“The impact of diversity, equity, inclusivity, and belongingness on employee retention in private hospitals in Chennai: An empirical study”

AUTHORS	Sindu Bharathi S. K. Sujatha S.

ARTICLE INFO	Sindu Bharathi S. K. and Sujatha S. (2025). The impact of diversity, equity, inclusivity, and belongingness on employee retention in private hospitals in Chennai: An empirical study. *Problems and Perspectives in Management*, *23*(3), 631-644. doi:10.21511/ppm.23(3).2025.45
DOI	http://dx.doi.org/10.21511/ppm.23(3).2025.45
RELEASED ON	Thursday, 18 September 2025
RECEIVED ON	Wednesday, 30 April 2025
ACCEPTED ON	Wednesday, 03 September 2025

JOURNAL	"Problems and Perspectives in Management"
ISSN PRINT	1727-7051
ISSN ONLINE	1810-5467
PUBLISHER	LLC “Consulting Publishing Company “Business Perspectives”
FOUNDER	LLC “Consulting Publishing Company “Business Perspectives”

NUMBER OF REFERENCES	NUMBER OF FIGURES	NUMBER OF TABLES
58	1	11

BUSINESS PERSPECTIVES

LLC "CPC "Business Perspectives"
Hryhorii Skovoroda lane, 10,
Sumy, 40022, Ukraine

www.businessperspectives.org

Sindu Bharathi S. K. (India), **Sujatha S.** (India)

THE IMPACT OF DIVERSITY, EQUITY, INCLUSIVITY, AND BELONGINGNESS ON EMPLOYEE RETENTION IN PRIVATE HOSPITALS IN CHENNAI: AN EMPIRICAL STUDY

Abstract

Increasing demographic diversity and shortages in labor necessitate healthcare organizations to establish inclusive workspaces that promote retention. In a dynamic and diverse labor market, this study evaluates how diversity, equity, inclusivity, and belongingness influence employee retention in multispecialty hospitals in Chennai, a major healthcare center in South India. A standardized questionnaire was administered to collect data from 247 physicians, who represent a critical group within the hospital between January and March 2025. The data were analyzed using structural equation modeling to examine direct and indirect relationships. The findings indicate that diversity, equity, inclusivity, and belongingness practices have a substantial and positive impact on employee retention (β = 0.700, 0.784, 0.410; p = 0.000), thereby improving the overall well-being of employees. It is worth noting that the inclusion-specific strategies implemented within this framework did not have any statistically significant effects (β = 0.095; p = 0.459) on retention. Also, well-being played a significant role in mediating the relationship between diversity, equity, inclusivity, and belongingness practices and retention (β = 0.411; p = 0.000). Furthermore, the individual mediation paths revealed statistically significant results (β = 0.228, 0.371, 0.189, 0.167; p = 0.010, 0.001, 0.003, 0.002). Higher organizational commitment has a positive impact since it has been shown to moderate the relationship between retention and well-being (β = 0.076; $p < 0.01$). In addition to contributing to the expanding corpus of literature on urban healthcare settings, findings may help policymakers enhance workforce stability through more equitable and inclusive organizational practices.

Keywords retention, well-being, commitment, diversity, equity, inclusion, belonging, healthcare

JEL Classification M14, J71, M12, J53

Type of the article: Research Article

Received on: 30th of April, 2025
Accepted on: 3rd of September, 2025
Published on: 18th of September, 2025

Sindu Bharathi S. K., M.B.A., Research Scholar, Department of Management Studies, Faculty of Management, SRM Institute of Science and Technology, Kattankulathur, India.

Sujatha S., Ph.D., Associate Professor, Department of Management Studies, Faculty of Management, SRM Institute of Science and Technology, Kattankulathur, India. (Corresponding author)

Conflict of interest statement:
Author(s) reported no conflict of interest

INTRODUCTION

The potential to impact employee engagement, satisfaction, and retention has contributed to a growing interest in the ideas of diversity, equity, inclusion, and belonging (DEIB) in management and organizational research in recent years. Although these ideas have been extensively studied in Western business settings, there is a scarcity of data on the impact of these practices on HR outcomes in developing nations like India, particularly in the healthcare industry (Hogan et al., 2023). The majority of current research typically conceptualizes DEIB practices in contexts that are culturally homogeneous or focused on policies, where inclusion and equity frameworks are firmly established (Andreasson et al., 2015). It is unclear, however, whether these relationships persist or exhibit comparable behavior in nations like India, which are characterized by high levels of socio-cultural and institutional diversity (Ferdman, 2013).

The healthcare industry in India is going through a period of rapid evolution as a consequence of rising skill gaps, growing privatization, and professionals migrating to cities. As a significant center for healthcare, Chennai faces particular workforce concerns, including physician attrition, job dissatisfaction, and a mismatch between organizational norms and professional standards (Downey et al., 2015). This situation prompts important enquiries regarding the impact of inclusive HR practices on employee retention or turnover decisions. There is still an inadequate level of scientific understanding regarding whether these initiatives operate in practice and whether or not they substantially affect retention outcomes, although DEIB practices have been widely implemented in hospital human resources policies (C. M. Malone & Harper, 2022).

Therefore, it is interesting to investigate the potential organizational and psychological factors that influence healthcare worker retention in India's urban health sector, where the expectations of both employees and patients continue to evolve. Contributing to the sparse empirical literature in this area of study, such research may offer insights specific to the context.

1. LITERATURE REVIEW

The role of diversity, equity, inclusion, and belongingness (DEIB) in retaining employees has received increasing prominence in recent years. This is particularly relevant in highly complex and hierarchical workplaces like healthcare organizations. The importance of DEIB has grown as a moral obligation and a strategic necessity for businesses in every sector that are competing for highly qualified workers. In environments with structural inequalities, implicit biases, and occupational pressures, DEIB ideology is challenging to implement. This complexity is reflected in the empirical literature, which emphasizes whether psychological, organizational, and contextual factors impact how employees view their worth, identity, and prospects within the framework of an organization.

According to Cox and Blake (1991) and Page (2007), diversity is frequently praised for its capacity to increase organizational agility, stimulate creativity, and extend perspectives on problem-solving. However, Shore et al. (2011) and Nishii (2013) show that diversity alone is not enough; inclusive practices are needed to ensure everyone gets a fair chance to be recognized and participate. Mor Barak et al. (2016) and Ashikali and Groeneveld (2015) have demonstrated that diversity management policies are most effective when they are embedded in a culture that values justice and inclusivity. Additionally, opinions regarding symbolic inclusion or tokenism frequently weaken commitment and trust in diverse workgroups, especially in cultures of collectivism that place a high value on social cohesiveness (Ely & Thomas, 2001; Dobbin & Kalev, 2018).

According to Colquitt (2001), equity in the workplace is all about treating employees fairly and doing away with obstacles to advancement, benefits, acknowledgement, and opportunities. Theories of organizational justice, such as legal, distributive, and social justice, indicate that employees' perceptions about fairness have an important effect on their desire to stay with the organization (Greenberg, 1990; Cropanzano et al., 2007). Fair treatment fosters psychological safety and dedication in high-stress occupations, such as healthcare (Khan et al., 2020). It also protects against burnout and disengagement. Integrity in execution and the perception of genuine policies are two factors that can cause equity initiatives to be unsuccessful (Jafino et al., 2021; Dover et al., 2020). Given the intricate interaction between social and economic inequalities in India's healthcare system, efforts to promote equity must permeate not only official HR policies but also informal organizational norms and leadership practices (Kundu & Mor, 2017).

An inclusive workplace is one in which all employees feel welcome and valued, in contrast to one that is diverse (Shore et al., 2018). Creating an environment where employees feel safe expressing themselves helps them form deeper connections to the organization (Sabharwal, 2014; Brimhall et al., 2014). Researchers emphasized the importance of inclusion in promoting job satisfaction and affec-

http://dx.doi.org/10.21511/ppm.23(3).2025.45

tive commitment, particularly among historically underrepresented communities. Significantly, leadership styles that emphasize involvement in decision-making, empathy, and transparent communication are instrumental in shaping inclusivity (Gotsis & Grimani, 2016). According to Randel et al. (2018), leaders who exhibit inclusive behaviors have a beneficial impact on cohesiveness among teams and intention to leave. Yet, experiences of inclusion vary depending on the job role or organizational level. Economic disparities and inadequate support from managers can be obstacles to inclusion for front-line staff, particularly within hospitals (Joseph et al., 2023).

The idea of belongingness offers the DEIB paradigm a more profound psychological aspect. According to Baumeister and Leary (1995) and Hagerty et al. (1992), it is a reflection of how emotionally attached and accepted an individual is within a social or organizational framework. Allen and Meyer (1990) and Raza et al. (2021) found that employees who have a strong sense of belonging at work are more likely to persevere through tough times, contribute significantly, and regard their organization as a community rather than just a workspace. Managing physical distance through inclusive interaction and acknowledgement can strengthen social identity (Afota et al., 2024), which has put belongingness into sharper focus due to the increasing prevalence of hybrid and remote work. To create a sense of belonging, where interactions are shaped by strong informal networks and social hierarchies in the healthcare context of India, specific programs like mentoring, recognition, and inclusive team dynamics may be essential (Crawford et al., 2024).

The well-being of employees constitutes a cause and an effect of DEIB procedures. Ryan and Deci (2001) and Diener and Ryan (2009) drew on self-determination theory and the idea of psychological flourishing to suggest that well-being influences commitment and involvement in the workplace through its emotional, social, and occupational characteristics. Well-being plays a mediating role between welcoming work environments and employee retention rates (Scanlan et al., 2013; Amin & Akbar, 2013). According to Sakka and Ahammad (2020), well-being serves as a protective resource that facilitates consistent achievement and organizational loyalty in high-pressure settings like healthcare, where emotional fatigue is widespread. Research conducted in India has demonstrated that both clinical and non-clinical employees' intentions to leave are influenced by their psychological well-being (Hlanganipai & Mazanai, 2014).

Meyer and Allen (1991) and Firth et al. (2004) both observed that emotional commitment to the organization is an effective indicator of retention. When employees believe their values align with the practices of their organization, it fosters a culture of inclusion at work and strengthens affective commitment (Richman et al., 2008; Bulut & Culha, 2010). The moderating impact of commitment in mitigating the detrimental impacts of stressors on retention is supported by empirical research conducted in the service and health sectors (Neininger et al., 2010; Saraih et al., 2017). In contrast, the robustness of this relationship frequently is contingent upon intervening variables, including perceived organizational support, work-life balance, and leadership support (Carmeli & Weisberg, 2006; Harden et al., 2018). Kennedy and Daim (2010) and Kundu and Lata (2017) shed light on how perceptions of equality and opportunities for advancement have an impact on commitment, particularly among hospital employees in India.

There is still a significant lack of sector-specific implementation, particularly in the healthcare systems of developing economies, given the proliferation of DEIB operations throughout the globe. With little empirical support from Indian private hospitals, the majority of research is still focused on corporate settings in the West (Arora et al., 2022). Additionally, the literature often addresses DEIB initiatives individually, overlooking their mutual dependence and the compounding impacts on workforce stability. A combination of diverse representation, equity frameworks, inclusive procedures, belonging cues, and employee-centered outcomes must be considered to make up these research gaps.

By employing structural equation modelling (SEM) and survey data, this study aims to empirically examine the influence of diversity, equity, inclusivity, and belongingness (DEIB) practices on employee retention in private hospitals in Chennai. Taking into consideration the literature

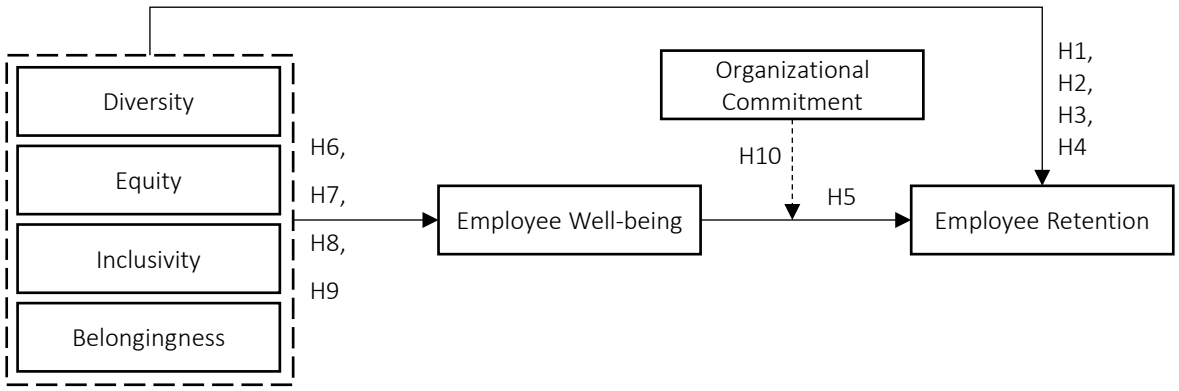

Figure 1. Conceptual research framework

review, the relevant hypotheses have been developed for the present study:

H1: Diversity has a positive influence on employee retention.

H2: Equity has a positive influence on employee retention.

H3: Retention of employees is positively influenced by inclusivity.

H4: Belongingness at work has a positive influence on employee retention.

H5: Employee well-being positively relates to employee retention.

H6: Diversity and retention of employees are mediated by employee well-being.

H7: Employee well-being mediates the relationship between equity and employee retention.

H8: Employee well-being mediates the inclusivity-retention relationship.

H9: Employee well-being acts as a mediator in the relationship between belongingness and employee retention.

H10: Organizational commitment moderates the well-being-retention relationship.

Figure 1 presents a conceptual framework that illustrates the hypotheses that are being tested.

2. METHODS

The research was conducted using a quantitative methodology, and the primary data were collected using a structured questionnaire. A total of 247 doctors from private, multi-specialty hospitals in the Chennai area of Tamil Nadu, India, participated in the survey using a purposive sampling technique and a predetermined questionnaire. To gain a comprehensive understanding of how DEIB impacts employee retention in hospital settings, we surveyed physicians with varying levels of experience. The respondents were expected to have extensive healthcare experience and be familiar with internal human resources guidelines and organizational procedures. Purposive sampling was implemented since physicians are the most vital segment in hospital workforces, and they are specifically impacted by shortages in staff as well as retention concerns. Professionals in this sector are in the ideal position to assess the influence of DEIB practices on employee commitment and retention; therefore, the research emphasis on them enabled us to acquire valuable insights. To ensure that the research question and the sample were aligned, this strategy was implemented. Hospitals were selected as the study location owing to their hierarchical structure, organized work culture, and the growing importance of DEIB practices in enhancing workforce stability, especially in healthcare organizations that are experiencing workforce shortages. The research was conducted from January to March 2025, a timeframe that allowed for the collection of responses that were not influenced by significant holidays or transfer seasons.

http://dx.doi.org/10.21511/ppm.23(3).2025.45

To ensure statistical validity and generalizability of results, a minimum required sample size of 384 was determined using Cochran's approach for sampling determination. The human resources department facilitated the online distribution of 397 questionnaires via secure links, accounting for the possibility of missing responses and data attrition. A total of 247 valid responses were retained for further statistical evaluation after data screening techniques were applied, which included fixing missing data, detecting outliers, and ensuring consistency. Respondents were informed of the objective of the study and gave their informed consent prior to participation, and ethical guidelines were strictly adhered to. Respondents were assured of their anonymity and confidentiality to reduce the possibility of bias. The findings yield significant insights, yet they are primarily applicable to urban hospital settings exhibiting comparable demographic and organizational traits. Appendix A details the methods used to evaluate the questionnaire constructs, which included items taken from validated instruments described in earlier empirical studies. Utilizing these well-established assessments guarantees reliability, conceptual consistency, and content validity. All of the items were evaluated using a five-point Likert scale.

To guarantee clarity and contextual significance, all items on the scale were face-validated by two academic specialists and two healthcare HR management professionals. To establish the instrument's internal consistency and item reliability, the final version underwent additional pre-testing with a pilot group of physicians. SPSS Version 27 was used to perform descriptive statistics analysis on the data, and SmartPLS 4.0 was utilized to perform partial least squares structural equation modeling (PLS-SEM). We evaluated the measurement model, which examined the correlation between the constructs and the observed indicators, as well as the structural model, which examined the significance and strength of the proposed paths, including mediation effects. Utilizing p-values ($p < 0.05$) and confidence intervals with a 95% level of certainty, the statistical significance was established. The questionnaire instrument was designed using the constructs and their sources from prior research, as shown in Table 1.

Table 1. Measurement scales

Construct	Sources
Diversity	Patrick and Kumar (2012)
Equity	Nishii (2013)
Inclusivity	Person et al. (2015)
Belongingness	Malone et al. (2012)
Employee well-being	Zheng et al. (2015)
Organizational commitment	Mowday et al. (1979)
Employee retention	Govaerts et al. (2011)

3. RESULTS AND DISCUSSION

The demographic information indicates that 48% of those who took part were women, and 52% of respondents were men. The greatest number of responders fell between the age categories of 25-30. Of them, 27% were between the ages of 20 and 25, 35% were between the ages of 25 and 30, 17% were between the ages of 30 and 35, 11% belonged between the 35–40 age range, 6% were in the 40–45 age range, and 4% were over 45. In accordance with the participants' experience, the majority (35%) had around one to three years of experience, while the smallest percentage (11%) had a decade or more of experience. Among those who responded, the group with monthly earnings ranging from 20,000 to 40,000 had a higher percentage (34%) in comparison to other groupings as provided in Table 2.

Table 2. Demographic characteristics

Demographic variable	Category	Frequency	Percentage (%)
Gender	Male	128	52
	Female	119	48
	Total	247	100
Age	20–25	66	27
	25–30	87	35
	30–35	43	17
	35–40	27	11
	40–45	14	6
	Above 45	10	4
	Total	247	100
Work Experiences	<One year	43	17
	One to three years	86	35
	Three to six years	53	21
	Six to ten years	39	16
	>Ten years	26	11
	Total	247	100
Monthly Salary	< 20000	27	11
	20,001–40,000	86	34
	40,001–60000	67	27
	60,001–80,000	46	19
	80,001–1,00,000	12	5
	> 1,00,000	9	4
	Total	247	100

This paper made use of confirmatory factor analysis (CFA). The load factors among items were calculated to exceed 0.5 (more than 50%) as outlined in Table 3 (Sawang & Kivits, 2014). CR values ranged between 0.732 and 0.964. The level of consistency of scale tools implies reliability. Items' reliability and internal consistency were .820 for 54 items as in Table 4. A value above 0.7 is considered optimal. Hence, the measurement model shows a good fit.

Table 3. Factor loadings, AVE, CR, and Cronbach's alpha

Constructs	Factor loading	CR	AVE	Cronbach's α
Diversity				
DIV1	0.658	0.921	0.564	0.763
DIV2	0.724			
DIV3	0.815			
DIV4	0.756			
DIV5	0.715			
DIV6	0.787			
DIV7	0.738			
DIV8	0.864			
Equity				
E1	0.922	0.936	0.890	0.854
E2	0.926			
E4	0.953			
E5	0.931			
E7	0.876			
E8	0.868			
E9	0.824			
Inclusivity				
I1	0.836	0.964	0.732	0.765
I2	0.778			
I4	0.918			
I6	0.907			
I7	0.902			
I8	0.737			
Belongingness				
B1	0.847	0.913	0.675	0.819
B2	0.804			
B3	0.87			
B4	0.715			
B5	0.76			
Employee Well-being				
EW1	0.822	0.952	0.644	0.748
EW3	0.768			
EW4	0.753			
EW5	0.801			
EW6	0.838			
EW7	0.867			
EW8	0.841			
EW9	0.828			
EW10	0.867			
Organizational Commitment				
OC1	0.517	0.761	0.559	0.718
OC2	0.728			
OC3	0.674			
OC4	0.723			
OC5	0.518			
OC6	0.866			
OC7	0.862			
OC8	0.875			
OC9	0.809			
Employee Retention				
ER1	0.772	0.732	0.656	0.825
ER2	0.79			
ER3	0.753			
ER4	0.704			
ER6	0.85			
ER7	0.812			
ER8	0.789			
ER9	0.788			
ER10	0.872			
ER11	0.816			

Table 4. Reliability

Reliability Statistics	
Cronbach's Alpha	N of Items
.820	54

Table 5 presents the F & L criterion that was determined. In addition, the HTMT value is < 0.90, suggesting that discriminant validity is appropriate (Sawang & Kivits, 2014). Therefore, the measuring model indicates a strong level of conformity. Testing the square root value of AVE for discriminant validity measures correlations among items that have different attributes. Whenever the diagonal component of the AVE square root exceeds the horizontal or vertical column correlation coefficient, discriminative validity emerges. The foregoing tests made use of SPSS 27 (IBM, USA).

Table 5. Discriminant validity (Fornell-Larcker)

	D	E	I	B	EWB	OC	ER
D	0.739						
E	0.293	0.943					
I	0.337	0.608	0.855				
B	0.385	0.543	0.497	0.821			
EWB	0.294	0.524	0.581	0.524	0.802		
OC	0.395	0.501	0.467	0.729	0.542	0.747	
ER	0.367	0.392	0.365	0.522	0.403	0.513	0.809

The KMO test determines the extent to which your data meets the criteria for factor analysis shown in

http://dx.doi.org/10.21511/ppm.23(3).2025.45

Table 6. Sampling adequacy is assessed for every variable and the whole model. A Kaiser-Meyer-Olkin (KMO) value closer to 1.0 is more desirable to proceed with factor analysis.

Table 6. Sampling adequacy

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.802
Bartlett's Test of Sphericity	Approx. Chi-Square	5195.511
	Df	990
	Sig.	.000

R-values assess independent-dependent correlation. *R*-squared is a measure of the dependent variable variance accounted for by the independent variables. The adjusted *R*-squared indicator measures the variance between the sample outcomes and the population to determine the applicability of multiple regression analysis. As seen in Table 7, all research values were sufficient in order to proceed with further analysis.

Table 7. Model estimation

Model Summary[b]					
Model	R	R Square	Adjusted R Square	Std. Error of estimate	Durbin-Watson
1	.855[a]	.732	.668	1.53985	1.930

Note: a. 'Predictors: (Constant), D, E, I, B, EWB, moderator, OC. b. Dependent Variable: ER.

Smart PLS 4.0 uses partial least squares structural equation modelling to measure the relationship between observed and latent factors. SRMR and NFI are utilized in PLS-SEM to assess model suitability. The SRMR ranges from 0 to 1. NFI values fluctuate between 0 to 1. A model fits effectively when the NFI is higher than 0.9. All research values were within the acceptable range. Overall, this study's model fits appropriately.

The findings listed in Table 8 suggest that the various DEIB practices have a significant direct effect on retaining employees, with coefficients (β) of 0.700, 0.784, and 0.410, all of which are statistically significant ($p < 0.000$) except hypothesis 3, which was estimated to contradict the hypothesis proposed. The results indicated insignificant results with coefficients (β of 0.095). In addition, a substantial positive correlation was identified between the well-being of employees and retained workers, as indicated by a beta coefficient of 0.411 and a *p*-value of less than 0.000. The indirect effects refer to the secondary influence of DEIB practices on employee well-being and employee retention. The findings indicate a considerable favorable correlation between DEIB practices and retention of employees (β = 0.228, 0.371, 0.089, 0.167, $p < 0.010$, 0.001, 0.003, and 0.002). Table 9 shows that DEIB practices and overall well-being are partially mediated by employee well-being.

Table 8. Statistical analysis (Direct effects)

Structural Path	Effects	Beta	t-values	p-values	Result
D → ER	Direct	0.700	17.82	0.000	Accepted
E → ER	Direct	0.784	19.36	0.000	Accepted
I → ER	Direct	0.095	1.437	0.459	Rejected
B → ER	Direct	0.410	4.235	0.000	Accepted
EWB → ER	Direct	0.411	3.137	0.000	Accepted

Table 9. Statistical analysis (Indirect effects)

Structural Path	Effects	Beta	t-values	p-values	Result
D → EWB → ER	Indirect	0.228	2.658	0.010	Accepted
E → EWB → ER	Indirect	0.371	3.204	0.001	Accepted
I → EWB → ER	Indirect	0.189	2.046	0.003	Accepted
B → EWB → ER	Indirect	0.167	3.287	0.002	Accepted

Upon examining Table 10 (0.076, $p < 0.05$), it is readily evident that the moderating influence of organizational commitment is of statistical significance in predicting the relationship between the well-being of employees and their retention intention. The results show that employees' longevity and general well-being are both improved when they have a strong sense of belongingness, and that this feeling is maintained over time. Therefore, this result validates the proposed hypotheses.

Table 10. Moderator testing

Construct	Path Coefficient (β)	T-Statistics
Moderator influence – Organizational Commitment	0.076	1.873

Model validation is further explained via path analysis and *R*-squared. Model rationale is evaluated by *R*-squared. With an *R*-squared value near 0.50, the model exhibits a moderate exploration power, while at 0.75, it exhibits significant power. The analysis of the data yielded *R*-squared values of 0.58 for the impact of DEIB practices on employee welfare and 0.68 for their effect on employee retention. After the moderator variable of organizational commitment was introduced, the

R-squared value improved to 74%. Hence, the model employed in the present study effectively elucidates the latent variables and holds a substantial level of explanatory efficacy.

It has been established that DEIB practices have a significant influence on the well-being of employees, which in turn mediates the relationship with employee retention. This paper adds to the increasing amount of evidence that healthcare organizations should implement comprehensive people-centric approaches.

The findings provide credence to the idea that a company's commitment to diversity, equity, and belongingness influences employee well-being, which in turn influences the retention of employees. This is consistent with previous research that suggests that diverse workplaces foster psychological safety and innovation (Shore et al., 2011) and that equity enhances impressions of fairness as well as developmental opportunities (Mor Barak et al., 2016). According to Eisenberger et al. (1986) and Kuvaas (2006), when workers feel valued, supported, and treated fairly, their general well-being improves, which increases loyalty and retention.

The direct relationship between inclusivity and retention was not supported, even though inclusivity significantly impacted employee retention indirectly through employee well-being. This implies that unless inclusive policies also enhance workers' well-being, they might not be enough to increase retention. This mediated relationship lends credibility to the claims made by Sabharwal (2014) that inclusion needs to be present in everyday work interactions to have a significant impact on retention. Employees are more likely to stay with an organization that creates an inclusive work environment that values their opinions, encourages them to participate, and treats them with respect.

The findings also indicate that the well-being of employees has a significant impact on the commitment of the organization, which in turn leads to an increase in employee retention. The results support previous models of affective commitment (Allen & Meyer, 1990), which propose that employees are more likely to remain when they feel emotionally fulfilled and their values align with those of the organization. To this, our research contributes to the identification of DEIB as the primary promoter of this commitment.

CONCLUSION

The research objective was to investigate the relationship between diversity, equity, inclusivity, and belongingness (DEIB) and the intentions to continue working for their current organization for an extended tenure. Perceptions of diversity, equity, inclusivity, and belongingness practices within an organization have a significant impact on the general well-being of employees, which in turn leads to increased employee retention. Employees are more likely to be committed to their work, motivated, and less likely to consider leaving their jobs if they work in an environment that is inclusive and supportive, which is shaped by productive DEIB initiatives. These findings underscore the importance of integrating DEIB principles into an organization's culture to foster a workforce that is both more productive and sustainable. The results obtained from the study suggest that there is a wider relevance, despite the fact that it was carried out within the healthcare sector. To improve the generalizability of the findings, it is recommended that future research investigate these relationships across a wider range of business sectors and industries.

When interpreting these results, however, it is necessary to give due consideration to a number of limitations. The first limitation of the study is that it was designed using a cross-sectional methodology, which makes it difficult to draw conclusions about the causal relationships among the variables. To better understand how things evolve over time, researchers may use longitudinal approaches. Additionally, as a mediating variable, employee well-being was the primary focus of this research. Additional mediators, such as job satisfaction, work engagement, or organizational commitment, could be incorporated into subsequent research to facilitate a more thorough understanding of the mechanisms through which DEIB impacts retention rates. The inclusion of variables related to work structure may also lead to the discovery of more profound insights into the factors that influence employee retention.

http://dx.doi.org/10.21511/ppm.23(3).2025.45

An additional limitation pertains to the extent of the sample that was taken. Given their pivotal role in determining organizational culture and retention dynamics in the healthcare industry, the focus on physicians was deliberate, even though the 247 valid responses offer statistically reliable insights and capture the perspectives of a crucial professional group within urban multispeciality hospitals. The results are therefore most relevant to comparable healthcare settings with similar organizational and workforce traits. It is accordingly prudent to exercise caution when drawing broader conclusions that apply to other industries or sectors. Moreover, the study lays significant groundwork upon which subsequent research can build by incorporating samples that are both broader and more diversified to expand the scope of the evidence base. Future studies can build upon the present findings by addressing these limitations, providing additional insights and practical suggestions for creating equitable, inclusive, and sustainable workplaces.

AUTHOR CONTRIBUTIONS

Conceptualization: Sindu Bharathi S. K., Sujatha S.
Data curation: Sujatha S.
Formal analysis: Sindu Bharathi S. K.
Investigation: Sindu Bharathi S. K., Sujatha S.
Methodology: Sindu Bharathi S. K.
Project administration: Sindu Bharathi S. K., Sujatha S.
Resources: Sindu Bharathi S. K.
Software: Sindu Bharathi S. K.
Supervision: Sujatha S.
Validation: Sujatha S.
Visualization: Sindu Bharathi S. K., Sujatha S.
Writing – original draft: Sindu Bharathi S. K.
Writing – review & editing: Sindu Bharathi S. K., Sujatha S.

REFERENCES

1. Afota, M.-C., Ollier-Malaterre, A., & Vandenberghe, C. (2024). The development of blended friendship in high leader-member exchange relationships: Mechanisms and consequences of a relational shift. *Organizational Psychology Review, 14*(4), 519-541. https://doi.org/10.1177/20413866241269739
2. Allen, N. J., & Meyer, J. P. (1990). The measurement and antecedents of affective, continuance and normative commitment to the organization. *Journal of Occupational Psychology, 63*(1), 1-18. https://doi.org/10.1111/j.2044-8325.1990.tb00506.x
3. Amin, Z., & Akbar, K. P. (2013). Analysis of psychological well-being and turnover intentions of hotel employees: An empirical study. *International Journal of Innovation and Applied Studies, 3*(3), 662-671. Retrieved from https://ijias.issr-journals.org/abstract.php?article=IJIAS-13-114-02
4. Andreasson, I., Ohlsson, L., & Assarson, I. (2015). Operationalizing equity: The complexities of equity in practice. *Education, Citizenship and Social Justice, 10*(3), 266-277. https://doi.org/10.1177/1746197915607280
5. Arora, L., Bhujang, P. M., & Sivakami, M. (2022). Understanding discrimination against LGBTQIA+ patients in Indian hospitals using a human rights perspective: an exploratory qualitative study. *Sexual and Reproductive Health Matters, 29*(2), 2104678. https://doi.org/10.1080/26410397.2022.2104678
6. Ashikali, T., & Groeneveld, S. (2015). Diversity management in public organizations and its effect on employees' affective commitment: The role of transformational leadership and the inclusiveness of the organizational culture. *Review of Public Personnel Administration, 35*(2), 146-168. https://doi.org/10.1177/0734371X13511088
7. Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*(3), 497-529. https://doi.org/10.1037/0033-2909.117.3.497
8. Brimhall, K. C., Lizano, E. L., & Mor Barak, M. E. (2014). The mediating role of inclusion: A longitudinal study of the effects of leader–member exchange and diversity climate on job satisfaction and intention to leave among child welfare workers. *Children and Youth Services Review, 40,* 79-88. https://doi.org/10.1016/j.childyouth.2014.03.003

9. Bulut, C., & Culha, O. (2010). The effects of organizational training on organizational commitment: Organizational training and organizational commitment. *International Journal of Training and Development, 14*(4), 309-322. https://doi.org/10.1111/j.1468-2419.2010.00360.x

10. Carmeli, A., & Weisberg, J. (2006). Exploring turnover intentions among three professional groups of employees. *Human Resource Development International, 9*(2), 191-206. https://doi.org/10.1080/13678860600616305

11. Colquitt, J. A. (2001). On the dimensionality of organizational justice: A construct validation of a measure. *The Journal of Applied Psychology, 86*(3), 386-400. https://doi.org/10.1037//0021-9010.86.3.386

12. Cox, T. H., & Blake, S. (1991). Managing cultural diversity: Implications for organizational competitiveness. *The Academy of Management Perspectives, 5*(3), 45-56. https://doi.org/10.5465/ame.1991.4274465

13. Crawford, J., Allen, K.-A., Sanders, T., Baumeister, R., Parker, P., Saunders, C., & Tice, D. (2024). Sense of belonging in higher education students: An Australian longitudinal study from 2013 to 2019. *Studies in Higher Education, 49*(3), 395-409. https://doi.org/10.1080/03075079.2023.2238006

14. Cropanzano, R., Bowen, D. E., & Gilliland, S. W. (2007). The management of organizational justice. *The Academy of Management Perspectives, 21*(4), 34-48. https://doi.org/10.5465/amp.2007.27895338

15. Diener, E., & Ryan, K. (2009). Subjective well-being: A general overview. *Suid-Afrikaanse Tydskrif Vir Sielkunde [South African Journal of Psychology], 39*(4), 391-406. https://doi.org/10.1177/008124630903900402

16. Dobbin, F., & Kalev, A. (2018). Why doesn't diversity training work? The challenge for industry and academia. *Anthropology Now, 10*(2), 48-55. https://doi.org/10.1080/19428200.2018.1493182

17. Dover, T. L., Kaiser, C. R., & Major, B. (2020). Mixed signals: The unintended effects of diversity initiatives. *Social Issues and Policy Review, 14*(1), 152-181. https://doi.org/10.1111/sipr.12059

18. Downey, S. N., van der Werff, L., Thomas, K. M., & Plaut, V. C. (2015). The role of diversity practices and inclusion in promoting trust and employee engagement: Diversity practices and engagement. *Journal of Applied Social Psychology, 45*(1), 35-44. https://doi.org/10.1111/jasp.12273

19. Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *The Journal of Applied Psychology, 71*(3), 500-507. https://doi.org/10.1037/0021-9010.71.3.500

20. Ely, R. J., & Thomas, D. A. (2001). Cultural diversity at work: The effects of diversity perspectives on work group processes and outcomes. *Administrative Science Quarterly, 46*(2), 229-273. https://doi.org/10.2307/2667087

21. Ferdman, B. M. (2013). The practice of inclusion in diverse organizations. In *Diversity at work: The practice of inclusion* (pp. 3-54). San Francisco: John Wiley & Sons, Inc. https://doi.org/10.1002/9781118764282.ch1

22. Firth, L., Mellor, D. J., Moore, K. A., & Loquet, C. (2004). How can managers reduce employee intention to quit? *Journal of Managerial Psychology, 19*(2), 170-187. https://doi.org/10.1108/02683940410526127

23. Gotsis, G., & Grimani, K. (2016). The role of servant leadership in fostering inclusive organizations. *Journal of Management Development, 35*(8), 985-1010. https://doi.org/10.1108/jmd-07-2015-0095

24. Govaerts, N., Kyndt, E., Dochy, F., & Baert, H. (2011). Influence of learning and working climate on the retention of talented employees. *The Journal of Workplace Learning, 23*(1), 35-55. https://doi.org/10.1108/13665621111097245

25. Greenberg, J. (1990). Organizational justice: Yesterday, today, and tomorrow. *Journal of Management, 16*(2), 399-432. https://doi.org/10.1177/014920639001600208

26. Hagerty, B. M., Lynch-Sauer, J., Patusky, K. L., Bouwsema, M., & Collier, P. (1992). Sense of belonging: Vital mental health concept. *Archives of Psychiatric Nursing, 6*(3), 172-177. https://doi.org/10.1016/0883-9417(92)90028-h

27. Harden, G., Boakye, K. G., & Ryan, S. (2018). Turnover intention of technology professionals: A social exchange theory perspective. *Journal of Computer Information Systems, 58*(4), 291-300. https://doi.org/10.1080/08874417.2016.1236356

28. Hlanganipai, N., & Mazanai, M. (2014). Career management practices: Impact of work design on employee retention. *Mediterranean Journal of Social Sciences, 5*(4). https://doi.org/10.5901/mjss.2014.v5n4p21

29. Hogan, T. H., O'Rourke, B. P., Weeks, E., Silvera, G. A., & Choi, S. (2023). Top-level leaders and implementation strategies to support organizational diversity, equity, inclusion, and belonging (DEIB) interventions: A qualitative study of top-level DEIB leaders in healthcare organizations. *Implementation Science, 18*(1), Article 59. https://doi.org/10.1186/s13012-023-01319-7

30. Jafino, B. A., Kwakkel, J. H., & Taebi, B. (2021). Enabling assessment of distributive justice through models for climate change planning: A review of recent advances and a research agenda. *Wiley Interdisciplinary Reviews. Climate Change, 12*(4), Article e721. https://doi.org/10.1002/wcc.721

31. Joseph, T. M., Kar Mahapatra, D., Esmaeili, A., Piszczyk, Ł., Hasanin, M. S., Kattali, M., Haponiuk, J., & Thomas, S. (2023). Nanoparticles: Taking a unique position in medicine. *Nanomaterials, 13*(3), Article 574. https://doi.org/10.3390/nano13030574

32. Kennedy, E., & Daim, T. U. (2010). A strategy to assist management in workforce engagement and employee retention in the high-tech engineering environment. *Evalua-*

http://dx.doi.org/10.21511/ppm.23(3).2025.45

tion and Program Planning, 33(4), 468-476. https://doi.org/10.1016/j.evalprogplan.2009.12.001

33. Khan, M., Khan, H., Khan, S., & Nawaz, M. (2020). Epidemiological and clinical characteristics of coronavirus disease (COVID-19) cases at a screening clinic during the early outbreak period: A single-centre study. *Journal of Medical Microbiology, 69*(8), 1114-1123. https://doi.org/10.1099/jmm.0.001231

34. Kundu, S. C., & Lata, K. (2017). Effects of supportive work environment on employee retention: Mediating role of organizational engagement. *International Journal of Organizational Analysis, 25*(4), 703-722. Retrieved from https://psycnet.apa.org/doi/10.1108/IJOA-12-2016-1100

35. Kundu, S.C., & Mor, A. (2017). Workforce diversity and organizational performance: A study of IT industry in India. *Employee Relations, 39*(2), 160-183. https://doi.org/10.1108/er-06-2015-0114

36. Kuvaas, B. (2006). Performance appraisal satisfaction and employee outcomes: Mediating and moderating roles of work motivation. *The International Journal of Human Resource Management, 17*(3), 504-522. https://doi.org/10.1080/09585190500521581

37. Malone, C. M., & Harper, E. A. (2022). Liberatory mentoring as an inclusion strategy for racial and ethnic minoritized students. *School Psychology Training and Pedagogy, 39*(2), 1-13. Retrieved from https://www.researchgate.net/publication/367861828_Liberatory_Mentoring_as_an_Inclusion_Strategy_for_Racial_and_Ethnic_Minoritized_Students

38. Malone, G. P., Pillow, D. R., & Osman, A. (2012). The General Belongingness Scale (GBS): Assessing achieved belongingness. *Personality and Individual Differences, 52*(3), 311-316. https://doi.org/10.1016/j.paid.2011.10.027

39. Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review, 1*(1), 61-89. https://doi.org/10.1016/1053-4822(91)90011-z

40. Mor Barak, M. E., Lizano, E. L., Kim, A., Duan, L., Rhee, M. K., Hsiao, H. Y., & Brimhall, K. C. (2016). The promise of diversity management for climate of inclusion: A state-of-the-art review and meta-analysis. *Human Service Organizations: Management, Leadership & Governance, 40*(4), 305-333. https://doi.org/10.1080/23303131.2016.1138915

41. Mowday, R. T., Steers, R. M., & Porter, L. W. (1979). The measurement of organizational commitment. *Journal of Vocational Behavior, 14*(2), 224-247. https://doi.org/10.1016/0001-8791(79)90072-1

42. Neininger, A., Lehmann-Willenbrock, N., Kauffeld, S., & Henschel, A. (2010). Effects of team and organizational commitment – A longitudinal study. *Journal of Vocational Behavior, 76*(3), 567-579. https://doi.org/10.1016/j.jvb.2010.01.009

43. Nishii, L. H. (2013). The benefits of climate for inclusion for gender-diverse groups. *Academy of Management Journal, 56*(6), 1754-1774. https://doi.org/10.5465/amj.2009.0823

44. Page, S. E. (2007). Making the difference: Applying a logic of diversity. *The Academy of Management Perspectives, 21*(4), 6-20. https://doi.org/10.5465/amp.2007.27895335

45. Patrick, H. A., & Kumar, V. R. (2012). Managing workplace diversity: Issues and challenges. *SAGE Open, 2*(2). https://doi.org/10.1177/2158244012444615

46. Person, S. D., Jordan, C. G., Allison, J. J., Fink Ogawa, L. M., Castillo-Page, L., Conrad, S., Nivet, M. A., & Plummer, D. L. (2015). Measuring diversity and inclusion in academic medicine: The Diversity Engagement Survey. *Academic Medicine: Journal of the Association of American Medical Colleges, 90*(12), 1675-1683. https://doi.org/10.1097/ACM.0000000000000921

47. Randel, A. E., Galvin, B. M., Shore, L. M., Ehrhart, K. H., Chung, B. G., Dean, M. A., & Kedharnath, U. (2018). Inclusive leadership: Realizing positive outcomes through belongingness and being valued for uniqueness. *Human Resource Management Review, 28*(2), 190-203. https://doi.org/10.1016/j.hrmr.2017.07.002

48. Raza, S. A., Qazi, W., Khan, K. A., & Salam, J. (2021). Social isolation and acceptance of the Learning Management System (LMS) in the time of COVID-19 Pandemic: An expansion of the UTAUT model. *Journal of Educational Computing Research, 59*(2), 183-208. https://doi.org/10.1177/0735633120960421

49. Richman, A. L., Civian, J. T., Shannon, L. L., Jeffrey Hill, E., & Brennan, R. T. (2008). The relationship of perceived flexibility, supportive work–life policies, and use of formal flexible arrangements and occasional flexibility to employee engagement and expected retention. *Community, Work & Family, 11*(2), 183-197. https://doi.org/10.1080/13668800802050350

50. Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology, 52*(1), 141-166. https://doi.org/10.1146/annurev.psych.52.1.141

51. Sabharwal, M. (2014). Is diversity management sufficient? Organizational inclusion to further performance. *Public Personnel Management, 43*(2), 197-217. https://doi.org/10.1177/0091026014522202

52. Sakka, G., & Ahammad, M. F. (2020). Unpacking the relationship between employee brand ambassadorship and employee social media usage through employee wellbeing in workplace: A theoretical contribution. *Journal of Business Research, 119,* 354-363. https://doi.org/10.1016/j.jbusres.2020.03.038

53. Saraih, U. N., Aris, A. Z. Z., Karim, K. M., Samah, I. H. A., Sa'aban, S., & Mutalib, S. A. (2017). Relationships between organizational commitment, OCB, organizational justice and turnover intention: Evidence from educational

institution in Malaysia. *Review of Integrative Business and Economics Research, 6*(2), 64-77. Retrieved from https://www.sibresearch.org/uploads/3/4/0/9/34097180/riber6-2_04k17-080_64-77.pdf

54. Sawang, S., & Kivits, R. A. (2014). Greener workplace: understanding senior management's adoption decisions through the Theory of Planned Behaviour. *Australasian Journal of Environmental Management, 21*(1), 22-36. https://doi.org/10.1080/14486563.2013.848418

55. Scanlan, J. N., Meredith, P., & Poulsen, A. A. (2013). Enhancing retention of occupational therapists working in mental health: Relationships between wellbeing at work and turnover intention. *Australian Occupational Therapy Journal, 60*(6), 395-403. https://doi.org/10.1111/1440-1630.12074

56. Shore, L. M., Cleveland, J. N., & Sanchez, D. (2018). Inclusive workplaces: A review and model. *Human Resource Management Review, 28*(2), 176-189. https://doi.org/10.1016/j.hrmr.2017.07.003

57. Shore, L. M., Randel, A. E., Chung, B. G., Dean, M. A., Holcombe Ehrhart, K., & Singh, G. (2011). Inclusion and diversity in work groups: A review and model for future research. *Journal of Management, 37*(4), 1262-1289. https://doi.org/10.1177/0149206310385943

58. Zheng, X., Zhu, W., Zhao, H., & Zhang, C. (2015). Employee well-being in organizations: Theoretical model, scale development, and cross-cultural validation: Employee well-being in organizations. *Journal of Organizational Behavior, 36*(5), 621-644. https://doi.org/10.1002/job.1990

http://dx.doi.org/10.21511/ppm.23(3).2025.45

APPENDIX A

Table A1. Questionnaire

Diversity	SDA	DA	N	A	SA
Employees understand that diversity occurs and learn to appreciate and respect basic differences at my organization.					
I admit to my prejudices and biases and take steps toward eliminating them.					
In a group of peers or associates, it is important to clarify misunderstandings about diverse individuals.					
Enhance one's understanding of diversity via reading, listening, and expanding experiential knowledge of various individuals.					
I communicate professionally by listening carefully and asking clarifying questions.					
Engaging with various individuals as guests by expressing interest in them instead of regarding them as strangers.					
I develop healthy interactions with different individuals.					
In my organization, I seek feedback from others, express respect, and appreciate their difference.					
Equity	**SDA**	**DA**	**N**	**A**	**SA**
Employment/HR policies that are equitable are implemented within my organization.					
The development of all employees is a priority for this organization.					
Employees at this company might anticipate receiving a fair evaluation of their performance.					
The promotion process is equitable within the organization.					
Employees of this company obtain equal pay for equal work.					
My company evaluates people's ideas based on their merit, not who expresses them.					
My organization invests in the growth of each of its workers.					
Inclusivity	**SDA**	**DA**	**N**	**A**	**SA**
I feel respected and valued by my colleagues.					
I can be myself at work without fear of negative consequences.					
I am encouraged to share my ideas and opinions.					
My contributions are recognized and appreciated by others.					
I feel included in informal and formal workplace interactions.					
Decision-making processes in my organization consider input from people with diverse perspectives.					
Belongingness	**SDA**	**DA**	**N**	**A**	**SA**
I experience a sense of belonging when I am in the company of others.					
Other individuals support my feeling of connection with others.					
I have a sense of belonging.					
My relationships play an important role in shaping my personal growth and happiness.					
When I am with people in the organization, I do not feel like a stranger.					
Employee Well-being	**SDA**	**DA**	**N**	**A**	**SA**
I feel emotionally drained from my work.					
I look forward to going to work most days.					
I feel appreciated by my organization.					
I find my work meaningful and fulfilling.					
I feel mentally exhausted at the end of the workday.					
I feel positive and energized when I am working.					
My job gives me a sense of purpose.					
I am able to balance my work and personal life effectively.					
Overall, I am satisfied with my well-being at work.					
I feel emotionally drained from my work.					
Organizational Commitment	**SDA**	**DA**	**N**	**A**	**SA**
I am willing to put in a great deal of effort beyond what is normally expected to help this organization succeed.					
I talk up this organization to my friends as a great place to work.					
I feel very loyal to this organization.					
I really care about the fate of this organization.					
I am proud to tell others that I am part of this organization.					
I am willing to put in a great deal of effort beyond what is normally expected to help this organization succeed.					

Table A1 (cont.). Questionnaire

Employee Retention	SDA	DA	N	A	SA
I am planning on working for another institution within three years.					
Within this organization, my work gives me satisfaction.					
If I wanted to do another job or function, I would look first at the possibilities within this organization.					
I see a future for myself within this organization.					
It does not matter if I am working for this organization or another, as long as I have work.					
If it were up to me, I would be working for this organization for the next five years.					
If I could start over again, I would choose to work for another organization.					
If I received an attractive job offer from another organization, I would take the job.					
The work I am doing is vital to me.					
I love working for this organization.					

Note: SDA – Strongly Disagree, DA – Disagree, N – Neutral, A – Agree, SA – Strongly Agree.

http://dx.doi.org/10.21511/ppm.23(3).2025.45