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JOB SATISFACTION LINKS SALARY TO EMPLOYEE RETENTION IN PRIMARY HEALTHCARE

Ahmad Iqbal Hidayatulloh[1], Wisnu Mahendri[2*]
Management Study Program, Faculty of Economics, Universitas KH. A. Wahab Hasbullah, Jombang, Indonesia
Email: iqballibra27@gmail.com, wisnumahendri@gmail.com

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Abstract

This study examines whether job satisfaction mediates the association between salary and employee retention at Klinik Mitra 39. An explanatory cross-sectional survey invited all 74 clinical and support employees, and 51 complete questionnaires were analysed. The study-specific questionnaire contained 22 five-point Likert items, and partial least squares structural equation modelling was performed with SmartPLS. Salary was positively associated with job satisfaction ($\beta = 0.468$, $p < 0.001$; $f^2 = 0.280$), and job satisfaction was strongly associated with employee retention ($\beta = 0.836$, $p < 0.001$; $f^2 = 2.014$). The direct salary–retention association was non-significant ($\beta = 0.036$, $p = 0.728$; $f^2 = 0.004$), whereas the specific indirect effect through job satisfaction was significant ($\beta = 0.391$, $p < 0.001$). The total effect was also significant ($\beta = 0.427$, $p < 0.001$), indicating indirect-only mediation. Salary explained 21.9% of job satisfaction, and salary with job satisfaction explained 72.9% of retention. Managers should combine fair and transparent compensation with supportive supervision, dependable teamwork, meaningful work, and development opportunities. Because the job satisfaction–retention HTMT value was 1.208, the strong association between these constructs requires cautious interpretation.

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INTRODUCTION

Employee retention is a strategic requirement in healthcare because stable staffing supports continuity of care, team coordination, institutional knowledge, and reliable patient services. Employee departures can create recruitment and orientation costs and require redistributing work among remaining personnel. Reviews of nurse and healthcare worker turnover identify work attitudes, organisational conditions, workload, stress, and external opportunities as recurring influences on decisions to leave (Hayes et al., 2012; Poon et al., 2022). A systematic review of hospital nurse turnover also found economic and nonfinancial consequences for nurses, patients, and organisations, although the strength of evidence varied across outcomes (Bae, 2022). Retention therefore represents more than maintaining headcount. It protects the relational and clinical routines through which a healthcare facility delivers safe and consistent care.

Klinik Mitra 39 is a primary healthcare clinic in Diwek District, Jombang Regency, Indonesia. The clinic provides outpatient care, inpatient care, emergency services, laboratory services, and pharmacy services. Internal employment records show that seven employees left in 2024 and five employees left in 2025. Replacement recruitment kept the recorded workforce at 74 employees in both years, yet stable headcount can conceal repeated losses of experience and the need to integrate new employees into established care teams. The pattern creates a practical need to identify the conditions that encourage employees to remain.

Salary is one possible retention resource because it provides economic security and communicates how an organisation values employee contribution. Research on pay satisfaction indicates that pay level, distributive justice, and social comparison shape employees' evaluations of compensation (Williams et al., 2006). Evidence on organisational justice also shows that distributive, procedural, interpersonal, and informational fairness are distinct foundations of employee evaluations (Colquitt et al., 2001). Evidence from healthcare settings links compensation to job satisfaction and intention to stay, while pay satisfaction can interact with organisational commitment in explaining turnover intentions (Aman-Ullah et al., 2023; Elsahoryi et al., 2022; Vandenberghe & Tremblay, 2008). Salary may be especially salient in a labour-

intensive clinic where employees compare demands, credentials, shifts, and responsibilities with the rewards they receive.

Job satisfaction provides a plausible psychological mechanism between salary and retention. Social exchange theory proposes that employment relationships develop through reciprocal exchanges of valued resources (Cropanzano & Mitchell, 2005). Perceived organisational support research similarly explains that employees form general beliefs about whether the organisation values their contributions and cares about their well-being (Rhoades & Eisenberger, 2002). Employees who perceive organisational rewards as fair and adequate are more likely to evaluate their work positively. A favourable work evaluation can then strengthen their willingness to maintain the employment relationship. This mechanism does not require salary to exert an independent direct effect on retention because employees may translate compensation into retention through their overall experience of the job.

Healthcare work adds complexity to this mechanism. Primary care employees coordinate across professional and support roles, interact directly with patients, manage emotionally demanding situations, and work within service schedules that must remain dependable. A study of primary healthcare professionals found low satisfaction with salary, work safety, promotion opportunities, use of professional capabilities, and workload (El Mouaddib et al., 2023). A large study in nursing homes also found that supportive management and a team orientation toward improvement were strong predictors of job satisfaction and perceived retention (van den Berg et al., 2025). These findings suggest that salary operates within a wider employment system rather than as an isolated reason to stay.

Previous findings remain context-dependent. Compensation was associated with retention through job satisfaction among doctors during the COVID-19 period (Aman-Ullah et al., 2023). Indonesian studies in hospitality and private companies also connect compensation, job satisfaction, career development, and related employment factors with retention (Aditeresna & Mujiati, 2018; Bahrun & Yusuf, 2022; Darmawan & Santoso, 2023). Additional Indonesian evidence supports relationships among salary, job satisfaction, and turnover intention, while hospital data from West Sulawesi connect job satisfaction with staff retention (Artopo & Wahyuni, 2024; Damayanti & Ariyanti, 2021). Much of the available evidence focuses on hospitals, single occupations, large organisations, or non-healthcare sectors. Evidence from a small, mixed-occupation primary healthcare organisation remains limited.

This study examines whether job satisfaction transmits the relationship between salary and employee retention at Klinik Mitra 39. Testing mediation is important because a direct salary–retention association cannot show whether compensation operates through employees' broader evaluations of their work. The study therefore asks four research questions: RQ1, is salary positively associated with job satisfaction? RQ2, is salary positively associated with employee retention? RQ3, is job satisfaction positively associated with employee retention? RQ4, does job satisfaction mediate the salary–retention relationship?

Four hypotheses correspond to these questions. H1 states that salary has a positive association with job satisfaction. H2 states that salary has a positive association with employee retention. H3 states that job satisfaction has a positive association with employee retention. H4 states that salary has a positive indirect association with employee retention through job satisfaction.

METHOD

Research Design, Setting, and Participants

This study used an explanatory quantitative design with a cross-sectional survey. Data collection took place in 2025 at Klinik Mitra 39 in Diwek District, Jombang Regency. The target population consisted of 74 employees, including physicians, nurses, midwives, pharmacy personnel, laboratory personnel, administrative employees, security personnel, and cleaning personnel. A census approach invited every employee. Questionnaires were returned by 51 employees, producing a response rate of 68.9%. The response-frequency records contained 51 valid responses for every item; therefore, no item-level imputation was required. Participation was voluntary, and responses were aggregated for research purposes.

Measures

The study-specific questionnaire contained 22 Indonesian-language statements rated from 1 (strongly disagree) to 5 (strongly agree). Items were operationalised from indicator domains in the supporting literature rather than copied from one standardised scale. Salary comprised eight items covering internal and external equity (Kurniati, 2019), pay adequacy, and work motivation or incentives (Ratnasari & Mahmud, 2020). Job satisfaction comprised eight items covering supervision and coworkers (Deddy &

Rahim, 2021), the work itself, and promotion opportunities (Saputra, 2019). Employee retention comprised six items covering organisational components, job design, and employee relationships (Llewellyn, 2003).

Example salary items were 'The pay system in this organisation is fair compared with coworkers at the same level' and 'My salary is sufficient to meet daily living needs.' Example job-satisfaction items were 'My supervisor provides the technical support I need' and 'My work makes an important contribution to the organisation.' Example retention items were 'The facilities support my work' and 'I understand my work targets clearly.'

All 22 items entered the initial reflective measurement model. Iterative assessment retained 11 indicators: four salary items (X1.1.2, X1.2.2, X1.3.1, and X1.4.2), four job-satisfaction items (Y1.1.1, Y1.2.2, Y1.3.2, and Y1.4.1), and three retention items (Y2.1.2, Y2.2.1, and Y2.3.1). Items were removed when their contribution did not meet the measurement-model criteria and removal improved reliability or convergent validity without eliminating a domain. The archived study record does not preserve the preliminary loading values or document a separate pilot test, expert-panel content validation, or formal adaptation protocol; these procedures are therefore not claimed. Measurement evidence is reported from the main study sample.

Data Analysis

Partial least squares structural equation modelling was performed with SmartPLS. The method was selected to estimate explained variance in the endogenous constructs and to test mediation in a limited, single-site sample (Ghozali & Latan, 2015; Hair et al., 2019). The archived study file did not record the SmartPLS version. Analysis began by coding the 51 complete questionnaires from 1 to 5 and summarising respondent characteristics and item responses.

The reflective measurement model was then evaluated iteratively. Outer loadings near or above 0.70 were preferred; indicators between 0.40 and 0.70 could be retained when construct reliability, average variance extracted, and content coverage remained acceptable. Internal consistency was assessed using Cronbach's alpha, ρA, and composite reliability, with approximately 0.70 used as the reference value. Convergent validity required average variance extracted of at least 0.50. Discriminant validity was examined using indicator cross-loadings and the heterotrait–monotrait ratio.

After the measurement model, the structural model was assessed using R^2 and adjusted R^2 for endogenous constructs and f^2 for each predictor. Values of 0.02, 0.15, and 0.35 were interpreted as small, medium, and large f^2 effects. Bootstrapped path coefficients tested H1–H3, while the specific indirect effect tested H4; the total effect was reported to contextualise the mediation result. Statistical significance was evaluated at the 5% level using $p < 0.05$. The archived output reports bootstrapped t and p values but does not record the number of resamples, so no resample count is claimed. Mediation was classified as indirect-only when the indirect effect was significant and the direct salary–retention path was not significant.

RESULTS AND DISCUSSION

Organizational Employment Movement

Table 1. Employee Movements at Klinik Mitra 39

Year	Employees	Employees Who Left	Employees Hired
2024	74	7	7
2025	74	5	5

Table 1 shows that departures were matched by an equal number of hires in each year. Departures accounted for 9.5% of the recorded workforce in 2024 and 6.8% in 2025, when calculated against the year-end headcount of 74. Stable headcount should not be interpreted as stable workforce capability. Replacement employees require recruitment, orientation, supervision, and time to learn clinical routines, documentation practices, referral pathways, and team expectations. Repeated replacement can also shift workload toward experienced personnel and interrupt relationships with patients. Research on hospital turnover identifies organisational and patient-related consequences, as well as direct financial costs (Bae, 2022). The table therefore justifies examining retention as a service continuity issue rather than a numerical staffing issue alone.

Respondent Characteristics

Table 2. Respondents by Gender

Gender	Frequency	Percentage
Men	11	22.0%
Women	40	78.0%
Total	51	100.0%

Table 2 indicates that women comprised 78.0% of the sample. This composition is consistent with a clinic workforce containing nursing, midwifery, pharmacy, laboratory, and administrative roles, several of which often employ a high proportion of women. The distribution means that the estimated relationships primarily represent the experiences of female employees. Management implications should focus on equitable scheduling, safe working conditions, predictable leave arrangements, and fair access to development for all employees. The table does not support the assumption that gender determines satisfaction or retention, as no group comparison was tested.

Table 3. Respondents by Age

Age	Frequency	Percentage
19–29 years	21	41.0%
30–39 years	21	41.0%
40–49 years	9	18.0%
Total	51	100.0%

Table 3 shows that 82.0% of respondents were between 19 and 39 years of age. The clinic therefore relies heavily on employees in early and middle career stages, when expectations for skill development, role progression, and labour mobility may be particularly relevant. Career ladders, mentoring, competency certification, and transparent promotion criteria may help convert this demographic profile into longer organisational attachment.

Table 4. Respondents by Educational Attainment

Education	Frequency	Percentage
Senior high school	14	27.5%
Diploma III	24	47.0%
Bachelor's degree	13	25.5%

Table 4 identifies Diploma III graduates as the largest group at 47.0%, followed by senior high school graduates at 27.5% and bachelor's degree holders at 25.5%. The pattern reflects a mixed-skill architecture that combines vocational health personnel, degree-qualified professionals, and support staff. Retention policy should recognise differences in credentials, professional responsibilities, licensing requirements, and career expectations. Clear role boundaries and credential-appropriate task allocation are important because a perceived mismatch between competence and assigned work may reduce satisfaction and create service quality risks.

Table 5. Respondents by Monthly Income

Monthly Income	Frequency	Percentage
IDR 1,000,000–2,000,000	41	80.4%
IDR 2,000,001–3,000,000	7	13.7%
IDR 3,000,001–4,000,000	3	5.9%
Total	51	100.0%

Table 5 shows that 80.4% of respondents were in the IDR 1,000,000-2,000,000 category. This concentration suggests limited variation in reported income and may partly explain why salary produced almost no direct effect on retention after job satisfaction entered the model. Employees within the same income band can still differ in perceived fairness because they compare pay with duties, shifts, credentials, market alternatives, and noncash benefits. The categories do not record contracted hours, occupational group, allowances, incentives, or household needs. The table consequently supports an interpretation about pay concentration, not a legal or normative judgment about wage adequacy.

Table 6. Respondents by Organizational Tenure

Tenure	Frequency	Percentage
Less than 1 year	16	31.4%
1–7 years	24	47.1%
More than 7 years	11	21.6%
Total	51	100.0%

Table 6 presents a workforce with three distinct tenure needs. Nearly one-third of respondents had worked for less than one year, which makes structured onboarding, early feedback, and realistic job previews important. Employees with one to seven years of tenure formed the largest group and may require visible progression, expanded responsibilities, and continuing professional development. The 21.6% with more than seven years of service represent a source of organisational memory that can support mentoring and continuity of patient service. A single retention program would be unlikely to address these different stages equally well.

Analytical Sequence and Hypothesis Mapping

The analysis proceeded from the 74 census invitations to 51 complete returns, coding of all 22 items, descriptive profiling, iterative measurement-model assessment, and retention of 11 final indicators. Reliability and validity checks preceded structural-model estimation. The direct paths from salary to job satisfaction, salary to retention, and job satisfaction to retention tested H1, H2, and H3, respectively; the salary–job satisfaction–retention specific indirect path tested H4. This sequence links the procedures described in the Method section to Tables 7–12.

Measurement Model

Table 7. Outer Loadings

Construct	Indicator	Outer Loading
Salary	X1.1.2	0.844
Salary	X1.2.2	0.783
Salary	X1.3.1	0.739
Salary	X1.4.2	0.796
Job satisfaction	Y1.1.1	0.754
Job satisfaction	Y1.2.2	0.769
Job satisfaction	Y1.3.2	0.802
Job satisfaction	Y1.4.1	0.648
Employee retention	Y2.1.2	0.766
Employee retention	Y2.2.1	0.821
Employee retention	Y2.3.1	0.748

Table 7 reports outer loadings from 0.648 to 0.844. The four salary indicators loaded between 0.739 and 0.844, indicating that they shared substantial variance with the salary construct. Job satisfaction and retention indicators also showed generally acceptable loadings. Indicator Y1.4.1 was the weakest, with a value of 0.648, indicating it contained more measurement error than the other retained indicators. Its retention was defensible because the job satisfaction construct achieved acceptable composite reliability and average variance extracted, while the indicator preserved content related to promotion.

Table 8. Construct Reliability and Convergent Validity

Construct	α	ρA	CR	AVE
Salary	0.808	0.837	0.870	0.627
Job satisfaction	0.731	0.733	0.832	0.555
Employee retention	0.676	0.680	0.822	0.607

Table 8 reports internal consistency and convergent validity for the retained indicators. Salary and job satisfaction met the approximately 0.70 reference value across alpha, ρA, and composite reliability. Employee retention produced marginal alpha (0.676) and ρA (0.680), although its composite reliability (0.822) and average variance extracted (0.607) were acceptable. Retention reliability is therefore supported

by composite reliability but should be interpreted cautiously. All constructs exceeded the 0.50 criterion for average variance extracted.

Table 9. Indicator Cross-Loadings

Indicator	Salary	Job Satisfaction	Employee Retention
X1.1.2	0.844	0.392	0.410
X1.2.2	0.783	0.250	0.260
X1.3.1	0.739	0.308	0.208
X1.4.2	0.796	0.466	0.403
Y1.1.1	0.487	0.754	0.671
Y1.2.2	0.215	0.769	0.646
Y1.3.2	0.213	0.802	0.668
Y1.4.1	0.445	0.648	0.545
Y2.1.2	0.442	0.628	0.766
Y2.2.1	0.146	0.720	0.821
Y2.3.1	0.432	0.642	0.748

Table 9 shows that every retained indicator loaded most strongly on its intended construct, which supports the cross-loading criterion. The available heterotrait–monotrait ratios were 0.570 for salary and job satisfaction, 0.578 for salary and retention, and 1.208 for job satisfaction and retention. The last value exceeds commonly used 0.85 or 0.90 thresholds; therefore, discriminant validity between job satisfaction and retention was not established by HTMT. This result is consistent with the close cross-loadings of several indicators and means that the strong structural relationship between these two constructs may be partly inflated by conceptual and measurement overlap.

Structural Model

Table 10. Coefficients of Determination

Endogenous Construct	R-squared	Adjusted R-squared
Job satisfaction	0.219	0.203
Employee retention	0.729	0.718

Table 10 shows that salary explained 21.9% of job satisfaction, leaving 78.1% to unmodeled influences and random variation. Salary is therefore meaningful but incomplete. Salary and job satisfaction jointly explained 72.9% of retention, with an adjusted value of 71.8%, and the effect-size results indicate that satisfaction accounted for most of this variance. These values indicate strong in-sample explanation, not causal inference or out-of-sample prediction, because the data were cross-sectional, single-site, and collected via a single questionnaire.

Table 11. Effect Sizes

Relationship	f-squared	Interpretation
Salary to job satisfaction	0.280	Medium
Salary to employee retention	0.004	Negligible
Job satisfaction to employee retention	2.014	Large

Table 11 clarifies the relative contribution of each predictor. Salary had a moderate effect on job satisfaction, confirming that compensation is relevant to employees' evaluations of their work. Salary had a negligible direct effect on retention after controlling for job satisfaction. Job satisfaction had an exceptionally large effect on retention. The pattern indicates that retention is much more closely connected to the overall work experience than to salary in isolation.

The value of 2.014 deserves careful interpretation because it is unusually large in behavioural research. Healthcare work may genuinely create a close connection between satisfaction and willingness to remain because employees depend on supervisors, coworkers, schedules, and professional resources every day. Measurement proximity, self-reported data, a small sample size, and the same survey occasion may also inflate the estimated relationship. The effect supports the substantive importance of satisfaction, but does not establish that satisfaction alone determines actual turnover.

Table 12. Hypothesis Testing Results

H	Relationship	Effect	β	t	p	Decision
H1	Salary to job satisfaction	Direct	0.468	4.535	< .001	Supported
H2	Salary to employee retention	Direct	0.036	0.347	.728	Not supported
H3	Job satisfaction to employee retention	Direct	0.836	12.215	< .001	Supported
H4	Salary to job satisfaction to employee retention	Specific indirect	0.391	3.791	< .001	Supported
	Salary to employee retention	Total	0.427	3.883	< .001	Significant

Table 12 connects each hypothesis with its estimated path. H1 was supported because salary was positively associated with job satisfaction ($\beta = 0.468$, $p < 0.001$). H2 was not supported because the direct salary–retention path was close to zero ($\beta = 0.036$, $p = 0.728$). H3 was supported because job satisfaction was positively associated with retention ($\beta = 0.836$, $p < 0.001$). H4 was supported because the specific indirect effect was significant ($\beta = 0.391$, $p < 0.001$). The significant total effect ($\beta = 0.427$, $p < 0.001$), together with the nonsignificant direct path, supports an indirect-only mediation interpretation.

Salary as an Input to Job Satisfaction in Healthcare

The positive effect of salary on job satisfaction supports the view that compensation has both economic and symbolic functions. Income helps employees meet material needs, while perceived pay fairness signals recognition and reciprocity. The medium effect size shows that salary was not a minor issue at Klinik Mitra 39. The concentration of respondents in the lowest reported income category may make comparisons between workload and reward particularly salient. Research on pay satisfaction similarly identifies distributive justice and comparison standards as important antecedents of employee attitudes (Williams et al., 2006). The direction is consistent with Bahrun and Yusuf (2022) and Elsahoryi et al. (2022), although those studies used different occupational and organisational settings.

The healthcare context makes those comparisons multidimensional. Clinical and support employees may evaluate salary in relation to professional credentials, patient responsibility, rotating schedules, exposure to urgent situations, documentation demands, and emotional labour. Primary care evidence shows that salary can be one of several weak areas alongside work safety, workload, promotion, and the opportunity to use professional capabilities (El Mouaddib et al., 2023). A compensation review should therefore examine job value, role complexity, working time, allowances, and internal consistency rather than focusing only on a uniform nominal increase.

Social exchange theory explains why salary can shape satisfaction without guaranteeing retention. Employees interpret rewards in relation to organisational obligations and their own contributions (Cropanzano & Mitchell, 2005). Timely payment, transparent criteria, and understandable incentive rules may strengthen the meaning of a given salary level. Unclear or inconsistent allocation can weaken satisfaction even when total payroll expenditure rises. Management communication is consequently part of compensation quality, not an administrative activity detached from retention.

Why Salary Did Not Directly Predict Retention

The nonsignificant direct path does not mean that salary is unimportant. The significant total effect and medium effect on satisfaction show that salary operates mainly through a different route. This finding differs from Bahrun and Yusuf (2022), who reported a positive compensation–retention relationship without the same indirect-only pattern. Differences in model specification, employment setting, and the restricted income distribution at Klinik Mitra 39 may explain the contrast. Employees rarely decide to remain in healthcare based on pay alone, because their daily experience also includes staffing adequacy, supervisor behaviour, coworker reliability, shift predictability, patient demands, professional identity, and development opportunities. Meta-analyses and integrative turnover reviews show that satisfaction, commitment, job alternatives, stress, performance, and organisational conditions have different and sometimes interacting relationships with voluntary turnover (Griffeth et al., 2000; Holtom et al., 2008; Rubenstein et al., 2018). Job embeddedness theory further explains that links, fit, and perceived sacrifice can keep employees attached even when a single job attribute is imperfect (Mitchell et al., 2001). Research

on reasons for staying similarly shows that extrinsic rewards operate alongside satisfaction, social ties, commitment, and organisational reputation (Hausknecht et al., 2009).

The income distribution may have reduced the statistical visibility of a direct effect on salary. More than four-fifths of respondents fell into a single broad category, limiting the contrast between lower- and higher-paid employees. The salary construct also captured perceptions rather than the full compensation package. Benefits, overtime, incentives, commuting costs, and outside job opportunities were not modelled. The direct coefficient should therefore be interpreted as the effect of perceived salary after controlling for satisfaction, not as a comprehensive estimate of the value of every financial reward.

Healthcare retention research supports a bundled approach. Earlier systematic and umbrella reviews organised rural retention strategies around education, regulation, financial incentives, and personal or professional support, while emphasising that the effectiveness of interventions depends on context (Buykx et al., 2010; Mbemba et al., 2013). A whole-of-person framework likewise places workplace conditions, role and career factors, and community or place within one retention system (Cosgrave, 2020). More recent systematic evidence found that professional development and training pathways were associated with retention, while isolated financial incentives remained limited and context-dependent (Russell et al., 2021). (World Health Organization, 2021) also recommends a coordinated set of education, regulation, incentive, and support policies for rural and remote health workforces. A review in Sub-Saharan Africa identifies compensation as one element within broader strategies involving working conditions, professional growth, management, and recognition (Kiptulon et al., 2025). Klinik Mitra 39 should treat salary as a necessary foundation of employment, supported by nonfinancial resources.

Job Satisfaction as the Proximal Retention Mechanism

Job satisfaction showed the strongest relationship in the model because it summarises how employees experience various aspects of work. The retained indicators represented supervision, coworkers, the work itself, and promotion. These dimensions are directly relevant to a clinic. Supportive supervision helps employees resolve service problems, reliable coworkers protect handovers and shift coverage, meaningful work reinforces professional purpose, and promotion opportunities show that continued service can lead to growth. Reviews of nursing evidence identify work environment, structural empowerment, organisational commitment, stress, management support, professional development, and job satisfaction as recurring influences on retention or turnover (Lu et al., 2019; Nei et al., 2015; Pressley & Garside, 2023).

Team conditions are especially important in healthcare because care delivery depends on coordinated action rather than isolated individual output. A study of 3,932 care professionals and organisational actors found positive relationships between organisational conditions, job satisfaction, and perceived retention. Supportive management and team improvement orientation were particularly strong predictors (van den Berg et al., 2025). The finding from Klinik Mitra 39 fits this pattern, showing that employees' broader evaluation of work was much more closely tied to retention than to salary alone.

Employee satisfaction can also affect service capacity. A dissatisfied employee may remain temporarily while reducing discretionary effort, psychological availability, or willingness to help coworkers. A departure can intensify workload and disrupt established routines for the remaining team. Burnout research connects emotional exhaustion with actual organisational turnover, while theoretical reviews identify workload, inadequate resources, and limited support as central occupational conditions (Dall'Ora et al., 2020; Kelly et al., 2021). Meta-analytic evidence also associates stronger work environments and safer staffing with better nurse outcomes, including lower dissatisfaction, burnout, and intention to leave (Lake et al., 2019; Shin et al., 2018). Systematic evidence links healthcare turnover to organisational costs and potential negative consequences for nurses and patients, although the degree of causal certainty varies across studies (Bae, 2022). Retention policy should therefore monitor satisfaction as an early warning indicator while also tracking actual turnover, absenteeism, overtime, patient complaints, and service disruptions.

The very large coefficient must remain within the study's limitations. Satisfaction and retention were self-reported simultaneously, and their indicators were conceptually close. Actual departures may also depend on family circumstances, external job offers, transportation, professional licensing, and local labour demand. The result identifies job satisfaction as a high-priority management domain, but it does not justify neglecting staffing, safety, or labour-market factors.

Meaning of the Indirect-Only Mediation

Indirect-only mediation provides a more precise explanation than a simple claim that salary increases retention. Employees first interpret salary as evidence about fairness, adequacy, and organisational appreciation. That interpretation becomes part of job satisfaction, which in turn shapes the willingness to remain. The mechanism is consistent with compensation research among healthcare professionals and with Indonesian evidence on salary, satisfaction, and turnover intention (Aman-Ullah et al., 2023; Artopo & Wahyuni, 2024).

The mediation result also explains why an organisation may increase payroll without seeing immediate gains in retention. A pay change that employees view as inconsistent, poorly communicated, or unrelated to job demands may have little effect on satisfaction. A fair salary can also lose its value when employees face unsafe workloads, weak supervision, conflict, or blocked development. Salary policy becomes more effective when employees experience it as part of a coherent employment relationship.

The mechanism extends the primary healthcare literature by showing how an economic resource relates to a proximal work attitude in a small clinic with multiple occupations. Existing studies often examine nurses, physicians, or hospital employees separately. The mixed workforce at Klinik Mitra 39 highlights the need for a clinic-wide retention architecture with role-specific implementation. The study adds contextual evidence but does not establish that the same coefficients apply to hospitals, public facilities, or clinics in other labour markets.

Managerial Implications for Healthcare Service Delivery

Klinik Mitra 39 should begin with a compensation diagnostic that compares roles according to responsibilities, credentials, working hours, shift burden, market conditions, and internal equity. The clinic can document salary ranges, payment timing, incentive criteria, allowances, and eligibility rules. Employees should receive a clear explanation of how compensation decisions are made. Confidential individual pay information must remain protected until the governing principles are clear.

A retention program should combine compensation with work environment improvements. Supervisors need practical training in feedback, conflict resolution, recognition, and psychologically safe problem reporting. Teams need regular opportunities to review service incidents and improve handovers without blame. Schedules should be predictable where possible, and workload indicators should inform staffing decisions. Evidence on organisation-directed healthcare interventions remains mixed and often low in certainty, which makes local needs assessment and monitoring essential before broad implementation (Boskma et al., 2025).

Career support should reflect the respondent profile. Employees with less than one year of tenure need structured onboarding, mentors, and scheduled check-ins during early employment. Diploma- and degree-qualified personnel need competency development and transparent progression pathways. Long-tenured employees can be recognised as mentors and involved in protocol improvement. Educational and skill-development pathways have been shown to be relevant to health workforce retention in systematic evidence, particularly when they support professional growth rather than rely on coercive obligations (Russell et al., 2021).

Management should monitor outcomes via a small-workforce dashboard. Useful indicators include voluntary departures, tenure at departure, vacancy duration, overtime, absence, satisfaction by work domain, completion of development activities, patient complaints, and reported service disruptions. Stay interviews can identify reasons employees continue working, while structured exit interviews can detect recurring problems. A quarterly review would allow the clinic to test whether the changes improve satisfaction and retention without weakening patient access or increasing workload elsewhere.

Study Limitations and Future Research

The cross-sectional design prevents a causal conclusion because salary, satisfaction, and retention were measured at one time. The sample contained 51 respondents from one clinic, and the 68.9% response rate creates possible nonresponse bias because no formal respondent–nonrespondent comparison was available. Retention was measured through employee perceptions rather than verified subsequent employment. A common questionnaire and the same survey occasion may have inflated relationships.

The 22-item study-specific questionnaire was grounded in published indicator domains, but the archived record did not document a separate pilot test, expert-panel content validation, formal adaptation

protocol, preliminary loading values for the 11 removed items, the SmartPLS version, or the number of bootstrap resamples. Retention alpha and ρA were marginal, and the job satisfaction–retention HTMT value of 1.208 did not support discriminant validity. Consequently, the very large satisfaction–retention coefficient and f^2 value should be treated as exploratory rather than as a precise estimate of distinct constructs.

Future research should use multiple clinics, larger occupational samples, a fully documented and independently pilot-tested instrument, and longitudinal follow-up of actual departures. Revised measures should establish content validity and discriminant validity before testing mediation. Models should control for occupation, employment status, shift pattern, contracted hours, benefits, tenure, labour-market alternatives, workload, leadership, psychological safety, and career opportunities. Multi-group analysis could test whether the mechanism differs between clinical and nonclinical employees or between early-tenure and long-tenure employees. Qualitative interviews could also explain how employees define fair pay and which work experiences most strongly influence their decision to remain.

CONCLUSION

Salary was positively associated with job satisfaction ($\beta = 0.468$, $p < 0.001$), and job satisfaction was strongly associated with employee retention ($\beta = 0.836$, $p < 0.001$) at Klinik Mitra 39. The direct salary–retention association was nonsignificant ($\beta = 0.036$, $p = 0.728$), whereas the specific indirect effect ($\beta = 0.391$, $p < 0.001$) and total effect ($\beta = 0.427$, $p < 0.001$) were significant. This pattern supports indirect-only mediation in the study sample. Because the design was cross-sectional and the job satisfaction–retention HTMT criterion was not met, these estimates should be interpreted as exploratory associations rather than causal effects.

The findings support a healthcare retention strategy that integrates fair and transparent compensation with supportive supervision, dependable teamwork, meaningful job design, recognition, and professional development. Such a strategy can protect workforce continuity and reduce disruption to patient services. The results remain specific to a cross-sectional, single-clinic sample and require confirmation with longitudinal data and broader healthcare settings.

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