2025

NIGERIAN JOURNAL

OF SOCIAL

PSYCHOLOGY

Predicting Job Embeddedness in Healthcare Settings: Roles of Abusive Supervision and Work-Family Conflict

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Abstract
This study examined the predictive roles of abusive supervision and work-family conflict on job embeddedness among healthcare workers in Owerri, Imo State. Job embeddedness, which reflects employees' links, fit, and sacrifice within their organisational and community environments, plays a vital role in employee retention. The study purposively sampled 157 healthcare workers from the Federal University Teaching Hospital and Charis Multispecialist Hospital, both in Owerri, using validated scales to measure abusive supervision (Tapper, 2000), work-family conflict (Netemeyer et al., 1996) and job embeddedness (Mitchell et al., 2001). Hierarchical regression analyses were employed for data analyses. The results indicate that abusive supervision significantly predicts overall job embeddedness (β = -.603, p < .001), explaining 39.4% of the variance in job embeddedness (R^2 = .394). Abusive supervision also negatively predicts the fit (β = -.543, p < .001), links (β = -.357, p < .001), and sacrifice (β = -.464, p < .001) dimensions of job embeddedness. In contrast, work-family conflict does not significantly predict overall job embeddedness (β = -.055, p = .431) when abusive supervision is considered. However, work-family conflict positively predicts the links dimension (β = .348, p < .001) but negatively impacts the sacrifice dimension (β = -.433, p < .001). The study recommends that healthcare organisations prioritise addressing abusive supervision to improve employee retention. Additionally, policies promoting work-life balance could also be encouraged to reduce work-family conflict and enhance employees' embeddedness. If applied, these could increase the retention of skilled professionals in the healthcare sector.

**Keywords**: Abusive Supervision, Work-Family Conflict, Job Embeddedness, Healthcare Workers, Employee Retention

Introduction

Employee retention has become a significant priority for organisations worldwide, particularly in healthcare, where stability and consistency are vital in-patient care. Several factors influence retention, including reward and recognition, compensation, training, job flexibility, and career development opportunities (Karen & Jennifer, 2024). Apart from these, another framework that has garnered attention for its potential to enhance employee retention is job embeddedness. This concept encapsulates the various factors that anchor individuals to their current jobs, making them less likely to leave. This framework extends beyond traditional job satisfaction models, offering deeper insights into why employees choose to stay in their positions. In healthcare, where turnover can have considerable consequences, understanding job embeddedness is especially crucial (Mitchell et al., 2001).

Job embeddedness refers to the degree to which employees feel connected to their job roles, colleagues, and the organisation as a whole. It encompasses the complex interplay of personal, social, and organisational factors that shape an employee's decision to remain within a company. These connections—whether they be with colleagues, the workplace environment, or the surrounding community—strengthen the employee's commitment to their role, thereby reducing the likelihood of voluntary turnover (Onyeizugbe et al., 2018).

This connection is particularly important in healthcare, where employees face considerable emotional and psychological challenges.

The concept of job embeddedness is often broken down into three primary components: links, fit, and sacrifice. "Links" represent the formal and informal relationships employees establish with their coworkers and broader communities, such as professional networks or workplace friendships. A more significant number of strong connections within the work environment tend to decrease the likelihood of an employee leaving the organisation (Nafei, 2015). "Fit" reflects how an employee's skills, values, and career goals align with the organisations. Employees who perceive a strong alignment between their personal values and their work environment are more likely to remain committed to the organisation (Yu et al., 2020). Lastly, "sacrifice" refers to the perceived personal, social, or financial costs of leaving the organisation. The higher the perceived sacrifices, the more reluctant an employee is to quit, given the losses they may incur by leaving (Mitchell et al., 2001). Despite extensive research into job embeddedness, relatively little has been done to examine how negative workplace factors, such as abusive supervision and work-family conflict, affect job embeddedness, particularly in healthcare environments with high stress levels (Holtom et al., 2012). This study explores the predictive roles of these negative factors on job embeddedness among healthcare professionals in Owerri, Imo State.

The term abusive supervision, first introduced by Tepper (2000), refers to consistent, hostile verbal and nonverbal behaviours from supervisors toward subordinates, excluding physical violence. Abusive supervision has been consistently linked to a host of negative workplace outcomes, such as reduced job satisfaction, lower organisational commitment, and heightened turnover intentions (Zhao & Guo, 2019). In healthcare environments, where hierarchical structures are pronounced, the impact of abusive supervision can be particularly damaging to an employee's job embeddedness. Research indicates that abusive supervision can negatively impact job embeddedness, which is crucial for organizational success and reducing turnover (Majumdarr & Dasgupta, 2024). Abusive behaviours, such as belittling, micromanaging, or delivering unfair criticism, demoralise employees and make it difficult for them to build meaningful relationships within the organisation (Dirican & Erdil, 2022). This deterioration in interpersonal relationships erodes the links and fit components of job embeddedness, making it more likely that employees will consider leaving (Mitchell et al., 2001).

Furthermore, abusive supervision can increase the perceived sacrifices of staying in an organisation, as employees weigh the emotional toll of continuing in a hostile environment against the financial and social benefits of remaining employed (Holtom & O'Neill, 2004). Despite its significance, the direct relationship between abusive supervision and job embeddedness has been underexplored, especially in healthcare contexts. This study seeks to address this gap by investigating how abusive supervision impacts the various dimensions of job embeddedness among healthcare workers in Owerri.

Work-family conflict is another critical factor that affects job embeddedness, particularly in demanding sectors like healthcare. Work-family conflict arises when an individual's job demands are incompatible with their personal or family responsibilities, leading to stress, dissatisfaction, and role conflict (Parasuraman & Greenhaus, 1997). In healthcare, where long hours and heavy workloads are typical, the strain of work-family conflict can significantly diminish an employee's sense of job embeddedness (Karatepe, 2013). Work-family conflict can undermine job embeddedness in multiple ways. First, it can diminish the fit between an employee and their job, as the continual stress of balancing work and family life makes it

challenging for employees to feel at ease in their roles (Bakker et al., 2008). Employees who struggle with work-family conflict often find their jobs misaligned with their values and long-term goals, resulting in disengagement (Lee & Duxbury, 1998).

In addition, work-family conflict can weaken employees' links within their workplace. Workers overwhelmed by the dual demands of work and home life may find it challenging to participate in workplace events or develop close relationships with colleagues. This social isolation further erodes their sense of job embeddedness and increases their likelihood of leaving (Boyar et al., 2008). Furthermore, work-family conflict can also affect the sacrifice dimension of job embeddedness, as employees weigh the toll that remaining in their job places on their family life (Ng & Feldman, 2012).

Understaffing exacerbates work-family conflict in the healthcare sector of Owerri, leading to increased workloads and making it challenging for employees to strike a healthy work-life balance. This study seeks to explore the effects of work-family conflict on job embeddedness among healthcare workers in this region, providing valuable insights into the intricate interplay between professional and personal demands.

Owerri, the vibrant capital city of Imo State, Nigeria, is home to a diverse array of healthcare facilities, ranging from primary care centres to specialised tertiary hospitals. Despite the strides in infrastructure and services, healthcare institutions in Owerri grapple with significant challenges, including staff shortages and strained supervisor-employee relationships. These issues often result in heightened work-family conflict and abusive supervision, ultimately contributing to increased turnover and diminished job satisfaction.

Similar to their global counterparts, healthcare professionals in Owerri operate in high-stress environments characterized by intense pressure. The amalgamation of limited resources, heavy patient loads, and unsupportive leadership fosters an atmosphere where employees struggle to stay connected to their roles. Addressing these challenges is imperative to bolstering employee retention and upholding exceptional standards of patient care.

Purpose of the Study

Generally, the study investigated the predictive roles of abusive supervision and work-family conflict on job embeddedness among healthcare professionals in Owerri, Imo State. Specifically, the research seeks to:

1. examine whether abusive supervision significantly predicts overall job embeddedness and its dimensions – fit, links, and sacrifice, and
2. explores the extent to which work-family conflict predicts overall job embeddedness and its dimensions – fit, links, and sacrifice.

Empirical Review

Abusive Supervision, Job Embeddedness, Fit, Link and Sacrifice
Recent studies on the effects of abusive supervision and job embeddedness have shed light on how leadership styles shape employee retention and behaviour within organizations. Abusive supervision, characterized by the persistent display of hostile verbal and nonverbal conduct by supervisors (Tepper et al., 2009), remains a critical area of research due to its far-reaching consequences on employee outcomes. One major area of focus is how such toxic supervision

influences job embeddedness, a multifaceted concept that helps explain why employees stay in their roles. Job embeddedness is structured around three dimensions: fit, links, and sacrifice (Mitchell et al., 2001), all of which collectively affect an employee's decision to remain in their organization. Findings across studies consistently indicate that abusive supervision erodes these dimensions, which in turn weakens retention rates and elevates turnover intentions.

A number of empirical studies have verified the inverse relationship between abusive supervision and job embeddedness. In a study conducted by Dirican and Erdil (2022) involving 644 full-time employees from various sectors in Turkey, it was revealed that abusive supervision severely undermines job embeddedness, largely due to a diminished sense of organizational support. This is consistent with Tepper et al. (2009), who concluded that abusive supervisory practices reduce employees' willingness to stay in their jobs, increasing their inclination to leave. These results highlight how hostile leadership disrupts employees' sense of attachment to their roles, their work environment, and the social and professional networks within the organization.

Further evidence supporting this negative link is provided by Pradhan and Jena (2017), who examined the effects of abusive supervision within Indian IT firms. Their time-lagged study revealed that workers exposed to abusive supervision developed stronger intentions to quit, as a result of their reduced job embeddedness. The hostile atmosphere created by such supervision alienated employees, severing their bonds with colleagues and compelling them to reassess the worth of remaining in their positions. This body of research illustrates how abusive supervision disrupts the critical aspects of job embeddedness, such as fit with the job, relationships with coworkers, and the perceived losses or sacrifices tied to leaving.

Ampofo and Karatepe (2022) expanded upon these findings by comparing how abusive supervision affects job embeddedness against other attitudinal variables, like job satisfaction and organizational commitment. Their research, conducted on frontline restaurant workers in Ghana, concluded that abusive supervision has a more pronounced negative effect on job embeddedness than on job satisfaction or organizational commitment. This underscores the value of job embeddedness, particularly in the dimensions of fit and links, as a more reliable predictor of turnover in environments marked by abusive supervision. The study's results deepen our understanding of how employees, when faced with hostile supervisors, re-evaluate their ties to their jobs and organizations, leading to higher turnover risks.

Job embeddedness, as outlined by Mitchell et al. (2001), involves employees' assessments of how well they align with their jobs and organizations (fit), the extent of their social connections within the workplace (links), and the perceived cost of leaving their current employment (sacrifice). Abusive supervision negatively impacts all three dimensions. Regarding fit, abusive behaviour disrupts employees' alignment with the organization's culture and values. Research by Wu (2023) found that under abusive supervisors, employees often feel increasingly disconnected from the organization's values, leading to a decline in job performance and engagement. This mismatch causes workers to feel less suited for their roles, resulting in lower levels of job embeddedness.

In addition to undermining fit, abusive supervision also damages links—the interpersonal relationships employees form within their organizations. These social ties, which include relationships with colleagues, supervisors, and others, are vital for fostering a sense of community and belonging. Ampofo and Karatepe's (2022) findings revealed that abusive

supervision significantly erodes these relationships. Supervisors, who occupy a key position within the organizational hierarchy, can create an isolating atmosphere through their abusive behaviours, which detaches employees from their peers. This loss of social connections further weakens job embeddedness and encourages employees to leave.

The sacrifice dimension of job embeddedness refers to the perceived costs or losses associated with quitting, such as giving up career progression, losing benefits, or severing professional ties. However, when employees are subjected to abusive supervision, they may be willing to forgo these sacrifices. Fischer et al. (2021) demonstrated that employees facing abusive supervisors are often ready to overlook the material and social advantages of staying in the organization because the emotional burden of staying in a toxic environment becomes overwhelming. Tepper et al. (2009) similarly reported that employees exposed to abusive supervision are more likely to develop strong turnover intentions, as they prioritize their mental health and well-being over any potential losses from leaving the organization.

Researchers have identified several mediating factors, including emotional exhaustion and perceived organizational support (POS), to further explain the relationship between abusive supervision and job embeddedness. Emotional exhaustion, a component of burnout that arises from chronic stress, significantly diminishes job embeddedness. Workers who experience emotional depletion due to abusive supervisors are less likely to remain connected to their roles or organizational community. Pradhan and Jena (2017) established that emotional exhaustion heightens the negative effects of abusive supervision, leading to a further reduction in job embeddedness.

POS, which refers to the degree to which employees feel valued by their organization, also mediates this relationship. Dirican and Erdil (2022) demonstrated that abusive supervision lowers POS, which in turn reduces job embeddedness. Employees who perceive that their organization implicitly supports abusive supervisors are less likely to feel appreciated or embedded within the organization. This erosion of organizational support drives employees to seek out environments where they are more likely to be valued, thereby increasing turnover.

Despite the progress made in understanding the relationship between abusive supervision and job embeddedness, some gaps remain in the research. Bhattacharjee and Sarkar (2022) pointed out that much of the existing research relies on cross-sectional studies, which limit the ability to establish causal links. Longitudinal research would offer a clearer picture of how abusive supervision affects job embeddedness over time. Additionally, Wu (2023) emphasized the need to explore the community aspect of job embeddedness further. Future research could examine how employees' social ties outside of work influence their capacity to cope with abusive supervision and how these external connections may buffer the negative impact of such supervision on job embeddedness.

In summary, abusive supervision significantly diminishes job embeddedness by weakening employees' fit, links, and sacrifice. The empirical findings suggest that employees exposed to abusive supervisors are more likely to disengage, sever their workplace relationships, and quit, despite the personal and professional sacrifices involved. Mediators such as emotional exhaustion and perceived organizational support provide further insights into how abusive supervision leads to diminished job embeddedness. Future studies should address the methodological limitations of the current literature and investigate the potential protective

role of external social ties in mitigating the effects of abusive supervision on job embeddedness.

Work-family Conflict and Job Embeddedness, Fit, Link and Sacrifice

Job embeddedness is a complex concept that describes how firmly an employee is integrated into an organization, encompassing more than just job satisfaction or organizational commitment (Rao & Ma, 2018; Wu, 2023). It includes three primary dimensions: fit, links, and sacrifice. *Fit* refers to the alignment between an employee's values, career goals, and the organization's culture. *Links* describe the formal and informal connections the employee has within the workplace, while *sacrifice* pertains to the perceived losses an employee would incur if they were to leave, such as professional relationships or benefits (Rao & Ma, 2018). This review examines how work-family conflict (WFC) influences job embeddedness, focusing on how these factors interact with the fit, links, and sacrifice dimensions.

A study by Afsar and Rehman (2017) explored the negative impact of work-family conflict on the *fit* dimension of job embeddedness. They found that as work-family tensions rise, employees perceive a growing mismatch between their personal needs and organisational expectations, leading to a reduced desire to remain. This was evident among nurses in Islamabad, Pakistan, where job embeddedness served as a mediator between work-family conflict and turnover intentions. These findings are particularly relevant for healthcare professionals, where the emotional burden of patient care can exacerbate work-family conflicts, making it difficult for employees to remain embedded in their roles.

Recently, Suad's (2023) research in Saudi Arabia found that while work-family conflict did not directly decrease job embeddedness, it led to higher levels of emotional exhaustion, which in turn reduced retention rates among women in private-sector roles. These findings underscore the importance of addressing emotional exhaustion to sustain job embeddedness, particularly in sectors like healthcare, where stress levels are high.

Additionally, Bachtiar and Yulianti (2023) investigated coworker support as a potential moderator between work-family conflict and job embeddedness among nurses. Although their study found no significant direct impact of work-family conflict on job embeddedness, it revealed that emotional exhaustion critically diminished embeddedness levels, even when peer support was available. This indicates that despite the presence of supportive colleagues, the stress stemming from work-family conflicts can still erode an employee's sense of attachment to the organisation.

The influence of work-family conflict extends across the different dimensions of job embeddedness—fit, links, and sacrifice. For example, Masdupi et al. (2023) found that work-family conflict significantly undermines job embeddedness among millennial employees in Indonesia, mainly through increased stress, which directly impacts the *fit* dimension. This suggests that as employees struggle to balance their personal and professional lives, they perceive a disconnect between their needs and the organisation's demands, reducing their embeddedness.

Work-family conflict can also weaken the *links* dimension, which concerns the social and professional ties within an organization. Ugwu (2017) highlighted that work-family and family-work conflicts substantially predict job embeddedness among bank employees in Nigeria by disrupting workplace relationships. When personal life stressors consume time

and energy, employees may find it challenging to maintain strong connections with their colleagues, diminishing their overall embeddedness.

Lastly, the *sacrifice* aspect of job embeddedness, which includes the perceived losses associated with leaving a job, is also sensitive to work-family dynamics. Kismono (2011) found that in situations where WIF is high, employees may perceive lower costs associated with leaving their current job, particularly if there are ample alternative opportunities. This dynamic suggests that minimizing work-family conflict could increase the perceived sacrifices of leaving, thus fostering higher retention rates.

The relationship between work-family conflict and job embeddedness is particularly relevant in healthcare settings, where work-related stress is common. Afsar and Rehman (2017) emphasized the role of workplace flexibility as a critical factor in mitigating the negative effects of work-family conflict on job embeddedness. This is especially important for healthcare administrators aiming to retain skilled staff in a competitive environment. Flexible work arrangements can help employees better balance their work and family responsibilities, reducing stress and increasing their likelihood of remaining embedded within the organization.

Work-family conflict has a multifaceted impact on job embeddedness, affecting its dimensions—fit, links, and sacrifice—differently. Emotional exhaustion often mediates the relationship between work-family conflict and job embeddedness, while support mechanisms like workplace flexibility can help alleviate these effects. Understanding these dynamics is crucial for sectors like healthcare, where retaining staff is vital for organisational stability.

Hypotheses

1. Abusive supervision will significantly predict overall job embeddedness among healthcare professionals in Owerri.
2. Abusive supervision will significantly predict fit to organization dimension of job embeddedness among healthcare professionals in Owerri.
3. Abusive supervision will significantly predict link to organization dimension of job embeddedness among healthcare professionals in Owerri.
4. Abusive supervision will significantly predict sacrifice to the organization dimension of job embeddedness among healthcare professionals in Owerri.
5. Work-family conflict will significantly predict overall job embeddedness among healthcare professionals in Owerri.
6. Work-family conflict will not significantly predict fit to organization dimension of job embeddedness among healthcare professionals in Owerri.
7. Work-family conflict will significantly predict link to organization dimension of job embeddedness among healthcare professionals in Owerri.
8. Work-family conflict will significantly predict sacrifice to the organization dimension of job embeddedness among healthcare professionals in Owerri.

METHOD
Participants

The study involved 157 healthcare professionals from the Federal University Teaching Hospital and Charis Multispecialist Hospital, both in Owerri, Nigeria. The participants included 32 males and 125 females with ages ranging from of 22 to 44 years (mean = 27. 87,

standard deviation = 3.76). Out of the 157 participants, 42 were sampled from Charis Multispecialist Hospital while 115 were sampled from Federal University Teaching Hospital through a purposive sampling technique.

Instrument

The first instrument employed in this study is the 15-item Abusive Supervision Scale developed by Tepper (2000), which assesses abusive supervision as perceived by subordinates. Each item is rated on a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), where participants indicate the extent to which they agree with each statement. Sample items include statements like "My supervisor ridicules me" and "My supervisor is rude to me in front of others." The scale has demonstrated excellent internal consistency, with Tepper (2000) reporting a Cronbach's alpha of .95. In addition, the scale has been previously used among Nigerian samples by several researchers such as Ezeh et al. (2018) and Ezeaku et al. (2024).

The second instrument used is the Work-Family Conflict scale by Netemeyer et al. (1996). This scale is a 5-item designed to measure conflicts arising from work and family demands. Participants respond on a 7-point Likert scale, ranging from 1 (Strongly Disagree) to 7 (Strongly Agree), with higher scores indicating greater conflict. Netemeyer et al. (1996) reported high internal consistency for both subscales, with Cronbach's alphas ranging from 0.82 to 0.90. Additionally, concurrent validity was established by Frone et al. (1992). Within the Nigerian context, Ajala (2017) reported Cronbach's alpha coefficients of .86 for the Work-Family Conflict scale.

The third instrument, the Job Embeddedness Scale, by Mitchell et al. (2001), measures the extent to which employees feel embedded within their job roles and organization. Job embeddedness is conceptualized as comprising three dimensions: (1) links—connections with colleagues and the organization, (2) fit—alignment between individual values and organizational culture, and (3) sacrifice—perceived costs of leaving the organization. The scale consists of 9 items, with 3 items for each dimension. Responses are recorded on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), with higher scores indicating greater embeddedness. Nzewi and Audu (2023) assessed the scale's psychometric properties in a pilot study with 25 participants. The scale demonstrated good internal consistency, confirming its reliability with a Cronbach's alpha of .84. The aggregate job embeddedness score is computed as the mean of the three dimensions, with higher scores indicating stronger employee embeddedness.

Procedure

The data for this study were collected through a field survey conducted at two hospitals in Imo State, Nigeria: Federal Medical Centre Owerri (FMC) and Multi-Charlis Specialist Hospital, Owerri. Before initiating data collection, the researcher visited and sought approval and consent from the medical personnel in charge of the various departments in both hospitals. The purpose of the study was explained in detail, emphasizing its purely academic nature, and participants were assured of the confidentiality of their responses. Upon receiving the necessary permissions, the researcher distributed an online questionnaire via links shared through WhatsApp platforms to the healthcare workers who expressed their willingness to participate. The questionnaire was accompanied by an informed consent form outlining the participants' rights, the voluntary nature of their participation, and assurances of anonymity

and confidentiality. A total of 157 healthcare professionals across the two hospitals completed the online questionnaire. These responses were used for subsequent data analysis. The data collection process adhered strictly to ethical guidelines, ensuring the participants' informed consent and the protection of their personal data.

Design and Statistic

The design used for this study was an online cross-sectional survey, as only a fraction of a large population cutting across different demographic variables was involved in the study. To test the hypotheses, hierarchical regression analyses were performed to examine whether abusive supervision and work-family conflict predict overall job embeddedness and its dimensions (fit, link, and sacrifice).

Table 1: Correlation Matrix of Key Variables

Variable	Abusive Supervision	Work-family Conflict	Job Embeddedness	Fit	Link	Sacrifice
Abusive Supervision	1	.449**	-.628**	-.539**	-.201*	-.658**
Work-family Conflict		1	-.326**	-.235**	.188*	-.641**
Job Embeddedness			1	.863**	.617**	.783**
Fit				1	.340**	.613**
Link					1	.108
Sacrifice						1

Note: *p < .05 (*), p < .01 (**).*

Table 1 above shows the correlations between the key variables in the study: abusive supervision, work-family conflict, and the three dimensions of job embeddedness (fit, link, sacrifice) among hospital workers. The correlation matrix demonstrates several significant relationships. Abusive supervision negatively correlates with job embeddedness ($r = -.628$, $p < .01$) and its dimensions, including fit ($r = -.539$, $p < .01$), link ($r = -.201$, $p < .05$), and sacrifice ($r = -.658$, $p < .01$). This indicates that as perceptions of abusive supervision increase, overall job embeddedness and its subcomponents decrease.

Similarly, work-family conflict shows significant negative correlations with job embeddedness ($r = -.326$, $p < .01$) and sacrifice ($r = -.641$, $p < .01$), but it positively correlates with the link dimension ($r = .188$, $p < .05$). The results show that when work-family conflict is high, workers feel less committed to their jobs and are less willing to make sacrifices for the organization. However, at the same time, their connections with people in the organization may become stronger.

Table 2: Regression Analyses Predicting Overall Job Embeddedness among Hospital Workers in Owerri

Model	R²	Adjusted R²	F	Sig.
1. Abusive Supervision	.394	.390	100.837	.000**
2. Work-family Conflict	.397	.389	50.608	.000**

Predictor	B	SE B	β	t	Sig.
Abusive Supervision	-.284	.033	-.603	-8.606	.000**
Work-family Conflict	-.067	.085	-.055	-0.790	.431

This result on Table 2 above indicates that abusive supervision plays a significant role in predicting overall job embeddedness, with a strong negative impact ($\beta = -.603$, $p < .01$). Specifically, the regression model reveals that abusive supervision explains 39.4% of the variance in job embeddedness, meaning that as abusive supervision increases, employees are significantly less likely to feel embedded in their jobs. This suggests that abusive behaviours from supervisors—such as mistreatment, ridicule, or unfair criticism—substantially reduce an employee's connection to their job and organization.

In contrast, work-family conflict does not significantly predict job embeddedness when abusive supervision is accounted for ($\beta = -.055$, $p = .431$). This implies that although work-family conflict may affect other aspects of an employee's work life, it does not directly influence how embedded or connected employees feel to their jobs when abusive supervision is already present. In this context, abusive supervision is shown to be a much stronger factor in determining employees' sense of job embeddedness than work-family conflict.

By implication of the above findings, reducing abusive supervision would likely have a more significant effect on improving job embeddedness than addressing work-family conflict. Therefore, while the first hypothesis is accepted, the fifth hypothesis is rejected.

Table 3: Regression Analyses Predicting Job Embeddedness Dimensions among Hospital Workers in Owerri

Dependent Variable	R²	F	Predictor	B	SE B	β	t	Sig.
Fit	.291	63.538	Abusive Supervision	-.110	.015	-.543	-7.154	.000**
	.291	31.575	Work-family Conflict	.005	.040	.009	0.122	.903
Link	.137	12.219	Abusive Supervision	-.071	.017	-.357	-4.262	.000**
			Work-family Conflict	.177	.043	.348	4.152	.000**
Sacrifice	.583	107.545	Abusive Supervision	-.104	.013	-.464	-7.962	.000**
			Work-family Conflict	-.249	.034	-.433	-7.429	.000**

When analysing the fit dimension of job embeddedness, abusive supervision was also found to be a significant negative predictor ($\beta = -.543$, $p < .01$). Health workers exposed to abusive supervision feel less aligned with their organization, suggesting a lower sense of belonging or compatibility with the organizational culture. Hypothesis two is therefore accepted.

Similarly, abusive supervision also impacted the link dimension of job embeddedness, where it significantly reduced the strength of workers' ties to others within the organization (β = -.357, p < .01). Therefore, hypothesis three is accepted, implying that as abusive supervision increases, employees tend to feel less connected to their colleagues and the broader organizational network.

Additionally, abusive supervision negatively predicted the sacrifice dimension of job embeddedness (β = -.464, p < .01). Workers who experience abusive supervision are less willing to make sacrifices to stay with the organization, indicating that they are less likely to give up personal benefits or endure hardships for the sake of remaining in their jobs. Therefore, hypothesis four suggest that abusive supervisory behaviour undermines workers' commitment to the organization on multiple levels, decreasing their overall job embeddedness, sense of fit, relationships within the organization, and willingness to make sacrifices.

In contrast, work-family conflict did not significantly predict the fit dimension of job embeddedness (β = .009, p = .903), meaning that the conflict between work and family responsibilities does not have a strong impact on the fit dimension of job embeddedness when abusive supervision is already considered.

However, work-family conflict did have a notable effect on the link dimension, where it was positively associated with workers' connections to others in the organization (β = .348, p < .01). This finding suggests that as work-family conflict increases, workers may rely more on their workplace relationships, possibly as a source of support in managing the stress caused by conflicting work and family demands.

Finally, work-family conflict also had a significant negative impact on the sacrifice dimension of job embeddedness (β = -.433, p < .01). Employees who experience higher levels of conflict between their work and family responsibilities are less willing to make personal sacrifices to stay with their organization, indicating that such conflict diminishes their commitment to the organization.

Summarily, the findings reveal that abusive supervision is a significant negative predictor of overall job embeddedness and its dimensions (fit, link, and sacrifice), meaning that higher levels of abusive supervision are associated with lower job embeddedness among hospital workers. On the other hand, work-family conflict only significantly predicts the link and sacrifice dimensions, indicating a more complex relationship where higher work-family conflict may lead to stronger organizational ties (in terms of link), yet reduced willingness to make sacrifices for the organization.

Discussion

This study aimed to investigate how abusive supervision and work-family conflict predict job embeddedness among healthcare workers in Owerri, Imo State. The findings align with existing literature but also offer distinct insights specific to the healthcare industry in Nigeria. The results underscore the established relationships between abusive supervision, work-family conflict, and job embeddedness, particularly in high-pressure healthcare environments where retaining employees is essential for optimal service delivery.

The study's results are consistent with the broader body of research on the detrimental effects of abusive supervision on job embeddedness. Abusive supervision, defined by persistent hostile actions from supervisors, was shown to reduce job embeddedness in this study significantly. This finding resonates with those of Dirican and Erdil (2022) and Tepper et al. (2009), who reported similar outcomes, suggesting that abusive supervision weakens employees' sense of connection to their organizations. In this study, abusive supervision negatively impacted all three dimensions of job embeddedness: fit, link, and sacrifice. Specifically, healthcare workers under abusive supervision felt less aligned with their organizations, had weaker social connections in the workplace, and were less inclined to make personal sacrifices to stay.

Pradhan and Jena (2017) also noted a similar trend in their study of Indian IT workers, where abusive supervision was linked to stronger intentions to quit due to reduced job embeddedness. This pattern is evident in the current research as well, supporting the idea that abusive supervision undermines the emotional and social bonds that typically anchor employees to their roles. Moreover, Fischer et al. (2021) found that employees subjected to abusive supervision are often willing to forgo the benefits of staying, such as job security or professional development, because the psychological toll of enduring such treatment outweighs those advantages.

A notable contribution of this study is its focus on the healthcare sector, which presents unique stressors that may intensify the negative effects of abusive supervision. Healthcare workers, particularly in areas with limited resources, such as Owerri, operate under stressful conditions. When these workers face abusive supervision, the compounded stress leads to a significant decline in job embeddedness. This finding stresses the need for effective leadership training and organizational support in healthcare settings to mitigate the risks of employee turnover, which is critical for maintaining high standards of patient care.

Additionally, this study highlights that the negative impact of abusive supervision is not uniform across the different dimensions of job embeddedness. While the fit and link dimensions were significantly affected, the sacrifice dimension – representing the perceived costs of leaving the organization – was particularly influenced. This suggests that healthcare workers experiencing abusive supervision not only feel less connected to their organizations but are also less willing to make personal sacrifices to remain. These results align with Ampofo and Karatepe (2022), who found that abusive supervision had a stronger negative effect on job embeddedness than other attitudinal variables like job satisfaction or organizational commitment.

The findings about work-family conflict offer a more detailed understanding of how this aspect interacts with job embeddedness. Unlike abusive supervision, work-family conflict did not significantly predict overall job embeddedness in this study. However, it significantly impacted the link and sacrifice dimensions, indicating a complex relationship between work-family conflict and job embeddedness. As work-family conflict increases, healthcare workers may rely more heavily on workplace relationships to cope with the stress caused by competing demands. This observation is consistent with Masdupi et al. (2023), who found that employees under significant work-family conflict often seek support from colleagues as a coping mechanism.

At the same time, the study revealed that work-family conflict negatively affects the sacrifice dimension of job embeddedness. This means that healthcare workers experiencing high levels

of work-family conflict are less inclined to make personal sacrifices to stay with their organizations. This finding supports Kismono (2011), who noted that work-family conflict reduces the perceived costs associated with leaving a job. When healthcare workers feel overwhelmed by the demands of both work and family, they may be less willing to endure the personal costs associated with staying in a job that exacerbates these conflicts.

Interestingly, the study found that work-family conflict did not significantly affect the fit dimension of job embeddedness. This result is in line with Ugwu (2017), who also found that work-family conflict had no direct impact on employees' perceptions of how well they fit within their organizations. This suggests that while work-family conflict may strain social connections (links) and reduce employees' willingness to stay (sacrifice), it does not necessarily alter their perception of how well their values and career goals align with those of the organisation.

An important contribution of this study is the discovery that work-family conflict may play a dual role in healthcare settings. While it diminishes employees' willingness to stay by reducing their perception of sacrifice, it can simultaneously strengthen their workplace relationships, likely as a way of coping with the stress. This suggests that healthcare organisations can mitigate the negative impact of work-family conflict by fostering strong workplace relationships and offering resources to help employees manage their work-family balance more effectively.

The findings of this study largely corroborate the existing literature but also highlight the unique challenges of healthcare environments, particularly in areas like Owerri. Previous studies have consistently shown that abusive supervision undermines job embeddedness across various sectors (Tepper et al., 2009; Dirican & Erdil, 2022). However, this study adds to the discourse by demonstrating that the effects of abusive supervision may be more pronounced in high-stress, resource-constrained settings like healthcare in Owerri. Similarly, while the relationship between work-family conflict and job embeddedness has been explored in different contexts (Afsar & Rehman, 2017; Bachtiar & Yulianti, 2023), this study provides new insights by revealing the dual role of work-family conflict in both enhancing and undermining job embeddedness.

By focusing on healthcare workers in Owerri, this study highlights sector-specific factors that influence job embeddedness. The healthcare sector, known for its long working hours, emotional labour, and often inadequate resources, presents unique retention challenges. Abusive supervision and work-family conflict exacerbate these challenges, making it more difficult for healthcare workers to remain embedded in their jobs. This study suggests that healthcare organisations, particularly in areas like Owerri, need to address both supervisory behaviours and work-family dynamics to improve job embeddedness and retain skilled workers.

Implications, Limitations, and Future Directions

The results of this study offer significant insights for healthcare organizations and policymakers, especially regarding the issue of abusive supervision. The findings highlight the importance of providing leadership and communication training for supervisors, as abusive supervision has a detrimental effect on job embeddedness. Such training could help lower employee turnover rates while promoting stronger, lasting professional relationships within the organization. Additionally, creating a supportive work environment is essential, as

work-family conflict has been shown to positively affect the link dimension of job embeddedness. Encouraging peer support and organizing team-building activities can help employees better handle the pressures of balancing work and family obligations.

Healthcare organizations should also prioritize the development of policies that promote work-life balance. Offering flexible work arrangements and providing resources like childcare support can help reduce conflicts between employees' professional and personal responsibilities, ultimately fostering greater organizational commitment. Furthermore, implementing wellness programs that include mental health support, counselling, and conflict resolution strategies can address the challenges of both abusive supervision and work-family conflict, thus enhancing job embeddedness and reducing staff turnover.

However, this study has certain limitations. The small sample size and its focus on two hospitals in Owerri may limit the generalizability of the results to other healthcare sectors or regions. Additionally, the reliance on self-reported data could introduce bias, and the cross-sectional nature of the study does not establish causality. Future studies should consider exploring demographic factors, adopting longitudinal research designs, and examining different sectors to gain a deeper understanding of the relationship between abusive supervision, work-family conflict, and job embeddedness.

Conclusion

The study focused on abusive supervision, and work-family conflict on job embeddedness among health workers in Owerri, Imo State. Data were collected and analysed using the Statistical Package for Social Sciences. Results revealed that abusive supervision is a significant negative predictor of overall job embeddedness and its dimensions (fit, link, and sacrifice), meaning that higher levels of abusive supervision are associated with lower job embeddedness among hospital workers. Also, work-family conflict only significantly predicted the link and sacrifice dimensions, indicating a more complex relationship where higher work-family conflict may lead to stronger organizational ties (in terms of link), yet reduced willingness to make sacrifices for the organization.

Recommendations

Based on the findings of this study, the researcher recommends that

1. Health institutions should develop and implement clear policies and procedures related to supervisor behaviour, communication, and conflict resolution. Encourage open communication channels for employees to report any incidence of abusive behaviour.
2. Health institutions must improve the work environment in terms of developing tools, equipment, and set of training courses on leadership skills, conflict management, and communication techniques for their staff holding supervisory position, thereby increasing their supervisory skills which will help to reduce the tendency of being abusive in supervision. This also can help in fostering respectful and supportive relationships between supervisors and their subordinates.
3. Hospitals and other health sectors should offer resources and support for addressing stress, work-family conflicts and mental health concerns among health workers. encourage self-care and establish wellness programs to support the overall well-being of employees.

4. Health institutions should create a workplace culture that value work-life balance and support for employees managing familial responsibilities. Encourage open communication, flexibility and understanding among employees and head of departments to support a supportive environment

Through the implementation of these recommendations, healthcare organizations can cultivate a positive and supportive work environment for health workers, thereby bolstering job embeddedness, job satisfaction, and, critically, the quality of patient care.

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