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Chapter

# Antecedents of Stress Perception and Willingness to Recommend Employer in Healthcare Organization

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## Abstract

This study aimed to identify work-related factors contributing to perceived stress (SP) among employees at a large Swiss university hospital and to determine if these factors also affect employees' willingness to recommend their employer (WRE). Utilizing the Job Demands-Resources framework, this research involved a survey of over 13,000 employees, with data analyzed from over 5500 respondents. These findings indicate that resources such as value congruence, leadership and communication, and work schedule flexibility can mitigate stress and positively influence WRE. Conversely, time constraints have emerged as a significant organizational demand that exacerbates stress and diminishes WRE. The study also reveals a negative relationship between SP and WRE, highlighting that stress not only harms employee health but also reduces organizational attractiveness. Addressing work-related stress is crucial for maintaining employee well-being and enhancing hospitals' ability to retain and attract staff, particularly in the current context of nursing and medical staff shortages. These findings have significant implications for human resources management in hospitals.

**Keywords:** stress perception, willingness to recommend an employer, healthcare organization, job demands-resources, organizational attractiveness, value congruence, time constraints

## 1. Introduction

Stress is a significant concern for global public and private organizations, impacting employees facing significant work pressure, work overload, and performance-driven managerial rules and procedures. Professions dealing with staff shortages and high turnover rates are particularly affected. Stress can hinder an organization's ability to recruit and retain staff, making it crucial to examine the causes of stress. Numerous studies have shown a clear connection between health issues, particularly job stress, and employees' intention to leave [1–3].

Given its impact on an organization's ability to attract and retain staff, it is crucial to examine the relationship between employees' stress perception (SP) and their intention to

leave. This study explores the connection between SP and willingness to recommend an employer (WRE), which serves as an indicator of employee loyalty [4]. Data were collected through a satisfaction survey at a significant public training hospital in Switzerland, an appropriate choice due to the sector's financial issues and high turnover, particularly among specialized staff such as nurses and medical personnel. Public hospitals face numerous challenges, making them valuable benchmarks for studying SP and WRE. Given the pressures on public hospitals, our findings could be relevant to other organizations facing future crises that might affect staff retention and attractiveness [5–7].

The originality of our work is multifaceted. First, we examined employee-perceived stress to understand its impact on employer attractiveness, specifically in hospitals. Second, this research utilizes an extensive sample of over 5500 respondents, which is quite rare in scientific studies. The survey encompassed all major hospital professions: administrative, nursing, medical, technical, etc., providing a comprehensive view of the relationship between perceived stress and the willingness to recommend an employer. Additionally, this study identifies factors influencing perceived stress and the propensity to recommend an employer while also investigating the mediating role of SP between independent variables and employer recommendation. This study addressed three primary questions:

Q1: Which work-related factors influence employee stress perception the most in a large Swiss public hospital?

Q2: What motivates or demotivates employees to recommend their employers to others?

Q3: Can stress perception mediate the relationship between work-related factors and the willingness to recommend an employer?

To answer these three questions, this chapter is structured as follows. First, we revisit the general theoretical framework guiding our study, namely the Job Demands-Resources Model. Second, we provide a thorough yet non-exhaustive literature review, highlighting the main antecedents of perceived stress and intention to leave the hospital sector. The literature review enabled us to define our research hypotheses. We explain the methodological aspects used to analyze the data. Finally, we present and discuss our main findings. We conclude by highlighting some of the limitations of this study and suggesting avenues for future research.

## **2. Theoretical framework**

The Job Demands-Resources (JD-R) Model originated from research on work-related stress [8] and was initially aimed at explaining burnout in professions related to human services, such as nursing [9]. Research has shown that this model can explain work outcomes such as work engagement, organizational commitment, and job performance [8, 10].

Although each organization is unique, research on the JD-R model indicates that any private company, public hospital, or nonprofit association is characterized by working conditions that can be classified as either job demands or job resources [8]. Job demands “refer to those physical, psychological, social, or organizational aspects of the job that require sustained physical and/or psychological (cognitive and emotional) effort or skills and are therefore associated with certain physiological and/or psychological costs” [11]. Among job demands, we find a high workload, high emotional demands, or difficulty balancing private and professional lives [10]. Job demands are associated with health impairment [12].

Job resources “refer to those physical, psychological, social, or organizational aspects of the job that are either/or (a) functional in achieving work goals; (b) reduce job demands and the associated physiological and psychological costs; (c) stimulate personal growth, learning, and development” [11]. Examples of job resources include job security, organizational support, and role clarity [10]. Thus, job resources are determinants of work motivation [12].

A central element of the JD-R model is that it considers the interactions between job demands and job resources, with the latter counterbalancing the adverse effects that the former may have on employee health [8]. For example, perceived organizational support or the degree of autonomy at work can help relieve employees facing high workloads or demanding clients. We believe that the JD-R model is particularly relevant in the context of this chapter, which analyzes data on stress in a Swiss public hospital. Indeed, hospitals are organizations where demands, such as workload and emotional work in contact with patients, are high, which can affect the health of employees. However, studies have shown that resources such as organizational support, task variety, and training can mitigate these demands [13, 14].

In the literature related to the JD-R model, several work-related factors have been considered as constraints that can affect employees' health. These include work overload, organizational constraints, emotional demands, conflicts between private and professional life, interpersonal conflicts, and relations with hierarchical superiors [15–17]. Turning now to the category of resources, we can mention the following variables, which have been the subject of numerous previous surveys: opportunities to use varied professional skills, supervisor support, colleague support, financial rewards, professional and career development opportunities, work-team cohesion, autonomy in work, and coaching [9, 11, 18]. In the remainder of this chapter, we have drawn heavily on previous research and incorporated several of these resource and constraint variables.

### **3. Literature review and research hypotheses**

Our study, based on a 2022 satisfaction survey conducted at a large public university hospital with over 13,000 employees, included questions on dimensions deemed strategic by both researchers and hospital management. Here, we present the primary variables from our questionnaire and research model. We recognize the scientific choices and limitations of our work, noting that we could not exhaustively integrate numerous resource and constraint variables.

The dependent variables in our study, aligned with the objectives stated in the introduction, are respondents' perceived stress and intention to recommend their employer. These variables were selected, as they serve as valuable proxies for assessing employees' health levels and their perceptions of organizational attractiveness. The propensity to recommend an employer is a good measure of the desire to remain within the organization and the employer's attractiveness to its employees. These variables are crucial for addressing the study's questions. We selected six independent variables considering organizational functioning and specific employee tasks. Most are resources, except for the constraint variable, time constraints. These variables cover the main categories found in satisfaction or climate surveys within organizations: (1) training and professional development opportunities, (2) organizational support, (3) leadership and communication, (4) work hour flexibility, (5) time constraints, and (6) value congruence. We now present these independent variables, justify their inclusion in our study, and propose research hypotheses.

### **3.1 Opportunities for training and professional development**

Organizations can utilize training and professional development to engage their employees. Learning new skills and career development are key drivers of employee engagement, helping mitigate boredom, reducing the feeling of having no career prospects, and easing professional tasks. These factors act as resources to manage stressful work situations. Studies in healthcare organizations have shown that training and professional development are essential for employee commitment [19, 20]. Human resource management research also identifies development of HR practices as vital to employee health [21]. Furthermore, training and development opportunities are significant sources of motivation for improving employee retention [22]. Conversely, a lack of professional development and promotion prospects can harm motivation, causing demotivation and workplace health issues [23]. Furthermore, training and professional development help reduce work-related stress by providing additional resources that enable employees to meet the demands of their job [24]. Finally, the absence of promotion opportunities negatively affects job satisfaction and can lead to employee disillusionment, which is detrimental to workplace health [25, 26]. Based on previous research, we propose two hypotheses.

H1a: Training and promotion are negatively related to stress perceptions.

H1b: Training and promotion are positively related to the willingness to recommend the employer.

### **3.2 Organizational support**

Perceived organizational support [27–29] is a well-known concept among organizational behavior specialists. It is a dimension that has been the subject of numerous studies, demonstrating that organizational support is important for employee satisfaction, motivation, organizational commitment, and health [13, 30–32].

In addition, a number of studies carried out in hospitals have shown that perceived organizational support leads employees to recommend their organization to friends and family, in other words, to become advocates [33–35]. Based on the abundant empirical evidence, we propose two hypotheses related to this resource variable.

*H2a: Organizational support is negatively related to SP.*

*H2b: Organizational support is positively related to WRE.*

### **3.3 Leadership and communication**

Leadership and organizational communication are crucial for studying employee behavior within an organization. Numerous studies have highlighted the significance of these variables in organizational efficiency [31, 36, 37]. While we will not delve into leadership “styles,” it is essential to note that supervisor-employee relationships significantly impact job satisfaction and occupational health [38, 39]. Certain leadership forms, such as servant leadership [40] and transformational leadership [41, 42], are particularly effective in fostering positive employee behavior. Leadership has also been examined in healthcare contexts [43, 44] and has been identified as a resource that positively influences employee behavior and health [45, 46]. Leader-member exchange (LMX) and team member exchange (TMX) are vital organizational elements. LMX refers to leader-subordinate interactions, where high-quality relationships, characterized by support, honesty, and exchange, motivate subordinates toward positive organizational behaviors [47]. TMX focuses on the quality of

reciprocity among team members, where strong relationships promote positive professional conduct [47]. Thus, high levels of LMX and TMX are expected to enhance job satisfaction, mitigate job stress, and foster positive professional attitudes, leading to favorable perceptions of the employer. These arguments and empirical evidence support these two hypotheses.

H3a: Leadership and communication are negatively related to SP.

H3b: Leadership and communication are positively related to WRE.

### **3.4 Work schedule flexibility**

Since the 1970s, experts in organizational behavior have recognized that workplace autonomy is crucial for motivation and job satisfaction [48]. Therefore, it is vital to engage employees. The freedom employees have in scheduling activities, determining how tasks are performed, and arranging working hours fosters satisfaction and health [49, 50]. Autonomy significantly affects job satisfaction and turnover intentions among nurses [51, 52]. Studies indicate that long workdays with inflexible schedules harm employees' health and may cause burnout. Extensive literature on work-life balance highlights employees' growing desire to avoid sacrificing personal lives for work. Work-life balance significantly impacts job stress, burnout, and turnover among healthcare professionals. Hämmig [53] found that work-life imbalance strongly predicts burnout and thoughts of leaving the profession among health workers. Mosadeghrad [25] noted that quality of work life (QWL), including work-life balance, inversely relates to turn over intention. Enhancing QWL, which includes better work-life balance, can boost job satisfaction and reduce turnover among hospital staff. Based on this evidence, we propose two hypotheses.

H4a: Work schedule flexibility is negatively related to SP.

H4b: Work schedule flexibility is positively related to WRE.

### **3.5 Time constraints**

This variable is the only one in our research model that is classified as demand. Time constraints in professional tasks are potentially stressful and not conducive to quality work, leading employees to deplete their physical and mental resources and potentially causing professional malaise. Several studies on healthcare organizations have indicated that work overload and restrictive hours are significant issues [53, 54]. Specifically, time pressure and workload are strongly associated with stress among care professionals [55]. Additionally, these factors can negatively impact professionals' commitment and increase their desire to leave the organization [56]. Based on this empirical evidence, we propose the following two hypotheses.

H5a: Time constraints are positively related to SP.

H5b: Time constraints are negatively related to the WRE.

### **3.6 Value congruence**

Person-organization fit (P-O fit) refers to the compatibility between an individual and an organization [57–59], occurring when at least one entity meets the other's needs or shares fundamental characteristics. Studies emphasize the role of P-O fit in job satisfaction, organizational commitment, and turnover intention among healthcare professionals. Mosadeghrad [25] found that employees' quality of work life (QWL), including management support, job security, and job stress, correlates with

job satisfaction and organizational commitment, suggesting that QWL might foster P-O fit. Since the early 2000s, numerous studies have demonstrated the significance of work motivation. In particular, the Public Service Motivation literature [60–63] highlights that individuals with public service values aligned with their organization’s values experience higher satisfaction, motivation, and commitment. Research with healthcare executives indicates that person-job fit and person-vocation fit reduce stress, stressing the importance of value alignment between employees and their organizations [64]. These considerations lead to the following two hypotheses:

- H6a: Value congruence is negatively related to SP.
- H6b: Value congruence is positively related to WRE.

### 3.7 Stress: a variable through which independent variables affect WRE

Finally, we construct two new hypotheses linking SP and WRE. If we are to believe in the numerous research studies cited in this chapter, the degree of stress perceived by employees will influence their intention to leave their organization and, in so doing, their willingness or unwillingness to recommend their employer. Therefore, employee attractiveness depends, at least in part, on the state of health in which employees find themselves. It is also highly likely that the six independent variables we described can be indirectly influenced by employees’ stress levels, particularly when it comes to their willingness or unwillingness to recommend their employer. In other words, it seems reasonable and scientifically sound to believe that SP mediates the relationship between our independent variables and WRE (Figure 1). These arguments lead to two hypotheses:

- H7a: SP is negatively correlated with WRE.
- H7b: SP mediates the relationship between the independent variables and WRE.

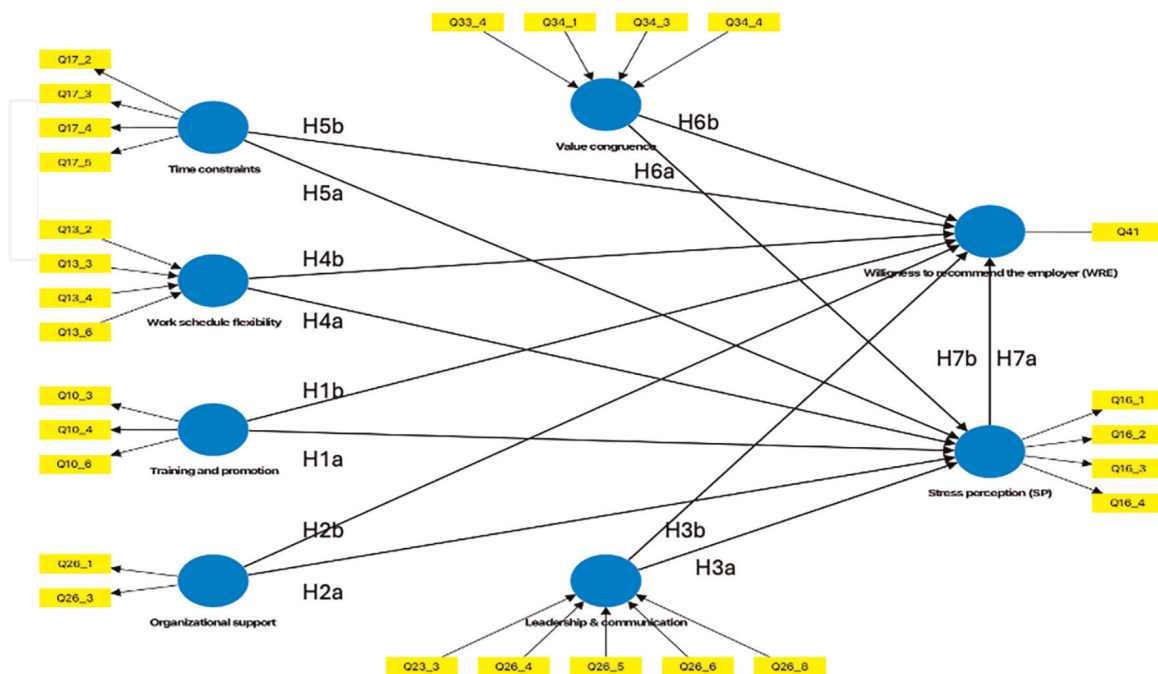


Figure 1. Research model and hypotheses.

## 4. Methods

### 4.1 Context of the research and sample

We tested our hypotheses through a questionnaire survey conducted at a major Swiss hospital that remained unnamed for confidentiality. This public university hospital offers both general and advanced services, and aims to train future doctors. The survey, conducted from June 20 to September 5, 2022, involved an anonymous online questionnaire distributed *via* the Qualtrics platform to all hospital staff with FORS (the Swiss center of expertise in the social sciences) ensuring data confidentiality and respondent anonymity. Reminder emails were sent to respondents on the following dates: July 7, 2022, August 3, 2022, and a final reminder on August 23, 2022. Out of 13,436 contacted individuals, 6844 completed the online questionnaire and 99 completed the paper version. The survey had a 51.7% return rate, with 5443 online and 92 paper responses usable, yielding an overall response rate of 41.2%, which is notably high.

The details of the respondents, compared to the overall population of 5535, are as follows (**Table 1**).

Organizational behavior research often encounters methodological biases, particularly with self-administered questionnaires [65], which can threaten the validity of the

	Survey sample		Actual figures provided by the studied hospital
	Number	%	%
<b>Type</b>			
Women	3638	66%	68%
Men	1815	33%	32%
Non-binary	56	1%	NA
Total (missing)	5509 (26)	100%	100%
<b>Age</b>			
Under 20	10	0%	0%
20 to 29 years	495	9%	11%
Age 30 to 39	1379	25%	28%
40 to 49 years	1674	30%	26%
50 to 59 years	1577	29%	27%
60 and over	372	7%	8%
Total (missing)	5507 (28)	100%	100%
<b>Training</b>			
Compulsory school	268	5%	
Federal Certificate of Competence (CFC)	889	16%	
Federal diploma	578	11%	
Bachelor's degree from a University of Applied Sciences (HES)	1174	22%	



	Survey sample		Actual figures provided by the studied hospital
	Number	%	%
Master's degree from a University of Applied Sciences (HES)	144	3%	
University bachelor's degree (half-bachelor's degree)	138	2%	
Master's degree	578	11%	
Post-graduate diploma (CAS, MAS, etc.)	968	18%	
PhD	677	12%	
Total (missing)	5414 (121)	100%	
Seniority			
Less than 1 year	280	5%	4%
From 1 to less than 3 years	701	13%	18%
From 3 to less than 5 years	583	11%	12%
From 5 to less than 10 years	1023	18%	20%
Over 10 years	2923	53%	46%
Total (missing)	5510 (25)	100%	100%

**Table 1.**  
*Sample characteristics.*

findings [65, 66]. To mitigate these biases, an effective questionnaire design, clear data collection strategies, and post-hoc data analysis are essential. We ensured respondent anonymity [66], provided a study description, emphasized scientific ethics, encouraged participants to respond freely, and assured them of confidentiality. Although PLS-SEM does not rely on distributional assumptions [67], we performed post-hoc tests such as skewness and kurtosis to ensure normality. Additionally, our measurement and structural models were tested to meet PLS-SEM standards for human resource management [67].

## 5. Measures

**Table 2** (see Appendix) lists all the variables and items in our research model, comprising two dependent and six independent variables. The questionnaire items were measured using a five-point Likert scale ranging from 1 (strongly disagree, very dissatisfied) to 5 (strongly agree, very satisfied).

## 6. Dependent variables

*Stress perception* (SP) was measured using a four-item scale inspired by the work tension scale [68]. Participants rated their agreement with statements on occupational health. The variable was constructed using these four items ( $\alpha = 0.894$ ).

*Willingness to recommend an employer* (WRE) was assessed with a single-item question: “Would you recommend your organization as an employer?” Responses were recorded on a five-point Likert scale from (1) no to (5) yes.

## 7. Independent variables

Several independent variables were formative constructs; therefore, we did not report Cronbach's alpha for these variables. For the reflective variables, we reported Cronbach's alpha.

*Training and promotion.* Professional growth was critical for the respondents. This variable was measured using three items related to training and promotion opportunities. Respondents rated their satisfaction with individual and group coaching, time for training, and career development prospects on a scale from (1) very dissatisfied to (5) very satisfied ( $\alpha = 0.814$ ).

*Organizational support.* Respondents' perceptions of organizational support were assessed using two items measuring satisfaction with the quality of support and recognition of hospital management ( $\alpha = 0.892$ ).

*Leadership and communication.* This study measured respondents' perceptions of organizational governance by focusing on information flow and supervision quality. Two items evaluated internal communication and three items assessed supervision quality.

*Work schedule flexibility.* Given the significance of time in the health sector, time flexibility was measured using four items. Respondents rated their satisfaction with various work-hour management proposals on a five-point Likert scale from (1) very dissatisfied to (5) very satisfied.

*Time constraints.* To measure perceptions of time constraints, the respondents indicated the extent to which various factors caused workplace stress. Four items were used to gauge these variables ( $\alpha = 0.813$ ).

*Value congruence.* We used a mixed strategy to assess the alignment with unit/team values. Two questions addressed identification with unit or team objectives and values. Four items evaluated whether respondents felt that they could embody their organization's values in their work, constituting the organizational value variable.

## 8. Statistical procedures

To test our hypotheses, we employed SmartPLS 4 for partial least squares structural equation modeling (PLS-SEM). PLS-SEM is ideal for evaluating models with numerous variables including formative constructs. We validated our reflective and formative constructs using confirmatory tetrad analyses with 10,000 subsamples, a two-tailed test at a 0.10 significance level, and a fixed-seed random number generator. The results indicate that several variables are better specified as formative (leadership and communication, value congruence, and time schedule flexibility), whereas others are better specified as reflective (SP, time constraints, training and promotion, and organizational support).

Given our research model's characteristics, PLS-SEM is recommended for hypothesis testing [67, 69]. Owing to the reflective and formative nature of our latent variables, we followed the recommended procedures for evaluating our measurement model [69, 70]. We ran the PLS-SEM algorithm, controlling for the variance inflation factor (VIF) values of all formative items, which were all below the threshold of 5 (see

**Table 3** for collinearity statistics, outer model), indicating no collinearity issues. Bootstrapping with 10,000 subsamples at the 5% significance level using the percentile method verified the statistical significance of the item weights, all of which were significant, confirming the relevance and significance of the indicators in our PLS-SEM model. Additionally, we checked item loadings, all exceeding the 0.7 threshold and were significant.

We evaluated the structural model using the recommended steps. First, the PLS-SEM algorithm was applied to check collinearity, with variance inflation factor (VIF) values below three, indicating no collinearity issues (**Table 4**, inner model). Bootstrapping (5% significance level, percentile method) was used to assess the path coefficients between variables in the PLS-SEM model, with most relationships being statistically significant ( $p < 0.05$ ). The independent variables explained substantial variance in SP (45.1%; R-square = 0.451) and WRE (47.3%; R-square = 0.473). We controlled for effect sizes (f-square), finding the weak ( $0.02 \leq f\text{-square} < 0.15$ ), with one moderate ( $0.15 \leq f\text{-square} < 0.35$ ). These results suggest that our SEM model is robust but could benefit from additional variables to explain more variance in SP and WRE.

We aimed to assess the predictive capacity of the PLS-SEM model [71, 72] using the PLSpredict/CVPAT command in SmartPLS 4 software. We also examined statistical differences within our sample to detect heterogeneity by performing measurement invariance of the composite model (MICOM) analysis [73] to confirm model invariance. Our analysis showed partial invariance, enabling multi-group analysis. This analysis revealed a few significant differences in variable relationships based on respondents' positions or gender through permutation multi-group analyses.

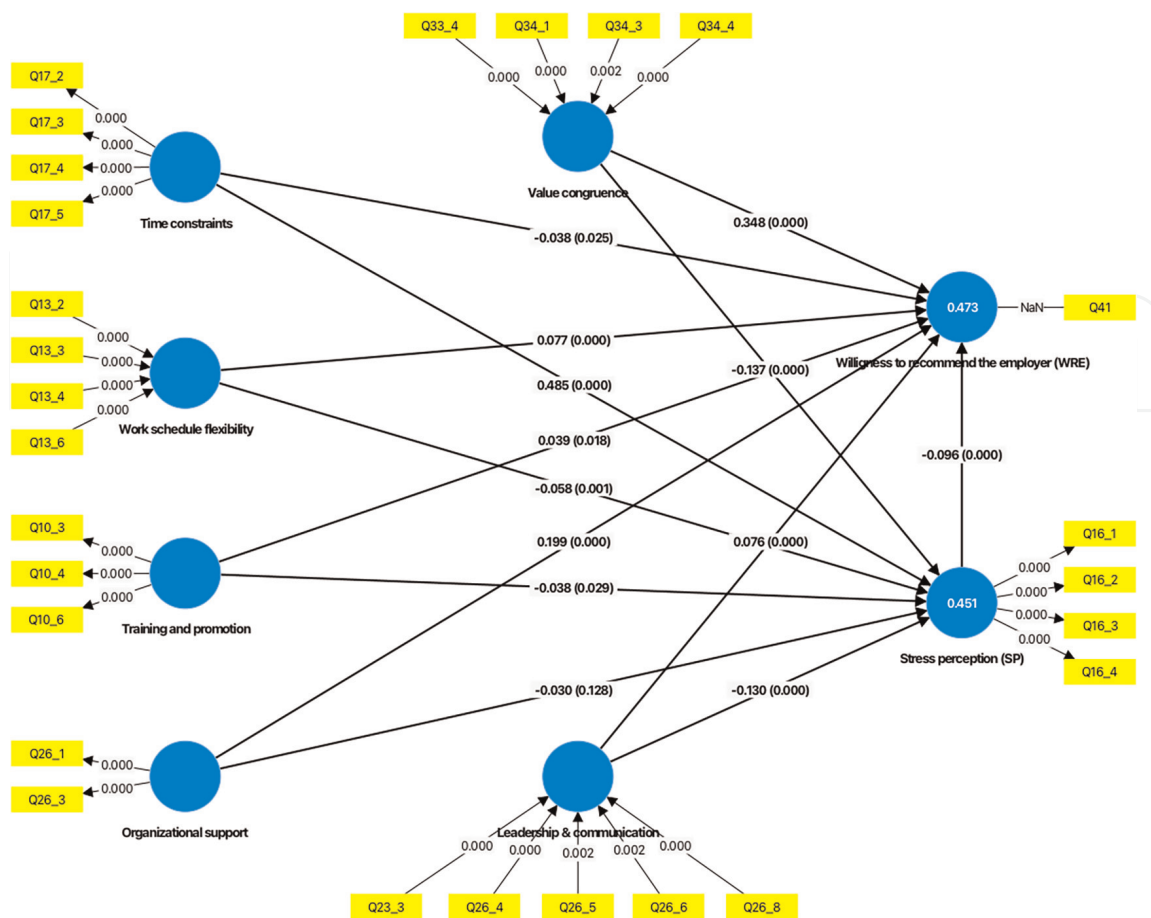
PLS-SEM models were not designed for developing goodness-of-fit indices, but we derived two significant ones: SRMR and NFI, indicating a good fit. The SRMR was 0.039, below the threshold of 0.05, and the NFI was 0.906, above the 0.9 threshold, confirming a good model-data fit. For missing data exceeding 5%, we used case-wise deletion, as recommended [70].

## 9. Results

### 9.1 Main antecedents of SP and WRE

Using bootstrapping, we updated the correlation coefficients between independent and dependent variables in the model (**Table 5**). All but one independent variable was significantly correlated with SP at the 0.05% level. Five of the six independent variables were significantly correlated with SP in the expected direction under our hypotheses. Training and promotion ( $\beta = -0.038$ ;  $p < 0.029$ ), leadership and communication ( $\beta = -0.130$ ;  $p < 0.000$ ), work schedule flexibility ( $\beta = -0.058$ ;  $p < 0.001$ ), time constraints ( $\beta = 0.485$ ;  $p < 0.000$ ), and value congruence ( $\beta = -0.137$ ;  $p < 0.000$ ) were significantly related to SP, thus supporting H1a, H3a, H4a, H5a, and H6a. Organizational support was negatively correlated with SP, but this correlation was not statistically significant ( $\beta = -0.030$ ;  $p < 0.128$ ); thus, H2a was not supported. The independent variables in our model explain 45.1% of the SP variance, a noteworthy result in the social sciences. Additionally, SP was negatively and significantly associated with WRE ( $\beta = -0.096$ ;  $p < 0.000$ ), indicating a deleterious effect of job strain on WRE, thus supporting H7a.

Examining the antecedents of WRE, all the independent variables showed significant statistical associations with this dependent variable. Training and promotion ( $\beta = 0.039$ ;



**Figure 2.**  
 Relationships between variables.

$p < 0.018$ ), organizational support ( $\beta = 0.199$ ;  $p < 0.000$ ), leadership and communication ( $\beta = 0.076$ ;  $p < 0.000$ ), time schedule flexibility ( $\beta = 0.077$ ;  $p < 0.000$ ), time constraints ( $\beta = -0.038$ ;  $p < 0.025$ ), and value congruence ( $\beta = 0.348$ ;  $p < 0.000$ ) were crucial in explaining WRE in our study. These findings support Hypotheses H1b, H2b, H3b, H4b, H5b, and H6b. The independent variables in our model accounted for 47.3% of the variance in WRE. Value congruence and organizational support exhibited the strongest correlations with WRE, highlighting their importance (Figure 2).

## 9.2 Mediation analysis

Our PLS-SEM model revealed a partial mediation effect of SP (see Table 6), which supports H7b. The relationships between our independent variables and WRE exhibited significant statistical effects when SP was introduced as the mediator. Specifically, training and promotion ( $\beta = 0.004$ ;  $p < 0.042$ ), organizational support ( $\beta = 0.003$ ;  $p < 0.149$ ), leadership and communication ( $\beta = 0.012$ ;  $p < 0.000$ ), time schedule flexibility ( $\beta = 0.006$ ;  $p < 0.005$ ), and value congruence ( $\beta = 0.013$ ;  $p < 0.000$ ) showed decreased positive and statistically significant relationships with WRE when mediated by SP. Conversely, the negative relationship between time constraints and WRE intensifies with SP as a mediator ( $\beta = -0.047$ ;  $p < 0.000$ ), which aligns with our hypotheses. These are complementary and partial mediations, respectively. Additionally, the relationship between organizational support and WRE becomes statistically insignificant

with SP as a mediator, underscoring that high employee stress negatively impacts organizational attractiveness, as employees are less likely to recommend their employers when facing occupational health issues.

### **9.3 Predictive relevance of the PLS-path model**

We executed the PLSpredict/CVPAT with tenfolds, ten repetitions, and fixed seeds. This procedure revealed that the q-square values for our latent variables were high (q-square > 0.44), indicating strong predictive power for the WRE and SP variables (Table 5). Additionally, the negative and statistically significant average loss differences (CVPAT-PLS-SEM vs. indicator average) showed that PLS-SEM outperformed the indicator average benchmark for our dependent variables (WRE and SP) and the overall model. Thus, our PLS-SEM model demonstrated a significantly better predictive power than the average indicator benchmark (see Table 7). These findings suggest that our model has moderate-to-strong predictive power.

### **9.4 Multi-group analyses**

In our multi-group analyses, we found some interesting differences in the sociodemographic characteristics of our respondents. For example, the relationship between leadership and communication and WRE is stronger for women than for men (difference women-men:  $\beta = 0.123$ ;  $p < 0.005$ ), suggesting that women attach more importance to this dimension, particularly in relation to their willingness to recommend their employer, than do men. Another statistically significant and interesting result is that the association between training and promotion is much stronger for men than for women in our sample (difference women-men:  $\beta = -0.078$ ;  $p < 0.025$ ). In other words, men attach more importance to this work-related factor than women, particularly in terms of their propensity to recommend their employer.

Given that we were dealing with different professions and functions in our sample, we also carried out a multi-group analysis to identify whether any significant differences could be highlighted in relation to the categories of employees who responded to our questionnaire. In this respect, we can say that very few statistically significant differences between staff categories can be identified. Our multi-group bootstrap analyses show some notable differences between the staff categories of the hospital studied. For example, SP among medical-technical staff has a greater negative impact on WRE than for the population of administrative and technical staff. The association between leadership and communication and WRE is statistically significantly greater for medical-therapeutic staff than for administrative and technical staff. The relationship between organizational support and SP is statistically more significant among medical-technical staff than among nursing staff. Similarly, the leadership and communication dimension is statistically stronger among medical-therapeutic staff than among nursing staff. The relationship between time constraints and WRE is stronger for medical staff than for nursing staff. Indeed, in this study medical staff complain more about this dimension than nursing staff. The relationship between leadership and communication and SP is stronger among nursing staff than among medical staff, indicating that this variable is more fundamental for nurses than for the hospital's medical staff. Here are a few statistically significant differences that may be of interest, and which underline the fact that SP and WRE are also dependent on the positions held within the hospital. A more detailed analysis, by functions, could also add some nuance to the thinking behind this article.

## 10. Discussion

All of our independent variables correlate with willingness to recommend the employer (WRE). Five factors positively influence organizational attractiveness to employees, while the sixth, time constraints, negatively impacts WRE. This finding confirms that tight deadlines, overtime, excessive workload, and work-life balance challenges reduce an organization's attractiveness [74–77]. Additionally, alignment with institutional values, such as enthusiasm, creativity, interpersonal trust, team spirit, and skill recognition, enhances organizational attractiveness. This dimension significantly affected WRE in this study, demonstrating that P-O fit is crucial for organizational attractiveness and job stress management [57, 64, 75].

Support and recognition from hospital management are crucial, highlighting the need for leadership to understand employee realities [38, 41, 78, 79]. Additionally, flexibility in working hours and overtime management are essential for WRE, emphasizing its importance in the hospital setting [52, 80, 81].

All but one of our independent variables (organizational support) were associated with SP. Four factors—value congruence, leadership and communication, work schedule flexibility, and training and promotion—served as resources against stress for respondents. Time constraints were strongly and positively correlated with SP, highlighting their central role. Organizational support, defined as the quality of support and recognition from hospital management, was not significantly linked to SP, indicating that it was not a stress-coping resource in this context. Members of the Executive Board detached from employees' realities fail to protect against stress; instead, direct recognition and supervision are crucial. Our results underline the fact that line managers, who are close to employees and the field, are essential in limiting the effects of stress on employees. This is because it is these field supervisors who supervise, set standards, support employees and understand the difficulties of real-life work. Our findings point out other important resources, such as opportunities to live organizational values (person-organization fit regarding work values), as well as benefiting from flexible working hours. Finally, training, and career development are also important resources in the present study [81–83].

In our study, SP was negatively and significantly associated with WRE, confirming that higher stress levels among employees reduce their likelihood of recommending their employer. This aligns with previous research showing that stress promotes turnover and the intention to leave [53, 82]. Our findings clearly indicate that stress diminishes the attractiveness of an organization. Thus, addressing workplace stress is essential not only for employee health but also for staff retention and enhancing organizational appeal.

Our study confirmed the harmful impact of SP on WRE through its partial and complementary mediating role between our independent variables and WRE. Specifically, SP reduced the positive influence of four variables (training and promotion, leadership and communication, work schedule flexibility, and value congruence) that typically mitigate stress. Conversely, SP amplifies the negative effect of time constraints on WRE. Additionally, SP does not mediate the relationship between organizational support and WRE because organizational support is not significantly associated with SP. These findings underscore the urgent need to address employee stress in hospitals, not only for employee health, which is vital for human resource management, but also for hospitals' ability to retain and attract staff.

## **10.1 Limitations and future research avenues**

This quantitative research study has some limitations. First, it employed a one-time cross-sectional questionnaire, which did not allow for causal inferences between the variables. Thus, we discuss only the relationships, correlations, and associations among the variables. Future research could adopt a longitudinal approach by repeating the questionnaire. Second, the study used a self-report survey for both predictor and outcome variables, potentially leading to a common method bias [65]. To mitigate this, we conducted a full collinearity assessment, as recommended by Kock [83] and found no evidence of common method bias. Additionally, a common method bias test using a random dependent variable was performed, which showed VIF values below the threshold of 3.3, indicating the absence of common method bias. Lastly, while our model includes several significant variables influencing SP and WRE, other factors, such as human resource management, job characteristics, and psychological factors, could have been included. Therefore, although our model explained a considerable portion of the variance in SP and WRE, future research should incorporate additional variables to better understand the antecedents of SP and WRE in public academic hospitals.

## **11. Conclusion**

Our study aimed to explore the antecedents of SP and WRE through a questionnaire survey at a large Swiss university hospital with over 13,000 employees. Grounded in the job demands-resources model and a literature review of stress and turnover intention in healthcare, we examined the impact of six variables on SP and WRE: training and promotion, organizational support, leadership and communication, work schedule flexibility, time constraints, and value congruence. Using PLS-SEM, we identify several explanatory factors for SP and WRE. Time constraints, categorized as work-related demands, significantly influenced stress and negatively affected WRE. Resources such as value congruence, leadership and communication, time flexibility, and training and promotion opportunities mitigated the effects of stress and positively influenced WRE. Organizational support improved WRE, but was not significantly linked to SP. The key findings suggest that identifying resources to limit stress and enhance hospital attractiveness is feasible. SP adversely affects WRE, undermining efforts to reduce turnover and attracting or retaining employees. Therefore, HR policies addressing occupational stress benefit employees' health and are strategic for hospital attractiveness and sustainability.

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## **Conflict of interest**

The authors declare no conflicts of interest.

## A. Appendixes

Variables	Type of measure	Question and measurement scale	Items
Stress perception (SP)	Reflective	Please indicate your level of agreement with the following proposals, which refer to health at work. Five-point Likert scale (1 = strongly disagree to 5 = strongly agree)	You have the impression that your work tends to affect your health You feel under a lot of pressure at work Your work makes you nervous and/or agitated You feel exhausted by your work
Willingness to recommend the employer (WRE)		Five-point Likert scale (1 = no to 5 = yes)	Would you recommend your hospital as an employer?
Training and promotion	Reflective	Please indicate your level of satisfaction with the following proposals, which refer to your prospects for career and professional development. Five-point Likert scale (1 = very dissatisfied to 5 = very satisfied)	Coaching and individual or group supervision Time available for training The career development prospects offered
Organizational support	Reflective	Please indicate your level of satisfaction with the following proposals, which refer to the hospital management. Five-point Likert scale (1 = very dissatisfied to 5 = very satisfied)	The quality of support from hospital management Recognition from hospital management
Leadership and communication	Formative	Please indicate your level of satisfaction with the following proposals, which refer to line management. Five-point Likert scale (1 = very dissatisfied to 5 = very satisfied)	The opportunity for you to pass on information to your superiors Recognition from your line manager The quality of the supervision you receive The quality and regularity of professional appraisals The quality of the decisions taken by the management of your unit
Work schedule flexibility	Formative	Please indicate your level of satisfaction with the following proposals relating to the management of working hours. Five-point Likert scale (1 = very dissatisfied to 5 = very satisfied)	Flexibility in the daily and weekly management of your working hours Fairness in timetable planning Management of overtime The possibility of taking your statutory breaks
Time constraints	Reflective	To what extent do the following factors cause you problems at work? Five-point Likert scale (1 = No, not at all to 5 = yes, very much)	Deadlines too tight to get the job done Overtime Long working hours Work-life balance



Variables	Type of measure	Question and measurement scale	Items
Value congruence	Formative	Of the following values promoted by the HUG, do you feel you can live them in your work? Five-point Likert scale (1 = No to 5 = yes)	The hospital wants to promote enthusiasm and creativity. They encourage their teams to be responsible and to meet the challenges of the future in a spirit of solidarity. The hospital emphasizes trust. Trust is built on the relationship between professionals and patients. Hospital staff value team spirit. They make room for others, whether patients or colleagues. The hospital recognizes and values, the skills, and work of each individual on a daily basis

**Table 2.**  
*Variables and items included in our research model.*

	VIF
Q10_3	1.856
Q10_4	1.797
Q10_6	1.740
Q13_2	2.320
Q13_3	2.142
Q13_4	1.788
Q13_6	1.638
Q16_1	2.062
Q16_2	2.597
Q16_3	2.711
Q16_4	2.616
Q17_2	1.425
Q17_3	2.118
Q17_4	2.141
Q17_5	1.583
Q23_3	1.796
Q26_1	2.849
Q26_3	2.849
Q26_4	2.332
Q26_5	2.865
Q26_6	2.058
Q26_8	2.322

	VIF
Q33_4	2.116
Q34_1	1.877
Q34_3	2.053
Q34_4	2.092
Q41	1.000

**Table 3.**  
Collinearity statistics (VIF)—outer model.

	VIF
Leadership & communication - > Perceived stress	2.232
Leadership & communication - > Recommendation	2.263
Organizational support - > Perceived stress	1.990
Organizational support - > Recommendation	1.991
Organizational values - > Perceived stress	2.137
Organizational values - > Recommendation	2.171
Perceived stress - > Recommendation	1.822
Time constraints - > Perceived stress	1.348
Time constraints - > Recommendation	1.778
Time flexibility - > Perceived stress	1.703
Time flexibility - > Recommendation	1.709
Training and promotion - > Perceived stress	1.688
Training and promotion - > Recommendation	1.690

**Table 4.**  
Collinearity statistics (VIF)—inner model.

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics ( O/STDEV )	P values
Leadership & communication - > Perceived stress	-0.130	-0.130	0.021	6.191	0.000
Leadership & communication - > Recommendation	0.076	0.077	0.021	3.585	0.000
Organizational support - > Perceived stress	-0.030	-0.029	0.019	1.521	0.128
Organizational support - > Recommendation	0.199	0.198	0.020	10.189	0.000
Organizational values - > Perceived stress	-0.137	-0.137	0.021	6.620	0.000
Organizational values - > Recommendation	0.348	0.348	0.021	16.776	0.000
Perceived stress - > Recommendation	-0.096	-0.095	0.017	5.621	0.000

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics ( O/STDEV )	P values
Time constraints - > Perceived stress	0.485	0.485	0.015	31.422	0.000
Time constraints - > Recommendation	-0.038	-0.038	0.017	2.248	0.025
Time flexibility - > Perceived stress	-0.058	-0.059	0.018	3.326	0.001
Time flexibility - > Recommendation	0.077	0.078	0.018	4.352	0.000
Training and promotion - > Perceived stress	-0.038	-0.038	0.017	2.189	0.029
Training and promotion - > Recommendation	0.039	0.039	0.016	2.375	0.018

**Table 5.**  
Path coefficients—Mean, STDEV, T values, p values.

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics ( O/STDEV )	P values
Leadership & communication - > Perceived stress - > Recommendation	0.012	0.012	0.003	4.160	0.000
Organizational support - > Perceived stress - > Recommendation	0.003	0.003	0.002	1.443	0.149
Organizational values - > Perceived stress - > Recommendation	0.013	0.013	0.003	4.280	0.000
Time constraints - > Perceived stress - > Recommendation	-0.047	-0.046	0.008	5.554	0.000
Time flexibility - > Perceived stress - > Recommendation	0.006	0.006	0.002	2.831	0.005
Training and promotion - > Perceived stress - > Recommendation	0.004	0.004	0.002	2.034	0.042

**Table 6.**  
Specific indirect effects—Mean, STDEV, T values, p values.

	PLS loss	IA loss	Average loss difference	t value	p value
Perceived stress	0.966	1.463	-0.497	23.590	0.000
Recommendation	0.565	1.056	-0.491	22.217	0.000
Overall	0.886	1.381	-0.496	27.365	0.000

**Table 7.**  
CVPAT LV summary—PLS-SEM vs. Indicator average (IA).

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