\beta= 0.440$ ,  $p\text{-value}= 0.000$ ). The model also reveals OC's positive influence on NITS ( $\beta= 0.272$ ,  $p\text{-value}= 0.000$ ), highlighting its pivotal role in fostering NITS. Additionally, PWB directly impacts NITS ( $\beta= 0.410$ ,  $p\text{-value}= 0.000$ ), accentuating its predictive significance for NITS. The data shows that PWB has a positive effect on OC ( $\beta= 0.173$ ,  $p\text{-value}=$

0.003), suggesting PWB's contribution to enhancing OC.

Figure 1 also details the indirect effects, where both PWB and OC act as partial mediators in the association between POS and NITS ( $\beta=0.083$ ,  $p=0.01$ ;  $\beta=0.181$ ,  $p=0.000$ , respectively). Additionally, a serial mediation involving both PWB and OC sequentially links POS to NITS,

demonstrating a smaller yet significant mediated path with a  $\beta$  of 0.021 and a p-value of 0.012. This layered analysis highlights the intricate relationships among these constructs, revealing the multi-dimensional dynamics contributing to nurse retention and overall job satisfaction within the healthcare context.

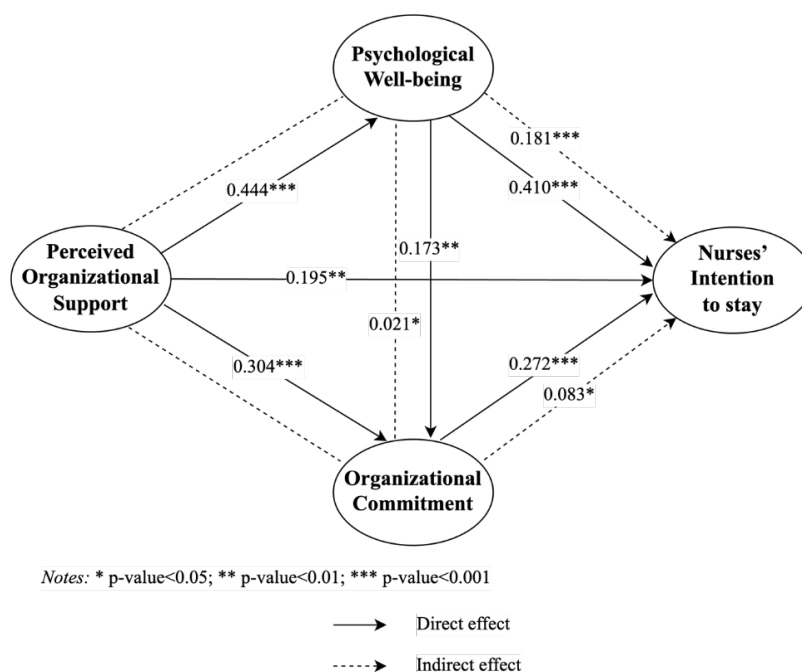


Figure 1. The PLS-SEM result

## Discussion

Our research offers critical insights into the predictors of NITS, successfully explaining 45.9% of the variance observed in NITS. First, our findings revealed that POS exerts a positive direct influence on NITS. This aligns with previous research by Nargotra and Sarangal (11), confirming the robustness of POS as a predictor in diverse settings. This study extends the understanding of POS by demonstrating its positive influence on OC, which supports the findings presented by Kurtessis, and Eisenberger (10). We observed that POS positively affects PWB, a result that mirrors the findings of Kim, and Moon (9). This discovery underscores the multifaceted role of POS in enhancing employee well-being alongside workplace outcomes. The beneficial effects of PWB extend to OC, as our results corroborate earlier studies by Kundi, and Aboramadan (29), suggesting that improved

PWB can foster stronger OC. Our study confirms the positive impact of PWB on NITS, supporting recent findings by Patrick, Thakur (14). It's important to note that this aspect of our research was conducted in India, adding a valuable geographical dimension to understanding these dynamics. Our research identifies a significant positive effect of OC on NITS, aligning with the study by Xiu, Dauner (30). This study was conducted at a public university in the US Midwest, highlighting the cross-cultural applicability of these findings.

Second, the mediation analysis indicates that PWB and OC do not merely transmit the effects of POS in a simple way; instead, they operate as complex, interrelated mediators that jointly contribute to the observed outcomes in NITS. By understanding the interactions between these variables, the study provides a comprehensive framework that delineates how

nurses' PWB and their allegiance to healthcare are crucial pathways through which the benefits of organizational support are realized. The relationship suggests a multiplicative effect wherein POS enhances PWB, which in turn fosters greater OC, collectively amplifying the likelihood of NITS. This framework underscores the importance of a supportive work environment that is attuned to the nurses' psychological needs and promotes a sense of belonging within the healthcare setting. Such an environment could manifest through various initiatives, such as ensuring adequate staffing levels, offering mental health support, and creating clear paths for career advancement, which may all contribute to a nurses' sense of being valued and supported by their employer (14, 16, 31, 32).

Third, the multiple mediators of PWB and OC provide a novel lens for understanding the dynamics within Vietnamese healthcare. This insight can guide healthcare administrators in formulating targeted interventions to bolster both the PWB of their nurses and their OC. Such interventions could include establishing mentorship programs, reinforcing positive feedback mechanisms, and engaging nurses in decision-making processes (33). Through these approaches, healthcare management can create a more conducive environment for professional fulfillment and retention, vital for delivering consistent and high-quality patient care in Vietnam's healthcare landscape.

Finally, the empirical evidence clearly indicates that PWB is the most salient factor influencing NITS, with a significant beta value ( $\beta = 0.410$ ;  $p < 0.001$ ). This statistic highlights the magnitude of PWB's impact on NITS above other considered variables. The obligation, therefore, rests on nurse management to formulate and implement policies aimed at improving PWB among nursing staff as a strategy to enhance NITS (14). Enhancing PWB could involve stress management programs, fostering a supportive work environment, ensuring fair work distribution, and facilitating a culture that promotes work-life balance (34).

The insights garnered from this study are particularly relevant for healthcare, especially in Vietnam, which is looking to implement or enhance POS. Our findings affirm the positive

effects of POS on NITS, emphasizing the strategic importance of understanding and facilitating the underlying factors contributing to this phenomenon. However, healthcare professionals must recognize and address the potential implications of PWB in this equation. Healthcare should consider integrating stress management strategies into the work environment, fostering supportive organizational cultures, and providing robust support systems for nursing staff. The strong positive correlation between PWB and NITS indicates that initiatives aimed at improving POS have the potential to boost an employee's well-being and enhance their propensity to remain with the organization. Therefore, it is recommended that leaders within healthcare settings prioritize the structure of POS to maximize its effectiveness. Efforts to improve POS could include offering flexible scheduling options to accommodate the work-life balance, creating peer support groups, providing recognition programs, and ensuring transparent communication channels for staff feedback and engagement.

Additionally, leaders should seek to understand nurses' unique stressors within their contexts and develop targeted interventions to alleviate these pressures. Leaders could significantly increase PWB, thereby improving NITS. Investing in the workforce in this manner benefits the individual nurses and contributes to a more stable and effective healthcare delivery system, which is paramount in the context of Vietnam where the demand for healthcare services often outpaces resource availability.

### *Limitations and future research*

Despite the rich insights, the study has limitations that future research can address. For instance, this research use of a cross-sectional design, while practical for assessing a snapshot in time, inherently restricts the ability to observe how these relationships develop or fluctuate over time. Consequently, future research could employ a longitudinal approach to track the evolution of these dynamics and offer a more robust picture of the causal relationships. Additionally, the focus on Vietnamese health care may limit the generalizability of the findings. Cultural and economic variables can substantially influence



occupational attitudes and behaviors; thus, replicating this study across diverse geographical and cultural landscapes could provide a more comprehensive understanding of these variables' universality or particularity. By exploring the constructs of POS, PWB, OC, and NITS in various cultural and economic contexts, researchers could discern whether the observed relationships hold globally or if they are contingent upon specific regional characteristics.

## Conclusion

This study has advanced our knowledge of POS and its effects on NITS, especially in Vietnam. We found additional insights into POS's complicated effects on NITS by including PWB and OC in our theoretical framework.

POS improves NITS, OC, and PWB, according to our research. This study has improved our knowledge of POS impacts on NITS, highlighting the central role of PWB in promoting NITS in Vietnamese healthcare. Our study has also highlighted the need to constantly update our theoretical models to account for the fast-changing nature of work. To improve this study's conclusions, further research in diverse cultural and economic situations and the addition of mediating or moderating factors are needed. This study is helpful for healthcare, especially in Vietnam in implementing or improving POS. It helps nurses enhance their intention to stay, OC, and PWB.

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## Conflict of interest

All authors affirm that no conflict of interest exists concerning the present study.

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