



Effect of Self-Leadership, Resilience, and Communication Ability on the Intention to Keep Nursing Job among Korean Nurses

Yeon-Ju Kim¹, *Yeon-Ran Hong², Ho-Jin Lee³

1. Department of Nursing, Hyundai Women's & Children's Hospital, Jeollanam-do, Republic of Korea

2. Department of Nursing, Sunchon National University, Jeollanam-do, Republic of Korea

3. Department of Nursing, Yeungnam University College, Daegu, Republic of Korea

*Corresponding Author: Email: yrhong@scnu.ac.kr

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Abstract

Background: We investigated the effects of self-leadership, resilience, and communication ability on the intention to keep one's nursing job among Korean nurses.

Methods: Data were collected from 245 nurses from hospitals in Jeollanam-do Province, Republic of Korea in 2022. The collected data were analyzed using independent *t*-tests, one-way analyses of variance, post-hoc tests, Pearson's correlation coefficients, and stepwise multiple regression.

Results: The intention to keep one's nursing job was positively correlated with self-leadership ($r=0.34$, $P<0.001$), resilience ($r=0.45$, $P<0.001$), and communication ability ($r=0.34$, $P<0.001$). Positive correlations were also found between self-leadership and resilience ($r=0.65$, $P<0.001$), communication ability and self-leadership ($r=0.49$, $P<0.001$), and resilience and communication ability ($r=0.69$, $P<0.001$). Furthermore, resilience ($\beta=0.27$, $P=0.001$), age ($\beta=0.26$, $P<0.001$), welfare satisfaction ($\beta=0.17$, $P=0.003$), and communication ability ($\beta=0.16$, $P=0.031$) influenced nurses' intention to keep their jobs. The regression model was statistically significant ($F=24.94$, $P<0.001$), and the explanatory power was 29.4%.

Conclusion: Nurses' intention to keep their jobs can be strengthened by improving their treatment, welfare, and communication abilities. Accordingly, educational programs are needed to create an efficient nursing environment and improve nurses' resilience and communication abilities.

Keywords: Communication ability; Hospital nurses; Nursing job; Resilience; Self-leadership

Introduction

In the Republic of Korea, the average turnover rate of nurses was 14.5% in 2020. This rate was more than three times higher among nurses with less than one year of experience (47.7%) (1). The high turnover of nurses increases the workload of the remaining nurses and reduces organizational efficiency and morale. Furthermore, it leads to a decline in nursing quality and an imbalance in the

supply and demand of human resources. In this situation, hospitals must recruit and train nurses, which causes significant economic and time losses and a lack of professionalism, making nurse turnover a major problem in the healthcare industry (2). Understanding and strengthening nurses' intentions to stay in their jobs may help prevent nurse turnover and personnel shortage.



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The intention to stay in the job refers to the intention to remain at the current workplace and not look for a new job.

Self-leadership is the practice of improving one's abilities and enhancing internal motivation and self-management (3). It is a necessary ability for nurses because it helps them maximize their abilities and improve nursing quality in diverse and complex clinical settings (3). Nurses with high levels of self-leadership effectively deal with the problems they face in the nursing field. They continuously strive to improve their abilities and desire high levels of accomplishment. Consequently, their intention to change their job is low (3,4).

Resilience is the ability and social/psychological characteristics that allow one to withstand adversity and changing situations. It reduces burnout and the intention to change jobs among nurses, who must employ considerable physical and mental effort in their jobs (5). In small and medium-sized hospitals, high levels of resilience increase nurses' self-motivation and positive thinking, which increases their intention to keep their jobs (6).

Effective communication is when communicators effectively convey and accept each other's opinions and feelings. It helps achieve individual and organizational goals by strengthening trust and a sense of belonging within the organization (7). Furthermore, it reduces friction among organizational members, increases psychological stability and work efficiency, and promotes organizational performance and development. Therefore, improved communication reduces the intention to change jobs (5-7).

Studies have found various determinants of nurses' intention to keep their jobs, such as education level, annual salary, age, marital status, whether one is assigned the desired department, and work experience at the current hospital (8-10). However, research remains scant on Korean nurses' intention to keep their jobs, and almost no research has been conducted on the relationship between self-leadership, resilience, communication ability, and nurses' intention to keep their jobs. Therefore, this study examined the relationship be-

tween self-leadership, resilience, communication ability, and the intention to keep one's job and identified the factors affecting the intention to keep one's job among Korean nurses.

With these objectives, we aimed to seek ways to manage human resources in hospitals and provide foundational data for the development of educational programs that improve nurses' self-leadership, resilience, and communication abilities.

Materials and Methods

Design, participants, and data collection

This descriptive study targeted nurses with more than six months of experience working in hospitals with less than 300 beds located in three cities in Jeollanam-do Province, Republic of Korea. We targeted nurses with more than six months of work experience because nurses must work for at least six months to understand and adapt to the work in a ward. To recruit nurses, permission was obtained from the nursing department of the hospitals. Then, the purpose of the study, anonymity, and confidentiality were explained to the nurses. Only those nurses were recruited who gave their written informed consent to participate in the study. Those who were taking medication for a psychiatric diagnosis were excluded.

The sample size was calculated using the G*Power 3.1.9.2 software (Heinrich-Heine-University, Düsseldorf, Germany). For a medium effect size of 0.15, the significance level (α) of 0.05, the power ($1-\beta$) of 0.95, and 12 explanatory variables in multiple regression analysis (11), the minimum sample size required was 213. After considering a 20% dropout rate, 250 questionnaires were distributed. Five responses had insufficient answers; excluding those responses, this study included 245 nurses. The recruited nurses were asked to complete a questionnaire and place it in individual sealable envelopes. We collected the sealed envelopes and stored the completed questionnaires in the nursing department.

Instruments

Self-leadership

Self-leadership was measured using the tool developed by Manz (12). This tool comprises 18 items, with three items each for six factors: self-expectation, rehearsal, goal setting, self-reward, self-criticism, and constructive thinking. All items are rated on a 5-point Likert scale ranging from 1 ("not at all") to 5 ("always"). Higher scores indicate higher levels of self-leadership. The Cronbach's α of the tool was 0.87 in Manz's study (12) as well as in this study.

Resilience

Resilience was measured using the Connor-Davidson Resilience Scale developed by Connor and Davidson (13). We used this scale after obtaining permission from the developers and remunerating them. This tool comprises 25 items across five sub-areas: hardiness (nine items), persistence (eight items), optimism (four items), support (two items), and spirituality (two items). All items are rated on a 5-point Likert scale ranging from 0 ("not at all") to 4 ("very much"). Higher scores indicate greater levels of resilience. The Cronbach's α of the tool was 0.89 at the time of its development (13) and 0.93 in this study.

Communication ability

Communication ability was measured using the Global Interpersonal Communication Competence Scale developed by Hur (14). We used this scale after obtaining permission from the developer. This tool comprises 15 items rated on a 5-point Likert scale ranging from 5 ("very much") to 1 ("not at all"). Higher scores indicate better communication abilities. The Cronbach's α of the scale was 0.72 in Hur's (14) study and 0.87 in this study.

Intention to keep one's nursing job

The intention to keep one's nursing job was measured using the tool developed by Cowin (15). We used this tool after receiving approval from its developer. This tool comprises 6 items rated on a 5-point Likert scale ranging from 1 ("not at all") to 5 ("very much"). The total score ranges

from 6 to 30, and higher scores indicate greater intentions to keep one's nursing job. The Cronbach's α of the tool was 0.97 in Cowin's (15) study and 0.88 in this study.

General characteristics

Using the questionnaire, we collected data on participants' general characteristics: age, sex, education level, marital status, religious affiliation, pay satisfaction, welfare satisfaction, satisfaction with the communication among employees, clinical career, job position, duty time, work department, number of holidays (monthly average), experience in certification assessment work, and experience in changing work departments.

Data analysis

The general characteristics of the participants, self-leadership, resilience, communication ability, and the intention to keep their nursing job were analyzed using frequencies, percentages, means, and standard deviations. We investigated differences in self-leadership, resilience, communication ability, and the intention to keep one's nursing job based on participants' general characteristics using independent *t*-tests, one-way analyses of variance, and post-hoc tests (Scheffé test). Correlations between self-leadership, resilience, communication ability, and the intention to keep one's nursing job were analyzed using Pearson's correlation coefficients. Factors affecting the intention to keep one's nursing job were analyzed using stepwise multiple regression analysis. All statistical analyses were performed using SPSS software (version 26; IBM Co., Armonk, NY, USA), and statistical significance was set at the $P=0.05$ level.

Ethical considerations

This study was approved by the Institutional Review Board of Sunchon National University, Republic of Korea (Number: 1040173-202208-HR-025-02). The participants provided written informed consent to participate in the study, and all research procedures adhered to the principles outlined in the Declaration of Helsinki.

Results

Table 1 presents the general characteristics of the participants.

General characteristics of the participants

Table 1: General characteristics of the participants (n=245)

Variable	Categories	n	%	Mean±standard deviation
Age (yr)	Under 24	27	11.0	33.08±8.14
	25–29	80	32.7	
	30–39	75	30.6	
	40 or over	63	25.7	
Gender	Female	238	97.1	
	Male	7	2.9	
Education level	College	130	53.1	
	University	115	46.9	
Marital status	Single	133	54.3	
	Married	112	45.7	
Religious affiliation	Yes	93	38.0	
	No	152	62.0	
Pay satisfaction	Satisfied	46	18.8	
	Neutral	133	54.3	
	Dissatisfied	66	26.9	
Welfare satisfaction	Satisfied	51	20.8	
	Neutral	133	54.3	
	Dissatisfied	61	24.9	
Satisfaction with the communication among employees	Satisfied	139	56.7	
	Neutral	94	38.4	
	Dissatisfied	12	4.9	
Clinical career (in years)	Under 5	87	35.5	9.38±7.91
	5–10	63	25.7	
	11–19	57	23.3	
	20 or over	38	15.5	
Job position	Staff nurse	179	73.1	
	Charge nurse	44	18.0	
	Head nurse	22	8.9	
Duty time	Day time	90	36.7	
	Rotational shifts	140	57.1	
	Fixed duty	15	6.2	
Work department	General ward	89	36.3	
	Outpatient department	27	11.0	
	Special unit	103	42.0	
	Other	26	10.7	
Number of holidays (monthly average)	Under 7	42	17.1	
	8–10	168	68.6	
	11 or over	35	14.3	
Experience in certification evaluation work	Yes	121	49.4	
	No	124	50.6	
Experience in changing work departments	Yes	86	35.1	
	No	159	64.9	
Total		245	100.0	

Self-leadership differed significantly based on religious affiliation, pay satisfaction, welfare satisfaction, and satisfaction with the communication among employees (Table 2). Resilience differed significantly based on religious affiliation, pay satisfaction, welfare satisfaction, and satisfaction with the communication among employees. Communication ability differed significantly

based on age and satisfaction with the communication among employees. The intention to keep one's nursing job differed significantly based on age, marital status, religious affiliation, pay satisfaction, welfare satisfaction, satisfaction with communication among employees, clinical career, number of holidays, and experience of changing work departments.

Table 2: Differences in self-leadership, resilience, communication ability, and the intention to keep one's nursing job based on participants' general characteristics

Characteristic	Categories	Resilience							
		M±SD	P	M±SD	P	M±SD	P	M±SD	P
Age (yr)	Under 24 ^a	3.42±0.47	0.347	2.61±0.56	0.069	3.84±0.42	0.014 a>c,d	3.12±0.79	0.001 a,b<d
	25–29 ^b	3.33±0.56		2.35±0.58		3.60±0.49		3.27±0.77	
	30–39 ^c	3.35±0.46		2.41±0.48		3.52±0.44		3.34±0.72	
	40 or over ^d	3.47±0.47		2.53±0.55		3.53±0.47		3.70±0.72	
Gender	Female	3.38±0.50	0.469	2.44±0.55	0.632	3.59±0.47	0.427	3.39±0.77	0.951
	Male	3.25±0.51		2.34±0.41		3.45±0.33		3.40±0.67	
Education level	College	3.37±0.48	0.827	2.44±0.54	0.933	3.55±0.49	0.203	3.43±0.77	0.343
	University	3.39±0.52		2.44±0.55		3.63±0.45		3.34±0.76	
Marital status	Single	3.35±0.51	0.339	2.39±0.58	0.109	3.59±0.48	0.890	3.20±0.76	<0.001
	Married	3.41±0.48		2.50±0.50		3.58±0.45		3.61±0.72	
Religious affiliation	Yes	3.47±0.47	0.036	2.57±0.47	0.002	3.65±0.44	0.118	3.52±0.74	0.036
	No	3.33±0.51		2.36±0.57		3.55±0.48		3.31±0.77	
Pay satisfaction	Satisfied ^a	3.52±0.52	0.020 a>c	2.69±0.58	0.002 a>b,c	3.70±0.52	0.184	3.72±0.75	0.002 a>b,c
	Neutral ^b	3.39±0.48		2.40±0.54		3.55±0.45		3.37±0.73	
	Dissatisfied ^c	3.26±0.49		2.34±0.49		3.58±0.45		3.20±0.79	
Welfare satisfaction	Satisfied ^a	3.58±0.48	<0.001 a>c	2.69±0.56	<0.001 a>b,c	3.68±0.51	0.086	3.75±0.75	<0.001 a>b,c
	Neutral ^b	3.39±0.48		2.43±0.54		3.60±0.45		3.35±0.73	
	Dissatisfied ^c	3.20±0.48		2.25±0.47		3.49±0.46		3.17±0.75	
Satisfaction with the communication among employees	Satisfied ^a	3.49±0.50	<0.001 a,b>c	2.57±0.53	<0.001 a>c	3.71±0.45	<0.001 a>c	3.49±0.82	0.040 a>c
	Neutral ^b	3.27±0.44		2.28±0.52		3.44±0.44		3.26±0.67	
	Dissatisfied ^c	2.94±0.49		2.18±0.56		3.30±0.44		3.14±0.71	
Clinical career (in years)	Under 5 ^a	3.39±0.48	0.687	2.42±0.58	0.805	3.65±0.48	0.109	3.23±0.75	0.047 a<d
	5–10 ^b	3.37±0.62		2.49±0.57		3.63±0.46		3.41±0.81	
	11–19 ^c	3.33±0.45		2.40±0.54		3.48±0.49		3.45±0.76	
	20 or over ^d	3.45±0.36		2.47±0.40		3.51±0.40		3.63±0.67	
Job position	Staff nurse	3.37±0.51	0.783	2.44±0.56	0.524	3.62±0.48	0.230	3.34±0.77	0.347
	Charge nurse	3.39±0.50		2.39±0.56		3.49±0.47		3.48±0.81	
	Head nurse	3.45±0.36		2.55±0.36		3.54±0.33		3.54±0.64	
Duty time	Day time	3.37±0.49	0.221	2.47±0.52	0.717	3.59±0.44	0.991	3.44±0.76	0.730
	Rotational shifts	3.36±0.51		2.42±0.56		3.58±0.48		3.35±0.77	
	Fixed duty	3.60±0.39		2.50±0.52		3.59±0.51		3.39±0.79	
Work department	General ward	3.35±0.50	0.120	2.44±0.58	0.263	3.57±0.54	0.247	3.30±0.80	0.114
	OPD	3.38±0.45		2.45±0.39		3.54±0.45		3.59±0.67	
	Special unit	3.35±0.51		2.39±0.54		3.56±0.41		3.35±0.71	
	Other	3.60±0.47		2.63±0.52		3.76±0.43		3.63±0.88	
Number of holidays (monthly average)	Under 7	3.32±0.44	0.516	2.40±0.46	0.186	3.59±0.40	0.998	3.52±0.80	0.090
	8–10	3.38±0.51		2.42±0.54		3.59±0.48		3.32±0.76	
	11 or over	3.45±0.51		2.60±0.65		3.58±0.52		3.58±0.70	
Experience in certification evaluation work	Yes	3.36±0.49	0.470	2.42±0.47	0.541	3.54±0.43	0.107	3.35±0.76	0.405
	No	3.40±0.50		2.46±0.61		3.63±0.50		3.43±0.77	
Experience in changing work departments	Yes	3.43±0.45	0.238	2.49±0.48	0.254	3.58±0.45	0.897	3.53±0.75	0.035
	No	3.35±0.52		2.41±0.57		3.59±0.48		3.31±0.77	

Data are expressed as mean±standard deviation; tested using independent t-tests, one-way analyses of variance, and post-hoc tests (Scheffé test). OPD: outpatient department

The intention to keep one's nursing job was positively correlated with self-leadership, resilience, and communication ability (Table 3). Positive correlations were also found between self-

leadership and resilience, between communication ability and self-leadership, and between resilience and communication ability.

Table 3: Correlation between self-leadership, resilience, communication ability, and the intention to keep one's nursing job

Variable		Self-leadership							Resilience						Communi- cation abil- ity
		Self-expec- tation	Re- hearsal	Goal setting	Self-re- ward	Self-criti- cism	Con- struc- tive think- ing	Total	Hard- ness	Persis- tence	Op- timi- sm	Sup- port	Spiri- tual- ity	Total	
Self- lead- er- ship	Self-expec- tation	1.00													
	Re- hearsal	0.26 (<0.001)	1.00												
	Goal setting	0.61 (<0.001)	0.367 (<0.001)	1.00											
	Self-reward	0.39 (<0.001)	0.38 (<0.001)	0.46 (<0.001)	1.00										
	Self-criti- cism	-0.18 (0.004)	0.35 (<0.001)	0.02 (0.781)	0.21 (0.001)	1.00									
	Con- struc- tive think- ing	0.47 (<0.001)	0.25 (<0.001)	0.52 (<0.001)	0.41 (<0.001)	0.04 (0.491)	1.00								
	Total	0.64 (<0.001)	0.68 (<0.001)	0.77 (<0.001)	0.72 (<0.001)	0.39 (<0.001)	0.68 (<0.001)	1.00							
Resilience	Hard- ness	0.65 (<0.001)	0.18 (0.005)	0.57 (<0.001)	0.33 (<0.001)	-0.15 (0.017)	0.55 (<0.001)	0.54 (<0.001)	1.00						
	Persis- tence	0.57 (<0.001)	0.28 (<0.001)	0.59 (<0.001)	0.54 (<0.001)	0.05 (0.404)	0.60 (<0.001)	0.67 (<0.001)	0.74 (<0.001)	1.00					
	Opti- mism	0.43 (<0.001)	0.25 (<0.001)	0.51 (<0.001)	0.46 (<0.001)	0.01 (0.989)	0.56 (<0.001)	0.57 (<0.001)	0.68 (<0.001)	0.71 (<0.001)	1.00				
	Sup- port	0.29 (<0.001)	0.14 (0.027)	0.16 (0.014)	0.37 (<0.001)	0.07 (0.284)	0.27 (<0.001)	0.32 (<0.001)	0.39 (<0.001)	0.45 (<0.001)	0.41 (<0.001)	1.00			
	Spiritu- ality	0.14 (0.027)	0.14 (0.025)	0.13 (0.051)	0.22 (0.001)	0.08 (0.239)	0.10 (0.109)	0.21 (0.001)	0.35 (<0.001)	0.32 (<0.001)	0.34 (<0.001)	0.37 (<0.001)	1.00		
	Total	0.62 (<0.001)	0.26 (<0.001)	0.59 (<0.001)	0.49 (<0.001)	-0.03 (0.615)	0.61 (<0.001)	0.65 (<0.001)	0.92 (<0.001)	0.90 (<0.001)	0.83 (<0.001)	0.56 (<0.001)	0.49 (<0.001)	1.00	
Communication ability		0.42 (<0.001)	0.22 (<0.001)	0.37 (<0.001)	0.49 (<0.001)	0.09 (0.162)	0.35 (<0.001)	0.49 (<0.001)	0.59 (<0.001)	0.69 (<0.001)	0.49 (<0.001)	0.56 (<0.001)	0.28 (<0.001)	0.69 (<0.001)	1.00
Intention to keep one's nursing job		0.35 (<0.001)	0.16 (0.011)	0.31 (<0.001)	0.20 (0.002)	0.01 (0.866)	0.29 (<0.001)	0.34 (<0.001)	0.37 (<0.001)	0.47 (<0.001)	0.44 (<0.001)	0.18 (0.004)	0.14 (0.029)	0.45 (<0.001)	0.34 (<0.001)

Factors affecting the intention to keep one's nursing job

We input 12 factors in the regression analysis. Nine factors were the general characteristics based on which participants' intention to keep

their jobs differed significantly. The remaining three factors were those that were significantly correlated with participants' intention to keep their jobs. The autocorrelation between the error terms before analysis was examined using the

Durbin-Watson statistic. The result was 1.718 (close to 2.000), indicating no autocorrelation between the error terms. Multicollinearity between the input independent variables was examined using the tolerance limit and the variance inflation factor. The tolerance limit ranged from 0.466 to 0.934 (0.100 or higher), and the variance inflation factor ranged from 1.081 to 2.146 (10 or

lower), indicating no multicollinearity between the independent variables. Resilience had the greatest influence on participants' intention to keep their jobs, followed by age, welfare satisfaction, and communication ability (Table 4). This regression model was statistically significant ($F=24.94$, $P<0.001$), and the explanatory power (R^2) was 29.4%.

Table 4: Factors affecting the intention to keep one's nursing job

Variable	B	Standard error	β	t	P	R ²
(Constant)	0.18	0.38		0.47	0.637	
Resilience	0.38	0.11	0.27	3.43	0.001	0.21
Age (yr)	0.03	0.01	0.26	4.73	<0.001	0.26
Welfare satisfaction (satisfied)	0.32	0.11	0.17	3.05	0.003	0.28
Communication ability	0.28	0.13	0.16	2.17	0.031	0.29
Durbin-Watson=1.72, $F=24.94$, $P<0.001$, $R^2=0.294$, Adjusted $R^2=0.280$						

Discussion

This study yielded several insightful results. First, self-leadership was significantly higher among those with a religious affiliation, greater pay satisfaction, and higher satisfaction with employee communication. These findings align with those of previous studies showing that the higher the self-reward, the higher the nursing work performance, and the higher the pay satisfaction, the higher the self-leadership (16,17). Therefore, adequate support and compensation can foster self-leadership among nurses, and a systematic education program that promotes self-leadership is necessary.

Second, resilience was significantly higher among those with a religious affiliation, higher satisfaction with employee communication, and higher pay satisfaction. These findings are consistent with those of previous studies showing that pay satisfaction and religious affiliation positively affect hospital nurses' resilience (18). This suggests that monetary compensation, welfare support, and religious beliefs help nurses endure the difficult nursing work environment in hospitals and enhance their resilience. Therefore, financial and psychological support, as well as the development

and application of educational programs, are necessary to enhance hospital nurses' resilience.

Third, communication ability was higher among nurses aged less than 24 than among those aged 30 or over (nurses aged 30–39 and those aged 40 or older). This finding differs from that of Cho and Seo (19), who found that communication ability increases with age. This discrepancy could be because the participants in Cho and Seo's (19) study were limited to university hospital nurses, whereas the participants in this study were nurses working in small- and medium-sized hospitals. The work environment and other environmental characteristics differ between hospitals (19). Another reason could be that nurses aged less than 24 belong to Generation Z, which prefers free and efficient communication through information and communications technology and social media. In contrast, nurses aged 30 or older may have been more accustomed to traditional communication methods, which may have resulted in relatively low communication skills (20). Furthermore, 95.1% of the nurses in this study reported being satisfied or neutral satisfaction with the communication among colleagues. This finding suggests that although the participants were young, their communication abilities may have been affected by the high levels of satisfac-

tion with the communication among employees in the complex environments of small- and medium-sized hospitals. Therefore, repeated investigations are needed to determine whether nurses' communication abilities differ based on the type of medical institution, bed size, and age. In addition, small- and medium-sized hospitals and nursing organizations must understand the characteristics of Generation Z and establish communication education programs that build nurses' communication abilities.

Fourth, the intention to keep one's nursing job was the highest when nurses had clinical experience of 20 years or more or when they were aged 40 or older. Meanwhile, the intention was lower when nurses were younger or had lesser clinical experience. These findings are similar to those of Park and Lee (22), who conducted a meta-analysis on the determinants of hospital nurses' intention to stay. They found that age and clinical experience significantly influence the intention to keep one's nursing job. Our results also align with the findings of a study that targeted Jordanian nurses (23). Furthermore, our results showed that the intention to keep one's nursing job differs significantly based on marital status, religious affiliation, pay satisfaction, satisfaction with the communication among colleagues, and the experience of transferring departments in the current hospital. These findings align with previous findings that the intention to keep one's nursing job differs based on age, marital status, education level, clinical experience, job position, salary, work motivation, work satisfaction, and the number of job changes (24,25). Therefore, small- and medium-sized hospitals should improve nurses' salaries and welfare to retain older nurses with extensive clinical experience. Additionally, it is necessary to develop and implement educational programs that encourage smooth communication with colleagues.

This study has the following limitations. First, it is difficult to generalize the results of this study because the participants were nurses working in hospitals in three cities in Jeollanam-do Province, Republic of Korea. The work environment, welfare, and treatment of the participants may have

affected the results. Second, age, resilience, welfare satisfaction, and communication ability were found to influence nurses' intention to keep their jobs. However, self-leadership, which was significantly correlated with the intention to keep one's nursing job, did not have an effect. It was difficult to analyze the degree of self-leadership, which was measured using a self-administer questionnaire, because it is generally difficult to motivate and lead oneself through self-efficacy. Third, because this was a cross-sectional study, relationships between variables could be identified, but there was a limit to inferring a causal relationship. Nevertheless, this study is salient because it examined nurses' self-leadership, resilience, communication ability, and their intention to keep their jobs in small- and medium-sized hospitals. The results of this study can help develop programs that improve nurses' intention to keep their jobs by taking into account personal and environmental factors, such as hospital size, medical institution type, and age.

Conclusion

Self-leadership, resilience, and communication ability are positively correlated with nurses' intention to keep their jobs. Resilience has the greatest influence on nurses' intention to keep their job, and age, welfare satisfaction, and satisfaction with employee communication also have an impact. Therefore, to strengthen nurses' intention to keep their jobs, organizations must improve their satisfaction with welfare support and employee communication and develop educational programs that enhance their resilience.

Journalism Ethics considerations

Ethical issues (including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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Conflict of Interest

The author declares no conflicts of interest.

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