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Mitigating Turnover Intention through Organization Development Interventions: An Action Research on Healthcare Professionals in Bangkok

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Abstract

This study examines the key determinants of employee turnover intention and evaluates the impact of Organizational Development Interventions (ODIs) in mitigating turnover intention among healthcare professionals in Bangkok. Conducted using an action research approach, the study involved 250 participants; nurses, doctors, and administrative staff, and was carried out in three phases: pre-ODI assessment, ODI implementation, and post-ODI evaluation. Data were collected through validated surveys measuring job satisfaction, motivation, work-life balance, leadership style, and turnover intention. Multiple Linear Regression (MLR) analysis revealed that all four organizational factors were significant negative predictors of turnover intention. In response, a set of targeted ODIs including job enrichment programs, wellness initiatives, and leadership training were implemented. Post-intervention analysis using Paired Sample t-tests showed significant improvements in job satisfaction, motivation, work-life balance, and leadership style, alongside a marked reduction in turnover intention. Effect size (Cohen's d) calculations further confirmed the practical significance of these changes. The results highlight the effectiveness of tailored, multi-dimensional ODIs in improving retention and workplace satisfaction among healthcare professionals. This study contributes valuable insights to organizational development practices within the healthcare sector in Southeast Asia.

Keywords: healthcare professionals, job satisfaction, leadership style, motivation, organization development intervention, turnover intention, work-life balance

Introduction

Employee turnover is a persistent and significant challenge for organizations worldwide, with serious implications for efficiency, financial performance, and institutional continuity (Hancock et al., 2013). High turnover disrupts team cohesion, increases costs associated with recruitment and training, and reduces organizational knowledge (Kumar & Mathimaran, 2017).

In high-pressure sectors like healthcare, the impact is even more pronounced, affecting patient outcomes, service quality, and employee morale (Shanafelt et al., 2017).

Turnover intention (defined as an employee's conscious consideration to leave their current organization (Mobley, 1977)) has been identified as a strong predictor of actual turnover. Factors such as job satisfaction, burnout, work-life balance, organizational support, and leadership practices play significant roles in shaping turnover intention (Chen et al., 2011). However, these factors are often context-dependent, highlighting the need for localized and practical interventions (Ellenbecker, 2004).

Healthcare professionals are particularly vulnerable to turnover due to long working hours, emotional exhaustion, systemic bureaucracy, and limited organizational support (Leiter & Maslach, 2016). Burnout has become increasingly prevalent and detrimental to both individuals and organizations (World Health Organization, 2019). In Bangkok, a rapidly urbanizing city with rising demand for healthcare services, these issues are especially acute. The healthcare sector is experiencing workforce shortages, increasing patient loads, and resource constraints. Turnover rates among healthcare professionals in Bangkok are reported to be above global averages (Phongtankuel et al., 2019), making this issue both urgent and significant.

Organizational Diagnosis

Prior to designing the interventions, an organizational diagnosis was conducted to identify the root causes of turnover intention. Preliminary assessments revealed high workload, limited recognition, inconsistent leadership practices, and poor work-life balance as the most critical issues. These findings provided the rationale for selecting the research variables and designing the ODIs in this study.

Statement of the Research Purpose

This study aims to investigate the key determinants of employee turnover intention among healthcare professionals in Bangkok and evaluate the effectiveness of Organizational Development Interventions (ODIs) in addressing these determinants. ODIs are structured, evidence-based strategies designed to improve organizational culture, leadership, employee motivation, and job satisfaction (Cummings & Worley, 2014). Despite proven success in other industries, their application in Bangkok's healthcare context remains limited.

By adopting an action research methodology (Reason & Bradbury, 2001), the study seeks to implement targeted ODIs through iterative cycles of assessment, intervention, and evaluation. This approach ensures that the interventions are context-specific, participatory, and adaptable to real-time challenges in the healthcare environment.

Research Questions

1. What are the key determinants influencing employee turnover intention among healthcare professionals in Bangkok?
2. How effective are Organizational Development Interventions (ODIs) in reducing employee turnover intention?
3. To what extent do ODIs improve job satisfaction, motivation, work-life balance, and leadership style among healthcare professionals?

Research Objectives

1. To identify and analyze the key determinants of employee turnover intention among healthcare professionals in Bangkok.
2. To design and implement organizational development interventions (ODIs) tailored to address the identified determinants.
3. To evaluate the impact of these interventions on reducing turnover intention and improving job satisfaction, motivation, work-life balance, and leadership style among healthcare professionals.

This study contributes to the growing body of literature on employee retention by integrating organizational behavior theories with practical development interventions. It offers a scalable model for addressing turnover intention, particularly in high-stress professional contexts like healthcare. Moreover, the findings have broader implications for industries facing workforce challenges, presenting evidence-based strategies to enhance employee well-being, organizational sustainability, and sectoral resilience.

Significance of the Study

This research addresses a pressing issue in Bangkok's healthcare system by offering practical, evidence-based solutions to reduce turnover intention. It contributes to the existing body of knowledge on organizational behavior and human resource management by integrating theory with actionable interventions. The study provides localized insights that can inform future strategies for healthcare organizations facing similar challenges in urban, high-pressure environments.

Beyond academia, the findings have practical implications for hospital administrators, policymakers, and human resource professionals. By identifying effective interventions that improve employee well-being and retention, the study supports long-term sustainability and service quality in the healthcare sector. Furthermore, its framework can be adapted to other Southeast Asian cities facing parallel workforce and organizational challenges (Ng et al., 2019).

Literature Review

Turnover Intention in Healthcare

Turnover intention, often considered a precursor to actual resignation, is a major concern in high-pressure industries such as healthcare. It negatively affects team dynamics, patient care quality, and increases organizational costs (Hayes et al., 2012; Mobley et al., 1979). Job satisfaction, organizational commitment, and perceived organizational support (POS) are key psychological factors influencing an employee's decision to leave (Allen et al., 2003). Burnout, characterized by emotional exhaustion and reduced personal accomplishment, is a major driver of turnover, especially in emotionally demanding professions like nursing (Kim & Stoner, 2008; Leiter & Maslach, 2016; Samrong & Wisankosol, 2022).

In urban healthcare settings, such as Bangkok, the turnover problem is compounded by rapid urbanization, patient overload, and systemic inefficiencies (Phongtankuel et al., 2019). These environments intensify stress and dissatisfaction, further driving employees toward turnover intention.

Organizational Support, Work-Life Balance, and Retention

Perceived organizational support (POS) plays a critical role in fostering loyalty and reducing turnover. When employees feel valued and supported, they report higher job satisfaction and lower burnout levels (Eisenberger et al., 1990; Rhoades & Eisenberger, 2002). Supportive HR practices such as recognition programs and development opportunities strengthen retention strategies (Allen et al., 2003).

Work-life balance also significantly impacts turnover intention. Healthcare professionals often face inflexible schedules and emotional demands that interfere with personal life. Initiatives like flexible work arrangements, stress management programs, and wellness resources have proven effective in enhancing work-life balance and reducing intent to quit (Kim & Wang, 2020; McCalister et al., 2006). Advancements in digital tools such as telemedicine have further enabled better work-life integration (Morgantini et al., 2020).

Leadership Practices and Employee Engagement

Leadership is a core influence on employee retention. Transformational leadership, in particular, is associated with increased commitment, motivation, and reduced turnover (Avolio et al., 2009; Bass & Riggio, 2006). Effective leaders foster trust, provide feedback, and promote a collaborative culture, which is essential in high-stress environments like hospitals.

Leaders with emotional intelligence contribute to psychologically safe workplaces,

helping staff navigate emotional challenges (Goleman, 2000). Conversely, autocratic or inconsistent leadership styles are linked to job dissatisfaction, disengagement, and increased turnover (Bakker et al., 2011). Leadership development programs that focus on emotional intelligence, communication, and conflict resolution are increasingly viewed as strategic tools to reduce turnover in healthcare (Bass & Avolio, 1994; Yukl, 2013).

Motivation, Job Satisfaction, and Turnover Intention

Motivation and job satisfaction are critical determinants of employee retention and performance. Motivation refers to the internal and external forces that initiate, direct, and sustain work-related behavior (Deci & Ryan, 2000; Price, 2001). In healthcare settings, motivation can be categorized into intrinsic factors such as a sense of purpose, professional pride, and the fulfillment derived from helping patients and extrinsic factors, including salary, benefits, recognition, and career advancement opportunities (Herzberg et al., 1959; Luthans et al., 2006). Studies have shown that motivated healthcare professionals are more engaged, display higher commitment, and are less likely to consider leaving their organization (Manzoor, 2012). Conversely, a lack of motivation can lead to disengagement, reduced quality of care, and increased turnover intention (Chih & Wisankosol, 2021; Pohl & Galletta, 2017).

Job satisfaction is closely related to motivation and represents an employee's overall attitude toward their work, shaped by factors such as working conditions, organizational culture, and opportunities for professional growth (Locke, 1976). Satisfied employees are more likely to remain in their roles, contribute positively to organizational goals, and demonstrate higher levels of discretionary effort (Judge et al., 2017; Minn & Wisankosol, 2021). In healthcare environments, job satisfaction is influenced by workload, interpersonal relationships, autonomy, and alignment between professional values and organizational policies (Lu et al., 2012). Research consistently links higher job satisfaction to lower turnover intention (Chen et al., 2011; Mobley, 1977; Tin & Wisankosol, 2021).

In the context of Bangkok's healthcare sector, where high patient volumes and limited staffing are common, enhancing both motivation and job satisfaction is essential. Initiatives such as professional development programs, recognition systems, and supportive work environments have been shown to strengthen these factors, ultimately improving retention and organizational performance (Phongtankuel et al., 2019). Integrating strategies that address both intrinsic and extrinsic motivators, alongside measures to improve job satisfaction, can significantly reduce turnover intention in high-pressure healthcare settings.

Organizational Development Interventions (ODIs)

Organizational Development Interventions (ODIs) are structured, evidence-based strategies designed to improve employee well-being and organizational effectiveness. Grounded in Lewin's three-step change theory (unfreeze–change–refreeze) and Kotter's eight-step model, ODIs ensure change is implemented and sustained over time (Burnes, 2004; Kotter, 1996).

Key ODI strategies include job enrichment, leadership training, and wellness programs. Job enrichment based on Hackman and Oldham's Job Characteristics Model enhances employee motivation by increasing task significance and autonomy (Hackman & Oldham, 1980). Wellness programs incorporating mindfulness and resilience training have also reduced burnout and supported mental health (Luthans et al., 2006; Sonnentag & Fritz, 2007). Transformational leadership development has been especially effective in healthcare settings to build emotionally intelligent and supportive leaders (Bass & Riggio, 2006).

Importantly, the success of ODIs depends on cultural alignment. In Bangkok, for example, ODIs must consider collectivist values and hierarchical workplace norms to resonate with employees (Hofstede, 1980). Integrating cultural sensitivity into ODI design helps foster long-term acceptance and impact.

Cultural and Contextual Considerations in Bangkok

Thailand's cultural context, particularly in urban hospitals, adds complexity to retention strategies. Collectivist values promote loyalty but can discourage employees from voicing dissatisfaction. Hierarchical norms often limit open communication, resulting in unresolved conflict and emotional exhaustion (Hofstede, 1980).

To be effective, ODIs must bridge this cultural gap. Leadership programs that emphasize respectful communication, anonymous feedback channels, and participatory decision-making are necessary for reducing turnover while honoring local workplace customs. Comparative studies in Southeast Asia (e.g., Singapore and Jakarta) have shown that culturally tailored interventions significantly enhance retention outcomes (Ng et al., 2019; Tan et al., 2020).

Gaps in the Literature

Despite extensive research on turnover, gaps remain. First, few studies have examined the combined effect of multiple ODIs such as job enrichment, wellness, and leadership training on employee retention in healthcare. Most research focuses on isolated interventions rather than integrated approaches (Hackman & Oldham, 1980; Luthans et al., 2006).

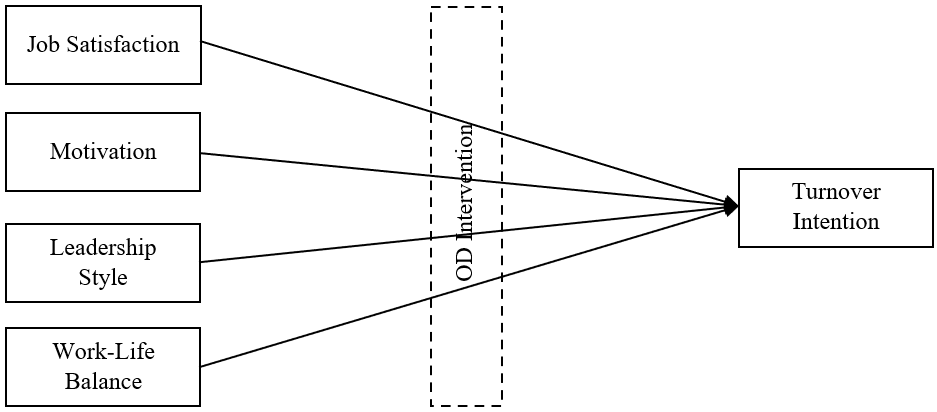
Second, much of the existing literature is based in developed countries. Urban

healthcare systems in developing economies like Bangkok face distinct challenges such as staff shortages, limited infrastructure, and culturally specific norms that influence turnover dynamics (Phongtankuel et al., 2019). Finally, the interaction between organizational interventions and socio-cultural influences remains underexplored. Future studies should emphasize culturally informed, integrated strategies that reflect the complexity of urban healthcare environments in Asia.

Conceptual Framework

Figure 1

Conceptual Framework of the Study



Research Methodology

This study employed an action research methodology to investigate and reduce turnover intention among healthcare professionals in Bangkok. The research was structured into three iterative phases: (1) pre-ODI assessment, (2) ODI implementation, and (3) post-ODI evaluation. This approach enabled real-time learning, stakeholder participation, and practical intervention, ensuring both contextual relevance and organizational impact.

Research Hypotheses

H1: Job Satisfaction is a significant determinant of Employee Turnover Intention among healthcare professionals.

H2: Motivation is a significant determinant of Employee Turnover Intention among healthcare professionals.

H3: Work-Life Balance is a significant determinant of Employee Turnover Intention among healthcare professionals.

H4: Leadership Style is a significant determinant of Employee Turnover Intention among healthcare professionals.

H5: Organizational Development Interventions (ODIs) significantly improve Job Satisfaction, Motivation, Work-Life Balance, and Leadership Style among healthcare professionals.

H6: Organizational Development Interventions (ODIs) significantly reduce Employee Turnover Intention among healthcare professionals.

Research Design

Action research was selected due to its suitability for organizational settings requiring both immediate solutions and long-term improvement. This method follows a cyclical process of diagnosis, action, and evaluation (Reason & Bradbury, 2001), allowing the researchers to collaborate with participants and adapt interventions in real-time.

Action Research Framework

Pre-ODI Assessment (Diagnosis): Baseline data were collected using a structured questionnaire measuring job satisfaction, motivation, work-life balance, leadership style, and turnover intention. This phase identified key issues and informed intervention design.

ODI Implementation (Action): Based on diagnostic results, Organizational Development Interventions (ODIs) were implemented over a three-month period. Interventions included job enrichment, wellness programs, and leadership training tailored to the needs of nurses, doctors, and administrative staff.

Post-ODI Evaluation (Evaluation): The same questionnaire was re-administered to assess changes across the five variables. Quantitative and qualitative data were analyzed to evaluate the effectiveness of the interventions.

Sampling and Participants

Sampling Methodology

Stratified random sampling was applied to ensure proportional representation of doctors, nurses, and administrative staff, reflecting the actual distribution of roles within Bangkok hospitals. This approach allowed for subgroup comparisons and increased the validity of the findings.

Sample Size Determination

The target population consisted of approximately 800 healthcare professionals across the selected hospitals. Based on Krejcie and Morgan's (1970) sample size determination table, a minimum of 260 participants was recommended for this population. The study recruited 250 participants, which is within the acceptable range, ensuring a 95% confidence level and 5% margin of error.

Participant Demographics

Data were collected from participants across gender, age groups, educational backgrounds, marital status, and tenure. This diversity allowed for in-depth analysis of factors influencing turnover intention and supported the design of relevant interventions.

Ethical Considerations

All participants gave informed consent. Confidentiality was assured, and participation was voluntary. Data were anonymized, securely stored, and used solely for research purposes, adhering to ethical research practices.

Research Instruments

The primary research instrument was a closed-ended questionnaire, designed to capture both demographic information and key variables related to turnover intention. The instrument consisted of two distinct sections.

Demographic Characteristics

This section gathered nominal and ordinal data on participants' gender, age, educational level, marital status, and tenure. These demographic variables provided context for interpreting the findings and understanding subgroup-specific trends.

Turnover Intention and Determinants

A total of 21 measurement items focused on key determinants such as motivation (4 items), job satisfaction (4 items), work-life balance (4 items), leadership style (4 items) and turnover intention (5 items). Items were developed using validated scales and structured based on prior research recommendations (Schmee & Oppenlander, 2010).

Instrument Validation and Reliability

To ensure the research instrument's validity and reliability, the following steps were undertaken.

Content Validity

The questionnaire underwent expert review by five domain specialists who assessed the items for Item-Objective Congruence (IOC). Revisions were made based on expert feedback to ensure alignment with the study's objectives. All items achieved IOC values above 0.67,

indicating strong content validity.

Pilot Testing

A pilot test was conducted with 30 healthcare professionals from a different organization to assess the questionnaire's clarity and usability. Participant feedback during the pilot test was used to refine the questionnaire, ensuring that the items were clear, concise, and free from ambiguity.

Reliability Testing

Cronbach's Alpha was calculated to measure the internal consistency of the instrument. The pilot test achieved a Cronbach's Alpha score of 0.89, indicating a high level of reliability (Nunnally, 1978).

Table 1

Reliability Test

Variable	Number of items	Cronbach's Alpha
Job Satisfaction	4	0.869
Motivation	4	0.953
Leadership Style	4	0.923
Work-Life Balance	4	0.950
Turnover Intention	5	0.916
Total	**21**	**0.892**

Data Collection Process

Pre-ODI Phase

Survey responses were collected in digital and paper formats. Items covered motivation, job satisfaction, work-life balance, leadership style, and turnover intention. The data provided a baseline for identifying organizational issues and designing tailored ODIs.

ODI Implementation Phase

Interventions were carried out over a three-month period, focusing on:

- Job Enrichment (role redesign, autonomy, and career development)
- Wellness Initiatives (stress management, mindfulness training, and resilience-building workshops)
- Leadership Development (training on transformational leadership and emotional intelligence) (Bass & Riggio, 2006; Goleman, 2000)

Stakeholders were engaged throughout via workshops and feedback sessions to ensure contextual alignment and foster ownership.

Post-ODI Phase

The same survey instrument was used to evaluate the impact of the interventions. Both improvements in scores and participant feedback were analyzed to assess the effectiveness of ODIs in reducing turnover intention.

Data Analysis

A mix of descriptive and inferential statistics was employed.

Descriptive Statistics

Descriptive statistics are used to summarize and describe the key characteristics of the sample and variables under study. The following statistical measures are calculated.

1. Percentage used to present demographic characteristics of the participants, such as gender, age, educational level, marital status, and tenure.

2. Mean represents the central tendency of participants' responses to survey items.

3. Standard Deviation (S.D.) indicates the variability or dispersion of responses around the mean. High S.D. values suggest diverse opinions among participants, while low S.D. values indicate consensus.

Inferential Statistics

Inferential statistics were employed to identify significant predictors of turnover intention and assess causal relationships between variables. Two key statistical techniques were utilized.

1. Multiple Linear Regression (MLR) used to identify significant predictors of turnover intention and assess their relative contributions. Turnover intention (dependent variable) was regressed on key organizational factors (motivation, job satisfaction, work-life balance, and leadership style (independent variables)) to determine their individual effects and the overall explanatory power of the model.

2. Paired Sample t-test used to evaluate the effectiveness of the Organizational Development Interventions (ODIs), paired sample t-tests were conducted to compare pre- and post-intervention mean scores for job satisfaction, motivation, work-life balance, leadership style, and turnover intention. This technique allowed for the detection of statistically significant changes within the same group of participants before and after the intervention, thereby assessing the impact of ODIs on organizational outcomes.

Table 6

Skewness and Kurtosis Values for Pre-ODI and Post-ODI Variables

Variable	Skewness	Kurtosis
Job Satisfaction (pre)	-0.140	-0.115
Job Satisfaction (post)	-0.013	-0.274
Motivation (pre)	-0.094	-0.114
Motivation (post)	-0.190	-0.233
Work-Life Balance (pre)	-0.071	-0.640
Work-Life Balance (post)	0.172	0.120
Leadership Style (pre)	-0.039	-0.244
Leadership Style (post)	-0.317	0.744

Inferential Statistical Analysis (with Effect Size)

To assess the impact of the Organizational Development Interventions (ODIs), Paired Sample t-tests were conducted comparing pre-ODI and post-ODI scores on five key variables. The results, presented in Table 7, revealed statistically significant improvements ($p < .001$) across all variables. Additionally, Cohen's *d* was calculated to determine the effect size of each change.

Table 7

Comparison of Pre-ODI and Post-ODI Means Using Paired Sample t-test

Variable	Pre-ODI Mean	Post-ODI Mean	t-statistic	p-value	Cohen's d	Interpretation
Job Satisfaction	2.740	3.953	26.951	0.000	1.70	Large
Motivation	2.582	3.745	27.246	0.000	1.72	Large
Work-Life Balance	2.511	3.668	27.742	0.000	1.75	Large
Leadership Style	2.583	3.881	28.439	0.000	1.80	Large
Turnover Intention	3.370	2.179	-37.666	0.000	2.38	Very Large

Note: Effect sizes were interpreted based on Cohen (1988), where d = 0.2 (small), 0.5 (medium), and 0.8 (large). Values above 1.2 were classified as "very large." Accordingly, the results demonstrate that the ODIs produced large to very large effects across all variables, with particularly strong reductions in turnover intention.

The findings indicate that all observed changes in mean scores were statistically significant. Specifically, Job Satisfaction, Motivation, Work-Life Balance, and Leadership Style showed significant increases in mean scores following the ODI, as reflected in large positive t-statistics. These results suggest that employees experienced improvements in these key dimensions after the intervention.

Conversely, Turnover Intention showed a significant decrease in mean score, indicated by a large negative t-statistic. This suggests that employees were less likely to consider leaving the organization after the intervention. The high t-values and extremely low p-values (< .001) confirm that the differences between pre-ODI and post-ODI means are not due to random chance and that the ODI had a strong and statistically significant impact on all variables measured.

These results indicate not only statistical significance but also substantial practical impact. Cohen's d values exceeded 1.7 for all positive organizational variables, and the reduction in turnover intention yielded a very large effect size (d = 2.38). This suggests that the ODI program had a strong and meaningful influence on employees' perceptions and intentions.

Conclusions and Recommendations

This study aimed to explore the determinants of turnover intention among healthcare professionals in Bangkok and to evaluate the impact of Organizational Development Interventions (ODIs) designed to address these determinants. The research employed an action research framework consisting of three phases: pre-ODI assessment, ODI implementation, and post-ODI evaluation.

Quantitative analyses revealed that prior to the ODIs, participants reported low levels of job satisfaction, motivation, work-life balance, and leadership perception, along with a relatively high level of turnover intention. Multiple Linear Regression analysis confirmed that all four independent variables (Job Satisfaction, Motivation, Work-Life Balance, and Leadership Style) were significant negative predictors of Turnover Intention, explaining over 50% of the variance.

Following the implementation of the ODIs, Paired Sample t-tests revealed statistically significant improvements in all four positive organizational variables, and a significant decrease in Turnover Intention. Effect size analysis using Cohen's d (Cohen, 1988) further indicated that the changes were not only statistically significant but also practically substantial.

Discussion of Results

The findings confirm that key organizational factors (Job Satisfaction, Motivation, Work-Life Balance, and Leadership Style) play a critical role in shaping turnover intention among healthcare professionals. These results are consistent with prior research, reinforcing the theoretical foundations of organizational behavior and employee retention.

Job Satisfaction: The strong negative relationship between job satisfaction and turnover intention ($\beta = -0.478$) suggests that employees who feel more valued, supported, and fulfilled

in their roles are less likely to leave the organization. Post-intervention improvements (Cohen's d = 1.70) further demonstrate that targeted initiatives can meaningfully enhance satisfaction levels.

Motivation: Motivation emerged as a significant predictor (β = -0.438), and its enhancement post-ODI (Cohen's d = 1.72) indicates that interventions aimed at recognition, empowerment, and engagement can effectively reduce turnover drivers.

Work-Life Balance: Although slightly less predictive (β = -0.267), work-life balance showed strong gains post-ODI (d = 1.75). This reflects the growing importance of personal-professional integration in healthcare settings, especially in high-stress environments (Sonnentag & Fritz, 2007).

Leadership Style: Leadership was a significant determinant (β = -0.360) and saw notable improvements after interventions targeting emotional intelligence and transformational practices (Cohen's d = 1.80) (Bass & Riggio, 2006; Goleman, 2000). This supports the view that leadership development is a cornerstone of workforce stability.

Turnover Intention: The post-intervention decreased in turnover intention (d = 2.38) signifies a dramatic and meaningful reduction in employees' desire to leave, confirming the effectiveness of the multi-dimensional ODI strategy.

Hypotheses Testing Summary

The table below summarizes the outcomes of hypotheses testing based on the results of regression and t-test analyses.

Table 8

Summary of Hypothesis Testing

Hypothesis	Statement	Supported
H1	Job Satisfaction → Turnover Intention (–)	✓
H2	Motivation → Turnover Intention (–)	✓
H3	Work-Life Balance → Turnover Intention (–)	✓
H4	Leadership Style → Turnover Intention (–)	✓
H5	ODIs improve Job Satisfaction, Motivation, Work-Life Balance, and Leadership Style	✓
H6	ODIs reduce Employee Turnover Intention	✓

All hypotheses were supported, affirming the theoretical model and the efficacy of the interventions.

Implications

Theoretical Implications

This study contributes to the body of knowledge in organizational behavior, particularly in the healthcare sector of Southeast Asia. By integrating ODIs into an action research framework, the study highlights the dynamic interplay between organizational factors and employee retention (Hackman & Oldham, 1980; Kline, 2011).

management workshops and mental health support (Luthans et al., 2006; Sonnentag & Fritz, 2007) can play a vital role in promoting work-life balance, particularly in high-pressure healthcare environments. Additionally, the regular assessment of employee satisfaction can act as an early indicator of potential retention issues, enabling timely and targeted interventions. The action research model applied in this study also offers a replicable and adaptive framework for other healthcare organizations seeking to implement participatory, evidence-based solutions to workforce challenges.

Limitations and Future Research

Despite its valuable contributions, this study has several limitations that should be acknowledged. First, the research was conducted exclusively in Bangkok, which may limit the generalizability of the findings to rural or international healthcare settings where organizational structures, cultural dynamics, and workforce challenges may differ significantly. Second, the study relied primarily on self-reported survey data, which may be subject to social desirability bias or limited self-awareness among respondents, potentially affecting the accuracy of the results. Lastly, the post-ODI evaluation was conducted shortly after the interventions were implemented, offering a snapshot of short-term impact but leaving the long-term sustainability and effectiveness of the interventions uncertain. Future research should consider longitudinal designs, include multiple geographic contexts, and integrate qualitative methods to provide deeper insights and enhance the robustness of findings.

Future Research Recommendations

To build upon the current study and address its limitations, several directions for future research are recommended. First, future studies should adopt a longitudinal design to assess the long-term impact and sustainability of Organizational Development Interventions (ODIs) over extended periods. Such an approach would help determine whether the observed improvements in job satisfaction, motivation, work-life balance, and turnover intention persist beyond the immediate post-intervention phase. Second, researchers should consider expanding the study across multiple institutions and diverse geographic locations to enhance the generalizability of findings and capture variations across different organizational and cultural contexts. Finally, incorporating qualitative methods such as in-depth interviews or focus group

discussions would provide richer and more nuanced insights into employees' experiences with the interventions, uncovering factors that quantitative surveys alone may not fully capture.

Conclusion

This study demonstrates that Organizational Development Interventions (ODIs) can effectively enhance job satisfaction, motivation, work-life balance, and leadership perception, while significantly reducing turnover intention among healthcare professionals. By leveraging an action research approach, the study not only identifies key determinants of employee retention but also provides a structured and participatory pathway for sustainable organizational change.

In the face of ongoing workforce challenges in the healthcare sector, these findings offer both theoretical insights and practical solutions to reduce turnover intention and foster a more engaged, motivated, and committed workforce.

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