THE RELATIONSHIP BETWEEN ORGANISATIONAL IDENTIFICATION AND NURSES' TURNOVER INTENTION: A DUAL CORRELATION ANALYSIS OF PROJECT PERFORMANCE AND DOCTOR-PATIENT CONFLICT

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ABSTRACT: This study examines the influence of organisational identification on nurses' turnover intentions, with a focus on the mediating role of project performance and the moderating effect of doctor-patient conflict in Chinese healthcare settings. It aims to enhance understanding of how identification practices affect nurses' commitment and retention. This study adopted a quantitative approach, collecting data from nurses across Chinese healthcare facilities via a structured questionnaire, yielding 187 responses. Statistical analyses, including mediation and moderation tests, were conducted using JASP. Findings reveal that organisational identification reduces turnover intentions and enhances project performance. Project performance partially mediates this relationship, while doctor-patient conflict moderates it, with higher conflict levels weakening the benefits of organisational identification. This study enriches the literature by demonstrating how organisational identification enhances nurse retention through improved project performance, particularly in challenging healthcare settings. Identifying doctor-patient conflict as a moderating factor, it offers valuable guidance for healthcare administrators in reducing turnover through targeted identification programmes.

Keywords: Organisational Identification, Project Performance, Nurses' Turnover Intention, Doctor-Patient Conflict, Dual Correlation Analysis.

1. Introduction

In the healthcare sector, staff retention is critical, particularly for nurses, who are essential to patient care. Excessive nurse turnover imposes financial and operational burdens on healthcare institutions (Hu et al., 2022). With rising global healthcare demand, hospital management and policymakers prioritise nurse retention, which depends on organisational culture, workplace well-being, and employee recognition. Acknowledging nurses' contributions fosters a supportive environment, reducing turnover, enhancing engagement, and improving patient care (Bae, 2023). In this context, organisational identification plays a vital role in shaping nurses' turnover intentions. By recognising employees' efforts, organisational identification cultivates a positive work environment (Zhang et al., 2023), increasing job satisfaction and commitment. Given the stressful and emotionally demanding nature of nursing, burnout often leads to turnover intentions (Bakken et al., 2023; Kondo, Tsuda, & Kino, 2021). Strengthening organisational identification in healthcare could mitigate these adverse effects, enhance job performance, and reduce turnover. Consequently, a supportive work environment with strong organisational identification may improve patient care, increase engagement, and decrease turnover rates (Yang & Demichela, 2023). Prior research underscores the significance of a positive work environment in fostering organisational identification and recognising employee achievements (Matarazzo et al., 2021).

Existing studies establish a strong link between organisational identification and employee outcomes, particularly in high-stress industries such as healthcare. Employee recognition enhances workplace conditions, boosts job satisfaction, and reduces turnover intentions (Hu et al., 2022). Expressions of appreciation increase employees' sense of purpose, fostering retention. Identification programmes improve job satisfaction and mitigate burnout, enhancing nurse retention under high-pressure conditions. Furthermore, organisational identification strengthens project performance while reducing turnover (Falatah, 2021). Recognised employees tend to be more engaged, improving both project and organisational performance. Given the significant impact of project success on patient outcomes, hospital administrators must explore this relationship further. Acknowledging nurses' contributions promotes collaboration and high-quality healthcare delivery (Davis et al., 2023). The correlation between identification and project success underscores the need for organisational structures that enhance motivation and identification in demanding healthcare environments.

However, workplace tensions may hinder organisational identification. Research indicates that conflicts between medical staff and patients elevate stress levels, reducing job satisfaction and weakening organisational identification (Joseph et al., 2023). Such conflicts

exacerbate workplace stress, diminishing the capacity of identification to alleviate turnover intentions (Choi, Jeong, & Park, 2024). While organisational identification has been shown to lower turnover intentions and improve project performance, research gaps remain. Previous studies have applied broad frameworks, overlooking the specific challenges of nursing. The impact of identification on nurse turnover within the distinct demands of patient care remains underexplored. Strategies to mitigate nurse turnover remain insufficiently understood, affecting efforts to improve healthcare retention (Monsees et al., 2020). Additionally, the mediating role of project performance and the moderating effect of doctor-patient conflict in nurse retention require further investigation (Flinkman et al., 2023).

While project success is influenced by organisational identification, its role as a mediator in turnover intentions is underexamined. Existing research has largely treated performance and turnover intention separately (Ram & Desgourdes, 2024), making it difficult to assess how identification impacts both outcomes. Understanding this mediating role could enhance motivation and retention strategies (Davis et al., 2023). Furthermore, while doctor-patient conflict is widely recognised as a critical healthcare issue, its moderating effect on the relationship between nurses' organisational identification and turnover intentions has received little attention. Despite evidence of workplace conflict affecting job satisfaction and turnover, its influence on healthcare identification programmes remains underexplored (Ko, Jang, & Kim, 2021). This study addresses this gap by considering doctor-patient conflict as a moderating variable, investigating how organisational identification and external factors shape nurses' turnover intentions. Further research is necessary to examine environmental influences on organisational identification, ultimately informing more effective nurse retention strategies (Callado, Teixeira, & Lucas, 2023).

This study focuses on organisational identification and nurse turnover in Chinese healthcare settings, exploring how doctor-patient conflict moderates organisational identification's impact on turnover intentions and how project performance mediates this relationship (Larsen & Cecchini, 2023). By examining both positive and negative interactions, the study aims to improve strategic identification initiatives for reducing nurse turnover. It contributes to the conceptualisation of organisational identification and turnover research in nursing, a field with persistently high turnover rates (Martin, Iserson, & Moskop, 2023). A multimodal methodological approach is adopted to investigate how organisational identification influences turnover in high-pressure healthcare environments (Choi et al., 2024). The study's findings provide theoretical support for hospital administrators and policymakers in addressing nursing workforce retention, a critical issue in healthcare. Given the substantial costs and operational disruptions associated with nurse turnover, understanding the role of organisational identification in mitigating turnover intentions is essential for targeted interventions (Lee, 2022). Consistent with Heudel, Crochet and Blay (2024), the study highlights the importance of addressing doctor-patient conflict and project performance to enhance nurse retention. These findings may inform the development of organisational identification programmes, fostering motivation among nurses and improving patient care and workforce stability.

2. Literature Review

2.1. Organisational Identification and Nurse's Turnover Intention

Organisational identification enhances employee self-esteem and reduces turnover (Ma et al., 2022), making it particularly beneficial in the demanding nursing profession. Al Muharraq, Baker and Alallah (2022) found that nurses receiving awards, commendations, or informal appreciation exhibit greater job satisfaction and lower turnover. According to organisational support theory, stronger organisational identification fosters employee loyalty, thereby reducing turnover (Lee, 2022). It also facilitates nurse retention by increasing visibility and career progression opportunities (Paramita et al., 2023). Mohammad et al. (2022) similarly found that nurses who feel valued are less likely to leave. However, the relationship between organisational identification and nurse turnover is influenced by workplace conditions and patient interactions. Kondo et al. (2021) noted that its benefits may diminish in high-stress situations, such as doctor-patient conflicts. The conservation of resources theory suggests that in such conditions, individuals prioritise stress management over organisational identification, increasing turnover intentions despite strong identification. Monsees et al. (2020) highlighted that sustained organisational identification can provide emotional support, helping nurses navigate workplace challenges. Therefore, these moderating factors are crucial to understanding the complex link between organisational identification and turnover intentions, particularly in high-stress healthcare settings.

H1: Organisational identification has a significant and negative impact on nurses' turnover intention.

2.2. Organisational Identification and Project Performance

Employees with strong organisational identification enhance collaboration and engagement, driving project success (Suzabar et al., 2020). Bakken et al. (2023) found that nurses who feel valued are less likely to leave. According to social exchange theory, valued employees demonstrate higher focus and efficiency, improving project performance (Mao & Yuan, 2024). Regular recognition boosts motivation, enhancing project quality and timeliness. Organisational identification fosters communication and teamwork, both essential for success (Robertson, 2021). Furthermore, organisational identification and support promote teamwork by encouraging problem-solving, feedback, and idea-sharing. Paramita et al. (2023) found that recognised teams were more trusted and aligned with project goals, enabling adaptability during execution. Chon, Tam and Kim (2021) concluded that an organisational identification climate fosters collaboration, particularly in complex projects. Additionally, organisational identification influences problem-solving and creativity in project management. Soelton et al. (2020) found that valued experts innovate and develop novel solutions, while Bakken et al. (2023) demonstrated that recognition enhances cognitive engagement, encouraging personnel to explore new techniques for better outcomes. A creative and adaptive organisation can navigate dynamic challenges effectively (Baiyere et al., 2025). Employees with strong organisational identification proactively seek innovation and take initiative without fear of negative repercussions. Thus, organisational identification strengthens intrinsic motivation, facilitating sustainable project management and improving performance.

H2: Organisational identification has a significant and positive impact on project performance.

2.3. Project Performance and Nurse's Turnover Intention

Project completion enhances professional well-being, stability, and success, thereby reducing employee turnover intention. Siddiqi et al. (2024) suggest that successful projects help nurses perceive themselves as integral to a productive workplace, fostering teamwork and loyalty. Nursing initiatives significantly impact patient care quality and the organisation's reputation. Wasilkiewicz Edwin, Kongsvik and Albrechtsen (2024) argued that well-managed projects—characterised by collaboration, resource allocation, and clear goals—enhance job satisfaction and engagement, reducing nurse attrition. Project efficacy influences morale, collaboration, and turnover intention. Motiwala et al. (2024) assert that effective management improves task allocation, reduces fatigue, and enhances job satisfaction. Positive project outcomes increase nurses' visibility and career opportunities, reducing turnover (Chon et al., 2021). Professional development and resource distribution strengthen project success by fostering nurse growth and recognition (Falatah, 2021). Team success creates a feedback loop that further decreases turnover following positive work experiences (Cocchiara et al., 2024). High-performance programmes are instrumental in nurse retention and fostering trust in hospitals (Flinkman et al., 2023). Strong project performance improves retention, reduces resignations, and enhances job satisfaction. Project success or failure influences career decisions, as professional growth is key to retention. A hospital's competitive advantage partially relies on nurses' ability to learn, develop, and commit to high-performing initiatives (Ma et al., 2022). Mao and Yuan (2024) highlight that such initiatives strengthen professional connections and mutual support, enhancing team cohesion. Thus, high-performance projects encourage nurses to stay and advance professionally.

H3: Project performance has a significant and negative impact on nurses' turnover intention.

2.4. Project Performance as a Mediator

Organisational identification enhances employee well-being and reduces turnover intention by improving project performance. It serves as a motivational mechanism that fosters appreciation among nurses, thereby strengthening their performance (Monsees et al., 2020). Previous research has demonstrated that nurses who receive recognition exhibit improved work performance, which subsequently enhances project outcomes. Organisational identification not only bolsters project performance but also creates a positive cycle of well-being, success, and retention within the workplace (Azizi, 2024). Project success fosters collaboration and cultivates a supportive work environment, both of which are critical in high-stress sectors such as nursing. This study's empirical investigation is expected to reinforce nurses' organisational identification with their roles and reduce their intention to leave, as supported by social exchange theory. This theory posits that nurses reciprocate recognition by enhancing their performance. Furthermore, project performance acts as a significant mediator in nursing, as teamwork and collective achievements contribute to greater job satisfaction (Ram & Desgourdes, 2024). Ellström et al. (2022) suggest that acknowledging superior project

performance can elevate team morale and mitigate stress and fatigue, which are key contributors to turnover in the healthcare sector. When nurses perceive themselves as integral members of a successful team, they are less likely to resign. Project success influences organisational identification, resignation likelihood, and opportunities for career advancement, all of which are vital for nurse retention (Motiwala et al., 2024). Additionally, organisational identification, when coupled with excellence in project performance, strengthens the organisation's support for nurses' professional development. This, in turn, enhances job satisfaction and reduces the inclination to seek employment elsewhere (Soelton et al., 2020). High-performing programmes enable nurses to advance their careers and become significant contributors to the organisation. As a result, project performance negatively impacts turnover intention and provides nurses with a structured pathway to achieve engagement, value, and fulfilment. This ultimately contributes to a more stable healthcare workforce and reduced turnover rates (Yan et al., 2021).

H4: Project performance mediates the relationship between organisational identification and nurses' turnover intention.

2.5. Doctor-Patient Conflict as a Moderator

Since the benefits of organisational identification may be attenuated in high-conflict environments, doctor-patient conflict could significantly exacerbate nurses' inclination to leave. While organisational identification has the potential to enhance job satisfaction and reduce turnover by fostering a sense of value among employees, frequent doctor-patient conflicts may overshadow these advantages (Suzabar et al., 2020). Drawing on the job demands-resources (JD-R) framework, doctor-patient conflict depletes nurses' energy and resources, thereby diminishing the positive effects of organisational identification (Kouchi et al., 2023). Martin et al. (2023) found that emotional exhaustion among nurses working in high-conflict environments could counteract the motivational benefits of organisational identification. Moreover, a conflict-laden work environment may erode nurses' job satisfaction and heighten turnover intentions due to psychological strain, which can obscure feelings of value and appreciation (Liu & Jia, 2023). In settings characterised by doctor-patient conflict, nurses prioritise the reduction of workplace tension over organisational support and identification, as conflict resolution is essential for maintaining mental well-being. Davis et al. (2023) demonstrated that nurses place greater importance on a harmonious work environment than on frequent disputes, with weakened organisational identification emerging as a secondary factor influencing turnover intention. Furthermore, doctor-patient conflict may impair nurses' emotional resilience and coping mechanisms, thereby reducing the efficacy of organisational identification, increasing emotional strain, and limiting its benefits. Heudel et al. (2024) suggest that recurrent disagreements between doctors and patients can foster a negative emotional climate that undermines the supportive effects of identification and diminishes nurses' commitment to their roles. Consequently, doctor-patient conflict may alter nurses' professional priorities, shifting their focus toward psychological safety over organisational identification, potentially weakening the relationship between organisational identification and turnover intention (Esquerda & Pifarre-Esquerda, 2024).

H5: Doctor-patient conflict moderates the relationship between organisational identification and nurses' turnover intention.

2.6. Conceptual Framework

Social Exchange Theory (SET) is essential for understanding workplace interactions and employee behaviour, particularly within healthcare. Originally developed by George Homans and later refined by Peter Blau, SET posits that social behaviour stems from *exchanges* aimed at maximising benefits and minimising costs (Blau, 1964). Employees form reciprocal relationships with supervisors based on perceived contributions and rewards. When recognised and incentivised, they are likely to exhibit loyalty, enthusiasm, and high performance—an especially crucial dynamic in healthcare, where emotional and professional demands are significant. In this study, organisational identification enhances nurse morale and job satisfaction. Organisational identification through praise, rewards, or acknowledgment increases nurses' perceived value within the organisation. Maslow's hierarchy of needs suggests that belonging and respect are key motivators, fulfilled through such recognition (Maslow, 1943). Consequently, valued nurses are more likely to remain, reducing turnover intention. Perceived fairness and transactional reciprocity further reinforce this effect, as acknowledged nurses demonstrate greater effort and performance. This cycle is integral to the mediating role of project performance, wherein high-performing projects stem from the positive emotions linked to organisational identification (Cropanzano et al., 2017). Moreover, as shown in Figure 1, SET also explains the influence of external factors, such as doctor-patient conflict, on the link between organisational identification and turnover intention. Such conflicts disrupt the exchange balance, introducing tensions that may undermine the benefits of organisational identification. Workplace conflict affects nurses' emotional and psychological well-being, leading them to reconsider their commitment. SET offers insights into the interplay between turnover intention, project performance, and organisational identification, providing a framework for retention strategies such as identification and conflict resolution.

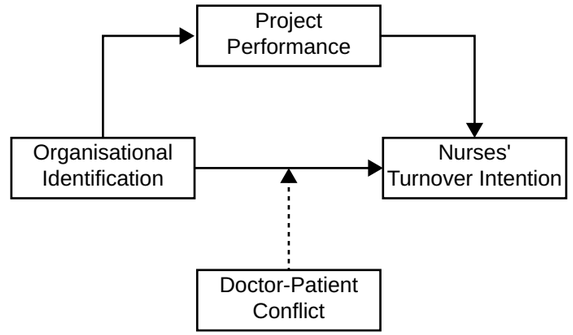

Figure 1: Conceptual Framework.

3. Methodology

3.1. Research Design

The relationships among organisational identification, nurses' turnover intention, project performance, and doctor-patient conflict were examined through quantitative research. This approach involved collecting and analysing data to statistically evaluate the hypothesised relationships (Cui, Huang, & Yan, 2024). Standardised questionnaires were employed to gather data from a large sample of nurses, ensuring research reliability and validity. Multiple statistical tests were conducted to assess correlations among variables, aligning with prior quantitative studies on healthcare staff behaviour and organisational dynamics (Oguegbe & Edosomwan, 2021). This method facilitated objective data analysis, reducing researcher bias and enhancing the generalisability of findings to a broader population of Chinese nurses. The research methodology effectively addressed the study's objectives, providing valuable insights into nurse turnover intention. The sample comprised registered nurses working in Chinese healthcare facilities, reflecting their critical role in patient care and the growing concerns over turnover rates. This issue significantly affects healthcare operations, necessitating an examination of how organisational identification influences nurses' turnover intentions (Park & Song, 2023). The study addressed research gaps concerning Chinese nurses' turnover intention, acknowledging the influence of cultural and organisational factors on their experiences. Understanding these dynamics within China's healthcare system is essential for developing effective retention strategies. The findings offer practical implications for hospital administrators and policymakers seeking to improve nurse job satisfaction and workforce stability.

3.2. Sample Size Determination and Sampling Technique

A small group percentage approach was adopted to select 187 nurses for this study. This sample size was deemed adequate for analysing statistically significant relationships between variables while maintaining an acceptable margin of error (Aravindhan et al., 2023). The determination of the sample size was guided by the need to ensure generalisability, accommodate potential non-responses, and reflect the expected distribution of nurses across the selected regions. Stratified random sampling was employed to identify participants from the target population, with stratification based on hospital type, years of experience, and geographical location. This method ensured that the sample was representative of the diverse nursing workforce in China, thereby enhancing the validity of the findings (Pathan, 2022). This approach allowed the researcher to capture a broad spectrum of experiences and perspectives, facilitating a more comprehensive understanding of turnover intention. Stratified random sampling was selected to minimise biases, as simple random sampling might not sufficiently account for the

complexities inherent in the nursing community across different healthcare contexts.

3.3. Data Collection Technique

The sampled nurses completed a standardised questionnaire designed to measure organisational identification, project performance, doctor-patient conflict, and turnover intention, using established criteria. The high response rate (i.e., 187 completed and returned questionnaires) bolstered the reliability of the study. The questionnaire's structure enabled respondents to effectively articulate their thoughts and emotions (Hu et al., 2022). A questionnaire was chosen for this quantitative research due to its demonstrated reliability in assessing attitudes and perceptions. Closed-ended questions facilitated data processing by allowing for the classification and statistical analysis of responses. Furthermore, prior to the main data collection, the questionnaire was piloted with a small group of nurses to assess its reliability and validity. Feedback from the pilot test indicated that revisions to simplify language and refine answer options enhanced the instrument's clarity and effectiveness. To promote candid responses and reduce bias, participants were assured of anonymity. This well-structured data collection approach ensured the gathering of high-quality data essential for addressing the research questions.

3.4. Data Analysis Technique

JASP (Just Another Statistical Program) was used for data analysis due to its user-friendly interface and capability to perform a range of statistical analyses without scripting (Boudouaia et al., 2024). Its functions, including descriptive statistics, correlation, and regression analysis, facilitated the examination of relationships between variables. The analysis began with descriptive statistics, offering insights into the sample's demographics and contextualising participants' conditions. Correlation analysis followed, exploring the relationships between organisational identification, project performance, and turnover intention. Regression analysis was then conducted to assess predictive relationships and test the mediating and moderating effects outlined in the hypotheses. Additionally, JASP's ability to visualise data and accelerate analysis enhanced result interpretation (Prasetya et al., 2024). Its transparency and reproducibility contributed to the credibility and reliability of the findings. By using JASP, the researcher ensured a systematic, comprehensive approach to data analysis, yielding robust results that can inform strategies to reduce nurses' turnover intentions.

4. Results

The respondents' gender, age, and professional experience contribute to a diverse sample for assessing organisational identification, project performance, doctor-patient conflict, and turnover intention, providing valuable insights into nurses' attitudes towards organisational identification and turnover intention. The sample consists of 42.8% male and 57.2% female respondents (see Table 1). The age distribution shows that 48.1% are aged 31-40, 26.7% are 20-30, 18.7% are 41-50, and 6.4% are over 50. This suggests that most participants are young to middle-aged, likely in the early to mid-career stages, which could influence their organisational identification and turnover intention. In terms of professional experience, 32.1% of respondents have less than 5 years of experience, 40.1% have 5-10 years, and 27.8% have over 10 years. This variation in experience levels provides insights into how organisational identification impacts turnover intention at different career stages. Employees with varying tenures are likely to have distinct expectations and responses to organisational policies and identification practices. A significant proportion of nurses with 5-10 years of experience indicated that the sample primarily consists of those established in their roles but still receptive to career development and further organisational identification, potentially influencing their turnover intentions.

Table 1: Demographic Profile of Respondents.

Demographic Variable	Category	Frequency (N)	Percentage (%)
Gender	Male	80	42.8%
	Female	107	57.2%
Age	20-30 years	50	26.7%
	31-40 years	90	48.1%
	41-50 years	35	18.7%
	Above 50 years	12	6.4%
Experience	Less than 5 years	60	32.1%
	5-10 years	75	40.1%
	More than 10 years	52	27.8%

The descriptive statistics offer insights into respondents' views on organisational identification, project performance, turnover intention, and doctor-patient conflict (see Table 2). Organisational identification had a mean score of 3.80 (SD = 0.65), indicating general satisfaction among nurses, with a relatively low standard deviation reflecting consistent perceptions. Project performance scored a mean of 3.95 (SD = 0.70), showing a positive perception, suggesting that the organisational environment and resources are conducive to task completion, enhancing job satisfaction and achievement. In contrast, turnover intention and doctor-patient conflict recorded lower mean scores of 2.40 (SD = 0.85) and 2.85 (SD = 0.75), respectively. The turnover intention score suggests that nurses are generally unlikely to leave, though the higher standard deviation points to contextual factors influencing these intentions. The moderate score for doctor-patient conflict implies that such conflicts are not a major concern for most nurses, although unresolved issues could lead to stress, affecting job satisfaction and turnover intentions. These findings highlight a balanced dynamic where organisational identification and project performance may reduce turnover intention, while doctor-patient conflict may diminish these positive effects.

Table 2: Descriptive Statistics.

Variable	N	Mean	Standard Deviation
Organisational Identification	187	3.80	0.65
Project Performance	187	3.95	0.70
Nurses' Turnover Intention	187	2.40	0.85
Doctor-Patient Conflict	187	2.85	0.75

The normality assessment table presents skewness and kurtosis values for each variable to evaluate response distribution (see Table 3). Organisational identification shows a skewness of -0.45 and kurtosis of 1.10, indicating a left-skewed distribution with higher favourable ratings. The moderate peak with kurtosis near 1 suggests consistent responses without significant outliers. Project performance has a skewness of -0.20 and kurtosis of 0.95, reflecting a near-normal distribution with a slight positive bias. These values support the assumption of normality for statistical analysis, as the data fall within the acceptable range for skewness and kurtosis (typically between -1 and +1). Doctor-patient conflict shows a slight positive skew (0.30) and a flatter distribution (kurtosis of -0.50), suggesting that most respondents report lower levels of conflict, but some experience higher levels. Nurses' turnover intention exhibits a skewness of 0.55 and kurtosis of -0.85, indicating a modest positive skew and a broader distribution of responses. Overall, skewness and kurtosis values for all variables fall within acceptable ranges, supporting the suitability of parametric tests and indicating that the data are appropriate for further analysis.

Table 3: Normality Assessment.

Variable	Skewness	Kurtosis
Organisational Identification	-0.45	1.10
Project Performance	-0.20	0.95
Nurses' Turnover Intention	0.55	-0.85
Doctor-Patient Conflict	0.30	-0.50
Note: All values are within an acceptable range (Skewness and Kurtosis between ±2)		

The reliability analysis provides evidence of the internal consistency and convergent validity of organisational identification, project performance, nurses' turnover intention, and doctor-patient conflict (see Table 4). The Cronbach's Alpha scores for each construct exceed the threshold of 0.70, indicating strong internal consistency among the items measuring each variable. Specifically, the Cronbach's Alpha values for organisational identification, project performance, nurse turnover intention, and doctor-patient conflict are 0.82, 0.85, 0.78, and 0.80, respectively.

Table 4: Reliability Analysis.

Construct	Cronbach's Alpha	Composite Reliability	(AVE)
Organisational Identification	0.82	0.88	0.62
Project Performance	0.85	0.89	0.67
Nurses' Turnover Intention	0.78	0.84	0.59
Doctor-Patient Conflict	0.80	0.86	0.61

These values confirm that the items within each construct reliably measure the intended concept, thus strengthening the study's findings. All constructs also exhibit composite reliability (CR) values above 0.80, surpassing the minimum criterion of 0.70, further supporting their reliability. The average variance extracted (AVE) values for organisational identification (0.62), project performance (0.67), nurse turnover

intention (0.59), and doctor-patient conflict (0.61) exceed the benchmark of 0.50, confirming convergent validity. These results suggest that each construct captures a substantial proportion of the variance in its indicators, demonstrating that the items within each construct are well-correlated and measure the same underlying concept. The measurement approach, combined with strong reliability and validity indicators across all constructs, provides a robust foundation for future research exploring these variables.

Organisational identification, project performance, and doctor-patient conflict explain 55% of the variance in nurse turnover intention, as indicated by an R-square value of 0.55. This highlights the substantial explanatory power of the model, suggesting that these factors collectively account for more than half of the variation in turnover intention. The high R-square value emphasises the significant influence of these variables on nurses' decisions to stay or leave their roles. However, the unexplained 45% suggests the potential impact of unmeasured factors, such as work-life balance, personal motivations, or job market conditions. In social science research, an R-square value of 0.55 is considered acceptable. These findings underscore the importance of organisational identification, project performance, and doctor-patient conflict in shaping nurses' turnover intentions and potentially improving workforce retention. Table 5 presents the R-square values.

Table 5: R-Square.

Dependent Variable	R-Square
Nurses' Turnover Intention	0.55

The outer loadings reveal that the constructs—organisational identification, project performance, nurse turnover intention, and doctor-patient conflict—all show desirable loadings exceeding 0.70 (see Table 6), confirming the validity of each measurement scale. For organisational identification, items OR1 to OR4 have loadings between 0.75 and 0.81, demonstrating reliable measurement of the construct. Project performance items (PP1–PP3) exhibit loadings from 0.82 to 0.87, reflecting accurate evaluations of project performance. Nurse turnover intention items range from 0.76 to 0.80, effectively capturing nurses' intentions to leave. Doctor-patient conflict items (DPC1–DPC3) show loadings between 0.75 and 0.79, indicating reliable assessment of conflict levels. The consistently high outer loadings ensure construct validity and enhance the model's robustness for future research.

Table 6: Outer Loadings.

Item		Outer Loading
Organisational Identification	OR1	0.78
	OR2	0.81
	OR3	0.75
	OR4	0.79
Project Performance	PP1	0.83
	PP2	0.87
	PP3	0.82
Nurses' Turnover Intention	NTI1	0.76
	NTI2	0.80
	NTI3	0.78
Doctor-Patient Conflict	DPC1	0.77
	DPC2	0.79
	DPC3	0.75

The correlation analysis reveals significant relationships among organisational identification, project performance, doctor-patient conflict, and nurses' turnover intention (see Table 7). A positive correlation between organisational identification and project performance ($r = 0.65$, $p < 0.01$) indicates that higher levels of identification lead to better project outcomes. This suggests that nurses who feel valued and recognised are more likely to invest effort in their work, improving their performance. Organisational identification also shows a negative correlation with nurse turnover intention ($r = -0.52$, $p < 0.01$), implying that stronger identification is associated with a lower intention to leave the organisation. This negative relationship underscores the importance of recognition in enhancing job satisfaction and commitment, thus reducing turnover intentions. Furthermore, a significant negative correlation is found between project performance and nurse turnover intention ($r = -0.48$, $p < 0.01$), suggesting that better project outcomes are linked to lower turnover intentions.

This highlights that successful projects foster a more meaningful and motivating work environment, contributing to reduced turnover. Additionally, higher levels of doctor-patient conflict are positively correlated with nurse turnover intention ($r = 0.45$, $p < 0.01$). Doctor-patient conflict also exhibits weak but significant negative correlations with both organisational identification ($r = -0.30$, $p < 0.05$) and project performance ($r = -0.25$, $p < 0.05$), indicating that higher conflict levels are associated with environments characterised by lower organisational identification and weaker project performance. These findings demonstrate the critical role of organisational identification in mitigating conflict, enhancing performance, and improving nurses' retention.

Table 7: Correlation Analysis.

Variable	OR	PP	NTI	DPC
Organisational Identification	1.00			
Project Performance	0.65**	1.00		
Nurses' Turnover Intention	-0.52**	-0.48**	1.00	
Doctor-Patient Conflict	-0.30*	-0.25*	0.45**	1.00
*Note: **p < 0.01; *p < 0.05*				

The path analysis reveals significant relationships among organisational identification, project performance, and nurse turnover intention, highlighting their importance in understanding nursing dynamics. A higher organisational identification is linked to lower nurse turnover intentions, with a significant negative relationship ($\beta = -0.50$), supported by a t-value of 7.20 and a p-value of less than 0.001. This affirms that organisational identification is crucial for retaining nursing staff, as shown in previous research linking organisational identification to increased job satisfaction and reduced turnover intentions. Furthermore, a significant positive relationship between organisational identification and project performance was found ($\beta = 0.65$, $t = 8.45$, $p < 0.001$), indicating that nurses who feel valued perform better. This supports the notion that organisational identification enhances team motivation and performance in healthcare settings, thus improving project outcomes and patient care. The study also reveals significant mediation and moderation effects. The mediation of project performance between organisational identification and turnover intention is shown by a path coefficient of -0.28, $t = 3.95$, $p = 0.000$, suggesting that improved project performance explains the effect of organisational identification on turnover intentions. Lastly, the analysis indicates that higher doctor-patient conflict may intensify the impact of organisational identification on turnover intentions ($\beta = 0.30$, $t = 4.05$, $p = 0.001$). In conclusion, while organisational identification reduces turnover intentions, unresolved conflicts complicate this relationship. A comprehensive approach addressing both organisational identification and conflict management is essential in healthcare settings. Table 8 presents the path analysis results.

Table 8: Regression and Path Analysis.

Path	Coefficient (β)	T-Value	P-Value	Significance
Organisational Identification → Nurses' Turnover Intention	-0.50	7.20	<0.001	Significant
Organisational Identification → Project Performance	0.65	8.45	<0.001	Significant
Project Performance → Nurses' Turnover Intention	-0.45	6.80	<0.001	Significant
Mediation				
Organisational Identification → Project Performance → Nurses' Turnover Intention	-0.28	3.95	0.000**	Significant
Moderation				
Doctor-Patient Conflict x Organisational Identification → Nurses' Turnover Intention	0.30	4.05	0.001	Significant
*Note: **p < 0.01; *p < 0.05*				

5. Discussion

This study explored the complex relationships between organisational identification, project performance, doctor-patient conflict, and the turnover intentions of nurses in Chinese healthcare. The findings are contextualised within existing literature, highlighting areas of convergence and divergence with previous research. The first hypothesis examined the link between organisational identification and nurses' turnover intentions. The results show that organisational identification significantly reduces turnover intentions, aligning with earlier studies that identified it as a critical factor in fostering staff loyalty (Ko et al., 2021). Nurses who feel appreciated are less likely to leave, emphasising the importance of strategies that enhance staff identification in emotionally demanding roles such as nursing. The second hypothesis tested the impact of organisational identification on project performance, with the results confirming a positive relationship. Nurses who feel acknowledged exhibit higher levels of identification and better performance, consistent with Li et al. (2022), who found that recognition is pivotal for maintaining high performance in healthcare organisations. This study underscores the importance of integrating organisational identification into strategic management frameworks to enhance both project success and organisational outcomes.

The third hypothesis investigated the relationship between project performance and nurses' turnover intentions, revealing a significant negative correlation. Nurses who succeed in projects are less likely to

consider leaving their roles. Previous research has shown that effective project management contributes to job satisfaction and a sense of accomplishment (Prosser, 2024). This study suggests that project success fosters a sense of pride and responsibility, reinforcing the need for healthcare administrators to recognise nurses' contributions and create supportive environments. The fourth hypothesis examined the mediating role of project performance in the relationship between organisational identification and turnover intentions. The findings confirm that project performance mediates this relationship, as organisational identification enhances project outcomes, which in turn reduce turnover intentions. Wasilkiewicz Edwin et al. (2024) and Mohammad et al. (2022) also highlighted that recognition and performance-based environments contribute to job satisfaction and retention. The final hypothesis explored the impact of doctor-patient conflict on organisational identification and turnover intentions. The results indicate that doctor-patient conflict weakens the negative impact of organisational identification on turnover intentions. This underscores the interplay between external and internal factors in healthcare. Jeong, Park and Lim (2022) found that such conflicts diminish job satisfaction and motivation. To foster a positive work environment, healthcare administrators must prioritise conflict resolution and encourage collaboration (Kouchi et al., 2023), which would enhance organisational identification and help retain nursing staff.

6. Conclusion

This study concluded that organisational identification significantly impacts Chinese nurses' intention to leave the healthcare sector. The strong negative correlation between organisational identification and turnover intentions highlights the importance of cultivating a culture of appreciation for nurses. Effective identification systems improve job satisfaction and commitment, thus reducing nurse attrition. The study contributes to the growing body of evidence on the positive influence of workplace environments, especially in high-pressure sectors like healthcare. Organisational identification proves to be a vital metric for healthcare administrators to enhance retention, collaboration, and performance. Furthermore, the findings indicate that project performance mediates the relationship between organisational identification and turnover intentions. Nurses who feel recognised are more engaged, leading to better performance. The link between superior project performance and reduced turnover intentions stresses the need for healthcare institutions to invest in nurses' professional development. Additionally, the moderating effect of doctor-patient conflict reveals the complexity of nurse retention. Such conflicts can undermine the benefits of organisational identification, highlighting the importance of addressing interpersonal dynamics to improve nurses' working conditions. Overall, the study underscores the multifaceted nature of turnover intentions and advocates for integrating organisational identification into management strategies to improve project outcomes and resolve workplace conflicts. Ultimately, fostering organisational identification and leveraging performance growth can reduce turnover intentions and enhance both healthcare institution performance and patient outcomes.

6.1. Theoretical and Practical Implications

The findings of this study have important implications for healthcare institutions aiming to reduce nursing staff turnover. Administrators should foster a culture of recognition to improve nurses' job satisfaction and sense of belonging in high-pressure environments, thereby retaining top performers. Strategies such as regular feedback, acknowledging exceptional service, and supporting professional development are essential. Work environments focused on retention not only enhance patient care but also reduce turnover rates. Additionally, the study highlights the influence of project performance on organisational identification and turnover intentions. Administrators must recognise nurses' contributions and create workplaces that support successful project outcomes. Providing essential tools, training, and support can enhance nursing performance, increase job satisfaction, and reduce turnover intentions. Performance enhancement programmes can create a positive feedback loop where identification and support reinforce each other, strengthening organisational identification. Furthermore, healthcare institutions should implement performance management systems that link identification to measurable outcomes, ensuring that nurses feel valued for their contributions and accelerating organisational goals. Policymakers must address external stresses, such as doctor-patient conflicts, which may undermine employee identity. Training programmes focused on conflict resolution, collaboration, and communication can enhance nurse interactions and workplace support systems, amplifying the negative effects of organisational identification on turnover intentions.

Theoretically, the study contributes to healthcare organisational behaviour and human resource management research by demonstrating how incentive and identification theories influence nursing turnover intentions. The results align with Rhoades and Eisenberger's (2002) theory, suggesting that recognition enhances motivation and job satisfaction. The study highlights the role of organisational culture in shaping nurses' experiences and behaviours. These insights may guide future research on identification, performance, and retention across various organisational settings. Additionally, the study shows that doctor-patient conflict moderates the relationship between organisational identification and turnover intention, emphasising the need for a holistic approach to healthcare personnel engagement. A theoretical framework that emphasises cooperative motivation and conflict resolution can inform strategies to improve nurses' working conditions and reduce turnover intentions, expanding the positive impact of organisational identification. Finally, the study's findings are significant for healthcare organisational policies. High turnover increases operational costs and compromises care quality, making retention a priority. This research suggests that organisational identification should be central to retention strategies, with administrators establishing criteria and support for identification programmes to institutionalise employee engagement. Policymakers should advocate for initiatives that address the unique challenges faced by nursing professionals, fostering a more recognised and satisfied workforce.

6.2. Limitations and Future Direction

This study concluded that organisational identification influences nurses' turnover intentions, though it is not without limitations. Firstly, the cross-sectional design of the study imposes constraints on its conclusions. Specifically, the timing of data collection restricts the ability to draw causal inferences regarding the relationships between organisational identification, project performance, and turnover intentions. Longitudinal studies are required to establish causality and to explore these relationships over time. A longitudinal approach would enable researchers to examine how changes in organisational identification and project performance affect nurses' intentions to leave over an extended period. This could yield more robust findings and a deeper understanding of the complexities surrounding nurse turnover intention. Secondly, the study's focus on a specific region in China may limit the generalisability of the findings to other healthcare or cultural contexts. Healthcare policies and nursing regulations vary significantly across regions and countries. Expanding the research to include diverse healthcare settings in different geographic locations would facilitate comparisons of the effects of organisational identification on turnover intentions across cultural contexts. Thirdly, the reliance on self-reported data introduces potential biases, such as social desirability bias or response bias, which could affect the validity of the results. Participants may have been inclined to provide responses they perceived as favourable or expected, potentially skewing the findings. Fourthly, adopting a mixed-methods approach that integrates quantitative surveys with qualitative interviews or focus groups could address this limitation. Qualitative methods would provide richer insights into nurses' experiences of organisational identification and turnover intentions, capturing nuances that quantitative data alone might miss. Fifthly, while the study considered doctor-patient conflict as a moderating factor, it did not explore other potential moderating or mediating variables that might influence the findings. Variables such as workplace stress, leadership style, and team dynamics could also shape nursing experiences.

Future research should incorporate these factors to develop a comprehensive understanding of nurse turnover intentions. Investigating these additional dimensions could enable healthcare administrators to design more targeted interventions to reduce resignations and improve retention. By addressing these limitations, future studies could offer greater insight into the complex dynamics of nurses' turnover intentions. Such research would contribute to strategies that enhance job satisfaction, strengthen organisational effectiveness, and further improve patient care outcomes in healthcare institutions.

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