Turnover among the nursing workforce is a global issue with a significant impact on the delivery of high quality care and the financial performance of healthcare systems. High levels of turnover among nurses increase workgroup conflict, decrease unit cohesion, and reduce the performance of those who remain (Roundeau, Williams, & Wagar, 2009). There is also evidence that nurse turnover in hospitals is associated with increases in patient mortality and failure-to-rescue (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Additionally, nursing turnover can negatively affect an organization's finances. Healthcare entities incur the cost of recruiting and training newly hired nurses. Li and Jones (2013) analyzed the cost of nursing turnover in acute care hospitals and found costs as high as $88,000 per vacancy when all costs, such as patient deferral and reduced productivity of remaining staff and supervisors, are taken into consideration.

Traditional models of employee turnover focus on job satisfaction, satisfaction with pay, and organizational commitment (Mitchell, Holtom, Lee, Sablynski, & Erez, 2001). When these models were applied to the nursing workforce, an inverse relationship was found between turnover and these factors (Lum, Kervin, Clark, Reid, & Sirola, 1998). That is, as satisfaction and commitment increase, the turnover intent decreases. Lum et al., (1998) found commitment had the most direct association with the intent to leave, while satisfaction had indirect influences.

Mitchell et al. (2001) argue while studies examining the role of satisfaction and commitment show statistically significant results, they are modest at best as they only account for a small percent of the variance in turnover. Consequently, researchers began examining other models of turnover in the hope of increasing the predictive power of the models. They found many people who leave their jobs are relatively satisfied with the job, have not searched for other jobs before leaving, and leave because of some other triggering event, which may or may not have anything to do with their job. They conclude that negative attitudes and job search are simply not predictive of leaving.

In light of these findings, Mitchell et al. (2001) propose the new construct of "job embeddedness." They explain embeddedness is influenced by the psychological phenomena described by field theory, which is the idea that people have a perceptual life space where the various aspects of their lives are represented and connected. The construct of job embeddedness incorporates field theory in that job embeddedness is described as 1) the extent to which people have links to other people and institutions; 2) the degree in which their job and community are like other aspects of their lives; and 3) the ease to which these links can be broken or what would they give up if they left. In job embeddedness, these three dimensions are labeled **link**, **fit**, and **sacrifice** and have influence with a person's job and with their community.

Holtom, Mitchell, Lee, and Inderrieden (2005) showed the presence of precipitating events, called shocks, are often the immediate cause for turnover and claim shocks cause voluntary turnover more often than accumulated job dissatisfaction. They further claim shocks can alter job embeddedness by impacting one or more of the three dimensions of embeddedness. In their view, shocks can be expected or surprising, and can affect an individual's personal or professional life (Holtom et al., 2005). For example, if a spouse is transferred to a job in another city, the employee would likely leave, even if they are happy at their job, because the sacrifice of losing the link with their spouse is greater than the benefit of remaining. Moreover, a shock, especially when employment-related, can alter the perception of fit on an organization. The shock causes a person to rethink their attachment to an organization

because the shock violated the image of their fit with that organization. Thus, the presence of a shock can have a greater influence on a person decision to leave a job than job satisfaction alone (Crossley, Bennett, Jex, & Burnfield, 2006).

In this line of thought, the current COVID-19 pandemic can be thought of a shock forcing people to rethink the way they are embedded in their jobs. Evidence suggests people are quitting their jobs in high numbers and this phenomenon has been termed the "turnover tsunami" or "the Great Resignation." (Gandhi & Robison, 2021).

It seems likely the COVID-19 pandemic served as a shock, prompting many nurses to leave their positions. There is a large amount of data showing nurses are stressed at work and at home (Firew, Sano, Lee, Flores, Lang, Salman, Greene, & Chang, 2020). As the pandemic continues more nurse leaders are becoming concerned about burnout and the well-being of nurses within their organizations (AONL, 2021). However, nurses are not convinced their organization's response to their burnout is in their best interest.In many instances, organizations have focused on providing mental health services to staff rather than the interventions nurses want or would use (Muller, Hafstad, Himmels, Smedslund, Flottorp, Stensland, Stroobants, & Van de Velde (2020).

However, if organizations are providing programs or interventions that are not being used, nurses could then be led to believe the organization is not taking their best interests into account. This could lead nurses, who may be already rethinking their fit with the organization, to decide the organizational fit has diminished and the sacrifice of leaving is not high enough for them to stay.

Gallup recently released findings showing employees are leaving their current jobs for workplaces that better align with their personal beliefs and show a genuine concern for the individual employee's well-being (Morgan, 2021). Gallup asked employees what they are looking for most in an employer. Employees of all generations ranked "the organization cares about employees' well-being" in their top three criteria. For Millennials and Gen Z, it was their top workplace want (Morgan, 2021). Further, Gallup's data suggest the high number of resignations is not an industry, role or pay issue. Instead, they argue engagement is a workplace issue as the highest quit rate is among employees who are not engaged (Gandhi & Robison, 2021).

These data are consistent with the notion of embeddedness. The COVID-19 pandemic shocked nurses into rethinking their fit with their organizations, and in many cases, they have found it wanting. Nurses are seeking employers with a better fit which can meet their stated desire for a workplace that cares about their well-being. This reconsideration of their fit within an organization can lead nurses to decide the lack of fit is greater than the sacrifice of leaving.

Workplace culture seems to play a major role in maintaining a nurse's perceived fit and is within the control of management. Often employers consider well-being initiatives as perks or fringe benefits and then wonder why employees are stressed and burned out. Data from Gallup's study suggest employers can transform employee well-being when they focus on business processes, how work is done, and their employees' day-to-day experiences (Morgan 2021). In other words, organization should prioritize and define their culture to strengthen employee engagement and maintain their nursing workforce.

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