Effect of Employees Advocacy and Loyalty on Job Embeddedness among Nursing Staff

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Abstract:
Background: Employees who perceive their organizations as valuing their contributions will reciprocate with favorable attitudes (as loyalty, advocacy, retention, job embeddedness, satisfaction). **Aims:** Assess the level of employee's advocacy, loyalty and job embeddedness among nursing staff and assess the effect of employee advocacy and loyalty on job embeddedness among nursing staff. **Study design:** A descriptive correlational approach was used. **Setting:** This study was done at Assiut University Main Hospital. **Subject and Methods:** All 300 nurses working in the surgical and medical departments of the Assiut University Main Hospital were the study's subjects. The data was collected through self - administered questionnaire which includes individual characteristics data, employee advocacy and loyalty scale, and job embeddedness questionnaire. **Results:** There are strong positive correlations among all study variables with highly statistically significance difference. **Conclusion:** Advocacy and loyalty have significant effect on job embeddedness. **Recommendation:** Managers should set up mentoring initiatives to improve relationships with the organization and should be advocate, supportive, and guides the employees in all situations.

Keywords: Employee advocacy, Job embeddedness, Loyalty & nursing staff.

Introduction:

The term "advocacy" is frequently used to describe the interaction between a nurse and a patient and is crucial to nursing practice. The argument for nursing comes from the nursing practice perspective, which sees nursing as supporting a person to advance their own well-being as they understand it **(Myers, 2020).**

Public support or recommendations for a specific cause or policy are referred to as advocacy. It's possible to advocate by taking action to change something. An individual or group uniting them to take action to hold an issue is called advocacy **(Eaton, 2021).**

Employee advocacy (EA) is the improvement of a company by its employees. Employee advocacy is a choice made by employees that the company stands up for and supports their own interests. This choice is made after an evaluation of their managers' actions. Employee trust in their managers, as well as positive actions and attitudes toward the company, rise when managers uphold employees' interests **(Akgunduz, & Sanli, 2017).**

Employee loyalty can be either active or passive. In contrast to the former (passive loyalty), which refers to a state of mind or phenomena that captures workers' unhappiness, the former (subjective loyalty) relates to the employees' subjective sentiments and motivations to remain with a business. When workers believe that corporate goals are in line with their own,

these irrational thoughts and impulses begin to surface **(Cook, 2020).**

Employee loyalty is based on a solid working connection, a deep sense of belonging, and a desire to remain with the company. According to experts, interpersonal trust and employee happiness are key factors in determining an employee's loyalty **(Guillon & Cezanne, 2020).**

The collection of factors known as job embeddedness (JE) affects employee retention. It differs from turnover in that it places more attention on all of the things that maintain a person at their work than on the psychological process involved in leaving **(Reitz, & Anderson, 2021).**

Job embeddedness (JE) is concerned with how people stay at their existing jobs or what motivates them to do so. Beyond job happiness and organizational commitment, job embeddedness anticipates voluntary turnover and quitting intents **(Mobley, 2019).**

A person might become "stuck" in various aspects of their life, including their family or career, as a result of job embeddedness (JE), a "web" of driving pressures. "Job embeddedness" refers to a focus on the general, ineffectual justifications that workers provide for choosing to stay with their employer **(Lee, et al., 2020).**

Both on and off the work, consideration is given to each of the three situational aspects. The first of three situational dimensions is linkages, or "the extent to which people have relationships to other people or

activities." Fit refers to "the extent to which their communities and jobs are similar to or fit with the other elements of their life locations" and is the second dimension. The third component is sacrifice, which is described as "the ease with which ties may be severed - what they would forsake if they were to leave, particularly if they were to physically move to other places or houses" **(Mitchell et al., 2001).**

Links are the primary significant element of job embeddedness. Relationships that establish between a person and institutions or other people as a result of working for a company are referred to as organisational connections. Community linkages could refer to a person's social ties to the local populace **(Reitz, & Anderson, 2021).**

The second important component of job embeddedness is fit. It includes organizational fit, which is characterized as a worker's impression of comfort or compatibility with a company. Additionally, community fit is defined as one's seeming fit with the community in which they reside **(Mitchell et al., 2001).**

Sacrifice is the third crucial aspect of job embeddedness. Organizational sacrifice is defined as the outward cost of any tangible or intangible advantages that may be lost while leaving a job. Contrarily, community sacrifice is the seeming price one must pay to give up their community **(Reitz, & Anderson, 2021).**

Significance of the study:

Increased work satisfaction, happy customers, and a decreased intent to quit the organization are all advantages of job embedding for employees **(khan, et al., 2018).**

Few nationwide research concerning job embeddedness and the variables influencing it have been conducted, it was noted. In order to better understand how employee advocacy and loyalty affect job embedding among nurses, researchers set out to investigate these topics.

Aims of the study:

1- Assess the level of employee's advocacy, loyalty and job embeddedness among nursing staff.
2- Assess the effect of employee advocacy and loyalty on job embeddedness among nursing staff.

Research questions:

- Is there a relation between employee advocacy and job embeddedness?

- Is there a relation between employee loyalty and job embeddedness?

Subject and Method

Technical design
Study design: The design used in this study was descriptive correlational study design.

Setting: This study was done at Assiut University Main Hospital.

Subject: All nurses (300) working in general surgical and general Medical departments at Assiut University Main Hospital.

- General Medical (Female unit (53), Male unit (55), Blood diseases unit (45).

- General Surgical (Unit A (A1&A2) (52), Unit B (B1&B2) (48), and Unit C (C1&C2) (47).

Data collection tools:
Study tool (I): Personal characteristics for study subject: the researchers developed this tool which included, it includes; age, gender, marital status, educational qualification, and years of experience.

Study tool (II): Employee Advocacy scale: it was designed to assess perception of employee for advocacy. It was developed by **Yeh, (2014)**. The researchers translated the scale into Arabic. 6 items made up the scale.

Scoring system: Participants were asked to rate how strongly they agreed or disagreed with each statement on a 5-point Likert scale, with the responses being: "Strongly agree=5" "Agree=4" "Uncertain=3" "Disagree=2" and "Strongly disagree=1". Three levels were assigned to the scale's overall score, which ranged from 6 to 30. If the nurse receives a score of 6–12, it indicates that their level of advocacy was low; if they receive a score of 13–18, it indicates a moderate level; and if they receive a score of 19–30, it indicates a high level.

Study tool (III): Employee Loyalty Scale. It was developed by **Dutta, & Dhir, (2021).** The researchers translated it into Arabic. It had 13 components total, which were separated into three dimensions: ownership (6 items), willingness to stay (3items), and trust (4 items).

Scoring system: The participants were given a 5-point Likert scale to use in indicating their agreement or disagreement with the scale's assertions. The responses ranged from "Strongly agree=5" to "Agree=4" to "Uncertain=3" to "Disagree=2," and "Strongly disagree=1." Each dimension's results were added up and then expressed as a percent score.

The scale's overall score, which was divided into three levels and ranged from 13 to 65, was. If the nurse receives a score between 13 and 26, it indicates a low degree of loyalty, a score between 27 and 39, a moderate level of commitment, and a score between 40 and 65, a high level of loyalty.

Study tool (IV): Job embeddedness questionnaire. Its purpose was to evaluate how deeply employees were embedded in their jobs. **Mitchell et al (2001)** developed it**.** The researchers translated the scale into Arabic. It had 40 elements total and was broken down into the following 6 subscales: There are (5 items) on

the community fit subscale, (9 items) items on the hospital fit subscale, (3 items) on the community sacrifice subscale, (10 items) on the hospital sacrifice subscale, (6 items) on the community link subscale, and (7 items) on the hospital link subscale.

Using a 5-point Likert scale, participants were asked to express their agreement or disagreement with the questionnaire's statements. Responses ranged from "Strongly agree=5" to "Agree=4" to "Uncertain=3" to "Disagree=2" to "Strongly disagree=1." Each subscale's results were added up and then expressed as a percent score.

The scale's overall score, which was divided into three levels and ranged from 27 to 135, was. If the nurse receives a score between 27 and 54, it indicates a low degree of fit and sacrifice, a score between 55 and 81, a moderate level of fit and sacrifice, and a score between 82 and 135, a high level of fit and sacrifice. Responses were standardized for hospital and community links. A high score indicates stronger hospital and community links.

Administrative design: The Assiut University Main Hospital's (Medical and Nursing) Directors received formal approval from the Dean of Nursing Faculty - Assiut University. The departmental heads were then given copies of it to collect the information needed for this study.

Ethical considerations: The Assiut University Faculty of Nursing's Ethics Committee gave its approval to the research proposal. All subjects verbally consented to participate in the study after it was carried out in accordance with accepted ethical standards for clinical research. Without giving a reason, subjects have the freedom to decline, participate, or leave the research at any moment. The subjects' privacy was respected during the data gathering process, and confidentiality and anonymity were guaranteed; all collected data were only utilized for study.

Operational design: The research's actual implementation process consisted of the following steps: the preparatory phase, validity, pilot study, and fieldwork.

Preparatory phase: The research proposal was completed after a review of the related literature, which took place between the beginning of June 2022 and the end of June 2022. Then Arabic translations were made for the study materials.

Pilot study:
Pilot study was carried out to determine if the data collecting tools were applicable and clear. From Assiut University Main Hospital, 10% of the nurses (30 nurses) participated. The pilot study's findings were gathered in July 2022. Before the finalization of the research instruments for data collecting, the pilot study's results were examined and no changes were done. So the staff nurses who participated in the pilot study was included in the total sample.

Validity:
Face validity was carried out to ensure appropriate comprehension of the research tools. Three professors from the Nursing Administration Department of the Faculty of Nursing at Assiut University served as the jury (expert views) for this process.

Additionally, content validity was used to assess and examine the importance, clarity, and accountability of each item in the study tools using confirmatory factor analysis, and the results showed that all of the study tools' items were confirmed. The result for all of the study tools' items was 1.88.

Fieldwork:
After obtaining oral consent, the study tools were administrated to the participating nursing staff through self- administered questionnaires. Each subject took approximately 30 minutes to fulfill the questionnaires. The full data gathering period lasted for around two months, Beginning in August 2022 and ending in September 2022.

Statistical analysis:
Statistical Package for the Social Sciences, version 32.0, was used for data entry and statistical analysis. Frequencies, percentages, averages, and standard deviations are used to display data using descriptive statistics. To look at how the rated variables interacted with one another, Pearson correlation analysis was utilized. Statistics were considered significant when P values were less than 0.05.

Results:

Table (1): Distribution of Personal characteristics data of studied nurses (N= 300)

Personal characteristics data	No	%
Age		
Less than 30 year	150	**50.0**
From 30-40 year	100	33.3
More than 40 year	50	16.7
Mean ± SD	**31.29±7.89**	
Range	**20-50**	
Gender		
Male	70	23.3
Female	230	**76.7**
Experience		
Less than 5 years	50	16.7
From 5 < 10 years	100	**33.3**
from 10-15 years	80	26.7
More than 15 years	70	23.3
Mean ± SD	**12.04±7.92**	
Range	**1-30**	
Qualification		
Secondary school of nursing diploma	100	33.3
Technical Institute of Nursing	200	**66.7**
Marital status		
Married	230	**76.7**
Single	60	20.0
Widow	10	3.3

Table (2): Mean and standard deviation of study variables for nurses (N= 300):

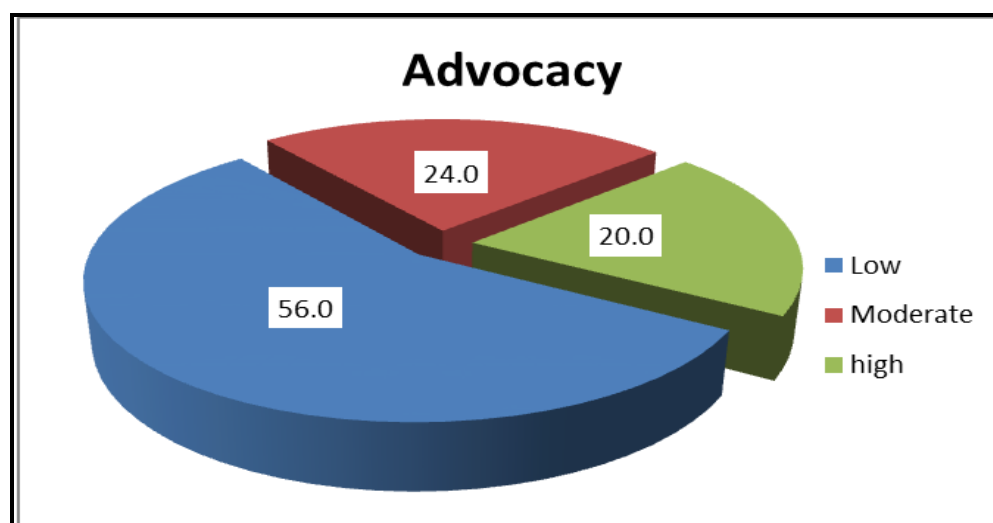| Variables	Range	Mean ±SD
Advocacy	1-5	2.39±1.02
Loyalty	1-5	**2.5±0.9**
Job Embeddedness	1.1-4.07	2.16±0.63

Figure (1): Distribution of Nurses' advocacy levels at Assiut University Main Hospital (N= 300)
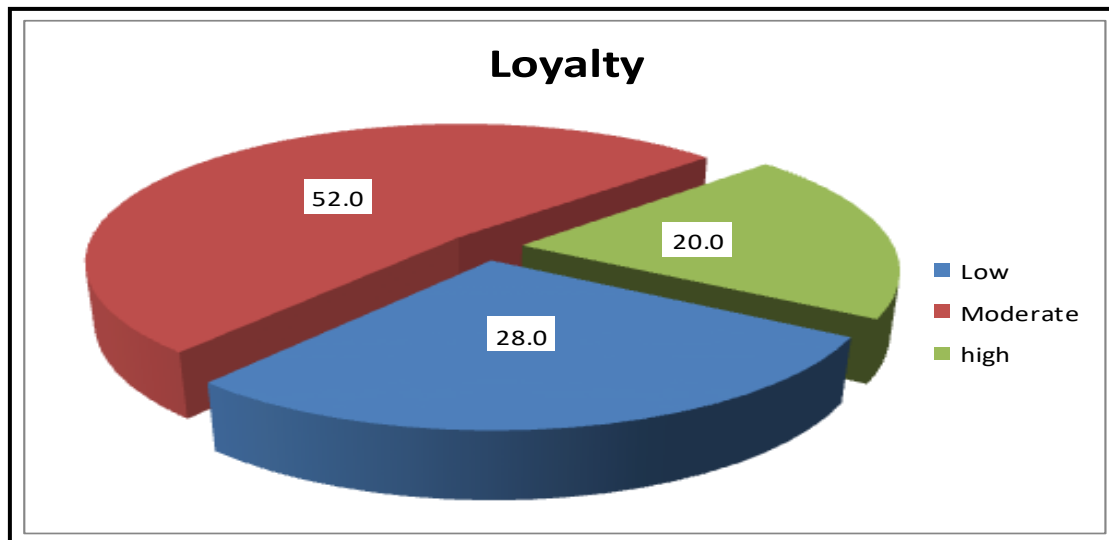
Figure (2): Distribution of Nurses' loyalty levels at Assiut University Main Hospital (N= 300)
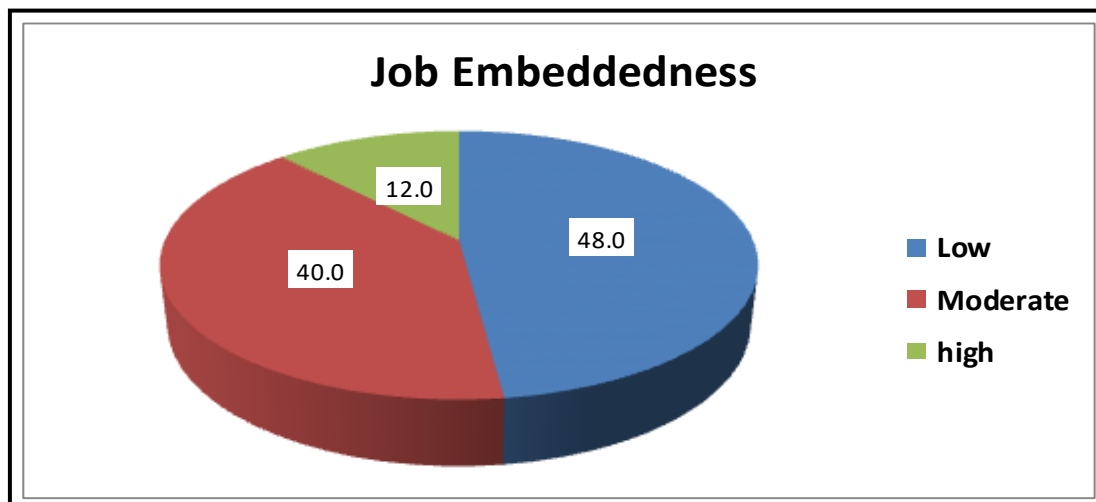

Figure (3): Distribution of Nurses' job embeddedness levels at Assiut University Main Hospital (N= 300)

Table (3): Correlation coefficients matrix between study variables for nurses (N= 300)

Variables		Advocacy	Loyalty	Job Embeddedness
Advocacy	r			
	p			
Loyalty	r	0.939		
	p	0.000 **		
Job Embeddedness	r	0.911	0.910	
	p	0.000 **	0.000 **	

**Statistically Significant Correlations at P .value <0.01

Table (4): Multivariate regression analysis for the effect of advocacy and loyalty on job embeddedness

	Beta	P. value	95.0% Confidence Interval for B	
			Lower Bound	Upper Bound
Job Embeddedness				
Advocacy	0.329	0.000**	0.053	0.015
Loyalty	0.608	0.000**	0.042	0.023

**Statistically Significant factor at P .value <0.01

Table (1): Shows that the highest percentage of the study nurses were female and married, (76.7 %, &76.7 %) respectively, having technical institute of nursing (66.7%), their aged was less than 30 years (50.0%), and having years of experience from 5 to 10 years (33.3%).

Table (2): Illustrates that the highest mean scores are found as regard to loyalty variable (2.5±0.9).

Figure (1): Shows that more than half of nurses had low advocacy (56.0%). Meanwhile, more than one quarter of nurses had moderate and high advocacy levels (24.0% & 20.0%) respectively.

Figure (2): Shows that more than half of nurses had moderate loyalty (52.0%). Meanwhile, more than one quarter of nurses had low and high loyalty levels (28.0% & 20.0%) respectively.

Figure (3): Shows that nearly half of nurses had low job embeddedness (48.0%). Meanwhile, more than one third of nurses had moderate level (40.0%).

Table (3): Shows that there are strong positive correlations among all study variables with highly statistically significance difference (P .value <0.01).

Table (4): Reveals that, advocacy and loyalty have significant effect on job embeddedness. Also, it is noted that loyalty has the most effect on job embeddedness than advocacy (Beta=0.608) (0.000**).

Discussion:

Fuchs, (2022) Job embeddedness is an important factor in preventing employee burnout and producing high-caliber performance results. The purpose of this study was to assess the degree of employee advocacy, loyalty, and job embedding among nursing staff as well as the impact of employee advocacy and loyalty on job embedding.

Table (2) the result of this study revealed that employee loyalty has the highest mean score; this may be due to tendency of nurses not to search for new jobs, also bending to social relations at work. This support the result of **Sharma, (2019)** that employee loyalty is affected by workplace environment and good leadership.

Figure (1): The present study found that nurses had low level of employee advocacy, this may be due to lack of hospital attempts to improve employee satisfaction, in ability to protect their rights and lack of tools to help them solve their problems as reported by nurses, these findings contradicted the result of **Tsarenko et al., (2018)** who found high level of employees advocacy and it was increased by co-workers' and supervisors' support, also **Akgunduz& Sanli, (2017)** in their study found that employee advocacy has the highest average score and employees found that their rights are protected.

Figure (2): The present study found that nurses had moderate level of loyalty, as they found moderately positive social relationship with their co-workers and superiors as reported by most of the study subjects, this results were consistent with the result of **Sharma, (2019)** which indicated that positive leadership and workplace environment positively affect the employee loyalty. Also, **Murali, et al, (2017) & Pan, (2018)** in their previous studies reported that most of study subject are loyal to their employers, and believe that their employers are supportive of their work efforts, and only few of them plan to leave their job within the next year, but they had high level of loyalty.

Figure (3): The present study found that nurses have low level of total job embeddedness it may be due to the lack of sufficient incentives, salaries, lack of a career ladder in nursing, as well as lake of community support for nurses, this result contradicted the results of **Liu, (2018), & Khan, et al., (2018)** who found high job embeddedness among the study sample due to employee trust in supervisors and positive communication with them.

Table (3): The result of this study shown that employee advocacy correlates positively with job embeddedness. Also, as regard to employee loyalty there is a positive correlation with job embeddedness. And the regression in **Table (4)** found that employee loyalty has higher effect on job embeddedness than employee advocacy. This may be due to employee loyalty will increase in organizations where employees are valued. This will help in increasing job embeddedness among nursing staff. These results were consistent with the study of, **Murali, et al, (2017) & Khan, et al., (2018)** who found that when employees become more loyal to their organization they will be able to attach themselves within the organization, the intent to stay and job embeddedness will increase and this will contribute to the productivity of the organization. Also it was found that when there are employee advocacy and when employee interests are secured, information is shared freely; their satisfaction and job embeddedness will increase. This research supports the work of **Akgunduz & Sanli, (2017), & Yasser, et al., (2018)**, which demonstrated that when staff members identify that there are employee advocacy practices and when they are respected and their rights are protected they exhibit high intent to stay and better attitudes towards their institutions then their job embeddedness increases.

Conclusions:

It was concluded that there are strong positive correlations among all study variables with highly statistically significance difference. And, advocacy and loyalty have significant effect on job embeddedness. Also, it is noted that loyalty has the most effect on job embeddedness than advocacy.

Recommendations:

1. For managers to effectively design and implement JE-based retention strategies, they must be aware of how and how deeply their employees are currently embedded.
2. To improve the ties with the organization, managers should set up mentoring initiatives.
3. They can create community outreach initiatives to provide opportunities for their employees to volunteer and be active in the community in order to improve ties with the neighborhood.
4. Employee success of goals and objectives should be acknowledged and rewarded in an effort to improve staff loyalty.
5. The employer should be advocate, supportive, and guides the employees in all situations.

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