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Core factors shaping workforce stability in healthcare organizations

Purevdulam Altantsetseg [1], Davaasuren Batsukh [2], Urandelger Gantulga [2,*]

[1]Department of Economics and Management, Etugen University, Ulaanbaatar, Mongolia
[2]Marketing and Trade Department, Business School, National University of Mongolia, Ulaanbaatar, Mongolia

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ABSTRACT

Human resource shortages remain a critical challenge for Mongolia's healthcare system, despite recent improvements in access to services. Although the physician-to-population ratio appears relatively adequate, the nurse-to-physician ratio, currently close to 1:1, remains below international standards, limiting the system's capacity to provide comprehensive care. These challenges are further compounded by an aging population, an increasing disease burden, limited technological capacity, and the uneven distribution of healthcare professionals. As a result, many patients rely on private healthcare providers, highlighting gaps in public-sector performance. In addition, low employee engagement and a weakening organizational culture contribute to workforce instability and staff turnover. This study examines the key factors influencing workforce stability in healthcare institutions and analyzes the relationships among them. A quantitative survey design was used, and the data were analyzed using reliability analysis, confirmatory factor analysis, and structural equation modeling with SPSS and AMOS. The findings provide theoretical and practical insights into strengthening workforce capacity, improving employee engagement, and enhancing the long-term retention of healthcare professionals in Mongolia.

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1. Introduction

The availability of a stable and qualified healthcare workforce is fundamental to the effective functioning of healthcare systems worldwide. Healthcare professionals, including physicians, nurses, midwives, and allied health workers, play a critical role in ensuring the accessibility, quality, and continuity of healthcare services (Aksungur et al., 2026). However, many countries are currently facing significant workforce challenges driven by population growth, increasing life expectancy, the rising prevalence of chronic diseases, and the growing demand for healthcare services. At the same time, healthcare systems are experiencing difficulties in recruiting and retaining qualified personnel, creating substantial pressure on service delivery and workforce sustainability (WHO, 2025).

The shortage of healthcare professionals has become a global concern. According to the World Health Organization (WHO, 2025), approximately 17% of the global nursing workforce is expected to retire within the next decade. To maintain existing workforce capacity, at least 4.7 million additional nurses will need to be recruited and trained, while an estimated 10.6 million nurses will be required worldwide by 2030 to meet future healthcare demands. These projections highlight the urgent need for effective workforce planning, retention strategies, and supportive organizational environments capable of sustaining healthcare professionals over the long term (WHO, 2025).

Mongolia faces many of the same challenges observed internationally. Despite long-standing efforts to improve healthcare access and maintain universal health coverage, healthcare institutions continue to experience shortages and uneven distribution of healthcare personnel across regions and facility types. Workforce instability is particularly evident in rural areas, where healthcare organizations often struggle to attract and retain qualified professionals. In addition, low remuneration, heavy workloads, limited opportunities for professional development, and the migration of healthcare workers to private healthcare facilities continue to undermine workforce stability. These challenges are further compounded by structural constraints, including limited diagnostic equipment, insufficient

* Corresponding Author.
Email Address: urandelger@num.edu.mn (U. Gantulga)
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Corresponding author's ORCID profile:
https://orcid.org/0000-0003-0095-5539
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managerial capacity, and weaknesses in long-term workforce planning.

Given these challenges, understanding the factors that influence employee retention has become an important research and policy priority. Previous studies have consistently demonstrated that job satisfaction, burnout, organizational culture, leadership, and compensation significantly influence healthcare employees' decisions to remain in or leave their organizations (Liu et al., 2019). Research has further shown that workplace conditions and organizational experiences shape employees' attitudes, motivation, and commitment, ultimately affecting turnover intentions and workforce stability.

Although workforce-related issues have received increasing attention in Mongolia, existing studies have primarily focused on nursing shortages, turnover intentions, and workforce distribution patterns. These studies have identified several systemic barriers, including weak professional representation, inadequate postgraduate training opportunities, and limited leadership capacity. However, most previous investigations have examined individual factors separately and have provided limited understanding of how organizational culture, leadership style, organizational relations, job stress, and job satisfaction interact to influence employees' intention to leave. Consequently, evidence regarding the underlying mechanisms that shape workforce retention within Mongolia's healthcare sector remains limited.

Addressing this gap, the present study examines the organizational and psychological factors associated with healthcare professionals' intention to leave work in Mongolia. Specifically, the study investigates the effects of leadership style, organizational culture, organizational relations, and job stress on job satisfaction and turnover intention. In addition, it explores the mediating role of job satisfaction in explaining how workplace conditions influence employees' decisions to remain with or leave their organizations. By identifying the key determinants of workforce retention, this study contributes to the literature on healthcare workforce management and provides evidence-based recommendations for healthcare administrators and policymakers seeking to strengthen workforce stability, improve employee well-being, and enhance the long-term sustainability of Mongolia's healthcare system.

2. Literature review

2.1. Leadership style

Leadership style (LS) refers to the consistent pattern of behaviors and interactions that leaders demonstrate when working with subordinates (Piwowar-Sulej and Iqbal, 2023). Leadership involves influencing employees' activities toward the achievement of organizational goals within a given organizational context. Previous studies have highlighted that leadership is a critical factor affecting employee attitudes, behaviors, and organizational effectiveness (Tsai, 2011). Effective leaders can create a supportive work environment, enhance employee motivation, and improve job satisfaction, while ineffective leadership may contribute to dissatisfaction and turnover intentions (Avolio, 2007; Tsai, 2011). Leadership styles range from transactional approaches that focus on exchanges between leaders and employees to transformational approaches that inspire and motivate employees toward organizational change and performance improvement (Judge and Piccolo, 2004). Therefore, leadership style is widely recognized as an important organizational factor influencing employee well-being and workplace outcomes.

2.2. Job satisfaction

Job satisfaction is generally defined as an overall evaluative state derived from employees' work experiences (Christen et al., 2006) and reflects the extent to which individuals feel positively or negatively about their jobs (Saari and Judge, 2004). It represents the degree to which employees are satisfied with various aspects of their work and perceive that their job fulfills their needs and expectations. Accordingly, job satisfaction can be viewed as the alignment between job characteristics and employees' expectations (Tutuncu and Kozak, 2007), as well as the extent to which individuals like their jobs. As a multidimensional construct, job satisfaction encompasses both affective and cognitive evaluations of work, including employees' emotional responses to their jobs and their assessment of whether work-related needs and expectations are being met (Saari and Judge, 2004). Previous research has demonstrated that job satisfaction is closely associated with employee well-being and is a key determinant of employees' intentions to remain with or leave an organization (Gazioglu and Tansel, 2006). Therefore, job satisfaction remains an important indicator of employees' overall work experiences and organizational outcomes.

2.3. Organizational relations

Organizational relations refer to the overall quality of interactions among employees, managers, and teams within an organization. These relationships are shaped by key elements such as effective communication, mutual trust, collaboration, and constructive conflict resolution. Strong organizational relations foster a supportive work environment in which employees feel valued and respected, thereby enhancing their motivation and willingness to contribute to organizational goals (Jolly et al., 2021). In contrast, weak relationships characterized by poor communication, low trust, and unresolved conflicts can undermine teamwork and reduce overall workplace satisfaction. From a

theoretical perspective, social exchange theory suggests that when employees experience positive and supportive relationships within the organization, they are more likely to reciprocate with favorable attitudes and behaviors (Cropanzano and Mitchell, 2005). Empirical studies have consistently shown that high-quality organizational relations are positively associated with job satisfaction and negatively associated with turnover intention. Employees who perceive strong interpersonal support and trust are more likely to remain committed to their organization, whereas those experiencing strained relationships are more likely to consider leaving.

2.4. Job stress

Job stress is widely recognized as a negative psychological and physiological response that occurs when employees perceive that workplace demands exceed their capacity to cope effectively (Wickramasinghe, 2012). It commonly arises from excessive workloads, role conflicts, time pressure, and organizational conditions that require employees to manage multiple responsibilities simultaneously. Job stress may also result from a mismatch between individual capabilities and environmental demands, particularly when work conditions fail to meet employees' personal needs and expectations (Clipa and Boghean, 2015). Such imbalances can lead to emotional strain, reduced well-being, and diminished work performance. Previous studies have identified job stress as a prevalent issue in high-demand professions, where employees frequently experience heavy workloads, emotional exhaustion, and inadequate organizational support (Hasin et al., 2023).

These conditions often undermine job satisfaction and weaken employees' commitment to their organizations. Furthermore, a substantial body of research has demonstrated that job stress is a significant predictor of turnover intention. Early research by Gupta and Beehr (1979) found that employees experiencing higher levels of stress were more likely to consider leaving their jobs, a relationship that has been consistently supported by subsequent studies (Firth et al., 2004). Meta-analytic evidence further confirms that job stress contributes to both turnover intention and actual turnover across a variety of occupational settings (Mor Barak et al., 2001).

2.5. Intention to leave work

Intention to leave refers to an employee's conscious and deliberate consideration of leaving their current job or organization (Liou and Cheng, 2010). According to the Theory of Reasoned Action (TRA), behavioral intention is a key antecedent of actual behavior, suggesting that employees who develop a strong intention to leave are more likely to engage in turnover behavior when circumstances permit (Rubenstein et al., 2018). Consequently, intention to leave is widely regarded as one of the most reliable predictors of actual employee turnover.

Employee turnover has been extensively studied, with researchers identifying a range of individual and organizational factors that influence employees' decisions to leave. Turnover is often viewed as a gradual withdrawal process, beginning with psychological detachment from the job and organization and potentially culminating in actual departure. In high-demand professions such as healthcare, intention to leave is strongly associated with factors such as emotional exhaustion, burnout, workload, and organizational support (Flinkman et al., 2010). Previous studies have consistently shown that employees with stronger turnover intentions are significantly more likely to leave their organizations, highlighting the importance of understanding the antecedents of intention to leave in workforce retention research (Alexander et al., 1998).

2.6. Research framework and hypotheses

This study formulated eight hypotheses. The first four hypotheses examine direct effects, while H5–H8 examine indirect effects through job satisfaction.

H1: Higher job satisfaction is associated with lower intention to leave.
H2: Higher stress is associated with higher intention to leave.
H3: Better organizational relations are associated with lower intention to leave.
H4: Supportive organizational culture is associated with lower intention to leave.
H5: Organizational relations increase job satisfaction, which reduces intention to leave.
H6: Supportive culture increases job satisfaction, which reduces intention to leave.
H7: Positive leadership style increases job satisfaction, which reduces intention to leave.
H8: Stress reduces job satisfaction, which increases intention to leave.

The study hypotheses, which investigate the determinant variables, are depicted in the framework below. The model proposes that intention to leave work is influenced by job satisfaction, organizational culture, organizational relations, leadership style, and job stress. Job satisfaction is also hypothesized to mediate the relationships between organizational factors and employees' intention to leave work. Fig. 1 shows the research model of the hypotheses offered.

3. Methodology

The study employs a quantitative research design and uses a survey method to collect data from healthcare professionals in Mongolia. Structural equation modeling (SEM) was applied to examine the relationships among leadership style,

organizational culture, organizational relations, job stress, job satisfaction, and intention to leave work. A cross-sectional survey design was adopted to assess workforce stability and employee retention factors within the healthcare sector. This design was considered appropriate because it enables the examination of current workforce conditions and the relationships among key variables at a single point in time. Data were collected from 509 healthcare professionals in Mongolia, including doctors, nurses, and others. To ensure fair representation, a stratified random sampling technique was used. Each professional group (doctors, nurses, caregivers, and administrative staff) formed a stratum, and individuals were selected systematically from staff lists within each group, as mentioned in Table 1.

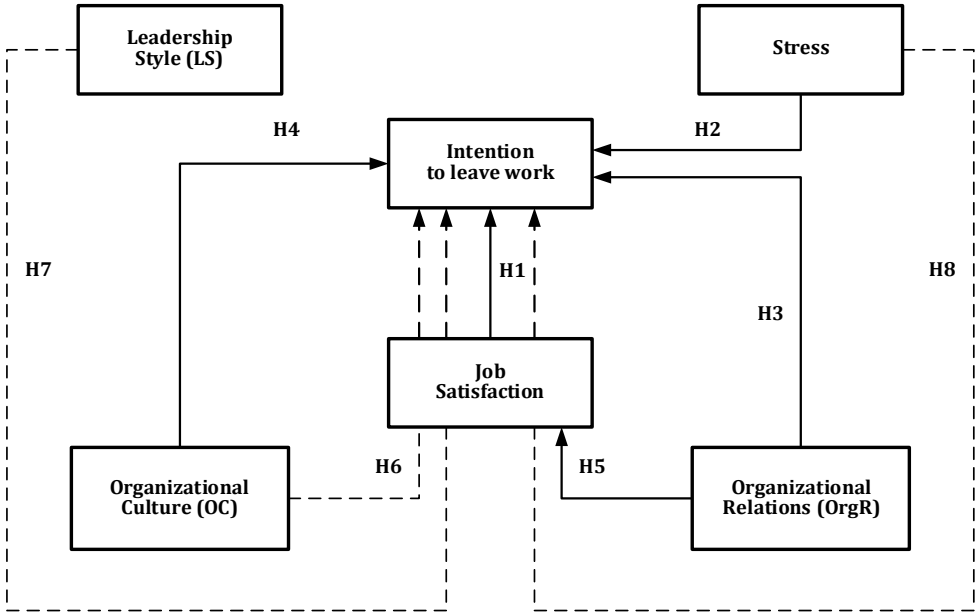


Fig. 1: Research model

Table 1: Respondents' profile

Variables	Item	Frequency	Percent
Gender	Male	96	18.9
	Female	413	81.1
Age	24-28	56	11.0
	29-33	91	17.9
	34-38	176	34.6
	39-43	90	17.7
	44 and above	96	18.9
Job position	Doctor	257	50.5
	Nurse	224	44.0
	Care giver	19	3.7
	Administrative	9	1.8
Marital status	Married	358	70.3
	Unmarried	151	29.7
Hospitals	Primary health care center	30	5.9
	Hospital in rural area	68	13.4
	Public hospital	141	27.7
	Maternity hospital	174	34.2
	Private hospital	13	2.6
	Other	83	16.3
Work experience	1 less	67	13.2
	2-6	99	19.4
	7-11	148	29.1
	12-16	122	24.0
	17 up	73	14.3
Salary	1 to 1.5 million	95	18.7
	1.5 to 2.0 million	82	16.1
	2 to 2.5 million	150	29.5
	2.5 to 3 million	129	25.3
	3 to 3.5 million	53	10.4

A total of 509 healthcare professionals took part in the survey. The majority of respondents were female (81.1%), while males accounted for 18.9% of the sample. The largest age group was 34–38 years (34.6%), followed by respondents aged 44 years and above (18.9%) and those aged 29–33 years (17.9%). Doctors constituted 50.5% of the participants, nurses 44.0%, caregivers 3.7%, and administrative staff 1.8%. Regarding marital status, 70.3% were married and 29.7% unmarried. The largest share worked in maternity hospitals (34.2%), followed by public hospitals (27.7%) and other institutions (16.3%).

In terms of work experience, 29.1% had 7–11 years, 24.0% had 12–16 years, and 19.4% had 2–6 years. The most common salary range was 2–2.5

million MNT (29.5%), followed by 2.5–3 million MNT (25.3%) and 1–1.5 million MNT (18.7%).

4. Results

4.1. Data analysis procedure

The questionnaire was administered to collect data on leadership style, organizational climate, job satisfaction, and demographic variables. Items were rated on a 5-point Likert scale (1 = strongly dissatisfied; 5 = strongly satisfied), covering areas such as workload, staff retention, motivation, training opportunities, and organizational support. Data analysis was conducted using SPSS and AMOS V26, employing descriptive statistics, confirmatory factor analysis (CFA), and structural equation modeling (SEM). Reliability and validity were assessed through Cronbach's alpha, KMO, and bartlett's test. Both exploratory factor analysis (EFA) and CFA confirmed

the appropriateness of the instruments, with Cronbach's alpha values exceeding 0.70, KMO = 0.963, and bartlett's test significant, indicating strong internal consistency and suitability for factor analysis.

4.2. Confirmatory factor analysis (CFA)

After completing exploratory factor analysis (EFA), confirmatory factor analysis (CFA) was conducted using AMOS V26 to test the hypothesized factor structure and examine item–construct relationships. CFA, a key component of structural equation modeling, is used to assess construct validity (Jöreskog, 1978) and improve overall model fit. Model fit was evaluated against established criteria, including χ^2/df, GFI, AGFI, RMSEA, and CFI. Results indicated an acceptable to good fit (χ^2 = 2.522, df = 626, $p < 0.001$; RMSEA = 0.055; NFI = 0.894; CFI = 0.933; TLI = 0.925; IFI = 0.933; GFI = 0.851; RFI = 0.881). Consequently, the CFA model was deemed acceptable. Items OC1, LS7, LS8, JS5, and ITW3 were removed because of low factor loadings. The results of the exploratory and confirmatory factor analyses, together with reliability statistics, are presented in Table 2.

4.3. Composite reliability, convergent validity, and discriminant validity

Scholars consider three key steps for assessing construct validity. Convergent validity reflects the degree to which a construct is accurately measured by its indicators, while discriminant validity ensures that measures of distinct constructs remain unrelated. Factor loadings play a central role, as they define the relationship between loadings and the variance of latent variables (Little et al., 2006). Convergent validity is commonly evaluated using the average variance extracted (AVE) and composite reliability (CR). According to the Fornell–Larcker criterion, AVE should exceed 0.50, with values above 0.70 considered strong. CR, regarded as a less biased reliability estimate than Cronbach's alpha, is acceptable at 0.70 or higher (Anderson and Gerbing, 1988). AVE represents the average variance explained by a latent construct in its observed indicators (Fornell and Larcker, 1981). In this study, the CR and AVE results (Table 3) provide evidence supporting the reliability and validity of the measurement model.

All constructs in this study meet the minimum thresholds for reliability and validity. Composite Reliability (CR) values exceed 0.70, indicating strong internal consistency, while Average Variance Extracted (AVE) values are above 0.50, confirming that each construct explains more than half of the variance in its indicators. Discriminant validity is supported, as Maximum Shared Variance (MSV) is lower than AVE for all constructs, and √AVE values are greater than the highest inter-construct correlations.

Table 2: Factor analysis and instrument validity

Variables	Items	Mean	Std. deviation	% of variance	Loadings	
					EFA	CFA
Organizational culture (OC)	OC2	3.51	0.997	70.843	0.828	0.723
	OC3	3.56	1.023		0.851	0.802
Organizational relations (OrgR)	OrgR1	3.75	0.999	74.255	0.852	0.815
	OrgR2	3.68	0.955		0.898	0.856
	OrgR3	3.63	1.031		0.855	0.843
	OrgR4	3.62	1.012		0.840	0.807
Leadership style (LS)	LS1	3.51	1.099	76.217	0.843	0.873
	LS2	3.59	1.005		0.869	0.867
	LS3	3.56	1.062		0.891	0.885
	LS4	3.53	1.047		0.891	0.881
	LS5	3.50	1.086		0.883	0.875
	LS6	3.50	1.172		0.865	0.859
	LS9	3.66	1.055		0.868	0.843
Job satisfaction	JS1	3.59	1.034	70.032	0.837	0.857
	JS2	3.61	1.087		0.854	0.848
	JS3	3.66	1.046		0.850	0.858
	JS4	3.81	0.962		0.855	0.836
	JS6	3.82	0.954		0.840	0.801
Stress	Stress1	3.51	1.203	81.832	0.905	0.817
	Stress2	3.56	1.011		0.905	0.780
Intention to leave work (ITW)	ITW1	3.08	1.294	85.144	0.923	0.730
	ITW2	2.88	1.347		0.923	0.963
Total instrument		0.963				

Table 3: Test of composite reliability, convergent validity and discriminant validity

Variables	CR	AVE	MSV	Max R(H)	OC	OrgR	LS	JS	Stress	ITW
OC	0.874	0.777	0.467	0.683(LS)	0.881					
OrgR	0.913	0.724	0.655	0.809(LS)		0.851				
LS	0.957	0.759	0.672	0.820(JS)			0.871			
JS	0.930	0.727	0.672	0.820(LS)				0.852		
Stress	0.900	0.818	0.027	0.165 (ITW)					0.905	
ITW	0.920	0.851	0.027	0.165(OC)						0.923

CR > 0.7; AVE > 0.5; MSV < AVE; √AVE > Max r

For example, Organizational Culture (CR = 0.874, AVE = 0.777) shows its strongest correlation with Leadership Style (r = 0.683), which remains below √AVE = 0.881. Similarly, Organizational Relations (CR = 0.913, AVE = 0.724) correlates most with Leadership Style (r = 0.809), still below √AVE = 0.852. Job Satisfaction and Leadership Style also demonstrate high reliability and validity, with their inter-correlation (r = 0.820) remaining below their respective √AVE values. Overall, the measurement model exhibits robust psychometric properties, with constructs that are both internally consistent and statistically distinct, thereby justifying progression to structural model analysis.

4.4. Hypothesis testing

This section presents the results of the structural model analysis used to test the proposed hypotheses. The relationships between constructs were examined using path coefficients (β), along with their corresponding p-values to assess statistical significance. A significance level of $p < 0.05$ was used as the threshold for hypothesis support. The results of the direct effects are summarized in Table 4, followed by the analysis of indirect (mediated) effects presented in Table 5.

H1: Greater job satisfaction tends to reduce employees' desire to leave. This hypothesis is supported, showing a statistically significant negative effect (β = -0.538, p = 0.009). In other words, when workers feel satisfied with their jobs, they are less inclined to quit. H2: Higher stress levels are expected to increase the intention to leave. This hypothesis is not supported. Although the relationship is positive (β = +0.118), it is not statistically significant (p = 0.167). H3: Better organizational relations are expected to reduce the intention to leave. This hypothesis is not supported. The relationship is positive (β = +0.157) but statistically insignificant (p = 0.107). H4: The direct effect of supportive organizational culture (OC) on intention to leave work (ITW) was not statistically significant. This hypothesis is not supported. The relationship is negative (β = -0.170), aligning with expectations, but it is not statistically significant (p = 0.197), as shown in Table 4.

Table 4: Hypothesis testing results (direct effect)

Hypothesis formulation	Path	Standardized coefficient (β)	P-value	Direction	Hypothesis
H1: Higher job satisfaction is associated with lower intention to leave.	JS → ITW	-0.538	0.009	Negative, significant	Supported
H2: Higher stress is associated with higher intention to leave.	Stress → ITW	0.118	0.167	Positive, not significant	Not supported
H3: Better organizational relations are associated with lower intention to leave.	OrgR → ITW	0.157	0.107	Positive, not significant	Not supported
H4: Supportive organizational culture is associated with lower intention to leave.	OC → ITW	-0.170	0.197	Negative, not significant	Not supported

The indirect effect is calculated by multiplying the path coefficients of the sequential relationships between variables. Specifically, when a predictor variable influences an outcome variable through a mediator, the indirect effect quantifies this mediated influence. For example, given the path coefficients from the predictor to the mediator (a) and from the mediator to the outcome (b), the indirect effect is computed as the product a × b. This approach assumes linear relationships and is commonly used in structural equation modeling to assess mediation effects. H5: Strong organizational relations enhance job satisfaction, which in turn significantly reduces employees' intention to leave. This hypothesis is supported by a negative total effect of -0.117. H6: A supportive organizational culture contributes to higher job satisfaction, leading to a modest reduction in intention to leave. The effect is negative (-0.044) and supported, indicating room for further exploration. H7: Positive leadership style has the strongest mediated impact: it substantially boosts job satisfaction, which powerfully lowers the intention to leave. This pathway is strongly supported with a total effect of -0.393. H8: Elevated stress levels diminish job satisfaction, which subsequently increases the intention to leave. The effect is negative (-0.089), indicating that higher stress reduces job satisfaction, which subsequently increases intention to leave work, as shown in Table 5.

5. Discussion

The findings of this study provide several important insights into the factors influencing employees' intention to leave in the healthcare sector. The sample consists of 81% female respondents. Because the sample was predominantly female, the gender imbalance was acknowledged as a potential source of bias and a limitation of the study.

Consistent with prior research, job satisfaction was found to have a strong and statistically significant negative effect on turnover intention (β = -0.538, p = 0.009).

This result aligns with existing literature suggesting that employees who feel satisfied with their work are less likely to consider leaving their organization (Gazioglu and Tansel, 2006).

Table 5: Hypothesis testing results (indirect effect)

Hypothesis formulation	Total effect	Effect	Hypotheses
H5 (OrgR → JS → ITW): Organizational relations increase job satisfaction, which reduces intention to leave.	-0.117	Negative	Supported
H6 (OC → JS → ITW): Supportive culture increases job satisfaction, which reduces intention to leave.	-0.044	Negative	Supported
H7 (LS → JS → ITW): Positive leadership style increases job satisfaction, which reduces intention to leave.	-0.393	Negative	Strongly supported
H8 (Stress → JS → ITW): Stress reduces job satisfaction, which increases intention to leave.	-0.089	Negative	Supported

In the context of Mongolia's healthcare sector, where workload and resource constraints are prominent, job satisfaction appears to play a critical role in retaining qualified professionals. In contrast, job stress did not show a statistically significant effect on turnover intention, although the direction of the relationship was positive. This finding is somewhat inconsistent with earlier studies (Firth et al., 2004; Mor Barak et al., 2001), which identified job stress as a strong predictor of turnover. One possible explanation is that healthcare professionals in Mongolia may perceive stress as an inherent part of their job, particularly in high-demand environments such as hospitals. As a result, stress alone may not directly trigger turnover intention unless it significantly reduces job satisfaction. Similarly, organizational relations did not demonstrate a significant direct effect on turnover intention. Interestingly, the relationship was positive but insignificant, suggesting that interpersonal dynamics alone may not be sufficient to influence employees' decisions to leave. However, the mediating analysis provides a more nuanced understanding. Organizational relations were found to significantly enhance job satisfaction, which in turn reduces turnover intention. This finding supports social exchange theory (Cropanzano and Mitchell, 2005), indicating that positive workplace relationships contribute indirectly to employee retention by improving overall job satisfaction. Organizational culture did not have a statistically significant direct effect on turnover intention; therefore, H4 was not supported. However, the negative direction of the relationship is consistent with prior studies emphasizing the importance of a supportive organizational environment (Alkahtani, 2016; Tsai, 2011). Furthermore, organizational culture contributes to job satisfaction, which subsequently reduces employees' intention to leave. This highlights that cultural and environmental factors may exert their influence indirectly rather than through direct pathways. Among all variables, leadership style demonstrated the strongest mediated effect. Positive leadership significantly improved job satisfaction, which in turn substantially reduced turnover intention. This finding underscores the critical role of leadership in shaping employee attitudes and retention outcomes, particularly in resource-constrained healthcare settings. Overall, the results suggest that while organizational and environmental factors may not always have a direct impact on turnover intention, their indirect effects through job satisfaction are substantial. This reinforces the idea that job satisfaction acts as a central mechanism linking workplace conditions to employee retention

6. Conclusion

This study examined the influence of organizational and psychological factors on healthcare professionals' intention to leave work in Mongolia. The findings indicate that job satisfaction is the most important factor in reducing turnover intention, while organizational relations, organizational culture, leadership style, and job stress influence intention to leave indirectly through their effects on job satisfaction. Among the variables examined, job satisfaction emerged as the strongest predictor of employees' intention to leave work.

The findings suggest that improving job satisfaction should be a primary focus for policymakers and healthcare administrators seeking to strengthen workforce retention in the healthcare sector. Practical strategies may include improving working conditions, strengthening leadership capacity, and fostering a supportive organizational culture. Improving working conditions should involve: (a) reducing excessive workloads through adequate staffing levels and appropriate nurse–patient and doctor–patient ratios; (b) revising shift schedules to limit consecutive night shifts and ensure sufficient rest periods; (c) providing safe and well-equipped workplaces with adequate medical supplies, personal protective equipment, and reliable diagnostic equipment; and (d) implementing fair and transparent compensation systems that recognize overtime work, night shifts, and employee performance.

Strengthening leadership may include: (a) providing structured leadership and management training for hospital directors, department heads, and nurse managers, with an emphasis on transformational and supportive leadership practices; (b) establishing regular two-way communication mechanisms, such as staff forums and feedback meetings; (c) adopting transparent decision-making procedures for task allocation, promotion, and performance evaluation; and (d) introducing formal recognition programs, such as

awards, public acknowledgment, and performance-based incentives, to reinforce positive employee behaviors and contributions. These measures transform general recommendations into practical actions that healthcare organizations can realistically implement and evaluate.

In addition, promoting flexible work arrangements may help reduce burnout and improve employees' work–life balance, thereby increasing workforce retention. Efforts to strengthen organizational relations and cultivate a positive workplace culture should also be prioritized, as these factors contribute indirectly to employee retention through their influence on job satisfaction. Furthermore, psychological support services and stress management programs may help mitigate the negative consequences of job-related stress, even though stress did not demonstrate a significant direct effect on intention to leave work in this study.

In conclusion, addressing workforce retention challenges in the healthcare sector requires a comprehensive approach that integrates organizational, managerial, and psychological dimensions. By prioritizing job satisfaction and creating a supportive work environment, healthcare institutions in Mongolia can enhance employee retention and contribute to the long-term sustainability of the healthcare workforce.

6.1. Limitations and future research

This study has several limitations. First, the sample was predominantly female (81.1%), which may limit the generalizability of the findings across genders. Second, although age categories were consolidated, caution should still be exercised when interpreting age-related findings because older respondents were underrepresented in the sample. Third, job stress was measured using only two indicators, which may not fully capture the multidimensional nature of workplace stress.

In addition, the present study focused exclusively on healthcare professionals in Mongolia. Therefore, the findings may not be directly comparable to healthcare systems in other countries. Future studies are encouraged to conduct cross-country comparisons with other Asian healthcare systems, such as China, Vietnam, and Kazakhstan, to identify similarities and differences in workforce retention factors.

Furthermore, this study did not perform multigroup analyses across professional categories. Future research may compare physicians, nurses, and other healthcare professionals to determine whether the relationships among organizational factors, job satisfaction, and turnover intention differ across occupational groups.

List of abbreviations

AGFI	Adjusted goodness-of-fit index
AMOS	Analysis of moment structures
AVE	Average variance extracted
β	Standardized path coefficient
CFA	Confirmatory factor analysis
CFI	Comparative fit index
χ^2	Chi-square statistic
CR	Composite reliability
df	Degrees of freedom
EFA	Exploratory factor analysis
GFI	Goodness-of-fit index
IFI	Incremental fit index
ITW	Intention to leave work
JS	Job satisfaction
KMO	Kaiser–Meyer–Olkin measure of sampling adequacy
LS	Leadership style
MSV	Maximum shared variance
NFI	Normed fit index
OC	Organizational culture
OrgR	Organizational relations
p	Statistical significance probability
r	Correlation coefficient
RFI	Relative fit index
RMSEA	Root mean square error of approximation
SEM	Structural equation modeling
SPSS	Statistical Package for the Social Sciences
TLI	Tucker–Lewis index
TRA	Theory of reasoned action
WHO	World Health Organization

Compliance with ethical standards

Ethical considerations

Participation in the anonymous, non-interventional survey was voluntary, and all respondents provided informed consent before participation. The data were collected anonymously and used solely for academic research purposes. No personally identifiable information was collected or retained.

Conflict of interest

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