Abstract
Employee retention is among the most essential and challenging aspect of providing effective services. In healthcare services, retention is a continuous and important threat. The HR department in healthcare institutions is important to deliver effective and efficient care service and to achieve patient satisfaction. The purpose of the study is to find whether the management support factors moderate nurse retention through human resource management procedures including recruiting new workers, providing regular training and mentoring, compensation and reward system, and employee performance appraisal nurses in Vellore district, India. The descriptive methodology and convenience sampling method were used for data collection from 102 Nurses in the Vellore Region. To test the hypothesis, we utilized a mixture of the Partial Least Squares technique and the bootstrapping technique employing SmartPLS 3.0. The study's findings indicate a positive correlation between each aspect of human resource management practices and nurse retention. This suggests that effective HR strategies can significantly contribute to retaining nursing staff. Furthermore, the role of management support emerged as a crucial factor, acting as a mediator in the relationship between HR practices and nurse retention. This underscores the importance of supportive leadership in fostering a conducive work environment. To enhance nurse retention, it is imperative to improve current working conditions, provide opportunities for training and development, and diversify job roles to instill a sense of purpose and motivation. These recommendations form the basis for future directions and strategies to bolster nurse retention.

Keywords: Human Resource Management Practice, Nurse Retention, Management Support, Recruitment and Selection, Training and Development.

Introduction
The hospital is a service-oriented organization, so providing the pinnacle of medical attention to all hospital patients must be a top priority. Hospitals' inability to keep new nurses on staff is one of the key causes of the current nursing shortage (1). Human resource management practices are instruments that help to accomplish the organization objectives and concern of development of both individual and organizational quality outcomes (2). Employees performance enhanced through the help of human resource practice (HRP). However, it is the role of HR to make efforts to recruit and retain talented employees within the firm (3). Nursing retention is one of the key issues that healthcare organizations confront, contributing to a rise in nurse turnover. In health care industry also HRP are playing vital role to retain the nurses (4). HR practices also help to build nurses commitment and motivated them to provide good care to patients. Due to numerous circumstances, including a heavy workload, long hours, difficult duties, low pay, and an unpleasant workplace, keeping these nurses on staff is a difficult endeavor (5). It is important to hospitals' HRM to maintain a sufficient number of nurses on staff in order to meet the increased demand for clinical services. The healthcare industry may benefit from an integrated human resource management strategy in order to increase retention rates (6). For instance, studies have shown that a higher retention rate reduces costs associated with hiring and training new hires, saving money that may be used toward employee performance development initiatives (7).

Good internal services are a requirement for hospitals who aim to offer the highest caliber of care to their exterior clients (8). For organisations, people or human resources (HR) are the most crucial component. Poor human resource
management can cost hospitals money by increasing nurses’ intentions to leave their positions, commonly known as turnover intentions (9). The hospital’s objectives will be met if HR management is handled correctly, hence the suitable plan is required.

Nursing staff are urged to stay with the company through a retention strategy (10). A key element of an organizational talent management plan is retention, which is often understood to be “process of attracting, developing, retaining, and employing individuals who possess the skills and abilities necessary to satisfy current and future corporate demands in order to maximize productivity at work” (11). Retention and turnover are related terms that refer to the process through which nurses depart an organization and need to be replaced. The benefits and drawbacks of staff turnover and retention, as well as their causes and remedies (12). A variety of factors, such as employment prospects, pay, management, location, and family/personal considerations, can contribute to voluntary turnover or nurses leaving an institution of their own volition (13).

Retention is an endeavor to keep personnel in the company so that the company can fulfill its goals (14). Ensuring high rates of staff retention will help increase the effectiveness and efficiency of the organizations. This is due to the fact that high retention rates almost always result in low rates of employee turnover. Therefore, in order to preserve firm performance and efficiency, businesses must boost staff retention. By 2035, there is expected to be a worldwide shortage of 12.9 million healthcare workers, predicts the WHO.

The nursing shortage has become one of the most pressing concerns for hospitals nationwide. Nurses’ shortage has been attributed both insufficient entrance for the new register and retaining the existing workforce. Many healthcare organisations around the world are experiencing nurse shortages, which is increasing turnover rates (15). Between 2019 and 2029, based on the Ministry of Labor Statistics (2020), there will be a 7% increase, or 221,900, in the total number of licenced nursing professionals working in the USA. The additional strains caused by the pandemic are likely to make the already serious shortage of nurses around the globe even worse. It is crucial to keep great employees on board in order to maintain client loyalty and to avoid the costs associated with recruiting and training new employees (16).

The professionals surveyed in India agreed that nurses and midwives are vital to the country’s healthcare system. The prominent participants discussed the need to strengthen nurses and midwives who practice in India and elevate the stature of nurses even more. The profession of nursing and the function of the registered nurse both continue to develop globally. The nursing workforce is ageing at the same time. To fulfill the demand for nursing services from the general population, the profession will be 260000 nurses short by 2025 (17).

The president of the Indian Nursing Council, T0, Dileep Kumar, stated: "Nurses are essential to the healthcare sector, and their significance cannot be understated. India has made great strides in filling the shortages in the total supply of nurses during the past 20 years". The experts also stressed the importance of establishing investment priorities in order to build up this cadre and promote midwives and nurses as partners, teachers, and leadership (18). Nursing organisations see the Indian government’s new laws as a positive step forward. In comparison to the WHO standard of three nurses for every 1,000 people, India today has 1.7 nurses for every 1,000 people. Inadequate nurse-to-patient ratios result in poor treatment quality, as do increased workload, long working hours, numerous shifts, and other variables. For the nation to develop a strong health workforce, this problem needs to be tackled (16). Currently, legislative attempts aimed at supporting the Indian nursing profession have mostly focused on increasing the number professional nursing in the healthcare system.

The market for healthcare workers worldwide is anticipated to increase from USD 28,545.73 million (in 2020) to USD 38,879.13 million by 2025, at a CAGR of 6.37%. Because of this, there is always a demand for nurses. Nearly 59% of medical professionals are nurses, making nursing the largest occupational group in the healthcare sector at the moment. In India, there are over 3.07 million registered nurses as of 2020. On April 5, 2022, the Union Minister for Health and Family Welfare addressed the Rajya Sabha., there are 3.3 million registered nurses worldwide. This number comprises 1,000,805 nursing associates in
addition to 2,340,501 registered nurses and midwives. The study purports to address the following research questions: What are the key HRM practices implemented in healthcare organizations to improve nurses' retention rates? How does management support influence nurses' perception of HRM practices? What is the association between nurses' perception of HRP and their determination to remain with the organization? How does management support mediate the relationship between HRP and nurses' intention to stay? And, how do nurses perceive the influence of management support on their Job Satisfaction and overall Organizational Commitment?

The study aims to answer several research questions related to Human Resource Management (HRM) practices in healthcare organizations and their impact on nurse retention. It seeks to understand the key HRM strategies that enhance nurse retention, the role of management support in shaping nurses' perceptions of HRM practices, and the relationship between these perceptions and their intent to stay with the organization. The study also explores how management support mediates the relationship between HRM practices and nurses' retention intentions. To achieve these objectives, the researchers examine the correlation between demographic characteristics like age, gender, education level, and work experience, and nurses' retention intentions. They also assess the reliability and validity of Partial Least Squares Structural Equation Modeling (PLS SEM) as a statistical method for studying how management support mediates the relationship between HRM practices and nurse retention.

**Literature Review**

According to current trends, the health care business places a high value on human resource management practises (19). HRM is a collection of interconnected policies having a philosophical and intellectual foundation. Human resource management (HRM) is defined as "a distinctive approach to management of employment that seeks to create a competitive edge through strategic use of a staff who are exceptionally dedicated and skilled, employing a range of cultural, fundamental, and personnel techniques" (20). Some research has recognised human resource management (HRM) as a strategic component of "best-fit" or matching individuals with organisational needs, and other research has identified HRM as a method of enhancing organisational performance.

India excels in the service industries, particularly hospital management. Human resource management is to manage the people at the new ideas, new skills and new outlook in their work environment (21). In management, people are developed rather than objects are directed. The interaction between employees and an organisation was shaped by HRM. HRM practices improve employee satisfaction and comfort in the workplace (22). Many health care service industries have learned over the past ten years how crucial human resource management techniques are to the development of an organisation (23). Therefore, in order to satisfy employees and achieve organisational objectives, the health care sectors must discover strategies to execute human resource management. HRM practices increases employee's job satisfaction (24). HRM activities help an organisation achieve its goals while also motivating, developing, and retaining its workforce.

Human Resource Management (HRM) in a hospital context involves managing the workforce and personnel functions within a hospital or healthcare organization (25). The HRM department in a hospital is responsible for recruiting, selecting, training, and retaining qualified healthcare professionals and support staff to ensure the efficient operation of the hospital and the delivery of quality patient care (26).

Recruitment and Selection: HRM identifies the staffing needs of various departments within the hospital, analyzes the workload, and develops workforce plans accordingly (27). They create job descriptions, advertise job vacancies, and conduct recruitment and selection processes to attract and hire qualified healthcare professionals, such as doctors, nurses, technicians, and administrative staff.
Training and Development: HRM designs and implements orientation programs to help new employees acclimate to the hospital environment, understand policies and procedures, and become familiar with their roles and responsibilities (28). They also coordinate ongoing training and development initiatives for healthcare personnel to improve their abilities and expertise and ensure compliance with regulations and best practices. Compensation and Rewards: HRM establishes and manages compensation and benefits programs for hospital employees. They develop and administer salary structures, performance-based pay systems, and Insurance, retirement, vacation, and other perks are all part of the employee benefits packages other incentives.

Performance Appraisal: HRM establishes performance management systems to monitor and evaluate employee performance, provide feedback, and facilitate career development. They conduct performance appraisals, set performance goals, and identify training needs to enhance individual and organizational performance (29).

Nurse Retention: Nurse retention is the proportion of present nurses who remain in their current roles or in the healthcare sector as a whole. Any business must prioritise staff retention because it fosters collaboration and teamwork, increases productivity, and improves employee satisfaction (30). Nurse retention is a significant concern in healthcare organizations, given the high turnover rates and the potential negative consequences it can have on patient care, staff morale, and organizational costs.

India excels in the service industries, particularly hospital administration. This study makes the assumption that the nursing services business has a lot of untapped HR potential. "A nurse is "a professional who is dedicated to delivering holistic care and influencing patient adaptation" (31). Nursing shortages have become a global problem. Healthcare professionals are dedicated to equipping their nursing staff with the knowledge, attitude, and abilities they need to carry out their duties at the right time, in the right place, and by established protocols.

In addition, it becomes vital to assess the role that HRM plays in an administration’s success in the 21st century to speed up the pace of corporate innovation. Failures in managing personnel are common in some businesses, and this is primarily because comprehensive human resource management has not been put in place to meet organizational objectives. This demonstrates the significance of HR management to an organization's long-term viability (32).

The greatest methods to train nurses are those used in HRM. The following are the main tasks involved in human resource management: Choosing, Inserting, Orienting, Starting, Growing, Performing evaluation, compensation structure, career planning, career advancement, and employee-employer interactions. According to the American Nurses Association (2012), in the 21st century, nursing is the glue that helps keep patients' health records together and meets their needs without requiring nurses to work around the clock. An organization’s aims and the satisfaction of its employees are both improved through human resource management practices. Human resources administrators need to enhance working conditions and productivity.

Management is the development of people rather than the direction of things. HRM is the process of influencing how employees and an organization interact. HRM procedures improve employee happiness and make them feel at ease at work. In the last ten years, numerous industries providing healthcare services have realized the value of effective human resource management. To satisfy employees and meet organizational objectives, there is a pressing need to identify strategies to execute human resource management practices. Previous studies evidenced that nurses were motivated by human resources management practices through career advancement and skill development. The intention of the nurse to remain was found to be more influenced by pay practices, job training, and supervision.

Past investigations explain how the humanistic work ideology of nurse-midwifery practice fosters dynamic abilities, how HR experts feel about older workers’ employment motivation and retention, and how one hospital successfully recruited, orientated, and mentored new graduate nurses to work in mental health (33). Even though inadequate use of health care staff has been highlighted in multiple reports, little is known about the obstacles to and enablers of job optimization for nurses. Previous literature has evidenced nurses’ perceptions of their capability for optimal performance - Psychiatric Registered
Nurses, Registered Nurses, and Licenced Practical Nurses (34).

While most workers believe they are paid fairly provided their wage is commensurate with the value they add to the company. Employee retention has been linked to financial incentives including salary and perks (35). If the salary range is competitive, employees will feel more secure in their positions and be more inclined to stay. Retention of workers can be improved by providing compensation that is transparent and proportional to employees' contributions (36). A competitive salary plus benefits is the single most influential factor in retaining high-performing employees. A high salary is essential in keeping a productive employee. Hospitals may suffer losses as a result of poor human resource management, such as an increase in the intention of turnover among nurses. The hospital's goals can be reached if HR management is done correctly, hence the right approach is required.

Management development programs may promote the development of future nursing leaders and improve the satisfaction and retention of managers who are desperately required. Poor handoffs, breakdowns in communication between the nursing team and medical personnel, a lack of management support, insufficient time allotted for task completion, and a lack of quality improvement (37). More missed appointments and unfavorable incidents are associated with worse patient-perceived staffing adequacy. Additionally, inadequate staffing is linked to more missed opportunities and severe workloads, including a lack of managerial support. Information systems known as "management support systems" are created to aid in making wise decisions. A scarcity of nurses is present in a setting where patient complexity has increased, patient loads have increased, nurses feel that management assistance is inadequate (38). Management support empowers the nurses to sustain and work the same health care. Managerial support is required for career paths to be followed. To properly administer the program, leadership, and management must show a significant level of support and dedication. Management support helps nurses to maintain their workload and control their work demands (39). Furthermore, several empirical research employing MS (Management Support) as a controlling variable was carried out. However, according to a review of the research, this is the first instance in which management support will operate as an intermediary in the connection between nurse retention and human resources management practices (40).

Management support strategies narrated by literature are supportive working conditions, managerial leadership style, professional advancement for recent grads, debriefing/reflection with new graduates, and regular meetings with the nursing management team. To increase individual performance and retain workers, hospital management support is essential for adopting staff retention initiatives, support, and leadership pledges. Management support for job responsibilities. Nurses who know their roles and responsibilities well report higher levels of job satisfaction. Nurses' levels of fulfillment with their work were shown to be higher when they thought their supervisor supported them. Organizations can encourage the growth of the patient-peer connection and satisfaction at work with management support. Practitioners should think about responding to nurses' incentives to encourage nurse retention. Staff nurses are more pleased with their jobs when they have the necessary job knowledge and comprehend what is required of them at work (41). A key aspect affecting nurses' satisfaction with work and retention is communication with supervisors. Management support significantly influences job satisfaction. Given the preceding explanation, this study comes out with the following hypotheses:

1. Selection and Recruitment are positively correlated to nurses' retention among the staff nurse.
2. T and D (Training and Development) are positively correlated to nurses' retention among the staff nurse.
3. Compensation and Rewards are positively related to nurses' retention among the staff nurse.
4. Performance Appraisal are positively related to nurses' retention among the staff nurse.
5. To analyse the mediating management support's impact on the construction among recruitment and selection and Nurses' retention
6. To analyse the mediating impact of support from management on the connection amongst Training and Development and Nurses’ Retention.

7. To analyse the mediating effect of management support on the relationship between Compensation and Rewards and Nurses’ Retention.

8. To analyse the mediating association between Performance Appraisal and Management Support and Nurses’ Retention.

The research framework consists of R and S, T and D, C and R, PA are independent variable, Management support as mediating variable and Nurse retention as the dependent variable (see Figure 1).

Methodology

The present study, information was gathered using a survey technique called convenience sampling from the clinical nurses from five hospitals in Vellore district. The study's sample size was 102. The latent variables questionnaire was adopted and modified from different studies. All the scale items were measured using a Likert scale of 1= strongly disagree, 2= disagree, 3=neutral, 4=agree, 5=strongly agree. There were 200 questionnaires distributed, but 102 of them—representing 51%—were returned and used in the study. Software packages Smart PLS 3.0 m3 and SPSS 23v were utilized for data evaluation.

The tool to measure Human Resource management practices like Training and development (42), recruitment and selection (42), Compensation and Rewards (42), Performance appraisal (42), Management Support (43), and Nurse Retention (44) scale was adopted.

PLS-SEM 3 was used for the inferential analysis because it can simultaneously examine the relationships between variables and the relationships between. It is similar to the conventional regression technique and uses indicators and the variables that go with them (a measurement model). The PLS method path model is also believed to be useful for studies that are expansions of established ideas and exploratory (45).

Data Analysis and Interpretation

This involves demographics and descriptive analyses. Demographic analyses represent the demographic details of responses, including gender and marital status, Family type, Eduication status, and Work practice. Latent variable descriptions are provided by descriptive analysis, while structural model evaluation is covered by inferential analysis.

Eighty-six percent of the responders were women in the sample, and the outstanding fourteen percent were men. Indicating majority fifty-two percent of those polled were married. Fifty percent of respondents are nuclear family, forty-one percent are joint family, five percent of respondents are staying alone and three percent of respondents are staying in a hostel. The majority 63 percent had between 1 to 5 years of work experience in their respective hospital. Education status is respondents of ANM (8.8%), GNM (49%), and B.Sc. (42.2) (see Table 1).

According to the Latent constructs descriptive analysis, the mean of every variable and its dimensions ranged from 3.22 to 3.63, and the range of all dimensions' standard deviations was 0.38 to 0.94. All of the variables and their
dimensions’ overall means and standard deviations are within acceptable ranges. Therefore, it can be demonstrated that the respondents’ responses unambiguously show an appropriate and acceptable degree of comprehension of all the study’s factors. The questionnaire items were scored using a 1 to 5 Likert scale that included the following options: strongly disagree, disagree, neutral, agree, and highly agree.

Table 1: Respondents’ demographic information

<table>
<thead>
<tr>
<th>Demographic Factors</th>
<th>Measurement</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>86%</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Unmarried</td>
<td>48%</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>52%</td>
</tr>
<tr>
<td></td>
<td>Nuclear</td>
<td>49.5%</td>
</tr>
<tr>
<td>Family Type</td>
<td>Joint Family</td>
<td>41.6%</td>
</tr>
<tr>
<td></td>
<td>Staying Alone</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Hostel</td>
<td>5.9%</td>
</tr>
<tr>
<td></td>
<td>ANM</td>
<td>8.8%</td>
</tr>
<tr>
<td>Education Status</td>
<td>GNM</td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>B Sc</td>
<td>42.2%</td>
</tr>
<tr>
<td>Work Experience</td>
<td>1-5 Years</td>
<td>63.7%</td>
</tr>
<tr>
<td></td>
<td>More than 5 years</td>
<td>36.3%</td>
</tr>
</tbody>
</table>

The value of Cronbach’s alpha must be higher than an adjusted scale. Each model construct’s dependability was examined in the study. The results were reported. Compensation and Reward has a reliability of 0.789, Management support has a value of 0.880, Performance Appraisal value of reliability is 0.843, Recruitment and Selection has a reliability value of 0.854, and lastly, the dependability score for nurses was recorded at 0.825, followed by Training and Development at 0.953. The reliability of each scale that was evaluated was above 0.7. It is considered safe to use the scale. Also required is a composite dependability value of greater than 0.7 or greater (46). The values are regarded as dependable since they meet the requirements (see Table 2).

Convergent validity: the AVE value (average variance extracted) should be greater than 0.5 (45) and all of the constructs reported values over 0.5. There is an AVE for compensation and benefits of 0.541, Management Support (MS) AVE is 0.680, Nurse Retention (NR) AVE of 0.547, Performance Appraisal (PA) has a value of 0.545, Recruitment and Selection (RS) has a value of 0.581 and Training and Development (TD) has an AVE of 0.531 respectively (see Table 2).

Discriminant Validity: “Average Variance Square Rooted Values from the model’s extracted values that need to be bigger than the variance shared by both of those latent constructs are” (47). The AVE complies with the standards and fulfills the requirements (see Table 3).

Table 2: Cronbach's alpha, the average variance extracted, and the composite reliability

<table>
<thead>
<tr>
<th>Variables</th>
<th>Average Variance Extracted (AVE)</th>
<th>Composite Reliability</th>
<th>Cronbach Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation and Rewards (CR)</td>
<td>0.541</td>
<td>0.855</td>
<td>0.789</td>
</tr>
<tr>
<td>Management Support (MS)</td>
<td>0.680</td>
<td>0.914</td>
<td>0.880</td>
</tr>
<tr>
<td>Nurse Retention (NR)</td>
<td>0.547</td>
<td>0.958</td>
<td>0.953</td>
</tr>
<tr>
<td>Performance Appraisal (PA)</td>
<td>0.545</td>
<td>0.877</td>
<td>0.843</td>
</tr>
<tr>
<td>Recruitment and Selection (RS)</td>
<td>0.581</td>
<td>0.892</td>
<td>0.854</td>
</tr>
<tr>
<td>Training and Development (TD)</td>
<td>0.531</td>
<td>0.871</td>
<td>0.825</td>
</tr>
</tbody>
</table>

Table 3: Discriminant Validity

<table>
<thead>
<tr>
<th></th>
<th>CR</th>
<th>MS</th>
<th>NR</th>
<th>PA</th>
<th>RS</th>
<th>TD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR</td>
<td>0.736</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MS</td>
<td>0.363</td>
<td>0.825</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NR</td>
<td>0.556</td>
<td>0.713</td>
<td>0.740</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>0.713</td>
<td>0.573</td>
<td>0.734</td>
<td>0.738</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RS</td>
<td>0.585</td>
<td>0.618</td>
<td>0.694</td>
<td>0.618</td>
<td>0.762</td>
<td></td>
</tr>
<tr>
<td>TD</td>
<td>0.575</td>
<td>0.661</td>
<td>0.693</td>
<td>0.589</td>
<td>0.751</td>
<td>0.729</td>
</tr>
</tbody>
</table>
Table 5: Direct Effect

<table>
<thead>
<tr>
<th>Direct effect</th>
<th>Path Coefficient (β)</th>
<th>t-Statistics</th>
<th>p-value</th>
<th>R-Square (NR)</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR-&gt;NR</td>
<td>0.091</td>
<td>0.859</td>
<td>0.391</td>
<td>insignificant</td>
<td></td>
</tr>
<tr>
<td>PA-&gt;NR</td>
<td>0.487</td>
<td>4.787</td>
<td>0.000</td>
<td>significant</td>
<td></td>
</tr>
<tr>
<td>RS-&gt;NR</td>
<td>0.234</td>
<td>1.843</td>
<td>0.066</td>
<td>0.910</td>
<td>insignificant</td>
</tr>
<tr>
<td>TD-&gt;NR</td>
<td>0.283</td>
<td>2.954</td>
<td>0.003</td>
<td>significant</td>
<td></td>
</tr>
</tbody>
</table>

Table 4: R-Square Value

<table>
<thead>
<tr>
<th>Construct</th>
<th>R-Square Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS</td>
<td>0.541</td>
</tr>
<tr>
<td>NR</td>
<td>0.710</td>
</tr>
</tbody>
</table>

R square measures the degree of linearity between the observed and predicted values of an endogenous construct, which is described as "a measure of the model's predictive accuracy." Any R2 value less than 0.49 is deemed weak, 0.50 to 0.75 is deemed moderate, and 0.75 and more is deemed to have a good power of explanation (45) (see Table 4).

Calculating the R-squared effect size Compensation and Rewards, Nurse Retention, Performance Appraisal, Recruitment, and Selection, Training, and Development on Management Support is 0.541 which is moderate and the effect of Management Support to Nurses Retention is 0.910 which is also moderate. The study has a respectable amount of explanatory power, as indicated by a high r-squared value.

Hence H2 is accepted.

H3: Compensation and Rewards are positively related to nurses’ retention among the staff nurse.

The t-statistics value of Compensation and Reward and nurses’ retention is 0.859. The value of the path coefficient is 0.091 results from the path coefficient and t-tests suggest that the relationship of Compensation and Reward and nurse’s retention is insignificant.

Hence H3 is rejected.

H4: Performance Appraisal are positively related to nurses’ retention among the staff nurse.

The t-statistics value of Performance appraisal and nurses’ retention is 4.787. The value of the path coefficient is 0.487 results from the path coefficient and t-tests suggest that Performance appraisal positively impacting Nurses Retention.

Hence H4 is accepted.

According to the calculation, for a 95% confidence interval, the significance level should be above 1.96, and for a 99% confidence interval, it should be over 2.56 the value of the t-test of compensation and rewards-> management support-> nurses’ retention is 2.355. The t-statistics value training and development-> management support-> nurses’ retention is 3.585. The association between the R and S-> MS-> nurses’ retention is insignificant (see Table 6).

H5: To analysis the mediating effect of management support on the relationship between Recruitment and Selection and Nurses’ retention

The t-statistics value of recruitment and selection - > management support -> nurses’ retention is 1.757. The value of the path coefficient is 0.165 results from the path coefficient and t-tests suggest that the mediation relationship is insignificant. Hence H5 is rejected.
Table 6: Mediating Effect

<table>
<thead>
<tr>
<th>Direct effect</th>
<th>Path Coefficient(β)</th>
<th>t-Statistics</th>
<th>p-Value</th>
<th>R-Square (MS)</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR-&gt;MS-&gt;NR</td>
<td>0.215</td>
<td>2.355</td>
<td>0.019</td>
<td>0.541</td>
<td>Supported</td>
</tr>
<tr>
<td>PA-&gt;MS-&gt;NR</td>
<td>0.284</td>
<td>2.909</td>
<td>0.004</td>
<td>0.541</td>
<td>Supported</td>
</tr>
<tr>
<td>RS-&gt;MS-&gt;NR</td>
<td>0.165</td>
<td>1.757</td>
<td>0.080</td>
<td>0.541</td>
<td>Not Supported</td>
</tr>
<tr>
<td>TD-&gt;MS-&gt;NR</td>
<td>0.315</td>
<td>3.585</td>
<td>0.000</td>
<td>0.541</td>
<td>Supported</td>
</tr>
</tbody>
</table>

H6: To analysis the mediating effect of management support on the relationship between Training and Development and Nurses’ Retention

The t-statistics value of training and development -> management support -> nurses’ retention is 3.585. The value of the path coefficient is 0.315 results from the path coefficient and t-tests suggest that the mediation relationship is significant. Hence H6 is accepted.

H7: To analysis the mediating effect of management support on the relationship between Compensation and Rewards and Nurses’ Retention

The t-statistics value of reward and compensation -> management support -> nurses’ retention is 2.355. The value of the path coefficient is 0.215 results from the path coefficient and t-tests suggest that the mediation relationship is significant. Hence H7 is accepted.

H8: To analysis the mediating effect of management support on the relationship between Performance Appraisal and Nurses’ Retention

The t-statistics value of performance appraisal -> management support -> nurses’ retention is 2.909. The value of the path coefficient is 0.284 results from the path coefficient and t-tests suggest that the mediation relationship is significant. Hence H8 is accepted.

The strength of the association between the variables was determined using the path coefficient value. The relationship’s significance was determined using T-statistics, where a value of 1.96 or higher was required for 95% significance and 2.56 or higher was required for 99% significance (see Figure 2).

Path coefficient(β-value) of compensation and rewards->management support->nurses’ retention is 0.215, performance appraisal->management support->nurses’ retention β-value is 0.284, recruitment and selection -> management support -> nurses’ retention β-value is 0.165, training and development -> management support -> nurses retention clearly the strongest relationship is β-value is 0.315 (see Figure 3).

Discussion

The purpose of this research was to examine the mediation effects of management support on the connection between human resource management practices and nurse retention. The study looked at how well several strategies for retaining nurses worked, including those for finding new nurses, educating them, paying them well, evaluating their work, and providing management with assistance. Management endorsement was discovered to play a role in mediating the connection between development and training and nurse retention. There is a clear favorable correlation between performance reviews and the retention of clinical nurses. The employee retention programme is one tactic the hospital management can utilize to lower employee turnover Retaining employees and reducing turnover are ongoing challenges for many organizations, especially for nurses. It would be necessary to enhance nurses’ current working conditions, create possibilities for training and development, and expand the types of employment that provide purpose and motivation.

Following evidences from academic literature, training and development indeed have a significant impact on nurse retention, as confirmed by this study. A meta-synthesis of the literature on Continuing Professional Development (CPD) highlighted that nurses value CPD and believe it is fundamental to professionalism and lifelong learning. The study also found that CPD is crucial in improving patient care standards (48). A systematic review aligned with WHO guidelines found that the optimization of training pathways at both undergraduate and postgraduate levels was effective at improving retention (49). A scoping review of academic papers identified organizational factors influencing a nurse’s decision to stay, noting that management, human resources, and economic perspectives, as well as health service research and nursing workforce

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Figure 2: Structural Model

Figure 3: Measurement Model
literature, play a role (50). These studies suggest that effective training and development strategies can indeed impact nurse retention. In contrast with empirical evidences from previous academic literature, the findings of this study reveals that compensation and rewards do not impact the perceptions of management support and nurses intention to continue their career in the healthcare institution they serve (49, 50).

Management support practices are pivotal in influencing talent management strategies, leadership development programs, and employee engagement initiatives, all of which have a significant effect on nurse retention. Such practices aid in recognizing the distinct skills and talents of nursing staff, providing opportunities for growth and development. For example, managers can facilitate nurses’ participation in workshops or conferences, or assign them new roles or responsibilities that match their talents. This not only fosters personal and professional development but also boosts job satisfaction, thereby promoting retention. Moreover, effective management support practices can pinpoint potential leaders within the nursing staff. Managers can mentor and coach these individuals, equipping them with the necessary skills and knowledge for future leadership roles. This fosters a sense of career progression and job satisfaction, both of which are crucial for nurse retention.

Management support is also essential in creating a positive work environment where nurses feel valued and engaged. This can be achieved through consistent communication, acknowledging efforts, providing constructive feedback, and involving nurses in decision-making processes. When nurses feel valued and that their opinions matter, they are more likely to remain with the organization. Hence, understanding management support practices can offer valuable insights to shape strategies aimed at enhancing nurse retention. By concentrating on talent management, leadership development, and employee engagement, healthcare organizations can foster a supportive and engaging work environment that encourages nurses to stay.

The study findings also infer that, the nurses’ perception of management support successfully mediates the impact various human resource practices focused in the study on nurses retention. Contradicting the findings of this study, recruitment and selection significantly influence nurse retention, as evidenced by various studies that highlight the impact of organizational factors on staff turnover. Indeed, the connection is intricate and reliant on the context, calling for more in-depth studies for a thorough comprehension. The complexity of the relationship is influenced by numerous elements. To fully grasp this relationship and devise efficient strategies for enhancing nurse retention, additional research is required.

The conclusions of this study played a role in the organization’s choice to continue hiring nurses in the years to come. The currently employed nurses were content with the orientation training that was provided, in addition to the incentive and value that was provided. They do, however, plan to leave the company in the event that they are presented with a more lucrative opportunity or salary. It’s possible that management could suggest a rise in their pay depending on how well they do their duties or how valuable they are to the company. Employees who want to submit feedback to management about their dissatisfaction with the company can use a one-box recommendation form, which management can present to those employees. This will allow management to prepare for such situations in the future.

Conclusion

Implications for theory and practice Healthcare institutions must create conditions that encourage nurses to stay with the same employer and field. With top management and human resources, effective retention strategies can be deployed, further reducing nurses’ intention to leave. In this case, of the three public hospitals surveyed, nurses were largely dissatisfied with their compensation whilst remaining uncertain about their satisfaction with the retention factors. Subsequently, hospital managers and human resources need to understand their role in ensuring nurses’ retention. It is important to note that the dimensions of these retention factors are also encapsulated in the psychological contract as such unmatched expectations of this can lead to turnover. Based on the results of the study in the public sector hospitals, HR managers must focus on the work environment, training and development and job characteristics, as this can lead to the untimely departure of nurses.
Management support measures boost new graduate nurses’ commitment to staying and retention while reducing turnover. Overall, having supportive nurse management is an effective retention approach. To reduce nurse turnover rates while maintaining a high level of competence and dedication, a new set of rewards and perks is required. In most hospitals, the human resources department is in charge of the incentives and perks programs. Many human resource managers recognize that compensation and benefit packages must shift, but this requires additional discussion. In the study the factors of salary, job satisfaction, dedication to the organisation, workplace stress, and employment environment have a significant impact on the intention of nurses to leave their jobs.

Nursing retention is one of the organization's most persistent difficulties, since it is the fastest increasing. The study was conducted within public hospitals. It is recommended that future researchers focus on both the private and public sectors, and a comparative analysis would assist in understanding the parity of nurses’ intention to leave. More so, the current study focused on one specific geographic location and could be broadened. Findings of the study must be interpreted with caution, and the study cannot be generalised to other healthcare facilities or industries. Data were collected during a non-COVID period. It would be interesting to see how these retention factors play out during the pandemic, considering the strain nurses took at the frontline.

**Abbreviation**

ANM – Auxiliary Nurse Midwifery  
AVE – Average Variance Extracted  
BSc – Bachelor of Science  
CAGR – Compound Annual Growth Rate  
COVID – Corona Virus Disease 2019  
CPD - Continuing Professional Development  
CR – Compensation and Rewards  
GNM – General Nurse Midwifery  
HR – Human Resource  
HRM – Human Resource Management  
HRP – Human Resource management Practices  
MS – Management Support  
NR – Nurses Retention  
PA – Performance Appraisal  
PLS-SEM – Partial Least Squares – Structural Equation Modeling  
RS – Recruitment and Selection  
TD – Training and Development  
USA – United States of America  
USD – United States Dollar  
WHO – World Health Organization

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Ashwini P: Original drafting, Conceptualization, Design, Analysis and Interpretation of results.  
Prabir Chandra Padhy:  Proof Reading, Literature review, Data Analysis, and interpretation of results.

**Conflict of Interest**

The Authors declare no conflict of Interest.

**Ethics Approval**

This self-administered survey research has the approval of the author's affiliating institution's ethical board, the respondents were given written assurance of ensuring that it adheres to ethical guidelines and respects the rights, integrity, and privacy of the participants.

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