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Retaining Caregivers: Human Resource Architecture and Female Nurse Retention in Ghana's Christian Hospitals, Sub-Saharan Africa

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Abstract: Objectives: The paper examines the effect of HR architecture through High Performance Work Systems practices on turnover intention of nurses. This research is significant because keeping skilled health professionals in the healthcare sector in Sub-Saharan Africa is a key issue. **Prior Work:** The research is premised on the theories of Social Exchange, Job Demands-Resources, and Resource-Based. The study contributes to the extant literature on strategic human resource management by assessing the effects of organizational support and HPWS practices in the healthcare industry. **Approach:** Partial Least Squares Structural Equation Modeling was used to analyze the cross-sectional data gathered from 194 respondents, **Results:** The considerable impact of compensation and rewards, job security, and training and development on turnover intention was demonstrated. Performance management did not have a significant effect on turnover intention. Perceived organizational support enhances the impact of essential HRM practices in retention. **Implications:** The importance of organizational climate and human resource management strategies in retaining health workers is stressed. **Value:** This study adds value to the field of strategic human resource management through the findings gained from the healthcare industry of Sub-Saharan Africa. The study's novelty is that it merges supportive organizational culture and high-performance work systems to understand employee retention.

Keywords: Human Resource Architecture; Perceived Organizational Support; Sub-Saharan Africa; Ghana

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1. Introduction

Turnover intention (TI) among employees is a strategic issue that continues to affect healthcare systems worldwide, especially in labor-intensive service sectors where human capital is central to service delivery (Xu et al., 2023; Ren et al., 2024). In the nursing profession, TI is viewed as a predictor of actual turnover, with great implications for continuity of care and service delivery (Galanis et al., 2024; Oh et al., 2023). High turnover among nurses also incurs high direct and indirect costs, including recruitment, training, and orientation costs, loss of productivity, and reduced quality of service (Xu et al., 2023; Boateng et al., 2022; McDermid et al., 2020). These issues are even more pronounced in Sub-Saharan Africa, where healthcare systems face challenges of workforce shortages and financial constraints (Mohamed et al., 2024). In Ghana, for instance, the issue of retention is highly visible within urban healthcare systems such as Accra, where professional mobility, workload, and work-family interface are high. Women nurses are the core workforce for service delivery within healthcare systems, making their retention a fundamental issue for healthcare stability (Li et al., 2023; Asiedu et al., 2018). Considering the issue from a perspective where women are expected to play a core role within caregiving relationships and where the pressures between work and family are high in urban areas, understanding retention drivers of female nurses requires a contextually grounded and theoretically anchored approach for women nurses. Despite its strategic importance, little empirical evidence has explored the influence of integrated HR architectures on TI within Christian healthcare systems in Sub-Saharan Africa.

The Strategic Human Resource Management (SHRM) literature has increasingly recognized the importance of High-Performance Work Systems (HPWS) as an integrated set of human resource practices aimed at improving employees' potential, motivation, and opportunity to contribute (Assanti, 2025; Hu et al., 2025; Jiang et al., 2012; Lepak et al., 2006). HPWS has also been conceptualized as a human resource architecture that can create sustained competitive advantage through its potential to build human capital (Barney, 1991). Empirical research conducted in the Western world indicates that HPWS can decrease TI through its influence on engagement, affective commitment, and psychological attachment (Yun et al., 2022; Zhang et al., 2024). However, most of the research on this issue has treated HPWS as a second-order aggregate construct, which may obscure the potentially differential effects of individual practices such as job security, training and development, performance management, and compensation and reward (Gemici & Zehir, 2023;

Kaushik & Mukherjee, 2022). By exploring the issue of female nurse retention through the lens of an integrated human resource architecture, this study hopes to address the need for more contextualized HRM studies in the context of emerging economies.

The study is organized as follows: the following section reviews the relevant literature and develops the study hypotheses, followed by a description of the research methodology and data collection processes. The results are then presented and debated in light of existing theory and empirical evidence. Lastly, the authors outlined the management and policy implications and proposed future research direction.

2. Literature Review

2.1. Theoretical Foundations

This study is rooted in three interrelated theoretical frameworks: Social Exchange Theory (SET), Job Demands-Resources (JD-R) model, and Resource-Based View (RBV). These theories collectively account for the interplay between structural HR practices and relational climate in predicting TI among female nurses in resource-constrained healthcare organizations.

Social Exchange Theory (SET) assumes that the employment relationship follows a process of exchange between organizations and their employees (Homans, 1958; Blau, 1964). When organizations invest in their employees through fair compensation, training opportunities, and job security, employees reciprocate by showing organizational citizenship behavior, affective commitment, and reduced TI (Rhoades & Eisenberger, 2002). Perceived Organizational Support (POS) was derived from SET as a theoretical construct that reflects employees' perceptions that their organizations value their contributions and care for their well-being (Eisenberger et al., 1986; Eisenberger et al., 2020). POS has been proven through research to be negatively correlated with TI and positively correlated with affective commitment (Kurtessis et al., 2017). In a high-demanding healthcare setting, a supportive climate increases perceived obligation among employees, which reduces TI (Galanis et al., 2024).

Another model that offers an alternative explanation for motivation is the Job Demands-Resources (JD-R) model. The JD-R model proposes that job resources,

whether they are structural (e.g., training, compensation) or socio-emotional (e.g., organizational support), reduce the impact of job demands, leading to engagement and resilience (Demerouti et al., 2001; Bakker & Demerouti, 2017). Nursing is characterized by high levels of emotional, physical, and cognitive demands (McDermid et al., 2020). In such environments, HR practices act as job resources, reducing TI through increased competence, role clarity, and safety, while POS increases the motivational impact of job resources by adding value to the employees' feeling of belonging (Yun et al., 2022).

The Resource-Based View (RBV) places this argument at the strategic level. The RBV postulates that human capital is a valuable, rare, and inimitable resource, which is a source of sustained competitive advantage to organizations (Barney, 1991). Nurses' skills are strategic resources for healthcare systems, whose retention is a determinant of service quality and organizational sustainability. The HPWS are architectural systems for developing, implementing, and sustaining strategic resources (Jiang et al., 2012; Assanti, 2025). The study, therefore, views compensation, training, and employment security as strategic decisions to protect human capital, rather than administrative decisions. This study conceptualized the SET, JD-R, and RBV theories to understand HPWS as one of the structural resources that influence TI through motivational and reciprocal relationships, while POS is a relational amplifier that moderates the effectiveness of these investments.

2.2. Hypotheses Development

2.2.1. High-Performance Work Systems and Turnover Intention

High-Performance Work Systems describe the set of coherent HR practices intended to improve employees' potential, motivation, and opportunities to contribute towards organizational goals (Jiang et al., 2012; Assanti, 2025). Empirical research has established the positive relationship between HPWS and positive organizational outcomes, including reduced withdrawal behaviors (Zhang et al., 2024; Yun et al., 2022). However, the overall approach in the study of HPWS has been configurational, or universalistic, in nature, where the overall impact of the HPWS is viewed as a higher-order latent construct (Kaushik & Mukherjee, 2022). This particular study recommends the disaggregation of the HPWS construct in order to study the additive impact of individual dimensions of HR practices (Atkinson, 2023). This is particularly important in the developing healthcare sector, where the

constraints may lead to the differential impact of individual dimensions of HR practices.

Turnover intention, which is described as a deliberate and intentional volitional state of mind on the part of employees to leave the organisation (Maroga et al., 2024; Tett & Meyer, 1993), is considered to be the most immediate cognitive antecedent to actual turnover behavior. Turnover intention is linked to a decline in morale, service continuity, and system stability within healthcare environments (Boateng et al., 2022; Mohamed et al., 2024). In light of this, examining the influence of particular HPWS on TI for female nurses is considered to be both theoretically specific and relevant. This study is based on four core HPWS elements: job security, training and development, performance management, and compensation and reward systems. These are considered to be fundamental structural investments within HR architectures in healthcare in Sub-Saharan economies (Wadud, 2022).

2.2.1.1. Job Security and Turnover Intention

Job security is a measure of employees' perceptions of stability and continuity in their employment relationship. From a SET perspective, employment stability represents a long-term commitment to the organisation, which in turn evokes feelings of loyalty among employees, reducing TI (Homans, 1958; Blau, 1964). Studies have shown that perceived job insecurity leads to psychological strain and TI, while perceived job security boosts organizational commitment (Dube & Ndofirepi, 2024; Aman-Ullah et al., 2022; Yun et al., 2022). In a dynamic labor market, such as that experienced in some parts of Sub-Saharan Africa, job security emerges as a critical turnover driver. For women who must balance work and family life, job security may be a critical source of psychological and economic reassurance (Darvishmotevali, 2025; Asiedu et al., 2018). Based on the JD-R perspective, perceived job security reduces perceived uncertainty (which is a critical job demand) in the workforce. From an RBV theory perspective, retaining critical human capital through employment contracts for valuable nurses reduces TI (Barney, 1991). Therefore, we hypothesize that:

H_{1a}: Job security is negatively related to Turnover Intention

2.2.1.2. Training and Development and Turnover Intention

Employees' competencies and professional growth can be improved through training and development programs. According to the JD-R model, training and developmental programs play a motivational role in improving employees' self-

efficacy, professionalism, and work engagement (Bakker & Demerouti, 2017). According to the human capital theory, investing in training and developmental programs can increase employees' external employability; however, based on the SET, these programs can increase organizational commitment since employees view these programs as organizational support and, in turn, respond by showing organizational citizenship (Pozo-Rico et al., 2023; García-Chas et al., 2014). Studies have confirmed that skill-enhancing HR practices can lead to reduced turnover behaviors (Jiang et al., 2012). In healthcare settings, continuous professional development (CPD) programs can increase confidence and strengthen clinical embeddedness, thereby reducing turnover cognitions.

As a result, the authors stated the following proposition:

H_{1b}: Training and Development is negatively related to Turnover Intention

2.2.1.3. Performance Management and Turnover Intention

A performance management system helps to manage performance, make contributions more visible, and facilitate development. When perceived as fair, transparent, and developmental, performance management contributes to greater perceptions of procedural justice and role clarity (DeNisi & Murphy, 2017). According to the JD-R model, positive feedback and engaging performance appraisal systems serve as a resource for development, reducing perceived ambiguity. However, studies showed that a performance management system may not be effective in reducing TI if perceived as a bureaucratic, punitive, or politically driven practice (Islam et al., 2023; Huang et al., 2019). In theory, a performance management system should positively influence commitment and negatively influence TI. Based on the issues discussed, the authors put forward the following proposition:

H_{1c}: Performance management is negatively associated with Turnover Intention

2.2.1.4. Compensation, Reward and Turnover Intention

Compensation and reward systems have economic and symbolic value. Perceived fairness in compensation, according to the equity theory, reduces dissatisfaction and TI. From the RBV viewpoint, competitive compensation systems secure an organization's precious human capital by minimizing the motivation for employees to leave the firm (Barney, 1991). Empirical research supports the role of compensation as an important determinant of TI across the healthcare sector (Khanam et al., 2024; Boateng et al., 2022; Poku et al., 2022). In environments where

workload demands are high and disparities in pay are evident, equitable reward systems may have special meaning in resource-scarce settings. Compensation is an expression of recognition and appreciation, thereby strengthening SET through the mechanisms of reciprocal relationships. Therefore, the following proposition is stated by the authors:

H_{1d}: Compensation and reward systems are negatively related to Turnover Intention

2.2.2. Perceived Organizational Support as a Moderating Mechanism

Although HPWS practices are structural HR investments, employees' interpretation of these practices is also related to relational context. Perceived Organizational Support reflects employees' belief that the organisation supports them and cares about them (Eisenberger et al., 1986; Eisenberger et al., 2020). Evidence from research supports that POS leads to lower TI and higher affective commitment (Islam et al., 2023; Kurtessis et al., 2017). In healthcare environments, support from the organisation reduces stress and increases retention (Shinde, 2025; Galanis et al., 2024). SET theory argues that support from the organisation activates reciprocity norms based on genuine care (Bagga & Kumar, 2025; Rhoades & Eisenberger, 2002). From a JD-R perspective, support from the organisation is a socio-emotional resource that increases the motivational effect of structural job resources (Bakker & Demerouti, 2017). For example, HR practices such as compensation or job security might have a greater effect on retention when implemented within a supportive context. Based on the content above, the authors propose the following:

H_{2a}: Perceived Organizational Support positively moderates the negative relationship between job security and Turnover Intention

H_{2b}: Perceived Organizational Support positively moderates the negative relationship between training and development and Turnover Intention

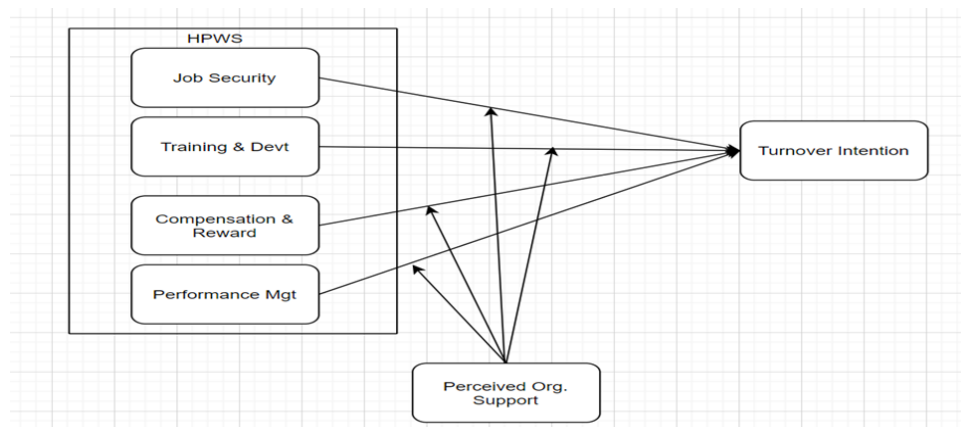
H_{2c}: Perceived Organizational Support positively moderates the negative relationship between performance management and Turnover Intention

H_{2d}: Perceived Organizational Support positively moderates the negative relationship between compensation and reward and Turnover Intention

2.3. Conceptual Framework

The conceptual model integrates SET, JD-R, and RBV theories to suggest that job security, training and development, performance management, and compensation and reward are key structural HR resources that influence TI. Perceived Organizational Support moderates these relationships to enhance the retention potential of these structural investments. The model addresses the need for research on HPWS in emerging economies (Conteh & Yuan, 2022) and extends knowledge on the role of structural and relational aspects of HR architecture in influencing female nurse retention in Sub-Saharan Africa. Figure 1 below depicts how the variables are linked.

Figure 1. Conceptual Framework



3. Methodology

3.1. Research Design

The current research used a quantitative cross-sectional survey design to investigate the relationships between HPWS practices, POS, and TI among female nurses in the various chosen hospitals. Cross-sectional designs are well-suited for theory testing and structural relationship estimation between latent constructs (Creswell & Creswell, 2017). As the model has a predictive and exploratory focus, PLS-SEM was used as the primary method of analysis (Hair et al., 2022).

3.2. Population, Sampling, and Data Collection Procedure

The study population comprised all registered female nurses working in four chosen Christian hospitals in urban Accra, Ghana (N = 375). The reason for the focus on female nurses is threefold. Firstly, the nursing profession in Ghana is dominated by female nurses (Budu et al., 2019; Iddrisu et al., 2025), and the majority of the human capital base of the hospital service delivery workforce is female. Secondly, the gender role in caregiving and the interface between work and family life may be unique in influencing retention (Asiedu et al., 2018). Thirdly, the study focused on a homogenous occupational group to improve internal validity and analytical precision in testing structural HR, relational resources, and retention connections in a high-demand Sub-Saharan African healthcare context.

The minimum sample size required for the study was calculated to be 191 according to Krejcie and Morgan's (1970) sample size determination table. As suggested by PLS-SEM, the sample size also exceeded the "10 times rule" and minimum statistical power thresholds required for structural modeling (Hair et al., 2022). To avoid bias in the selection of samples, the researchers employed the simple random sampling approach. Out of 210 questionnaires dispatched, 194 were returned, yielding a response rate of 92.4%, which is well beyond the required rate.

Data collection was done over a period of four weeks. Since the data were collected using a voluntary approach, there was an assurance of anonymity and confidentiality to avoid social desirability bias and common method bias (Podsakoff et al., 2003).

3.3. Measurement of Variables

All the constructs were measured by means of multi-item scales that had been used in earlier studies, all scored on a five-point Likert scale, where 1 represented strongly disagree and 5 represented strongly agree. The constructs of HPWS were measured by means of scales that had been adapted from the SHRM scales by Jiang et al. (2012) and Sun et al. (2007). The scales for the constructs of POS and TI had been adapted from the scales used by Eisenberger et al. (1986) and Tett and Meyer (1993), respectively, with minor changes to make them appropriate for the healthcare context without altering the construct itself.

3.4. Data Analysis Process

The quantitative data were analyzed by means of the Smart PLS 3.0 software. The process involved two analytical phases aided by the PLS-SEM (Hair et al., 2022). First, the authors assessed the measurement model to determine internal consistency regarding the reliability, which was conducted through the application of statistical tools of Cronbach's alpha and Composite reliability. Based on the findings of Hair et al. (2022), the reliability value of over 0.70 was considered reliable. Furthermore, the convergent validity was assessed using the Average Variance Extracted (AVE). Values above 0.50 were deemed sufficient while discriminant validity was checked with the Heterotrait-Monotrait (HTMT) ratio, with values below 0.85 considered acceptable (Henseler et al., 2015). The final phase of the data analysis focused on assessing the structural model. The model was validated by means of path coefficient (β) and the P values. The R^2 value was conducted to validate the explanatory fit to determine TI values. This was preceded by the effect size (f^2) to ascertain the relative significance of the predictors.

4. Data Analysis and Results

4.1 Preliminary Analysis and Common Method Bias

Through the application of SPSS software, the authors screened the primary data before assessing the structural modeling. No missing values exceeded 2%, and there were no extreme outliers according to standardized residual values. Moreover, skewness and kurtosis values were within the range of ± 2 , thus supporting the use of PLS-SEM since the approach is not sensitive to normality or non-normality of data (Hair et al., 2022). Since the data were based on self-report measures and were cross-sectional in nature, CMB was checked. According to the Harman single-factor test, the largest factor explained only 17.144% of the total variance, thus falling well below the 50% limit proposed by Podsakoff et al. (2003). Moreover, the full collinearity values were less than 3.3, thus supporting that CMB did not influence the findings (Hair et al., 2022).

4.2. Demographic Characteristics of Respondents

The final sample comprised 194 registered female nurses. The majority (56.16%) belonged to the 31-40 years' age group, while 28.62% belonged to the 21-30 years'

age group. The majority (48.19%) held a Bachelor's qualification, while 44.93% had 1-5 years of work experience. Most of the respondents (36.96%) came from Surgical and 28.99% from Obstetric departments, representing high-intensity clinical units. The demographic characteristics represent a professionally educated and economically active nursing workforce, thus underlining the strategic value of retention in maintaining continuity (Mohamed et al., 2024).

4.3. Descriptive Statistics, Reliability and Convergent Validity

The merged results in Table 1 below indicate that Training and Development recorded the highest mean score ($M = 3.865$), suggesting favorable employee perceptions regarding developmental opportunities, whereas Compensation and Reward recorded the lowest mean score ($M = 3.584$). All constructs demonstrated satisfactory reliability, with Cronbach's alpha and Composite Reliability values exceeding the recommended threshold of 0.70, while AVE values surpassed 0.50, confirming adequate convergent validity.

Table 1. Descriptive Statistics, Reliability & Validity

Construct	Mean	SD	Cronbach's α	CR	AVE
Job Security	3.742	0.962	0.754	0.883	0.603
Training & Development	3.865	0.978	0.892	0.945	0.619
Performance Management	3.693	0.945	0.918	0.944	0.583
Compensation & Reward	3.584	0.981	0.840	0.904	0.635
POS	3.812	0.953	0.852	0.912	0.657
TI	2.946	1.102	0.900	0.942	0.692

4.4. Discriminant Validity

To evaluate discriminant validity, the Heterotrait-Monotrait ratio (HTMT) method was employed. All HTMT ratios were found to be below the conservative cutoff of 0.85 (Henseler et al., 2015). This ensured that the constructs were empirically distinct. Table 2 below shows the various constructs from job security to TI.

Multi-collinearity was assessed using VIF values, all of which were below 3, indicating no multi-collinearity concerns.

Table 2. Heterotrait-Monotrait ratio (HTMT) – Matrix

Constructs	Job Security	Training & Development	& Performance Management	Compensation & Reward	Perceived Organizational Support	TI
Job Security	1.000					
Training & Development	0.732	1.000				
Performance Management	0.681	0.695	1.000			
Compensation & Reward	0.644	0.662	0.673	1.000		
POS	0.751	0.768	0.713	0.701	1.000	
TI	0.492	0.508	0.476	0.521	0.543	1.000

*Hair et al. (2014)***4.5. Testing Formulated Hypotheses****Table 3. Path Coefficients and Hypothesis Testing**

Path	B	t-value	p-value	Result
JS → TI	-0.214	2.326	0.021	Supported
T&D → TI	-0.187	2.200	0.028	Supported
PM → TI	-0.132	1.692	0.091	Not Supported
C&R → TI	-0.245	2.579	0.010	Supported
JS × POS → TI	-0.118	1.967	0.050	Supported
T&D × POS → TI	-0.141	2.104	0.036	Supported
PM × POS → TI	-0.094	1.621	0.105	Not Supported
C&R × POS → TI	-0.167	2.319	0.021	Supported

Note: JS (Job Security), T&D (Training & Development), PM (Performance Management), C&R (Compensation & Reward), and POS (Perceived Organizational Support)

From Table 3 above, compensation and reward are depicted as the most important predictors of TI ($\beta = -0.245$). Job security, training and development were also found to be important. Performance management did not reach statistical significance.

Effect size (f^2) analysis indicated small effects, with compensation showing the largest contribution ($f^2 = 0.071$). These figures are given in Table 4 below.

Table 4. Effect size (f^2) analysis

Predictor	B	f^2	Effect Size Interpretation
Job Security	-0.214	0.054	Small
Training & Development	-0.187	0.042	Small
Performance Management	-0.132	0.021	Small (Very Weak)
Compensation & Reward	-0.245	0.071	Small (Strongest)

5. Discussion

The study explored the effect of disaggregated HPWS practices on TI among female nurses in Christian hospitals in Ghana and the moderating role of POS in these relations. The assessment of the measurement model indicates that the constructs used in the study have satisfactory psychometric properties. First, the internal consistency reliability of the constructs was established through the use of Cronbach's alpha, while the composite reliability of the constructs was found to be above the recommended level. Convergent validity was also established, where the AVE values were found to be within the acceptable range, while the discriminant validity was found to be valid through the use of the Heterotrait-Monotrait ratio, where multicollinearity was found to be insignificant. The results show that the measurement model is appropriate in explaining the results obtained from the structural model since the model was found to be valid and reliable. The results from the structural model show an R^2 of 0.158 for TI. The result is low, which is expected since the model is a variance-based SEM (Hair et al., 2022). Even though the result is low in terms of the proportion of variance explained by the model, it is not surprising, as behavioral research on withdrawal cognitions is typically subject to many factors. The result also shows a predictive fit with $Q^2 = 0.133$, further supporting the model's reliability.

5.1. Direct Effects of HPWS Practices

Regarding the direct hypotheses, the results offer partial support for the hypothesized relationships between HPWS sub-dimensions and TI. Job security was found to have a significant negative relationship with TI ($\beta = -0.214$, $p = 0.021$), supporting H_{1a} (Job security is negatively related to TI). This suggests that female nurses' perceptions of job security and long-term organizational commitment lead to

reduced withdrawal cognitions. This finding is consistent with the reciprocity principle underlying SET (Homans, 1958), which suggests that perceptions of stability promote psychological commitment and obligation, and is in line with the empirical findings of Sam-Mensah et al. (2025). In a high-demand healthcare context, employment stability serves as a key psychological anchor, especially in labor markets that are known for professional mobility. Therefore, job security is more than a simple contract; it is a relational indicator of institutional commitment. Training and development activities also showed a significant negative impact on TI ($\beta = -0.187$, $p = 0.028$), supporting **H_{1b}**. (Training and Development is negatively related to TI. This result indicates that development activities are viewed as increasing embeddedness and decreasing exit intentions. From the JD-R model (Bakker & Demerouti, 2017), development activities are seen as motivational job resources that enhance self-efficacy and competence beliefs. While training may have a theoretical positive impact on external employability, the current results suggest that nurses perceive these activities as organizational support rather than market preparation, solidifying long-term commitment. This result is consistent with previous research showing that skill-enhancing HR practices decrease withdrawal behaviors (Hamrick et al., 2025; Dhand, 2025; García-Chas et al., 2014). Compensation and reward was found to be the most significant predictor of TI ($\beta = -0.245$, $p = 0.010$), supporting **H_{1d}** (Compensation and reward systems are negatively related to TI), and in support of the findings by Pei et al. (2025). This highlights the importance of financial and non-financial rewards in resource-scarce healthcare environments. In such environments, where the workload is heavy and the reward gaps are apparent, fair compensation serves both economic and psychological purposes. As suggested by RBV logic (Barney, 1991), competitive compensation protects high-quality human capital by eliminating the incentive for mobility. Notably, the strength of this result indicates that compensation is still a basic retention tool in the urban Accra healthcare context. By contrast, performance management did not significantly predict TI ($\beta = -0.132$, $p = 0.091$), resulting in the rejection of **H_{1c}** (Performance management is negatively associated with TI). Although the result was negative as predicted, a lack of statistical significance may imply that the current appraisal systems do not serve as effective job resources. This result warrants further interpretation. Performance management practices are assumed to improve role clarity and fairness (DeNisi & Murphy, 2017), although their effectiveness is highly contingent on perceived legitimacy. When appraisal systems are perceived as more procedural or bureaucratic, rather than

developmental, they may not contribute to the development of reciprocal commitment. Hence, the results suggest that performance evaluation systems in these hospitals do not appear to be sufficiently participatory or developmental to affect withdrawal cognitions.

5.2. Moderating Effects of POS on HPWS Practices

The moderating analyses also offer further theoretical explanations. Perceived Organizational Support significantly strengthened the negative effects of job security, training and development, and compensation on TI, supporting **H_{2a}** (POS positively moderates the negative relationship between job security and TI), **H_{2b}** (POS positively moderates the negative relationship between training and development and TI), and **H_{2d}** (POS positively moderates the negative relationship between compensation and reward and TI). However, POS did not significantly moderate the performance management–turnover link, resulting in the rejection of **H_{2c}** (POS positively moderates the negative relationship between performance management and TI). These results suggest that structural HR practices have their retention potency amplified when practiced in supportive relational contexts. When nurses feel that the organisation values their contributions, HR practices are perceived as genuine care instead of transactional exchange. This synergistic effect is supported by studies that organizational support diminishes TI by increasing affective commitment (Kurtessis et al., 2017; Galanis et al., 2024). From a theoretical perspective, the results show that HPWS does not function in a vacuum. Rather, their retention outcomes are dependent on socio-emotional context. The JD-R framework proposes that relational support can increase the power of the motivational effects of structural resources. Similarly, SET argues that employees will repay perceived care with loyalty. The results, therefore, contribute to HPWS literature by showing that relational context serves as a contextual multiplier of HR practice potency. What this means is that, without the visible manifestation of organizational support, compensation, job security, and training efforts may not be optimal in retaining employees. On the other hand, a supportive environment may not necessarily have the structural backing of HR investments. The retention of employees would, therefore, require the integration of both aspects. The partial support for the hypotheses confirms that HPWS is a multidimensional construct and that not all practices have an equal role to play in the retention of nurses in this study.

6. Implications

This quantitative study presents some critical contributory values to the SHRM and the existing healthcare employees' literature. This empirical research unearths significant contributions to the theory of HPWS through disaggregating the construct of HPWS into several key sub-dimensions in addition to conducting an assessment of the differential impacts of these sub-dimensions on TI. Most of the present HPWS literature forms part of the universal approach. However, the outcome represents deep contradictions. Furthermore, this study outlines the concept of SET in the context of HRM by stating the conditions that specify the boundary on which HR investment structures were converted into specific behavior retention. From a managerial point of view, hospital managers need to place importance on fair compensation practices, employment security, and ongoing professional development as key retention strategies. These strategies need to be incorporated within organizational environments that are driven by values of fairness, recognition, transparency, and communication. The results indicate that a strictly policy-oriented approach to HR implementation is not advisable, as structural HR practices without the genuine support of the organisation may not lead to the desired retention outcomes. Managers are advised to adopt leadership practices that promote the authenticity of HR investments. The non-significant result for performance management indicates the need for a change in appraisal practices towards more developmental and participative approaches. Adding mechanisms of constructive feedback, employee participation in appraisal processes, and career-focused appraisal structures may improve their motivational potential.

From a policy perspective, healthcare policymakers should understand that employee retention is more than just compensation adjustments; a strong healthcare system needs an integrated HR architecture and supportive institutional environments. While strategic compensation and training investments are necessary, healthcare systems' governance frameworks that support fairness, psychological safety, and trust in organizations are important, especially in a healthcare system with a constrained workforce like Ghana.

7. Limitations and Future Research Direction

Despite its enormous contributions to literature, some limitations constrained the way to conduct future empirical studies. From the outset, applying cross-sectional data creates limitations to causal inferences that are based on perceptions during specific timeframes. Utilizing longitudinal studies would likely enable robust inferences to unlock the temporal causal relationships as well as determine the long-term impact of HPWS to enhance TI. In addition, by employing a self-reported data set that is susceptible to common method bias as well as social biases. Future studies could apply diverse sources of primary data collection that include the rating of supervisors, employing an HR objective data set to improve the overall validity. This study involved permanent female health employees. As a result, future studies could be based on a larger sample size across the peri-urban population of health workers that involves both permanent male and female health employees.

8. Conclusion

In conclusion, the study investigated the role of HPWS and POS on TI using only permanent female employees within the health sectors across Ghana. Based on several lenses of scientific theories such as SET, RBV, and the J-R model, its outcomes revealed specific HPWS practices, namely job security, the compensation and reward approach, and training and development, that are linked to a lower TI. Performance management had a lesser significant statistical influence. Through the application of POS, the role of HR practices is highly amplified to confirm that the structural impact of HR investments is dependent on the balanced embedded context. In a working climate where healthcare employees experience on a daily basis a high-demand, shortages of employees, endemic workload pressures, a well-designed integration of strategies that integrate leadership support systems and investment in HR structures becomes paramount to retain employees. The findings that emerged therefore point to the fact that the processes to retain nurses across the working climates in the Sub-Saharan African country of Ghana need an HR architecture that is integrated in combination of structural HR practices to include socio-emotional support systems.

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