INTERNATIONAL JOURNAL OF BUSINESS, 30(3), 2025 ISSN: 1083-4346

The Dynamics of Occupational Identity: Exploring The Combined Effects of Organizational Culture, Leadership Support, Professional Development, and COVID-19 on Job Satisfaction and Turnover Intentions in the Ghanaian Healthcare Sector

George Kofi Amoako [a], Ernest Kumi [b,*], Aidatu Abubakar [c], Kwasi Dartey-Baah [d], Angela Kwartemaa Acheampong [e]

[a] *Department of Marketing, School of Business, Ghana Communication Technology University, Tesano, Accra, Ghana*
Durban University of Technology, Durban, South Africa
gkamoako@gmail.com
gamoako@gctu.edu.gh

[b] *Faculty of Business and Management Studies, Sunyani Technical University, Sunyani, Ghana*
ernest.kumi@stu.edu.gh

[c] *Department of Business, Lakeside University College, Accra, Ghana*
aibuk83@gmail.com

[d] *Central University Accra, Ghana*
kdartey-baah@ug.edu.gh

[e] *School of Nursing and Midwifery, Wisconsin International University College, Ghana.*
angela.acheampong@wiuc-ghana.edu.gh

ABSTRACT

Occupational identity is a critical determinant of employee motivation, satisfaction, and retention, yet its dynamics within resource-constrained healthcare systems remain underexplored. This study examines how organisational culture, leadership support, and professional development jointly shape occupational identity and how this identity subsequently influences job satisfaction and turnover intentions among healthcare workers in Ghana. Guided by Social Identity Theory, the study employed a quantitative design and analysed data from 509 healthcare professionals using PLS-SEM. The results show that supportive organisational culture, effective leadership, and professional development significantly strengthen occupational identity. Strong occupational identity also enhances job satisfaction but, unexpectedly, is associated with higher turnover intentions—revealing an identity–retention paradox in the Ghanaian healthcare context. Furthermore, COVID-19 did not significantly moderate the relationships between occupational identity and the outcome variables. This study is among the first to offer an integrated examination of multiple organisational antecedents of occupational identity within a developing-country healthcare system. It contributes new evidence on the dual role of occupational identity, demonstrating that while it increases job satisfaction, it may also heighten turnover intentions when organisational conditions conflict with professional norms. The findings provide valuable theoretical and practical insights for

https://doi.org/10.55802/IJB.030(3).001

managing identity-driven behaviour and strengthening workforce stability in low-resource healthcare environments.

JEL Classifications: M12, J28, J63, I18

Keywords: occupational identity, organizational culture, leadership support, professional development, job satisfaction, turnover intentions, COVID-19, Ghana

https://doi.org/10.55802/IJB.030(3).001

I. INTRODUCTION

Employee retention and satisfaction have become central concerns for organisations navigating volatile and resource-constrained environments, particularly in the healthcare sector. Beyond technical competencies, healthcare systems depend heavily on employees' sense of identity, belonging, and alignment with organisational goals. Occupational identity (OI) is the extent to which individuals define themselves through their professional role, which profoundly shapes work motivation, job satisfaction, and turnover intentions (Deng et al., 2021). Understanding how organisational factors cultivate or undermine this identity is therefore essential for effective human resource management and sustainable service delivery.

In emerging economies such as Ghana, healthcare organisations operate amid systemic challenges, including inadequate infrastructure, skill shortages, and high turnover rates (Asamani et al., 2021). These conditions are not only operational but also managerial, as they influence employees' psychological connection to their profession and organisation. The COVID-19 pandemic further intensified these pressures, revealing vulnerabilities in leadership support, organisational culture, and professional development structures (Fronteira et al., 2024). Within this context, employees' occupational identity emerged as both a stabilising and destabilising force—enhancing motivation and commitment in some cases, while fostering exit intentions in others.

Despite the growing recognition of occupational identity as a determinant of work outcomes, existing research presents three notable limitations. First, prior studies often examine the effects of organisational culture, leadership, or professional development in isolation, neglecting their combined influence on identity formation and employee outcomes (Adeniyi et al., 2024). Again, much of the literature is situated within developed contexts, offering limited insight into how these dynamics unfold in low-resource healthcare systems where leadership styles, learning opportunities, and organisational norms differ substantially. In furtherance, the interaction between occupational identity and external stressors—such as the COVID-19 pandemic—remains insufficiently theorised and empirically tested. Consequently, the integrative mechanisms through which organisational and contextual factors shape job satisfaction and turnover intentions in developing-country healthcare systems are poorly understood.

To address these gaps, this study investigates how organisational culture (OC), leadership support (LS), and professional development (PD) jointly influence occupational identity and how this identity, in turn, affects job satisfaction (JS) and turnover intentions (TI) among healthcare professionals in Ghana. It further examines whether the COVID-19 pandemic moderates these relationships. Anchored in Social Identity Theory (SIT), the study conceptualises occupational identity as a cognitive and emotional bridge between individual employees and their organisations—mediating how shared culture, supportive leadership, and developmental opportunities translate into attitudes and behaviours. This study, therefore, seeks to answer the following research questions:

1. How do organisational culture, leadership support, and professional development influence the occupational identity of healthcare workers in Ghana?
2. To what extent does occupational identity affect job satisfaction and turnover intentions?

https://doi.org/10.55802/IJB.030(3).001

3. Does the COVID-19 pandemic moderate the relationship between occupational identity and employee outcomes

By addressing these questions, the study contributes to the literature on organisational behaviour and human resource management in three key ways. To begin with, it offers an integrative model that simultaneously examines multiple organisational antecedents of occupational identity in an emerging economy context. It provides empirical evidence on the paradoxical link between a strong occupational identity and turnover intentions, advancing theoretical understanding of identity-driven work behaviour. Finally, it extends Social Identity Theory by testing its applicability under crisis conditions, thereby offering practical insights for leaders and HR practitioners seeking to align professional identity with sustainable workforce retention strategies. The remainder of the paper is organised as follows: Section 2 reviews relevant literature and develops the hypotheses and conceptual model. Section 3 describes the methodology, Section 4 presents the results, Section 5 discusses the findings and implications, and Section 6 concludes with future research directions.

II. EXISTING STUDIES AND RESEARCH GAPS

Research on occupational identity has gained increasing attention in organisational behaviour and human resource management because it influences employee motivation, satisfaction, and retention. Social Identity Theory (SIT) provides the dominant theoretical foundation, explaining how individuals derive meaning and self-concept from their membership in social and professional groups (Scheepers and Ellemers, 2019; Brown, 2020). Within healthcare contexts, scholars have examined the ways professional norms, teamwork, and leadership practices shape the identity of practitioners and subsequently affect their commitment and performance (Krug et al., 2021; Wang et al., 2022). Despite the growing body of literature, several key research gaps persist.

At the outset, most prior studies have explored occupational identity determinants in isolation. For instance, some focus on organisational culture and its influence on professional identification (Tsai, 2011; Brown, 2020), while others emphasise leadership support (Andersen & West, 2021; Wang et al., 2022) or professional development (King et al., 2021; Hakvoort et al., 2022). However, the combined and interactive effects of these organisational antecedents have rarely been examined together in a single, integrated model. This fragmented approach limits understanding of how these factors collectively shape employees' sense of belonging and purpose at work. There is also a clear contextual gap in the existing research. The majority of occupational identity studies originate from high-income economies and stable organisational systems (Sala, 2022; Jerez Jerez et al., 2023). Little is known about how occupational identity evolves in low- and middle-income countries, particularly in sub-Saharan Africa, where work environments are often resource-constrained, and institutional structures are evolving. Healthcare systems in such settings face unique cultural, managerial, and operational challenges that may fundamentally alter the formation and consequences of occupational identity (Asamani et al., 2021).

Then again, while the COVID-19 pandemic has generated a surge of literature on employee well-being and stress, limited attention has been paid to how the crisis reshaped occupational identity and its behavioural outcomes. Some studies highlight increased

https://doi.org/10.55802/IJB.030(3).001

resilience and commitment among professionals with strong occupational identities (Cabrera-Aguilar et al., 2023), whereas others reveal heightened turnover intentions due to burnout and moral distress (Yi et al., 2024; Cerela-Boltunova et al., 2025). Yet, few studies have empirically tested the moderating influence of pandemic-related stressors on identity–outcome relationships, particularly in developing-country healthcare settings. Finally, a theoretical and empirical tension persists within the occupational identity literature. Traditionally, occupational identity is expected to strengthen employees' attachment and reduce turnover intentions by enhancing commitment and a sense of belonging (Giauque et al., 2019; Albrecht & Marty, 2020). However, more recent studies indicate that strong occupational identification may also prompt mobility when organisational conditions conflict with professional norms and values. For instance, emerging evidence shows that highly identified professionals are more likely to consider quitting or seeking alternative employment when they perceive misalignment between their occupational standards and organisational practices (Walsh and Gordon, 2008; Mpangeva & De Braine, 2024). This evolving contradiction underscores the need for renewed theoretical inquiry into the dual role of occupational identity—both as a foundation for sustained job satisfaction and as a potential catalyst for withdrawal or exit intentions.

In sum, the literature reveals a need for integrative, contextually grounded studies that explore how organisational factors interact to shape occupational identity and its behavioural consequences in developing-country healthcare systems. This study addresses these gaps by investigating the combined effects of organisational culture, leadership support, and professional development on occupational identity, and by examining how identity influences job satisfaction and turnover intentions under the moderating influence of COVID-19. In doing so, it extends the application of Social Identity Theory and contributes new insights into managing professional identity and retention in emerging-market healthcare organisations.

A. Theoretical Framework and Hypothesis Development

1. Theoretical Background

This study is grounded in Social Identity Theory (SIT), which explains that individuals derive part of their self-concept from belonging to social groups (Tajfel & Turner, 2004). The theory explains how belonging to a group generates psychological attachment and behavioural commitment as individuals strive to maintain a positive social identity. In organisational settings, SIT has been widely applied to understand how employees' identification with their organisation or profession influences attitudes such as commitment, satisfaction, and turnover intention (Scheepers & Ellemers, 2019). Within the context of this study, occupational identity represents a specific form of social identity—one that emerges when professionals internalise the values, norms, and meaning of their occupation as part of their self-definition. When employees perceive their occupation as a central and respected component of who they are, they tend to show stronger motivation, loyalty, and satisfaction (Deng et al., 2021). Conversely, when organisational or contextual realities undermine that identity, employees may experience identity conflict, strain, or withdrawal (Ghosh & Irum, 2023).

SIT suggests that organisational environments serve as identity-shaping systems.

https://doi.org/10.55802/IJB.030(3).001

Organisational culture, through shared values and norms, creates the symbolic boundaries that define the professional in-group. A supportive culture allows employees to perceive alignment between personal and organisational values, reinforcing occupational identity and belonging (Mannion & Davies, 2018). Similarly, leadership supports functions as a mechanism of identity affirmation. Leaders act as prototypes of group values and legitimise the professional self-concept through recognition, inclusion, and empowerment (Basterrechea et al., 2024). Supportive leadership thus strengthens employees' sense of belonging and emotional investment in their occupation and organisation (Gigol, 2023).

Furthermore, professional development is integral to identity reinforcement because it enhances individuals' competence, confidence, and perceived social standing within their occupational group (Gibson et al., 2023). Opportunities for continuous learning and skill enhancement foster a sense of mastery and professional worth, deepening identification with the profession and the organisation that enables such growth (Andersen & West, 2021; Cabrera-Aguilar et al., 2023). SIT also provides a compelling lens for interpreting occupational identity's behavioural outcomes. When workers strongly identify with their professional group, they are more likely to experience job satisfaction—a sense of purpose, pride, and intrinsic reward derived from meaningful work (Adams et al., 2019). However, SIT also recognises that identity is dynamic and context-sensitive. When situational or organisational realities conflict with professional values, identity dissonance may emerge, leading to frustration or even intentions to exit. Thus, turnover intention can paradoxically arise when employees' professional self-concept is threatened or when they perceive alternative organisations as better aligned with their occupational ideals (Jerez Jerez et al., 2023).

The COVID-19 pandemic provides a unique context for testing SIT under crisis conditions. From an identity perspective, crises heighten the salience of group membership, solidarity, and collective purpose (Maunder et al., 2023). For healthcare workers, the pandemic intensified social comparison and emotional strain, potentially reshaping how occupational identity translates into satisfaction or withdrawal. COVID-19, therefore, acts as a contextual moderator, altering the strength or direction of identity–outcome relationships depending on perceived organisational support, safety, and recognition (Haq et al., 2022). In this study, SIT is extended beyond its traditional boundaries by integrating organisational antecedents (culture, leadership, and professional development) with individual outcomes (job satisfaction and turnover intention) within a crisis context. This theoretical framing captures both the stabilising and destabilising aspects of occupational identity, offering new insights into how professional belonging operates in resource-constrained and high-pressure environments such as Ghana's healthcare sector.

B. Hypothesis Development

1. Organisational Culture and Occupational Identity

Organisational culture represents the system of shared values, norms, and beliefs that shapes employees' perceptions, attitudes, and behaviours (Davis et al., 2000; Balli et al., 2021). Within the framework of SIT, culture forms the psychological environment that determines how individuals categorise themselves as members of an organisation or

https://doi.org/10.55802/IJB.030(3).001

profession. A positive and cohesive culture provides clear symbolic boundaries and shared meanings that reinforce in-group belonging and strengthen occupational identification (Brown, 2020). In healthcare organisations, where teamwork, compassion, and ethical standards are central, a culture that celebrates collaboration and learning fosters employees' alignment with professional ideals. When health workers perceive congruence between their personal and organisational values—such as empathy, service, and accountability—they internalise these values as part of their occupational self-concept (Mannion and Davies, 2018; Schneider and Bowen, 2019). Conversely, an unsupportive or fragmented culture can erode this sense of belonging and weaken professional identity. Thus, organisational culture serves not merely as a background condition but as an active socialising agent that shapes how employees define themselves in relation to their work and organisation. By reinforcing shared meanings and providing a consistent value system, a supportive culture enhances employees' sense of pride and identification with their occupation. The following proposition is advanced:

H1: Organisational culture has a positive effect on the occupational identity of workers.

2. Leadership Support and Occupational Identity

Leadership plays a central role in shaping the social and psychological environment in which occupational identity develops (Şeşen et al., 2019). According to Social Identity Theory, leaders are viewed as prototypical members of the in-group—they embody the norms, values, and goals that define the collective identity (Laffan, 2021). Supportive leaders who show empathy, trust, and recognition strengthen employees' perceptions of being valued members of the organisation, which reinforces identification with their professional role (Basterrechea et al., 2024). In healthcare settings, leadership support is particularly crucial due to the emotional demands and moral complexity of the work. When leaders provide mentoring, feedback, and autonomy, employees interpret these behaviours as validation of their professional competence and integrity (West et al., 2022). This social affirmation enhances employees' confidence in their occupational role and deepens their psychological attachment to their profession. Conversely, poor or unsupportive leadership may convey exclusion or indifference, thereby weakening the alignment between personal and organisational identity. Effective leadership thus acts as an identity-enhancing resource, shaping how employees perceive their role significance, belonging, and self-worth within the occupational community. It is therefore suggested that:

H2: Leadership support has a positive effect on the occupational identity of workers.

3. Professional Development and Occupational Identity

Professional development encompasses the structured opportunities for employees to acquire new knowledge, refine skills, and advance in their careers. Within the Social Identity Theory perspective, such developmental opportunities strengthen occupational identity by enhancing perceived competence and social standing within one's professional group (Gibson et al., 2023). When employees engage in learning and career advancement, they experience positive distinctiveness—a core SIT mechanism that

https://doi.org/10.55802/IJB.030(3).001

increases identification with the professional in-group (Scheepers and Ellemers, 2019). In the healthcare sector, continuous education and skill improvement are essential to professional excellence and self-efficacy. Organisations that invest in training and capacity-building signal their recognition of employees' worth and potential. This validation nurtures a sense of belonging, pride, and long-term identification with the profession (Andersen and West, 2021; King et al., 2021). On the contrary, limited or inequitable access to development opportunities can hinder identity formation and lead to professional stagnation. Therefore, professional development functions not only as a means of enhancing technical proficiency but also as a psychological process that reinforces individuals' sense of who they are and how they fit within their occupational community. It is hereby proposed that:

H3: Professional development has a positive effect on the occupational identity of workers.

4. Occupational Identity and Job Satisfaction

Occupational identity reflects the degree to which individuals internalise their professional role as part of their self-concept (Tajfel and Turner, 2004). When employees strongly identify with their occupation, they are more likely to see their work as meaningful, congruent with their values, and worthy of emotional investment. According to SIT, this alignment reinforces the positive self-esteem derived from group membership and triggers affective commitment and satisfaction (Brown, 2020). In healthcare settings where professional values (such as service, competence, and compassion) are salient, a strong occupational identity can lead to greater job satisfaction by enhancing perceptions of purpose, recognition, and intrinsic reward. Recent empirical evidence reinforces this relationship. A study of newly qualified nurses in China found that a stronger professional identity was significantly associated with higher job satisfaction (Zhong et al., 2024). Similarly, a study in a COVID-era context showed that professional identity had a positive indirect effect on nurses' intention to stay via increased job satisfaction (Hanum et al., 2023). Thus, when occupational identity is high, employees are more likely to perceive their tasks, relationships, and organisational environment in a favourable light, thereby increasing satisfaction. Accordingly, it is proposed that:

H4: Occupational identity has a positive influence on the job satisfaction of healthcare workers.

5. Occupational Identity and Turnover Intentions

Conventional logic from SIT suggests that stronger identification with one's professional group should reduce turnover intentions: the more embedded one feels, the less likely one is to leave (Liu et al., 2025). Identification nurtures psychological bonds, increased loyalty, and a sense that leaving would threaten one's self-concept. However, the empirical literature also reveals a paradoxical possibility where highly identified professionals may develop elevated expectations of how their organisation or career should align with their ideal self. When organisational realities fail to meet these expectations due to resource constraints, role conflict, or value dissonance, such

https://doi.org/10.55802/IJB.030(3).001

individuals may experience identity strain and look outward for better alignment (Batool et al., 2024). Recent evidence underscores this dual pathway. For example, a study shows that professional identity is negatively correlated with turnover intention, mediated through reduced burnout levels (Wang et al., 2025). In another context, professional identity has also been found to negatively predict turnover intention, operating through enhanced psychological resources (Zheng et al., 2025). On the other hand, studies within social work education suggest that increased professional credentials may be associated with higher turnover intentions, as individuals seek more favourable work environments (Starryna and Satrya, 2025). Given this conceptual inconsistency, our study tests the more traditional expectation that a stronger occupational identity will lower turnover intention in the Ghanaian healthcare context.

H5: Occupational identity has a negative effect on turnover intentions of healthcare workers.

6. The Moderating Role of COVID-19 in the Relationship between Occupational Identity and Job Satisfaction

The COVID-19 pandemic created unprecedented disruption across healthcare systems, altering how employees perceive safety, belonging, and recognition. From the lens of Social Identity Theory, crises intensify group salience and collective identification (Brown, 2020). Healthcare workers were thrust into a global spotlight, often experiencing heightened social visibility and moral recognition but also profound stress, uncertainty, and fatigue (Maben and Bridges, 2020). These contrasting forces may reshape how occupational identity translates into job satisfaction. Empirical evidence supports the complex interplay between professional identity and job satisfaction during crises. Recent evidence continues to clarify the complex pathways linking professional identity to job attitudes and turnover outcomes. For instance, a recent study of newly recruited rotational nurses demonstrated that a stronger professional identity is associated with lower burnout, which subsequently reduces turnover intention (Wang et al., 2025). In addition, research among prehospital emergency physicians found that professional identity significantly predicts turnover intention, with burnout acting as a key mediating mechanism (Feng et al., 2022). However, emerging studies also caution that when stress levels rise, or organisational conditions fail to support employees adequately, the positive effects of occupational identity may be weakened, as shown in a latent profile analysis indicating that high stress and negative coping diminish professional identity among nursing students (Sun et al., 2024).

Thus, while occupational identity generally enhances job satisfaction, the pandemic's unique pressures—such as workload surges, safety concerns, and emotional exhaustion—may attenuate this relationship. The degree of organisational response to COVID-19 (e.g., protective equipment, emotional support, recognition) likely determines whether occupational identity remains a source of satisfaction or becomes overshadowed by fatigue and anxiety. It is therefore suggested that:

H6: COVID-19 moderates the relationship between occupational identity and job satisfaction such that the positive effect of occupational identity on job satisfaction weakens under higher COVID-19 impact.

https://doi.org/10.55802/IJB.030(3).001

7. The Moderating Role of COVID-19 in the Relationship between Occupational Identity and Turnover Intentions

Turnover intentions during the pandemic became a global concern, as healthcare workers faced extreme risk, prolonged exposure, and moral distress. From SIT perspective, shared adversity can strengthen group identity but may also magnify feelings of sacrifice and inequity when organisational support is perceived as inadequate (Neville et al., 2021). Under such conditions, even highly identified employees might experience emotional exhaustion that triggers withdrawal or exit intentions. Recent studies reflect this ambivalence, showing that burnout and perceived organisational neglect during COVID-19 substantially increased turnover intentions among healthcare workers (Haq et al., 2022; Fronteira et al., 2024). Conversely, evidence indicates that professionals with a resilient sense of occupational identity maintained stronger commitment and exhibited reduced turnover intentions despite heightened workloads (Krug et al., 2021). More recent findings also confirm that professional identity mitigates turnover intention by strengthening psychological resources, but this effect emerges only when institutional support is visible and consistent (Zheng et al., 2025). In the Ghanaian context, where resource limitations and uneven pandemic responses were pronounced, the pandemic may have weakened the normally protective effect of occupational identity. That is, even highly committed healthcare workers could contemplate leaving when the mismatch between professional expectations and institutional realities became too wide. We therefore suggest that:

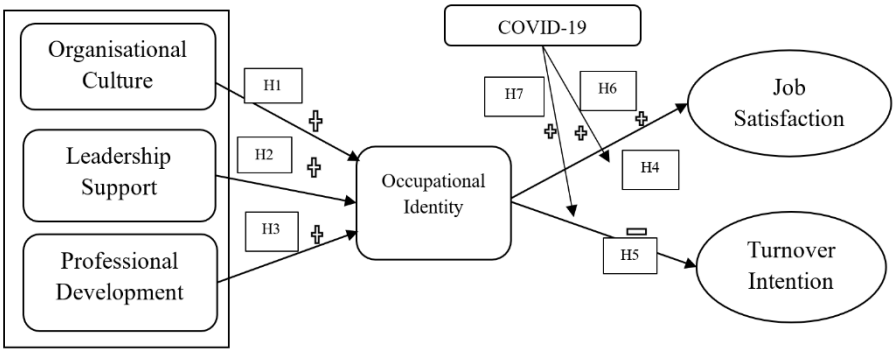
H7: COVID-19 moderates the relationship between occupational identity and turnover intentions such that the negative effect of occupational identity on turnover intentions weakens under higher COVID-19 impact.

C. Conceptual Model

The conceptual framework in Figure 1 depicts the proposed relationships among the variables of interest. It shows how organizational culture, leadership support, and professional development are expected to influence occupational identity positively. It also shows how occupational identity is expected to affect job satisfaction and turnover intentions positively. Moreover, the framework illustrates how COVID-19 moderates the effects of occupational identity on job satisfaction and turnover intentions. This implies that the strength of the relationship between occupational identity, job satisfaction, and turnover intentions may depend on the degree of COVID-19 impact. For instance, employees with a strong occupational identity may experience higher job satisfaction and lower turnover intentions when COVID-19 has a low impact:

https://doi.org/10.55802/IJB.030(3).001

Figure 1
Research Model



III. METHODOLOGY

A. Research Design and Approach

This study adopted a quantitative, cross-sectional survey design to examine the influence of organisational culture, leadership support, and professional development on occupational identity and, subsequently, job satisfaction and turnover intentions among healthcare workers in Ghana. The study also tested the moderating role of COVID-19. The design was appropriate for achieving the objectives because it allowed for statistical testing of hypothesised relationships and model estimation using Partial Least Squares Structural Equation Modelling (PLS-SEM). PLS-SEM was chosen for its predictive orientation, its suitability for analysing complex models with latent constructs, and its robustness in handling data non-normality—conditions frequently encountered in social science research (Hair, 2014). The analytical process consisted of two main stages, beginning with the assessment of the measurement model to establish the validity and reliability of the constructs and followed by the evaluation of the structural model to examine the hypothesized paths and moderating effects.

B. Population, Sample, and Sampling Procedure

The target population comprised healthcare professionals in Ghana, including nurses, medical officers, and allied health staff across public facilities. Given the absence of a national sampling frame for healthcare workers, the study employed a non-probability convenience sampling technique, commonly used in empirical healthcare research (Podsakoff et al., 2003; Asamani et al., 2021). Data were collected through an online questionnaire distributed via professional WhatsApp groups and institutional mailing lists between March and April 2024. Out of 600 questionnaires distributed, 509 valid responses were obtained, representing an effective response rate of approximately 84.8%. This sample size exceeds the minimum requirement of 384 for a population above 50,000 (Krejcie and Morgan, 1970) and is therefore adequate for PLS-SEM analysis (Hair and

https://doi.org/10.55802/IJB.030(3).001

Alamer, 2022). The gender distribution was 90% female and 10% male, which reflects the dominance of women in the Ghanaian nursing and healthcare workforce. This imbalance is consistent with national labour statistics and, therefore, considered representative rather than a sampling bias (Asamani et al., 2021; Appiah-Agyekum et al., 2022).

C. Data Collection Instrument and Procedure

Data were collected using a structured questionnaire consisting of two sections. The first section captured respondents' demographic characteristics such as gender, age, marital status, and educational qualification. The second section comprised multi-item scales measuring the study constructs. All items were assessed on a five-point Likert scale ranging from *1 = strongly disagree* to *5 = strongly agree*. To ensure clarity and validity, the questionnaire underwent expert review by three academics and two healthcare administrators, followed by a pilot test involving 30 healthcare workers. The pilot results confirmed high internal consistency (Cronbach's α values above 0.70) and item clarity. Minor modifications were made to the wording before the full deployment.

D. Operationalisation of Study Measures

Each construct in the conceptual model was operationalised using well-established, validated scales adapted from prior studies, as summarised below:

Table 1
Operationalisation and Measurement of Study Constructs

Construct	Measurement Source	Sample Item (s)
Organisational Culture (OC)	Adapted from Cameron and Quinn (2006)	"My organisation encourages creativity and innovation."
Leadership Support (LS)	Eisenberger et al. (1986) – Leader Support Scale	"My supervisor values my contribution and supports my growth."
Professional Development (PD)	Mourão et al. (2022) – Professional Development Short Scale	"My organisation provides relevant opportunities for skill enhancement."
Occupational Identity (OI)	Pretorius et al. (2022) – Occupational Identity Scale	"I feel a strong sense of belonging to my profession."
Job Satisfaction (JS)	Judge et al. (1998) – Job Satisfaction Scale	"I am generally satisfied with my work."
Turnover Intention (TI)	Bothma and Roodt (2013) – Turnover Intention Scale	"I often think about leaving this organisation."
COVID-19 Impact (COV)	Akan (2023) – COVID-19 Psychological Impact Scale	"COVID-19 has affected my mental health and work performance."

Notes: All scales demonstrated sound psychometric properties in previous research and were slightly contextualised to fit the Ghanaian healthcare setting

E. Common Method Variance Control

Given that the data were obtained through self-reported questionnaires administered at a single point in time, the study implemented both procedural and statistical remedies to

reduce the likelihood of common method variance (CMV) (Podsakoff et al., 2003). On the procedural side, respondents were assured of confidentiality and anonymity, and the order of questionnaire items was randomised to minimise response bias. Statistically, Harman's single-factor test showed that the largest factor accounted for only 31% of the variance—well below the 50% threshold—suggesting that CMV was not substantial. Furthermore, full collinearity VIFs generated in SmartPLS (Hair Jr et al., 2021) were all below 3.3, providing additional evidence that CMV was not a serious issue in the study

F. Data Analysis Technique

Data were analysed using SmartPLS version 4, following a two-step analytical approach. The initial step involved the measurement model assessment. Internal consistency reliability was evaluated using Cronbach's alpha and Composite Reliability (CR). Convergent validity was assessed through factor loadings and Average Variance Extracted (AVE), with an acceptable threshold of AVE ≥ 0.50. Discriminant validity was examined using both the Fornell–Larcker criterion and the Heterotrait–Monotrait (HTMT) ratio, with values below 0.85 indicating satisfactory discriminant validity. The second step focused on the structural model assessment. Bootstrapping with 10,000 resamples was employed to estimate path coefficients, t-values, and p-values for hypothesis testing. The coefficient of determination (R^2) and effect size (f^2) were calculated to determine the model's explanatory power. Predictive relevance (Q^2) was also assessed using the PLSpredict procedure to confirm the robustness of the model. Furthermore, moderation analysis was conducted to test the interaction effect of COVID-19 by including multiplicative terms (OI × COV) on job satisfaction and turnover intention, following the recommended guidelines (Hair Jr et al., 2021). Participation was voluntary, and respondents provided informed consent before completing the questionnaire. No identifying information was collected, ensuring anonymity.

IV. MEASUREMENT MODEL

The first step of the PLS-SEM involves assessing the measurement model by running the PLS algorithm. Table 2 shows the results of the measurement model assessment, including the factor loadings, average variance extracted, Cronbach's alpha, and composite reliability. We evaluated the convergent validity and confirmed the overall impact of the items on expected responses. We used three criteria to check the statistical validity of the data: Cronbach's alpha (CA), composite reliability (CR), and average variance extracted (AVE). As shown in Table 3, the CR scores ranged from 0.834 to 0.909, which are acceptable and well above the minimum of 0.70 (Hair, 2014). The CA scores ranged from 0.630 to 0.864, which are also acceptable and confirm the internal consistency and validity of the research instrument. The factor loadings were also satisfactory (Hair Jr. et al., 2017). The AVE scores were within the required range of 0.50, ranging from 0.671 to 0.715, which indicates the appropriateness of the model.

https://doi.org/10.55802/IJB.030(3).001

Table 2
Convergent Validity (Loadings, Internal Consistency, CR, and AVE)

Constructs	Codes	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)	Factor Loadings
Covid-19	COVID1	0.838	0.965	0.897	0.744	0.913
	COVID2					0.878
	COVID3					0.792
Job satisfaction	JS1	0.630	0.640	0.834	0.715	0.759
	JS2					0.813
Leadership Support	LS1	0.864	0.879	0.909	0.715	0.716
	LS2					0.865
	LS3					0.888
	LS4					0.900
Occupational Identity	OI1	0.776	0.814	0.871	0.694	0.875
	OI2					0.909
	OI3					0.700
Organisational Culture	OC1	0.835	0.838	0.890	0.671	0.822
	OC2					0.825
	OC3					0.862
	OC4					0.764
Professional Development	PD1	0.831	0.838	0.887	0.662	0.783
	PD2					0.827
	PD3					0.844
	PD4					0.799
Turnover Intention	TI3	0.761	0.761	0.893	0.807	0.905
	TI4					0.892

Source: Fiel Data

A. Discriminant Validity (Fornell-Larcker and HTMT)

To test the discriminant validity of our model, we used two methods: the Fornell-Larcker criterion and the HTMT matrix. The Fornell-Larcker criterion requires that the square root of the AVE for each construct be higher than the correlations between that construct and any other construct. Table 3 shows that the diagonal values in bold, which are the square roots of the AVEs, are larger than the non-diagonal values in the same rows and columns. This means that the constructs have more variance in common with their own indicators than with other constructs (Fornell and Larcker, 1981).

Table 3
Fornell-Larcker

	Covid19	JS	LS	OC	OI	PD	TI
Covid19	**0.862**						
JS	-0.001	**0.846**					
LS	0.063	0.407	**0.846**				
OC	0.064	0.461	0.571	**0.819**			
OI	0.109	0.387	0.498	0.576	**0.833**		
PD	0.055	0.418	0.685	0.717	0.556	**0.814**	
TI	0.118	0.374	0.400	0.453	0.530	0.414	**0.898**

https://doi.org/10.55802/IJB.030(3).001

Notes:
a. Entries bolded represent the square root of the average variance extracted;
b. JS =Job Satisfaction, LS=Leader Support, OC=Organizational Culture, OI= Occupational Identity, PD=Professional Development, TI=Turnover Intentions.

We used the Heterotrait-monotrait Ratio of correlations (HTMT) matrix to assess the discriminant validity of our model. The HTMT matrix compares the correlations between different constructs with the average correlations within the same construct. We followed the recommendation for the threshold for the HTMT values at 0.85 (Henseler et al., 2015). Table 4 shows that all the HTMT values are lower than 0.85, which indicates that our model has good discriminant validity. Thus, our model meets both the criteria for external consistency.

Table 4
HTMT

	Covid19	JS	LS	OC	OI	PD	TI
Covid19							
JS	**0.059**						
LS	0.070	**0.554**					
OC	0.079	0.645	**0.675**				
OI	0.145	0.557	0.599	**0.705**			
PD	0.063	0.585	0.800	0.857	**0.672**		
TI	0.138	0.550	0.487	0.566	0.686	**0.516**	

Notes:
a. Entries bolded represent the square root of the average variance extracted;
b. JS =Job Satisfaction, LS = Leader Support, OC =Organizational Culture, OI = Occupational Identity, PD = Professional Development, TI = Turnover Intentions

B. Structural Model

The second stage of the PLS-SEM analysis involved evaluating the structural model and testing the study's hypotheses. Bootstrapping with 10,000 subsamples was performed to estimate the path coefficients and confidence intervals. The model's explanatory power was assessed using the R-squared values, which indicate the proportion of variance in the endogenous constructs explained by their predictors. The R^2 values reported in Table 5 show that the model explains 38.5% of the variance in occupational identity, 28.2% of the variance in turnover intentions, and 14.9% of the variance in job satisfaction. According to accepted guidelines (Cohen, 1988). These values reflect moderate explanatory power for occupational identity and turnover intentions, and a modest level of explanatory power for job satisfaction. These results suggest that while the included predictors significantly influence the outcomes, additional unexamined factors may also contribute to variations in job satisfaction and turnover intentions.

Effect sizes (f^2) were also examined to determine the contribution of the moderator variable (COVID-19). Using the recommended benchmarks for moderation effect sizes—small (0.005), medium (0.010), and large (0.025) (Kenny & Judd, 2019)—the f^2 values indicate that the moderation effects were negligible, consistent with the statistical insignificance of the interaction terms. The model's predictive capability was evaluated using PLSpredict, focusing on RMSE, MAE, and Q^2_predict values for the key endogenous constructs. As shown in Table 5, the model demonstrates strong predictive

relevance for occupational identity (Q^2_predict = 0.374) and moderate predictive relevance for turnover intentions (Q^2_predict = 0.212) and job satisfaction (Q^2_predict = 0.176) (Shmueli et al., 2016). Lower RMSE and MAE values further support the model's acceptable predictive performance. Overall, the results demonstrate that the structural model is statistically sound, with acceptable explanatory and predictive power across the endogenous constructs.

Table 5
Saturated Model Results

Constructs	R^2	Adjusted R^2	VIF	PLS Predict			F^2
				RMSE	MAE	Q^2 Predict	
Covid19			1.012				
JS	0.152	0.149		0.912	0.729	0.176	0.007
LS			1.933				
OC	0.389	0.385	1.012	0.796	0.585	0.374	
OI			2.109				
PD			2.679				
TI	0.284	0.282		0.892	0.711	0.212	0.002

Notes:
a. JS = Job satisfaction, *LS* = Leadership support, *OI* = Occupational identity, *OC* = Organisational identity, *PD* = Professional development, *TI* = Turnover intention;
b. VIF = variance inflation factor, PLS predict (Q^2 = predictive relevance; F^2=effect size, R^2 = determination of coefficient.

V. RESULT

An examination of the weighted path coefficients relating to their outcomes in the form of a p-value and their corresponding scores of t-statistics was made. This was initially done with the bootstrapping method. The variation of scores of coefficients ranging between +1 and -1 shows strong relationships, which may be positive or negative. A 2-tailed test inherent in the software produced the route coefficients that are weighed with p and t values maintained at a 0.05% significance level. Table 6 shows the estimates for the full structural model, which includes all the direct and moderating variables.

H_1 predicted that organizational culture positively relates to occupational identity. The results show there is a positive and significant relationship between them ($\beta = 0.337$, $p < 0.000$). Therefore, H_1 is supported. This means that a supportive and collaborative culture enhances the sense of belonging and identification with the profession. H_2 suggested a positive relationship between leadership support and occupational identity. The findings show a positive and significant relationship ($\beta = 0.171$, $p < 0.007$). This means that leaders who provide guidance, feedback, and recognition foster the development and expression of occupational identity. H_3 suggested a positive relationship between professional development and occupational identity. The results reveal a positive and significant relationship between them ($\beta = 0.197$, $p < 0.008$), supporting H_3. This means that opportunities for learning, growth, and career advancement increase attachment and commitment to the profession. H_4 proposed a positive relationship between occupational identity and job satisfaction. The results show a positive and significant relationship between them ($\beta = 0.395$, $p < 0.000$). This means that a higher degree of occupational identity leads to a higher level of satisfaction with the job. H_5 suggested a negative relationship between occupational identity and turnover

https://doi.org/10.55802/IJB.030(3).001

intention. The results show there is a positive and significant effect of occupational identity on turnover intentions ($\beta = 0.527$, $p < 0.000$), therefore contradicting H_5. This means that a higher degree of occupational identity leads to a higher likelihood of leaving the job.

H_6 suggested a moderating role of COVID-19 on the relationship between occupational identity and job satisfaction. The findings reveal there is no significant effect of COVID-19 moderating this relationship ($\beta = -0.064$, $p = 0.222$), therefore rejecting H6. This means that the impact of occupational identity on job satisfaction does not depend on the level of COVID-19. H7 proposed that the relationship between occupational identity and turnover intentions will be moderated by the impact of COVID-19, but the results show that there is no significant effect of COVID-19 moderating this relationship ($\beta = -0.089$, $p = 0.113$), thus, this hypothesis is also rejected. This means that the impact of occupational identity on turnover intentions does not depend on the level of COVID-19.

Table 6
Structural Model Assessment (Direct and Moderating Effect Results and Decision)

Hypothesis	Paths	Beta	SDTEV	T-value	P values	CI		Decision
						2.5	97.5	
H_1	OC → OI	0.337	0.074	4.570	0.000	0.195	0.483	Supported
H_2	LS → OI	0.171	0.063	2.714	0.007	0.051	0.298	Supported
H_3	PD → OI	0.197	0.074	2.648	0.008	0.052	0.345	Supported
H_4	OI → JS	0.395	0.044	8.884	0.000	0.307	0.481	Supported
H_5	OI → TI	0.527	0.041	12.938	0.000	0.446	0.604	Not Supported
H_6	OI → JS moderated by Covid-19	-0.064	0.053	1.222	0.222			Not Supported
H_7	OI → TI moderated by Covid-19	-0.089	0.086	1.587	0.113			Not Supported

Notes:
a. LS = Leadership Support, OI = Occupational Identity, JS = Job Satisfaction, TI = Turnover Intentions, OC = Organisational Culture, PD = Professional Development;
b. P < 0.05 and T-statistic value > 1.65.

VI. DISCUSSION

The purpose of this study was to examine how organisational culture, leadership support, and professional development jointly shape occupational identity within the Ghanaian healthcare sector, and how this identity influences job satisfaction and turnover intentions under the moderating effect of COVID-19. The findings offer important insights into both organisational behaviour and healthcare workforce management in emerging economies.

The findings supported hypothesis H_1, demonstrating that organisational culture serves as a significant antecedent of occupational identity. A supportive and cohesive

https://doi.org/10.55802/IJB.030(3).001

culture promotes shared meaning, behavioural norms, and professional alignment. This result is consistent with Social Identity Theory (Brown, 2020), which asserts that group norms and shared values improve stronger identification. In Ghana's healthcare context, where collective work, emotional labour, and ethical service delivery are essential, cultural alignment appears to play a significant role in reinforcing the professional self-concept. Similarly, the second hypothesis (H_2) was supported; leadership support significantly predicted occupational identity, emphasising the role of leaders as prototypes of group values and as key facilitators of identity affirmation. This aligns with earlier studies linking supportive leadership to enhanced professional confidence and belonging (Basterrechea et al., 2024). Although the effect size was smaller than that of organisational culture, the finding demonstrates that healthcare leaders who provide recognition and empowerment help strengthen workers' sense of professional worth.

Professional development also emerged as a significant predictor of occupational identity (H_3). This reinforces the idea that opportunities for learning, advancement, and skill acquisition function as psychological investment mechanisms that strengthen employees' sense of competence and professional standing. In resource-constrained healthcare systems such as Ghana's, developmental opportunities may be one of the most tangible signals that organisations value their employees. A key contribution of this study lies in the relationship between occupational identity and employee outcomes (H_4). Occupational identity had a strong, positive effect on job satisfaction, confirming that professionals who internalise their occupational roles derive greater meaning and fulfilment from their work. This is consistent with evidence suggesting that professional identity enhances intrinsic motivation and emotional engagement (Zhong et al., 2024).

However, contrary to classical assumptions within SIT, the findings revealed that occupational identity positively predicts turnover intentions, directly contradicting the initial hypothesis (H_5). This identity–turnover paradox has begun to emerge in contemporary literature (Jerez Jerez et al., 2023; Starryna and Satrya, 2025). In high-pressure, low-resource settings, employees with strong identity may be more aware of professional standards and more distressed by organisational inadequacies, prompting them to seek alternative environments that better align with their ideals. In Ghana, where experienced healthcare professionals have multiple internal and external job mobility pathways, higher identification may translate into seeking professional environments that better fulfil one's role expectations.

Finally, the moderating role of COVID-19 was not significant in either the identity–satisfaction or identity–turnover pathways. This suggests that while the pandemic created operational disruptions, it did not fundamentally alter the way occupational identity shaped employee outcomes in the sample. The finding hints that long-standing organisational and systemic issues may overshadow crisis effects for healthcare workers in Ghana. This contrasts with studies in high-income contexts, where COVID-19 had strong moderating effects (Maunder et al., 2023), suggesting that contextual factors play a critical role in shaping crisis impacts.

VII. PRACTICAL IMPLICATIONS

The findings offer several important practical implications for healthcare organisations, HR managers, and policymakers seeking to strengthen workforce stability and performance in Ghana. First, the results highlight the central role of organisational culture

in shaping occupational identity. Healthcare organisations should therefore cultivate a positive and cohesive culture that promotes teamwork, collaboration, empathy, accountability, and continuous improvement. Reinforcing these cultural values through structured orientation programmes, mentoring systems, and recognition initiatives can meaningfully enhance workers' sense of professional belonging. Leadership development also emerges as a critical priority. Because leaders play a decisive role in affirming professional identity, healthcare institutions should invest in training supervisors to adopt supportive and transformational leadership behaviours. Equipping leaders with strong coaching capabilities, effective communication skills, and emotional intelligence will enable them to better model ethical and professional standards and foster an environment where employees feel valued and psychologically secure.

The study further underscores the importance of continuous professional development as a driver of occupational identity. Organisations should therefore expand access to in-service training, workshops, and career development opportunities, while ensuring equitable distribution across staff categories. Strategic collaboration with universities, training institutions, and professional bodies can enhance the availability of relevant programmes and strengthen the organisation's capacity to support lifelong learning. A particularly significant implication arises from the identity–turnover paradox uncovered in the study. Rather than automatically reducing turnover intentions, a strong occupational identity can sometimes increase employees' desire to leave when organisational realities conflict with professional values. To address this tension, healthcare organisations must recognise the identity strain caused by resource limitations, heavy workloads, and inadequate support. Improving workplace conditions, strengthening resource availability, and involving highly identified employees in participatory decision-making can help align organisational practices with professional expectations.

Finally, although COVID-19 did not significantly moderate the relationships tested, the pandemic revealed critical vulnerabilities within the healthcare workforce. Organisations should institutionalise mental health support systems, enhance communication and staff engagement during crises, and strengthen preparedness for future public health emergencies. Embedding these strategies into routine HR practice will promote resilience and protect the well-being of healthcare workers in both crisis and non-crisis periods.

VIII. THEORETICAL IMPLICATIONS

This study makes several theoretical contributions to the organisational behaviour and occupational identity literature, particularly within healthcare contexts in emerging economies. First, the findings reinforce the applicability of Social Identity Theory in explaining identity formation in low-resource settings. By demonstrating that organisational culture, leadership support, and professional development significantly shape occupational identity, the study affirms the relevance of SIT's core propositions in contexts characterised by resource constraints, operational pressures, and shifting institutional demands. The results also challenge traditional assumptions regarding the relationship between identity and turnover. The positive association between occupational identity and turnover intentions suggests that identification does not invariably promote retention, especially when professionals perceive misalignment

https://doi.org/10.55802/IJB.030(3).001

between organisational practices and their occupational norms or values. This finding encourages scholars to revisit conventional models and incorporate contextual variables—such as moral distress, resource adequacy, and professional mobility—into identity-based frameworks. Future theoretical development should also integrate concepts such as identity strain and identity dissonance to better capture the psychological tensions experienced by employees operating in high-demand environments.

Additionally, the study contributes to the contextualisation of identity theory in emerging economies. Much of the identity literature is derived from Western, high-income settings where organisational resources and support structures differ markedly from those found in sub-Saharan Africa. By showing how resource scarcity, excessive workloads, and limited institutional support influence identity–behaviour relationships, the study underscores the importance of examining identity processes within diverse socio-economic and institutional contexts. This contextual insight enriches the global applicability of identity theory and provides a foundation for more nuanced cross-cultural research.

IX. LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

Although the study makes meaningful contributions, several limitations should be acknowledged. First, the cross-sectional design restricts the ability to infer causality among the variables examined. Occupational identity and job outcomes evolve, and future research would benefit from longitudinal designs that capture identity trajectories and their dynamic interactions with organisational experiences. Mixed-methods or experimental approaches may also yield deeper insights into the psychological processes underlying identity formation and behavioural responses. The use of convenience sampling, while practical in healthcare research, limits the representativeness of the findings. Respondents may not fully reflect the diversity of the healthcare workforce, particularly across facility types and geographic regions. Future studies should consider using stratified or multi-stage sampling methods to enhance generalisability and explore differences between public, private, and mission-based healthcare institutions.

Self-report measures pose another limitation. Although procedural and statistical steps were taken to mitigate common method bias, self-reporting may still introduce social desirability or perceptual distortions. Subsequent research could integrate multi-source data, such as supervisor assessments, administrative workforce records, or objective indicators of turnover and absenteeism, to strengthen measurement robustness. Moreover, the model examined a single moderating variable—COVID-19. While timely and relevant, the identity–turnover paradox revealed in the findings suggests the presence of other important moderators. Future research should examine factors such as moral distress, role conflict, perceived organisational support, burnout, and psychological contract breach to gain a more complete understanding of contextual influences on identity-driven behaviour. Finally, the study is situated within the Ghanaian healthcare sector, and its findings may not be wholly generalisable to other African or global contexts. Comparative studies across countries in sub-Saharan Africa would provide valuable insights into how national culture, institutional structures, and labour market conditions shape occupational identity and related outcomes. Such cross-country

https://doi.org/10.55802/IJB.030(3).001

exploration would help advance both theoretical depth and practical relevance in identity scholarship.

X. CONCLUSION

This study advances understanding of occupational identity within the Ghanaian healthcare sector by integrating organisational culture, leadership support, and professional development into a unified model. The findings confirm that these organisational factors significantly shape professional identity, which in turn enhances job satisfaction. However, the unexpected positive effect of occupational identity on turnover intention exposes a critical identity–retention paradox in resource-constrained settings. The moderating role of COVID-19 was not significant, suggesting that systemic and organisational factors exert a stronger influence than crisis-related pressures in shaping work outcomes. Overall, the study contributes to organisational behaviour literature by contextualising identity dynamics within an emerging economy healthcare system and provides actionable insights for HR practitioners aiming to retain committed, professionally aligned healthcare workers in Ghana.

REFERENCES

Adams, R. E., Urosevich, T. G., Hoffman, S. N., Kirchner, H. L., Figley, C. R., Withey, C. A., Boscarino, J. J., Dugan, R. J., and Boscarino, J. A., 2019, "Social and Psychological Risk and Protective Factors for Veteran Well-Being: The Role of Veteran Identity and Its Implications for Intervention", *Military Behavioral Health*, 7, 304-314.

Adeniyi, I. S., Al Hamad, N. M., Adewusi, O. E., Unachukwu, C. C., Osawaru, B., Onyebuchi, C. N., Omolawal, S. A., Aliu, A. O., and David, I. O., 2024, "Organizational Culture and Leadership Development: A Human Resources Review of Trends and Best Practices", *Magna Scientia Advanced Research and Reviews*, 10, 243-255.

Akan, Y., 2023, "Development of the “COVID-19 Psychological Impact Scale”, A Validity and Reliability Study", Current Psychology, 42, 14974-14983.

Albrecht, S. L., and Marty, A., 2020, "Personality, Self-Efficacy and Job Resources and Their Associations with Employee Engagement, Affective Commitment and Turnover Intentions", *The International Journal of Human Resource Management*, 31, 657-681.

Andersen, C. L., and West, R. E., 2021, "We Overwhelm Them with Hope: How Online Mentors Can Support Online Learners", *Online Learning*, 25, 388-415.

Appiah-Agyekum, N. N., Kayi, E. A., Appiah-Agyekum, J., Tetteh Nyanyofio, J. G., and Otoo, D. D., 2022, "Capacity Issues in Primary Health Care Implementation: Examples from Ghana", *Health Education*, 122, 633-648.

Asamani, J. A., Ismaila, H., Plange, A., Ekey, V. F., Ahmed, A.-M., Chebere, M., Awoonor-Williams, J. K., and Nabyonga-Orem, J., 2021, "The Cost of Health Workforce Gaps and Inequitable Distribution in the Ghana Health Service: An Analysis Toward Evidence-Based Health Workforce Planning and Management", *Human Resources for Health*, 19, 43.

Balli, A. I. K., Ustun, F., and Balli, E., 2021, "The Mediating Role of Psychological

Safety in the Effect of Organizational Culture on Innovation: A Research in Hotel Enterprises", *International Journal of Business*, 26, 46-69.

Basterrechea, S., Frich, J. C., and Garman, A. N., 2024, "Future-Ready Healthcare Leadership: The Revised International Hospital Federation Competency Model", *BMJ Leader*, 9, e000925.

Batool, R., Tian, Q., Zhou, E., and Hasan, N., 2024, "Impact of Internal Identity Asymmetry on Employee's Behaviors and Feelings: A Mediating Role of Psychological Distress", *Heliyon*, 10.

Bothma, C. F., and Roodt, G., 2013, "The Validation of the Turnover Intention Scale", SA Journal of Human Resource Management, 11, 1-12.

Brown, R., 2020, "The Social Identity Approach: Appraising the Tajfellian Legacy", *British Journal of Social Psychology*, 59, 5-25.

Cabrera-Aguilar, E., Zevallos-Francia, M., Morales-García, M., Ramírez-Coronel, A. A., Morales-García, S. B., Sairitupa-Sanchez, L. Z., and Morales-García, W. C., 2023, "Resilience and Stress as Predictors of Work Engagement: The Mediating Role of Self-Efficacy in Nurses", *Frontiers in Psychiatry*, 14, 1202048.

Cerela-Boltunova, O., Millere, I., and Nagle, E., 2025, "Moral Distress, Professional Burnout, and Potential Staff Turnover in Intensive Care Nursing Practice in Latvia—Phase 1", *International Journal of Environmental Research and Public Health*, 22, 1261.

Cohen, J., 1988, "Set Correlation and Contingency Tables", *Applied Psychological Measurement*, 12, 425-434.

Davies, H. T., Nutley, S. M., and Mannion, R., 2000, "Organisational Culture and Quality of Health Care", *BMJ Quality and Safety*, 9, 111-119.

Deng, W., Feng, Z., Yao, X., Yang, T., Jiang, J., Wang, B., Lin, L., Zhong, W., and Xia, O., 2021, "Occupational Identity, Job Satisfaction and Their Effects on Turnover Intention Among Chinese Paediatricians: A Cross-Sectional Study", *BMC Health Services Research*, 21, 6.

Eisenberger, R., Huntington, R., Hutchison, S., and Sowa, D., 1986, "Perceived Organizational Support", Journal of Applied Psychology, 71, 500.

Feng, X., Wang, Y., Jia, P., Wang, Y., Guan, Z., and Meng, K., 2022, "Associations Between Professional Identity and Turnover Intent in Prehospital Emergency Physicians: The Mediating Effect of Burnout", *Frontiers in Public Health*, 10, 1034925.

Fornell, C., and Larcker, D. F., 1981, "Evaluating Structural Equation Models With Unobservable Variables and Measurement Error", Journal of Marketing Research, 18, 39-50.

Fronteira, I., Mathews, V., dos Santos, R. L. B., Matsumoto, K., Amde, W., Pereira, A., de Oliveira, A. P. C., Craveiro, I., Chança, R., and Boniol, M., 2024, "Impacts for Health and Care Workers of Covid-19 and Other Public Health Emergencies of International Concern: Living Systematic Review, Meta-Analysis and Policy Recommendations", *Human Resources for Health*, 22, 10.

Ghosh, K., and Irum, A., 2023, "Will I Help You or Will I Not? Occupational Social Taint, Core Self-Evaluation, and Occupational Helping Identity", *European Journal of Work and Organizational Psychology*, 32, 145-156.

Giauque, D., Anderfuhren-Biget, S., and Varone, F., 2019, "Stress and Turnover Intents in International Organizations: Social Support and Work–Life Balance as

Resources", *The International Journal of Human Resource Management*, 30, 879-901.

Gibson, D. M., Dollarhide, C. T., Brashear, K., Huynh, J., Marshall, B., and Robinson, K., 2023, "The Emergence of Unique Elective Identities in the Professional Identity Development Research in the Counseling Profession", *Counselor Education and Supervision*, 62, 222-232.

Gigol, T., 2023, "Quiet Quitting, Job Burnout, and Turnover Intention", *International Business from East to West: Global Risks and Opportunities*, 18-25.

Hair Jr, J. F., Matthews, L. M., Matthews, R. L., and Sarstedt, M., 2017, "PLS-SEM or CB-SEM, Updated Guidelines on Which Method to Use", International Journal of Multivariate Data Analysis, 1, 107-123.

Hair, J. F., 2014, *A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM)*, Sage.

Hair, J. F., Jr., Hult, G. T. M., Ringle, C. M., Sarstedt, M., Danks, N. P., and Ray, S., 2021, "Partial Least Squares Structural Equation Modeling (PLS-SEM) Using R: A Workbook", Springer Nature.

Hair, J., and Alamer, A., 2022, "Partial Least Squares Structural Equation Modeling (PLS-SEM) in Second Language and Education Research: Guidelines Using an Applied Example", *Research Methods in Applied Linguistics*, 1, 100027.

Hakvoort, L., Dikken, J., Cramer-Kruit, J., Molendijk-van Nieuwenhuyzen, K., van der Schaaf, M., and Schuurmans, M., 2022, "Factors That Influence Continuing Professional Development Over a Nursing Career: A Scoping Review", *Nurse Education in Practice*, 65, 103481.

Hanum, A. L., Hu, Q., Wei, W., Zhou, H., and Ma, F., 2023, "Professional Identity, Job Satisfaction, and Intention to Stay Among Clinical Nurses During the Prolonged COVID-19 Pandemic: A Mediation Analysis", *Japan Journal of Nursing Science*, 20, e12515.

Haq, I. U., Maneengam, A., Chupradit, S., and Huo, C., 2022, "Modeling the Turnover Intentions of Thai Health-Care Personnel in Pandemic Times: Moderating Role of Covid-19 Burnout", *Leadership in Health Services*, 35, 409-427.

Henseler, J., Ringle, C. M., and Sarstedt, M., 2015, "A New Criterion for Assessing Discriminant Validity in Variance-Based Structural Equation Modeling", Journal of the Academy of Marketing Science, 43, 115-135.

Jerez Jerez, M. J., Melewar, T., and Foroudi, P., 2023, "The Effect of Waiters' Occupational Identity on Employee Turnover Within the Context of Michelin-Starred Restaurants", *Journal of Hospitality and Tourism Research*, 47, 1215-1243.

Judge, T. A., Locke, E. A., Durham, C. C., and Kluger, A. N., 1998, "Dispositional Effects on Job and Life Satisfaction, the Role of Core Evaluations", Journal of Applied Psychology, 83, 17.

Kenny, D. A., and Judd, C. M., 2019, "The Unappreciated Heterogeneity of Effect Sizes: Implications for Power, Precision, Planning of Research, and Replication", *Psychological Methods*, 24, 578.

King, R., Taylor, B., Talpur, A., Jackson, C., Manley, K., Ashby, N., Tod, A., Ryan, T., Wood, E., and Senek, M., 2021, "Factors That Optimise the Impact of Continuing Professional Development in Nursing: A Rapid Evidence Review", *Nurse Education Today*, 98, 104652.

Krejcie, D., and Morgan, R., 1970, "Menentukan Ukuran Sampel untuk Kegiatan

Penelitian", *Pengukuran Pendidikan dan Psikologis*.
Krug, H., Haslam, S. A., Otto, K., and Steffens, N. K., 2021, "Identity Leadership, Social Identity Continuity, and Well-Being at Work During COVID-19", *Frontiers in Psychology*, 12, 684475.
Laffan, D. A., 2021, "Positive Psychosocial Outcomes and Fanship in K-Pop Fans: A Social Identity Theory Perspective", *Psychological Reports*, 124, 2272-2285.
Liu, G., Qi, H., Hou, F., Qi, K., and Luan, X., 2025, "The Impact of Professional Mission on Turnover Intention Among Operating Room Nurses: A Chain Mediation Model Analysis of Professional Identity and Job Burnout", *BMC Psychology*, 13, 286.
Maben, J., and Bridges, J., 2020, "Covid-19: Supporting Nurses' Psychological and Mental Health", *Journal of Clinical Nursing*, 29, 2742.
Mannion, R., and Davies, H., 2018, "Understanding Organisational Culture for Healthcare Quality Improvement", *BMJ*, 363.
Maunder, R. G., Heeney, N. D., Greenberg, R. A., Jeffs, L. P., Wiesenfeld, L. A., Johnstone, J., and Hunter, J. J., 2023, "The Relationship Between Moral Distress, Burnout, and Considering Leaving a Hospital Job During the COVID-19 Pandemic: A Longitudinal Survey", *BMC Nursing*, 22, 243.
Mourão, L., Tavares, S. M., and Sandall, H., 2022, "Professional Development Short Scale, Measurement Invariance, Stability, and Validity in Brazil and Angola", Frontiers in Psychology, 13, 841768.
Mpangeva, L., and De Braine, R. T., 2024, "The Transition From Graduate to Professional: Developing a Work Identity", *SA Journal of Human Resource Management*, 22, 2785.
Neville, F. G., Templeton, A., Smith, J. R., and Louis, W. R., 2021, "Social Norms, Social Identities and the COVID-19 Pandemic: Theory and Recommendations", *Social and Personality Psychology Compass*, 15, e12596.
Podsakoff, P. M., MacKenzie, S. B., Lee, J.-Y., and Podsakoff, N. P., 2003, "Common Method Biases in Behavioral Research: A Critical Review of the Literature and Recommended Remedies", *Journal of Applied Psychology*, 88, 879.
Pretorius, T. B., Padmanabhanunni, A., and Isaacs, S. A., 2024, "Identity Matters, Validation of the Professional Identification Scale in a Sample of Teachers in South Africa During the COVID-19 Pandemic", Trends in Psychology, 32, 1426-1444.
Sala, G. R., 2022, *Out of Service? Individual Experiences of an Occupational Identity Existential Threat*, Boston College.
Scheepers, D., and Ellemers, N., 2019, "Social Identity Theory", in *Social Psychology in Action: Evidence-Based Interventions from Theory to Practice*, 129-143, Springer.
Schneider, B., and Bowen, D. E., 2019, "Perspectives on the Organizational Context of Frontlines: A Commentary", *Journal of Service Research*, 22, 3-7.
Şeşen, H., Sürücü, L., and Maşlakcı, A., 2019, "On the Relation Between Leadership and Positive Psychological Capital in the Hospitality Industry", *International Journal of Business*, 24, 182-197.
Shmueli, G., Ray, S., Estrada, J. M. V., and Chatla, S. B., 2016, "The Elephant in the Room: Predictive Performance of PLS Models", *Journal of Business Research*, 69, 4552-4564.
Starryna, F., and Satrya, A., 2025, "The Effect of Job Insecurity, Professional Identity, and Well-Being with Job Engagement Mediation Variables on Turnover Intention in State-Owned Enterprises (SOEs) Banks", *Eduvest-Journal of Universal Studies*,

5, 10134-10151.
Sun, Q., Qian, W., Yao, Y., Zhu, J., Xu, J., Zhang, L., Yao, C., Wang, L., and Ni, Y., 2024, "Stress, Coping and Professional Identity Among Nursing Students During the COVID-19 Pandemic: A Latent Profile Analysis", *Current Psychology*, 43, 35577-35586.
Tajfel, H., and Turner, J. C., 2004, "The Social Identity Theory of Intergroup Behavior", in *Political Psychology*, 276-293, Psychology Press.
Tsai, Y., 2011, "Relationship Between Organizational Culture, Leadership Behavior and Job Satisfaction", *BMC Health Services Research*, 11, 98.
Walsh, K., and Gordon, J. R., 2008, "Creating an Individual Work Identity", *Human Resource Management Review*, 18, 46-61.
Wang, H., Liu, F., Ren, Y., and Sun, Y., 2025, "Workplace Violence, Career Identity, and Turnover Intentions: The Mediating Role of Job Burnout Among Newly Recruited Rotational Nurses", *BMC Nursing*, 24, 689.
Wang, X., Li, C., Chen, Y., Zheng, C., Zhang, F., Huang, Y., and Birch, S., 2022, "Relationships Between Job Satisfaction, Organizational Commitment, Burnout and Job Performance of Healthcare Professionals in a District-Level Health Care System of Shenzhen, China", *Frontiers in Psychology*, 13, 992258.
West, T. H., Daher, P., Dawson, J. F., Lyubovnikova, J., Buttigieg, S. C., and West, M. A., 2022, "The Relationship Between Leader Support, Staff Influence Over Decision Making, Work Pressure and Patient Satisfaction: A Cross-Sectional Analysis of NHS Datasets in England", *BMJ Open*, 12, e052778.
Yi, L., Chen, Z., Jiménez-Herrera, M. F., Gan, X., Ren, Y., and Tian, X., 2024, "The Impact of Moral Resilience on Nurse Turnover Intentions: The Mediating Role of Job Burnout in a Cross-Sectional Study", *BMC Nursing*, 23, 687.
Zheng, X., Song, J., Shi, X., Lu, G., Qu, Z., Lu, X., and Chen, C., 2025, "The Effect of Professional Identity on New Nurses' Turnover Intention: The Mediating Role of Psychological Capital and Achievement Motivation", *BMC Psychology*, 13, 924.
Zhong, Y., Ma, H., Zhang, C.-C., Jiang, Q.-Y., Li, J., Liao, C.-J., Liang, Y.-F., and Shu, L., 2024, "Professional Identity, Job Satisfaction, and Turnover Intention Among Chinese Novice Nurses: A Cross-Sectional Study", *Medicine*, 103, e36903.

https://doi.org/10.55802/IJB.030(3).001