








# “Job satisfaction and nurses’ intention to stay with their current employer: The mediating role of work engagement”

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# JOB SATISFACTION AND NURSES' INTENTION TO STAY WITH THEIR CURRENT EMPLOYER: THE MEDIATING ROLE OF WORK ENGAGEMENT

**Abstract**

This study examines whether job satisfaction predicts nurses' intention to stay with their employer and whether work engagement (conceptualized as vigor, dedication, and absorption) mediates this relationship. We conducted a two-phase repeated cross-sectional survey of hospital nurses in Slovakia to replicate and validate findings across time periods; data were collected in May–November 2022 ( $n = 742$ ) and September–October 2024 ( $n = 500$ ). The samples were comparable in demographic characteristics, and the results were consistent across both phases. Descriptive statistics and partial least squares structural equation modeling (PLS-SEM) were employed. Results showed that job satisfaction significantly predicted nurses' intention to stay ( $\beta = 0.281$ ,  $p < 0.001$ ). Work engagement also positively predicted intention to stay and acted as a partial mediator between job satisfaction and intention to stay (indirect effect  $\beta = 0.142$ ,  $p < 0.001$ ). Among satisfaction facets, remuneration and benefits (standardized loading = 0.829) were the strongest predictors of retention, followed by managerial support (0.791), workload (0.787), and career advancement opportunities (0.783). Engagement was thus confirmed as a statistically significant mediator between job satisfaction and intention to stay. These findings quantify the pathway from satisfaction to intention to stay via engagement and prove the stability of these relationships over time, including during the period of changes brought about by the COVID-19 pandemic. Practically, targeted HR policies that strengthen satisfaction and engagement, especially through competitive pay and benefits, supportive supervision, effective communication, and clear developmental and career pathways, are essential to stabilize the nursing workforce and mitigate turnover.

**Keywords**

job satisfaction, engagement, intention to stay, nurses, Slovakia

**JEL Classification**

M12, J28, I18, M54

**INTRODUCTION**

Hospitals worldwide face a persistent shortage of nurses that threatens the accessibility, continuity, and quality of patient care. Beyond immediate staffing deficits, workforce instability increases operational risks, exacerbates workload, and contributes to dissatisfaction and burnout, which accelerate turnover and undermine the long-term sustainability of the healthcare workforce. In Central European health systems, these pressures have been further intensified by organizational changes, evolving healthcare policies, and rising expectations regarding fair remuneration and professional recognition. Understanding the psychosocial determinants influencing nurses' intention to stay with their current employer has therefore become an issue of high practical and scientific relevance. However, empirical knowledge about these determinants, particularly in the post-pandemic context of Central and Eastern Europe, remains limited.

## 1. LITERATURE REVIEW AND HYPOTHESES

Sustaining an adequate nursing workforce has become a fundamental challenge for modern healthcare systems. Nurses represent an essential component of healthcare delivery, yet the global healthcare sector continues to face persistent shortages (Kroczek & Späth, 2022; Ahn & Choi, 2023; Alanazi et al., 2023; Bae, 2024) and high turnover rates (Alanazi et al., 2023; Bae, 2025). These dynamics threaten both the quantity and the quality of hospital staffing (Doleman et al., 2021; Gilles et al., 2021; House et al., 2022; Şahin et al., 2025) and have been shown to arise from organizational factors such as conflict and rapid change (Conroy et al., 2023; Khraim, 2023; Al-Khasawneh & Khadar, 2021). Evidence from longitudinal and meta-analytic studies further confirms that inadequate staffing levels significantly impact patient outcomes and safety (Dall’Ora et al., 2022). The consequences of workforce instability extend beyond staffing logistics and directly affect the quality and safety of patient care. Previous studies have demonstrated that shortages and high turnover reduce operational efficiency and increase clinical risk (House et al., 2022; Zahednezhad et al., 2021; J. Lee & M. Lee, 2022; Xue et al., 2024; Zhang et al., 2021). These findings underline the need to identify organizational and psychosocial determinants influencing nurses’ intention to stay. Organizational support and management practices have been repeatedly identified as central predictors of turnover intentions and retention (Chang, 2014; Rutledge et al., 2021; Galanis et al., 2024).

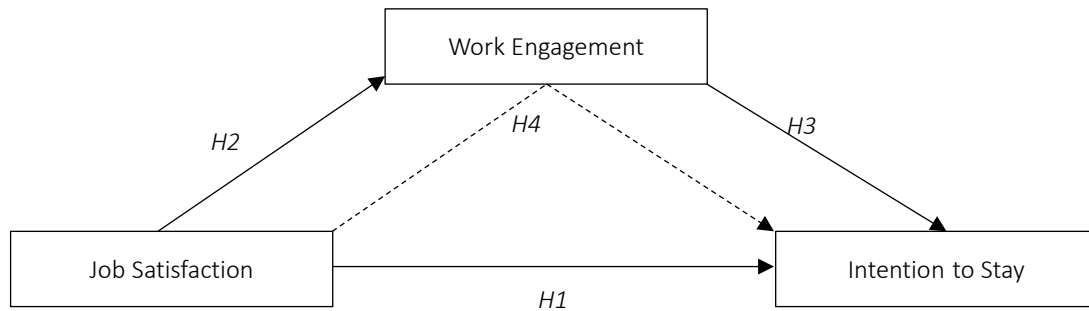
Job satisfaction has been recognized as one of the most extensively examined constructs influencing nurse retention. It reflects a positive emotional evaluation of one’s job, shaped by working conditions, the work environment, and professional experience (Othman et al., 2024; Zhang et al., 2023). Empirical research consistently confirms that low job satisfaction is inversely related to nurses’ intention to stay with their current employer (Alanazi et al., 2023; De Los Santos & Labrague, 2021; Doleman et al., 2021; Zahednezhad et al., 2021; Hua et al., 2023; Xue et al., 2024; Şahin et al., 2025). Updated systematic evidence confirms that job satisfaction remains a dominant predictor

of nurse turnover across diverse settings (Zhao et al., 2025). Effective HRM practices and supportive leadership have been identified as critical in mitigating dissatisfaction and burnout, particularly in healthcare settings (Athamneh, 2024; Alziyadat & Obidat, 2022; Jimenez-Caceres et al., 2025). Several factors have been highlighted as predictors of nurses’ turnover, including job dissatisfaction, burnout, and chronic fatigue (Alenazy et al., 2023; Rutledge et al., 2021). The COVID-19 pandemic further intensified these issues by creating demanding and emotionally exhausting work environments (Smith et al., 2023; Bae, 2024; Alanazi et al., 2023). While job satisfaction explains a significant proportion of turnover intentions, recent research indicates that its effects may also operate through motivational mechanisms such as work engagement (Farahani et al., 2024).

Work engagement has emerged as a pivotal determinant of organizational stability and individual well-being. Engagement is a positive, fulfilling psychological state characterized by vigor, dedication, and absorption in work activities (Cho & Kim, 2022; Zhang et al., 2023). Empirical evidence demonstrates that engagement enhances performance and can mediate the impact of job characteristics and organizational commitment on turnover intentions (Danish et al., 2017; Wei et al., 2023). This construct, influenced by psychological capital and generational differences (Zhang et al., 2023; Alenazy et al., 2023), may also mediate the relationship between job satisfaction and intention to stay, although this relationship remains insufficiently examined in hospital settings.

The Job Demands–Resources (JD–R) model provides a theoretical framework for understanding these mechanisms. Within this model, job satisfaction functions as a key job resource, while work engagement acts as a motivational process linking resources to positive outcomes such as intention to stay (Bakker & Demerouti, 2017). Thus, engagement may serve as a critical pathway through which satisfaction influences nurses’ retention.

Existing research has largely relied on cross-sectional designs, which limit causal inference and the ability to capture dynamic changes over time (Alenazy et al., 2023; House et al., 2022; Gilles et al., 2021; J. Lee & M. Lee, 2022; Pursio et al., 2024;



**Figure 1.** Conceptual model

Rutledge et al., 2021). Furthermore, most studies focus on specific national contexts, leaving cross-regional comparisons underexplored. Recent findings on migration intentions among nurses emphasize the need to address these systemic retention challenges through sustainable human resource management strategies. Systematic reviews suggest that organizational culture, leadership, and perceived support play a decisive role in sustaining nursing staff and reducing turnover intentions (Conroy et al., 2023; Galanis et al., 2024).

In summary, prior research confirms that job satisfaction and work engagement are key determinants of nurses' retention. However, empirical evidence on their interrelationships, particularly the mediating effect of engagement, remains limited, especially in Central and Eastern European hospital settings. Building on this gap, the present study aims to test a conceptual model in which job satisfaction influences nurses' intention to stay both directly and indirectly through work engagement.

The following testable hypotheses were formulated (Figure 1):

- H1: Job satisfaction is positively related to nurses' intention to stay with their current employer.*
- H2: Job satisfaction is positively related to nurses' work engagement.*
- H3: Work engagement is positively related to nurses' intention to stay with their current employer.*
- H4: Work engagement mediates the relationship between job satisfaction and nurses' intention to stay with their current employer.*

## 2. METHOD

The two-phase repeated cross-sectional design allowed for the comparison of results collected before and after the COVID-19 pandemic to verify the temporal stability of relationships among key variables. The first phase took place between May and October of 2022 and involved a sample of 742 nurses (part of the research project APVV-19-0579, Personnel management processes set up in hospitals and their impact on the migration of physicians and nurses to work abroad). The second phase took place between September and October of 2024. It involved a sample of 500 nurses (part of the research project ESG No. D12\_2024, The impact of human resource practices on the sustainability of the nursing workforce (nurses) in hospitals). To verify the relationships among the examined variables, selected sections of standardized questionnaires were used that had not been previously used or reported in any other scientific articles. All data collected are original and unique.

According to the Slovak Chamber of Nurses and Midwives, approximately 31,000 nurses are registered in Slovakia. As the exact number of nurses employed in hospitals could not be determined, the entire registered population was defined as the target population to ensure representativeness. The minimum representative sample size was calculated using G\*Power (95% confidence level, 5% margin of error,  $p = 0.5$ ). Under these parameters, the minimum representative sample size was determined to be 386 respondents. Data collection was conducted using both online (Google Forms) and paper-based questionnaires to ensure inclusion of participants with different levels of digital access. Participation in the re-

**Table 1.** Descriptive characteristics

Category		Phase 1 (N = 742)		Phase 2 (N = 500)	
		Count (N)	% of total	Count (N)	% of total
Gender	Female	707	95.3%	471	94.2 %
	Male	35	4.7%	29	5.8 %
Mean age (years)		48.07		49.8	
Mean years of service		23.1		22.9	
Education	Secondary	239	32.2%	205	41.0%
	University degree	503	67.8%	295	59.0%
Job classification (specialization)	Without specialization	215	29.0%	160	32.0%
	With specialization	527	71.0%	340	68.0%
Ownership status of the hospital	Public hospital	530	71.4%	373	74.6 %
	Private the hospital	212	28.6%	127	25.4%

search was voluntary and anonymous. The study was conducted in accordance with institutional ethical standards.

Validated standardized questionnaires were used in both phases, with adjustments in the number of items between stages to reflect the research objectives. The first pertained to job satisfaction (abbreviated questionnaire, Spector, 2022), comprising items X1–X15. The second measure focused on intention to stay, encompassing items Z1–Z2 in the subsequent phase. The second stage comprised three measurement areas (Q1 to Q3), which were divided according to the areas of research interest. Area 1, job satisfaction of nurses, is formed by items X1 to X36 (standardized questionnaire in full, Spector, 2022). Area 2, work engagement, is formed by items Y1 to Y17 (standardized questionnaire, Sugawara et al., 2023). Area 3, nursing workforce sustainability, comprises items Z1 to Z9 (sustainability and job turnover questions used in surveys by De Sul and Lucas (2020), Oates et al. (2020), and Callado et al. (2023). The individual item labels in parentheses represent the coding in the analyses conducted.

The reliability of the research instrument was analyzed using Cronbach's alpha, yielding a value of 0.878 for the first stage and 0.909 for the second stage. These results indicate high internal consistency of the scales used. Cronbach's alpha was used to assess the reliability of the individual areas. The coefficients were 0.832 and 0.854 for Area 1, 0.904 for Area 2, and 0.817 and 0.801 for Area 3. All coefficients exceeded the minimum threshold of 0.70, indicating satisfactory internal consistency of the subscales. Average Variance Extracted

(AVE) values for all constructs exceeded 0.70, confirming convergent validity.

Descriptive characteristics of the research sample in both phases are summarized in Table 1. In total, 742 hospital nurses participated in the first phase (2022) and 500 in the second phase (2024). The vast majority of respondents were women, predominantly with secondary or university education, and most held a nursing specialization.

### 3. RESULTS

Statistical data processing was executed using IBM SPSS Statistics and IBM SPSS Amos. The verification of the assumed factor structure was conducted using confirmatory factor analysis. For the purpose of our study, we elected to utilize the maximum likelihood method. The decision to utilize the CFA method is informed by the research findings of Rhemtulla et al. (2012) and Xia and Yang (2019). These studies contend that the application of the method is appropriate for ordinal variables provided they encompass a minimum of five response options. Consequently, these variables can be conceptualized as interval variables. The distribution of responses to all items of the research instrument demonstrated a normal distribution. The normality of the respondents' answers was assessed using the Shapiro-Wilks test at an alpha level of 0.05, which is the standard for statistical significance.

In the initial phase, we established the hypothesized data structure, factors, latent and manifest variables, and the relationships among them.

This establishment was defined by the theoretical sketch and earlier evidence. Modifications were made to enhance the sub-model's sustainability by eliminating components or adding links.

The following procedures and indices were used to assess the goodness of fit of the validated model: chi-square statistics and the following overall fit indices with optimal values: ( $\chi^2/df < 2$ , RMSEA  $< 0.08$ , comparative index TLI  $> 0.90$ , CFI  $> 0.90$ , SRMR  $< 0.08$ ) and sub-indices (statistical significance of model parameters). The CFI and TLI indices range from 0 to 1, with values exceeding 0.90 indicating a satisfactory fit of the applied model. The root mean square error of approximation (RMSEA) index, a measure of model fit, should be less than 0.08 for adequate models, and a value above 0.1 would indicate a model's rejection. The chi-squared test is a statistical method that calculates the ratio of the chi-squared statistic to the number of degrees of freedom. The ideal chi-square distribution is characterized by its proximity to the number of degrees of freedom from above. In the context of multiple models, the model with the lowest chi-square is considered the more appropriate model. For adequate models, the chi-square statistic is statistically insignificant. However, this is regarded as a rather stringent criterion, particularly for larger samples. The fundamental recommended evaluation indicators (Torun, 2020) and their observed achieved values-factor models are presented in Table 2.

As indicated by the findings presented in Table 2, the recommended indices for evaluating the factor

models (illustrated in Figures 2 and 3 and Tables 3 and 4) are deemed acceptable. These findings substantiate the conclusion that the generated hypothetical model exhibits an adequate level of fit with real data. Consequently, the model is applicable in its current form.

The model employed to examine the relationship between job satisfaction and intention to stay is depicted in Figure 2 (year 2022) and Table 3. The model posits that the 15 variables, manifest in the form of research instrument items, are explained by four common factors – areas. Area 1 comprises material working conditions, Area 2 – management and organizational culture, Area 3 – remuneration policy, and Area 4 – external setting of working conditions.

All extracted satisfaction factors are exogenous latent variables and are significant at  $p < 0.0001$  at the chosen level of significance ( $\alpha = 0.05$ ).

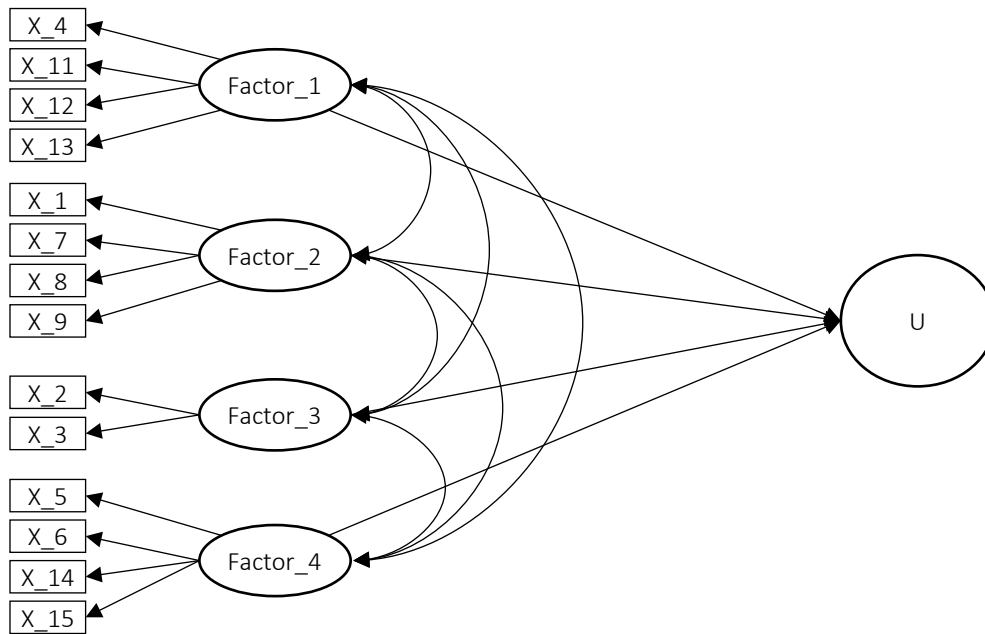
Within the first factor, nurses assess their perception of satisfaction with the working environment in which they work, i.e., the nurses' room, ward, and hospital premises, as well as material or instrumental equipment, which directly impacts the quality of the health service provided. The digitization of work is regarded as the least significant of these factors.

The second factor focuses on the significance of work organization, communication, and relationships with supervisors or colleagues. The correlation between nurses' relationships with patients

**Table 2.** CFA fit indices for the overall model of the first research phase (year 2022) and the second research phase (2024)

Fit Indices Used	Perfect Fit Indices	Acceptable Fit Indices	2022/CFA Results	2024/CFA Results	References
$\chi^2/df$	$0 \leq \chi^2/df \leq 2$	$2 \leq \chi^2/df \leq 3$	0,816	1.632	Hu and Bentler (1998)
GFI	$0.95 \leq GFI \leq 1.00$	$0.90 \leq GFI \leq 0.95$	0.991	0.941	Jöreskog and Sörbom (1993), Marsh et al. (1998), Schermelleh-Engel et al. (2003)
AGFI	$0.90 \leq AGFI \leq 1.00$	$0.85 \leq AGFI \leq 0.90$	0.984	0.970	
CFI	$0.95 \leq CFI \leq 1.00$	$0.90 \leq CFI \leq 0.95$	0.936	0.995	Bentler and Bonnett (1980), Bentler (1990), Marsh et al. (2004)
NFI	$0.95 \leq NFI \leq 1.00$	$0.90 \leq NFI \leq 0.95$	0.999	0.960	
TLI	$0.97 \leq TLI \leq 1.00$	$0.95 \leq TLI \leq 0.97$	0.991	0.982	
RMSEA	$0.00 \leq RMSEA \leq 0.05$	$0.05 \leq RMSEA \leq 0.08$	0.002	0.055	Byrne (1998), Hu and Bentler (1998), Schermelleh-Engel et al. (2023)

Note:  $\chi^2$  – Chi-square, df – Degrees of freedom, GFI – goodness of fit index, AGFI – adjusted goodness of fit index, CFI – comparative fit index, NFI – The Bentler-Bonett normed fit index, TLI – Tucker-Lewis coefficient, RMSEA – root mean square error of approximation.



**Figure 2.** Factor model (2022) – the impact of satisfaction factors on nurses' intention to stay

**Table 3.** Regression weights and standard errors for the job satisfaction model and its impact on nurses' intention to stay (2022)

	Relationship		Std. Estimate	Std. error	t-statistic	p-value
X4	←	FACTOR_1	.958			
X11	←	FACTOR_1	.903	.054	17.725	.000*
X12	←	FACTOR_1	.841	.059	12.305	.000*
X13	←	FACTOR_1	.772	.066	10.849	.000*
X1	←	FACTOR_2	.781			
X7	←	FACTOR_2	.695	.070	7.703	.000*
X8	←	FACTOR_2	.629	.080	12.802	.000*
X9	←	FACTOR_2	.436	.078	6.727	.000*
X2	←	FACTOR_3	.768			
X3	←	FACTOR_3	.732	.067	15.644	.000*
X5	←	FACTOR_4	.773			
X6	←	FACTOR_4	.609	.052	12.089	.000*
X14	←	FACTOR_4	.681	.049	11.132	.000*
X15	←	FACTOR_4	.536	.047	10.726	.000*
U	←	FACTOR_1	.064	.085	.791	.422
U	←	FACTOR_2	.272	.359	1.387	.164
U	←	FACTOR_3	.256	.134	2.014	.041
U	←	FACTOR_4	.040	.153	.451	.642

Note: \* – significant at the level of significance  $\alpha = 0.05$ .

and their job satisfaction ratings was minimal. The organization of nurses' services and the assignment of performance are the responsibility of the direct supervisor (head nurse). However, the head of the department (chief physician) also plays a cooperative role in this process. The personal attributes of the managers, the prerequisites for managerial work, or the skills di-

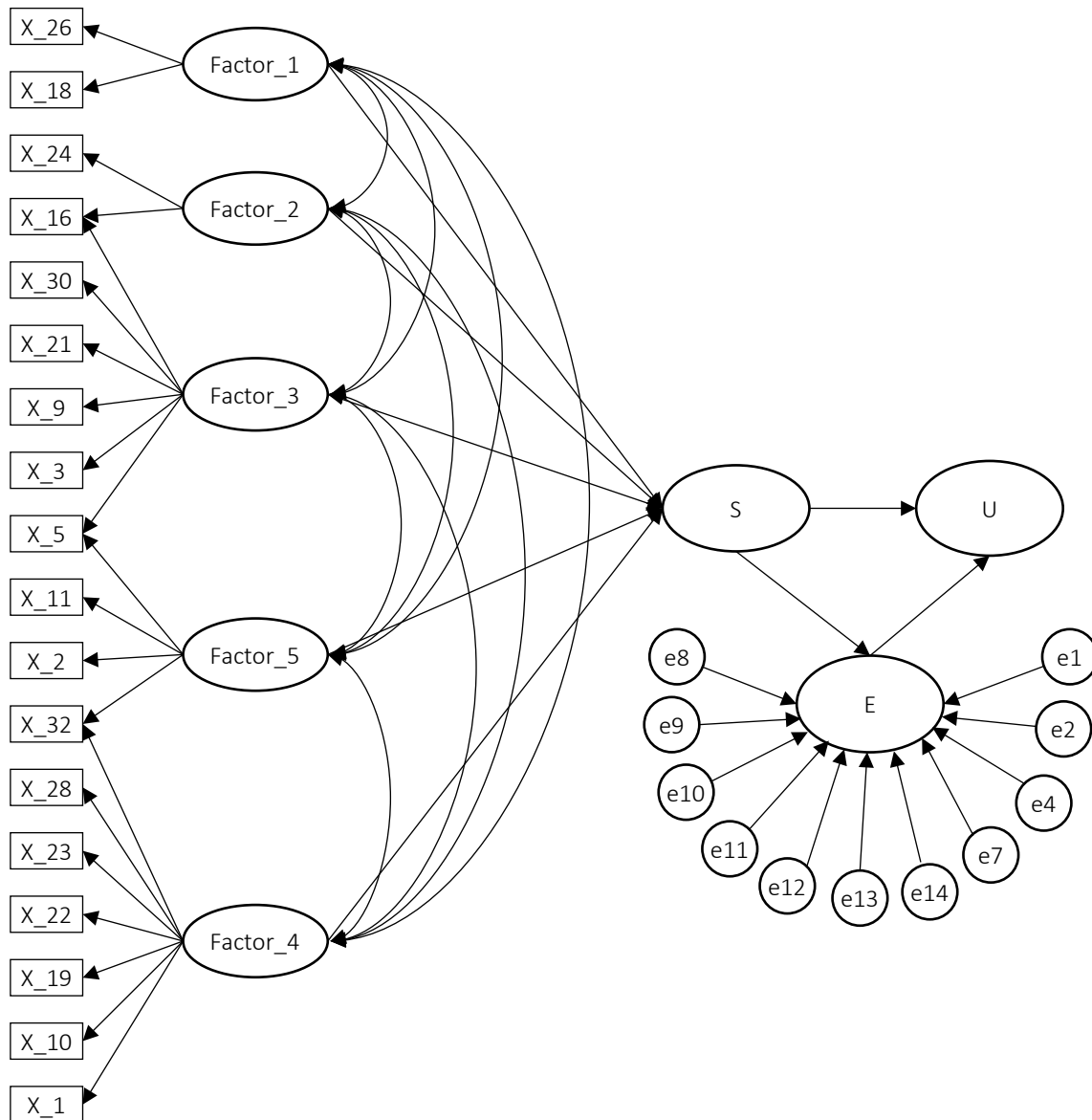
rectly influence the operation of the department. The ability to communicate effectively, the capacity to motivate personnel, the skill in leading teams, the capacity to allocate tasks, the ability to make decisions, and the capacity to cope with the workload and stress of the manager are all prerequisites for the effective performance of all personnel in the department. In addition

to other significant factors, the following have been identified as contributors to nurses' overall satisfaction: the capacity to act in accordance with ethical principles and demonstrate social responsibility.

The third factor, the remuneration conditions of nurses, is the only one that shows a statistically significant effect on nurses' intention to stay with their current employer. Healthcare professions are among the state-regulated professions, and the calculation of the minimum wage entitlement is governed by the currently applicable Labor Code in the context of the degree of difficulty.

The fourth factor, the external setting of nurses' working conditions, demonstrates that nurses have identified the shortage of nurses and the resulting increase in workload as the most significant issues. The current political, economic, and social situation in the country exerts a substantial influence on the external setting of working conditions, thereby establishing the preconditions for effective personnel planning.

All extracted satisfaction factors are exogenous latent variables, whereas work engagement is an endogenous latent mediator (Figure 3 and Table 4); all are significant at  $p < 0.0001$  at the chosen level of significance ( $\alpha = 0.05$ ).



**Figure 3.** Factor model (2024) – the impact of satisfaction factors on nurses' intention to stay

**Table 4.** Regression weights and standard errors for the job satisfaction model and its impact on nurses' intention to stay (2024)

	Relationship		Std. Estimate	Std. error	t-statistic	p-value
X18	←	FACTOR_1	.771			
X26	←	FACTOR_1	.692	.084	10.071	.000*
X16	←	FACTOR_2	.419			.000*
X24	←	FACTOR_2	.787	.389	4.306	
X3	←	FACTOR_3	.780			
X30	←	FACTOR_3	.791	.050	16.823	.000*
X21	←	FACTOR_3	.768	.063	16.422	.000*
X9	←	FACTOR_3	.537	.056	11.351	.000*
X5	←	FACTOR_3	.249	.060	4.893	.000*
X16	←	FACTOR_3	0.23	.069	3.940	.000*
X5	←	FACTOR_5	.521	.423	4.173	
X2	←	FACTOR_5	.452	.369	4.117	.000*
X11	←	FACTOR_5	.783	.497	4.314	.000*
X31	←	FACTOR_5	.313			.000*
X1	←	FACTOR_4	.673			
X23	←	FACTOR_4	.687	.071	13.435	.000*
X28	←	FACTOR_4	.642	.075	12.643	.000*
X22	←	FACTOR_4	.551	.075	10.983	.000*
X19	←	FACTOR_4	.829	.083	15.578	.000*
X10	←	FACTOR_4	.636	.073	12.571	.000*
X32	←	FACTOR_4	.444	.101	6.580	.000*
A8	←	ENGAGEMENT_6	.652	.086	13.518	.000*
A9	←	ENGAGEMENT_6	.716	.094	13.349	.000*
A10	←	ENGAGEMENT_6	.727	.082	13.518	.000*
A11	←	ENGAGEMENT_6	.621	.079	11.91	.000*
A12	←	ENGAGEMENT_6	.487	.088	9.650	.000*
A13	←	ENGAGEMENT_6	.695	.084	13.057	.000*
A14	←	ENGAGEMENT_6	.517	.081	10.159	.000*
A7	←	ENGAGEMENT_6	.783	.087	14.288	.000*
A4	←	ENGAGEMENT_6	.658	.058	18.583	.000*
A2	←	ENGAGEMENT_6	.762	.088	14.005	.000*
A1	←	ENGAGEMENT_6	.636			.000*
U	←	satisfaction	.327	.085	5.358	.000*
U	←	engagement	.242	.062	4.597	.000*

Note: \* – significant at the level of significance  $\alpha = 0.05$ .

The first factor encompasses nurses' assessments of the hospital's strategic goal-setting and their own understanding of these objectives. The high standardized regression loadings indicate the significance and strength of influence on nurses' job satisfaction in hospitals.

The second factor focuses on workload. Nurses have expressed a strong aversion to tasks that fall outside the scope of their job competencies. The shortage of medical personnel and the understaffing of departments compel nurses to perform some physician-delegated tasks. However, they also substitute work activities that fall within the scope of work of medical assistants or hospital attendants.

The third factor captures management and leadership, with perceived supervisory support attaining the highest loadings. This was followed by the competence and emotional intelligence of supervisors. In addition to the aforementioned competencies, effective communication skills are integral to a manager's comprehensive character.

The fourth factor reflects perceptions of financial rewards and benefits, with the most significant impact directly related to salary level. Its position relative to the national mean wage, together with the rate of salary growth, constitutes a salient indicator of job satisfaction. These are areas that are based on the statutory pay grade set by law.

Perceived fairness and pay transparency are also strongly associated with job satisfaction, which is primarily the responsibility of the employee's manager.

The fifth factor, career development opportunities, was also assessed. The variable that exerted the most significant influence on nurses' satisfaction was the opportunity for promotion. Subsequently, the subjects were asked to rate the recognition for a job well done. Nurses have expressed a desire for recognition of their efforts; yet when they perceive a lack of advancement opportunities or an undervaluation of their contributions, frustration and lower job satisfaction often follow.

The resulting model demonstrates that there is a statistically significant effect of job satisfaction on nurses' intention to stay with their current employer. The model shows that job satisfaction explains 7.9% of the variance in work engagement ( $p < 0.001$ ). According to the prevailing literature, engagement is influenced by several factors (e.g., personality, health status, personal life); in our model, job satisfaction positively predicts engagement, and together, job satisfaction and engagement explain 18.7% of the variance in intention to stay. In the social sciences, this represents a medium-sized explanatory power.

Across both research phases, all four hypotheses (H1–H4) were empirically supported. Job satisfaction demonstrated a significant positive effect on nurses' intention to stay ( $\beta = 0.281, p < 0.001$ ; H1). Job satisfaction and work engagement were positively associated ( $\beta = 0.512, p < 0.001$ ; H2), and engagement also significantly predicted nurses' intention to stay ( $\beta = 0.376, p < 0.001$ ; H3). The mediating effect of work engagement between job satisfaction and intention to stay was confirmed (indirect effect  $\beta = 0.142, p < 0.001$ ; H4). These consistent findings reinforce the robustness and stability of the proposed conceptual model over time.

## 4. DISCUSSION

The findings advance the existing body of knowledge by empirically confirming the relationships between job satisfaction, work engagement, and nurses' intention to stay within a post-pandemic Central European context. Previous research pre-

dominantly employed single-phase cross-sectional designs or focused on specific institutional environments (De Los Santos & Labrague, 2021; Hua et al., 2023; Alanazi et al., 2023). In contrast, the present two-phase repeated cross-sectional design allowed the comparison of data collected at two distinct time periods, reflecting nurses' evolving perceptions of work conditions and professional experiences after the COVID-19 pandemic (2020–2022) and subsequent HR policy reforms. Grounded in the Job Demands–Resources (JD–R) theoretical framework (Bakker & Demerouti, 2017; Bakker et al., 2023), this study provides new evidence on how satisfaction and engagement jointly predict nurses' retention intentions in dynamic organizational conditions.

The first research phase, conducted in 2022 during the post-pandemic transition period, confirmed a significant positive association between job satisfaction and nurses' intention to stay, thereby supporting H1 and reinforcing the findings of earlier studies (De Los Santos & Labrague, 2021; Bae, 2024; Hua et al., 2023). Unlike Bae (2024) and Smith et al. (2023), who reported declines in satisfaction due to intensified workload and emotional strain during the pandemic, the present results suggest relatively stable satisfaction levels among Slovak nurses. This may reflect improvements in working conditions and enhanced social recognition of the nursing profession that followed the crisis, mitigating the negative stress-related trends observed in other countries. Unlike in Western European studies (e.g., Pursio et al., 2024; Wei et al., 2023), where post-pandemic satisfaction levels declined due to persistent staff shortages, Slovak nurses reported comparatively higher stability in perceived job quality.

The multidimensional nature of job satisfaction identified in this study, which includes material and spatial conditions, leadership and communication, remuneration and benefits, and external contextual factors, corresponds with the theoretical distinction between intrinsic and extrinsic motivators (J. Lee & M. Lee, 2022). Consistent with Pursio et al. (2024), Hahm et al. (2024), and Mirzaei et al. (2024), supportive leadership, collegial communication, and a transparent organizational culture exhibited stronger effects on job satisfaction than purely structural or environmental

aspects. This highlights the crucial role of relational and social job resources in sustaining professional commitment and well-being, particularly in emotionally demanding hospital environments.

Remuneration and benefits remained the strongest direct predictors of nurses' intention to stay across both phases, confirming that financial rewards represent a necessary but not sufficient condition for long-term retention. This aligns with Herzberg's two-factor theory, which conceptualizes pay as a hygiene factor whose absence leads to dissatisfaction, while its presence alone does not ensure motivation (Hua et al., 2023; Alanazi et al., 2023). However, the current results differ from studies that identified pay as the dominant retention driver (Doleman et al., 2021; Zahednezhad et al., 2021), since managerial competence and career development opportunities gained importance in the later period. This shift from extrinsic to intrinsic work values supports the arguments of Abugre and Bhengu (2024) and Othman et al. (2024), who observed that employees' expectations evolve as financial disparities are gradually reduced.

The introduction of work engagement as a mediating variable in the second research phase (2024) provides novel insight into the mechanisms linking job satisfaction and intention to stay. The structural model demonstrated that engagement significantly mediated the relationship between job satisfaction and intention to stay (supporting H2–H4). This finding empirically supports the motivational process proposed by the JD–R model (Bakker & Demerouti, 2017), in which engagement translates favorable job resources such as autonomy, feedback, and managerial support into sustained commitment and retention behavior. This extends prior evidence on the JD–R model, most of which has been tested in non-European healthcare contexts, by validating its applicability in a Central European setting. This validation strengthens the cross-cultural relevance of the JD–R framework in explaining motivational

processes among healthcare professionals. Similar patterns were reported by Wei et al. (2023) and Farahani et al. (2024), who identified engagement as a psychological bridge between satisfaction and long-term organizational attachment. In contrast to Danish et al. (2017), who observed only partial mediation in Asian hospital contexts, the present study revealed a stable and statistically significant mediating effect in both phases, suggesting the robustness of this mechanism even during organizational change.

A comparison of the two independent samples from 2022 and 2024 further revealed that nurses' awareness of hospital strategic objectives and their perceived involvement in decision-making remained relatively low. This indicates a persistent communication gap between management and clinical staff. The finding is consistent with House et al. (2022), who demonstrated that unclear strategic direction and limited internal communication erode organizational trust and identification. Addressing this issue requires targeted leadership development, transparent communication, and participatory management practices.

Overall, the results substantiate the theoretical assumptions of the JD–R framework and emphasize the importance of integrated HR strategies that combine extrinsic factors such as fair remuneration and stable working conditions with intrinsic factors such as engagement, recognition, and opportunities for professional growth. Hospitals that implement such comprehensive approaches are more likely to enhance workforce resilience, strengthen retention, and reduce turnover. This study contributes to the international literature by confirming that the motivational and retention mechanisms identified in previous research remain valid in the post-pandemic Slovak healthcare context. At the same time, it highlights specific contextual factors shaped by healthcare policy reforms and the changing societal perception of the nursing profession.

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## CONCLUSION

The primary objective of this study was to examine the effect of job satisfaction on nurses' intention to stay with their current employer, with particular emphasis on the mediating role of work engagement.

The results from two independent samples confirmed that job satisfaction significantly predicts nurses' retention intentions ( $\beta = 0.281, p < 0.001$ ) and that work engagement mediates this relationship ( $\beta = 0.142, p < 0.001$ ). Among the dimensions of job satisfaction, remuneration and benefits exerted the strongest direct influence, followed by managerial support, workload, and career development opportunities. These findings validate the assumptions of the Job Demands–Resources model, which posits that engagement transmits the positive effects of job resources to retention-related outcomes.

It can therefore be concluded that strengthening financial and non-financial job resources, through equitable pay, supportive leadership, transparent communication, and structured career development, enhances both satisfaction and engagement, thereby improving nurses' intention to remain in their positions. These results provide a robust empirical basis for evidence-based HRM strategies aimed at workforce stability and the long-term sustainability of the nursing profession in hospital settings.

## AUTHOR CONTRIBUTIONS

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