
Holding On and Letting Go: The Relationship Between Job Embeddedness and Turnover Among PEM Physicians

Matthew Valle, **Christopher R. Leupold, and *Kerry L. Leupold*

Elon University and Robert Wood Johnson Hospital

In 2001 job embeddedness was introduced as a new construct to explain and predict turnover in organizations (Mitchell, Holtom, Lee, Sablinski, & Erez, 2001). The current study tests the job embeddedness construct with a sample of 183 Pediatric Emergency Medicine (PEM) physicians. Results suggest that job embeddedness, a composite variable measuring physician links to other people/the organization, job fit, and the sacrifices inherent in job change, is inversely related to the turnover intentions of PEM physicians. Implications for healthcare managers are discussed which highlight a shift from determining affective reactions to work, to understanding how job embeddedness can explain decisions to stay with, or leave, an organization.

Key Words: Turnover, Embeddedness, Healthcare workers

Introduction

Limiting dysfunctional turnover, or the turnover of employees the organization would rather have remain, has always been an imperative for human resource managers. The costs associated with employee turnover are substantial (Holtom, Mitchell, Lee & Inderrieden, 2005), and turnover within the healthcare industry (e.g., Barney, 2002; Harmon et al., 2003) presents a number of unique challenges including reduced patient care outcomes and the loss of highly skilled and productive staff (Reinhart, Munger & Rund, 1999; Shen, Cox & McBride, 2004). Consequently, programs aimed at retention have the attention of the top level managers of healthcare organizations (Barney, 2002). Considerable research has been devoted to understanding the attitudinal predictors of turnover intentions, such as job satisfaction (Boswell, Boudreau & Tichy, 2005; Griffith, Hom & Gaertner, 2000), organizational commitment (Maertz & Campion, 1998) and perceived organizational support (Shore & Tetrick, 1991). However, work attitudes have been found to play a relatively small role in

predicting actual turnover (Griffith et al., 2000; Mitchell et al., 2001; Mossholder, Settoon & Henagan, 2005).

There is a growing body of research which points to other salient factors involved in the turnover decision which affect the attachment an individual has to an organization (Lee, Mitchell, Sablinski, Burton, & Holtom, 2004; Mossholder et al., 2005). Non-work factors such as family influences, spouse commitments, hobbies, and church influences can affect turnover, as well as organizational factors such as job structure and work-related groups (Cohen, 1995; Lee, et al., 2004; Mitchell et al., 2001). By examining the ways employees become attached to organizations, or embedded within them, we may be better able to improve the predictive validity of attitudinal indicators, thus reducing the costs associated with dysfunctional turnover.

This study uses the conceptual framework of Mitchell et al. (2001) to explore the job embeddedness construct with a sample of Pediatric Emergency Medicine (PEM) physicians. Given the high costs associated with turnover in the healthcare industry, especially among physician specialties, an analysis of these individuals' reasons to hold on or let go may dramatically impact hospital operations and patient care. The job embeddedness construct purports to measure the individuals' attachment to the organization via multiple dimensions which are believed to influence retention. These dimensions include links, fit and sacrifice.

Job Embeddedness

Sociologists have referred to embeddedness, in general, as the process by which social networks influence economic action (Granovetter, 1985). Mitchell et al. (2001, p. 1104) describe job embeddedness as a constellation of influences which enmesh or embed people within organizations. Consequently, the embedded employee either finds it more difficult to leave or does not want to leave the organization to which they have become a part. The three component dimensions of job embeddedness include *links*, *fit* and *sacrifice*.

Links

Links are the formal or informal connections one has to other people in the organization, and includes non-work connections. One can become embedded in an organizational web of connections, much as one can become heavily involved in family and social links outside of work. Mossholder et al. (2005) and Burt (2001) found that interpersonal networks, or strong relational ties within an organization, were inversely related to turnover. Kahn (1998) argued that work-related links helped facilitate positive task outcomes, and contributed to the emotional needs of employees. He hypothesized that individuals who lacked a supportive system of relationships at work would emotionally withdraw from work, their colleagues, and ultimately, the organization. Such a progression of withdrawal (Rosse, 1998) has been supported in other turnover research. McPherson, Popielarz and Drobnic (1992) found that individuals with more ties to a social network had longer membership duration.

Fit

Fit has often been described as an employee's perceived compatibility with his or her organization (Chatman, 1989). This construct has been further described as a composite of person-organization fit (Chatman, 1989) and person-job fit (Careless, 2005). Studies have shown that poor person-organization fit leads to turnover (e.g., Villanova, Bernardin, Johnson & Dahmus, 1994). A person who perceives person-organization fit would find it difficult to leave an organization. People take jobs for other fit reasons, including proximity to extended family, climate considerations, and culture. Lee et al. (2004) found that embeddedness was significantly enhanced by off-the-job, or community fit. Perceptions of fit within an organization and in the community would likely lead to decreased turnover intentions.

Given the extremely delicate nature of their work and the literal life and death situations they potentially face every shift, PEM physicians operate in a highly unique environment, even compared to other physicians. Moreover, they must interact with perhaps the most difficult of all patient groups – extremely ill or hurt children. While compensation for PEM physicians is substantial, it is fair to ask what draws these individuals to these particularly demanding jobs. Werbel and Gilliland (1999) argued that individuals choose their jobs primarily on the basis of value congruence. Careless (2005) found that higher person-job fit perceptions, as compared to person-organization fit perceptions, were significantly related to selection intention decisions. It seems likely, then, that PEM physicians perceive a strong person-job fit between their interests and the PEM career.

Sacrifice

The final dimension which relates to embeddedness is sacrifice, which is the individual's perceived cost (in psychological and financial terms) of job change. The psychological costs may include those associated with leaving friends or family and job conditions which one desires. Financial costs may include relocation related expenses (Fields, Dingman, Roman & Blum, 2005). Meyer and Allen's (1991, 1997) three-factor model of commitment includes a continuance dimension, which they argued reflects the perceived costs of leaving the organization. The webs which individuals build over time may be substantially disrupted (in the case of relocation to a far-away place) or modestly disrupted (in the case of a job change in the local area).

Hypothesis

The job embeddedness construct subsumes a constellation of variables which may link individuals to others and organizations, enhancing fit and highlighting the sacrifices one might make by leaving the organization. The construct, a "... higher-order aggregate of the forces for retention" (Mitchell et al., 2001, p. 1109), was intended to assess the overall level of embeddedness an individual would experience without substantially considering which specific elements would lead to intent to leave. In an attempt to replicate the Mitchell et al. study, an assessment of overall job embeddedness in the current study was achieved using Mitchell et al.'s (2001) dimensions of links, fit, and sacrifice. The three dimensions were individually assessed by items that mapped directly onto the respective scale used by Mitchell et al. (2001), and then combined to establish the higher-order variable called *embeddedness*. Focusing specifically on a sample of PEM physicians, the current study sought to re-examine the link between embeddedness and turnover intention in this highly specialized position. It also sought to take a closer look at the independent contributions of the links, fit, and sacrifice dimensions on turnover intention. More specifically, the following hypothesis is offered:

Hypothesis: Job embeddedness will be inversely related to turnover intentions among PEM physicians.

Method

Participants

Surveys were distributed to PEM physicians representing hospitals across the United States. Usable data from 183 individuals were obtained. The sample consisted of 104 males and 79 females. The average age of the respondents was 43 with a range from 34 to 58. Eighty-four percent of the respondents were married and 82 percent reported having at least one child. All were board certified in Pediatrics, Emergency Medicine, or Pediatric Emergency Medicine. The average number of years spent in Pediatric Emergency Medicine was 11.5. Fifty-seven percent of the respondents worked at a Level I trauma unit, with twenty-eight percent at Level II facilities and the remainder at Level III facilities.

Measures

Links, Fit, and Sacrifice Composites. The data used to assess these three dimensions were gathered as part of a larger study that examined motivation and job satisfaction among PEM physicians. Items used in the original survey were matched as proxies to items used by Mitchell et al. (2001) as a means of establishing content validity. These items and their equivalents are displayed in Appendix A.

For example, the item "*How satisfied are you with your salary?*" was deemed sufficiently equivalent to Mitchell et al.'s (2001) item "*I am well compensated for my level of performance*" that was used as an indicator of sacrifice. While certain items were virtually identical to elements of the Mitchell et al. (2001) study, others were decidedly more specific to the role of the PEM physician.

Assessing the level of responsibility for mentoring medical students and fellows was deemed akin to "*How many co-workers are highly dependent on you?*"; similarly, assessing the likelihood of switching to private practice was similar in meaning to "*My values are compatible with the organization's values*" or "*I feel I am a good match for this company.*" For all three dimensions, items that could be described as customized to the PEM role were employed, most notably for the links sub-scale where items measured hospital organizational variables such as number of beds, number of patient visits, and

responsibility for trauma units. In addition to these mapped items, the demographic variables of age, marital status, and number of children were also included because previous research linked them to employees' intent to leave (Abelson, 1987). While Mitchell et al. (2001) did not use these variables in their study, they did reference these findings as a means of describing their conceptualization of links; as such, they were included in the current study.

After each item from an initial pool was individually matched, each was examined to ensure that appropriate parametric assumptions were met. Because they were either highly skewed or lacked sufficient variance, certain items were omitted from further consideration and analyses (e.g., “*Do you work with PED trained nurses?*”). For the remaining items, principal components analyses were performed using varimax rotation to assess the factor structures of the links, fit, and sacrifice dimensions of embeddedness. The nine items for the links dimension loaded onto three factors, each of which yielded an eigenvalue greater than 1.0. As is displayed in Table 1, all items had loadings of at least .46 on one factor, and only one (number of visits per year) loaded more than .40 on more than one factor.

Table 1

Factor Loadings for Links, Fit, Sacrifice, and Turnover Intention Composites (factor labels in italics).

	<i>Career Stage</i>	<i>Hospital Environment</i>	<i>Work/Family</i>
Links Items (60.95% total variance extracted)	(22.96%)	(22.15%)	(15.84%)
Mentor roles	.20	.70	.08
Number of visits per year	.11	.74	.42
Number of beds in	.11	.62	.26
Responsibility for trauma	.21	.46	.28
Age	.90	-.09	-.19
Years practicing PEM	.93	-.19	-.16
Administrative position	.50	-.34	.09
Marital status	-.01	-.33	.78
Number of children	.18	-.50	.62
Sacrifice Items (65.53% total variance extracted)	<i>Salary</i> (38.33%)	<i>Benefits</i> (27.20%)	
Satisfied with salary?	.95	-.02	
Competitive salary?	.96	-.05	
Annual vacation time?	-.17	.64	
Annual conference time?	-.08	.72	
Stipend for books?	.19	.67	
Fit Items (57.72% variance extracted)	<i>Fit</i> (57.72%)		
Switch to private practice?	.42		
Do you like your job?	.88		
Recommend PEM?	.88		
Turnover Items (66.21% variance extracted)	<i>Turnover Intention</i> (66.21%)		
Consider changing jobs?	.68		
Likelihood practicing in 2 years?	.85		
Likelihood practicing in 5 years?	.90		

*all factors have eigenvalues > 1.0

However, even in this case the difference was .32 (.70 versus .42) which strongly suggested the item was a better fit for one factor than the other. Examination of the items and factors led to labeling the factors *career stage* (age, years practicing PEM, and whether one had an administrative position, which presumably occurs later in one's career stage rather than earlier); *hospital environment* (number of hospital beds, number of visits, responsibilities for trauma unit and mentoring responsibilities); and *work/family* (marital status and number of children). Given the pattern of loadings, as well as the interpretation of the factors, the solution appeared to show evidence of construct validity for the links dimension.

The same procedure was performed on the five sacrifice items, which produced two factors with eigenvalues greater than 1.0, labeled *salary* (perceived satisfaction with and competitiveness of salary) and *benefits* (time for vacations and conferences and stipends for books). The items for fit loaded onto a single factor (likelihood of switching to private practice, job satisfaction, and whether PEM would be recommended to a medical student).

Confident that the links, sacrifice, and fit dimensions had at this point demonstrated evidence of content and construct validity, reliability analyses were performed to assess the internal consistency of each of the six scales (three for links, two for sacrifice, and one for fit). As shown in Table 2, with the exception of the benefits scale ($\alpha=.45$), all scales had coefficient alpha's above .61, and four ranging from .65 to .92.

Table 2
Summary of Reliability Analyses of Link, Fit, Sacrifice, and Turnover Intention Scales

	#Items	Coefficient α
Links		
<i>Hospital Setting</i>	3	.65
<i>Work/Family</i>	2	.68
<i>Career Stage</i>	3	.73
Sacrifice		
<i>Salary</i>	2	.92
<i>Benefits</i>	3	.45
Fit Item		
<i>Job Fit</i>	3	.62
Turnover Intention		
<i>Turnover Intention</i>	3	.74

Having demonstrated adequate psychometric properties for these scales, it was deemed appropriate to generate factor scores from which composite scores were created for links (aggregate of *career stage*, *hospital environment*, and *work/family* factors), sacrifice (aggregate of *salary* and *benefits* factors), and fit dimensions. These links, sacrifice, and fit composites were then combined to form the global job embeddedness measure.

Turnover intention. Three items were used to assess intent to turnover: Respondents' reported likelihood of changing jobs and practicing PEM in two and five years. Since all three items were significantly correlated, a principal components analysis was performed to examine the single factor structure. Factor loadings were all above .68, supporting the rationale of using a single composite measure for turnover intention. A reliability analysis produced a coefficient alpha of .74, providing further confidence that this composite measure was consistent and appropriate. As such, a factor score for turnover intention was computed for each subject.

Results

A Pearson's r was computed to test the hypothesis that job embeddedness would inversely predict turnover intention. This correlation was statistically significant ($r=-.50$, $p<.01$), supporting the study hypothesis. As Mitchell et al. (2001) suggested that embeddedness was a broad construct that represented an amalgamation of various influences, follow-up analyses were conducted to assess the interrelationships among the individual contributions of links, sacrifice, and fit composites in predicting turnover intentions. Zero-order correlations indicated general support for the idea that the composites were fairly independent of each other. The relationship between sacrifice and links was not statistically significant. Although the relationships between fit and links and fit and sacrifice were significant at the $p<.05$ level ($r=.14$, and $r=.23$, respectively), they are fairly modest, particularly when one accounts for common method variance.

Table 3

Correlation Matrix of Links, Fit, Sacrifice, and
Turnover Intention Factor Scores

	Fit	Sacrifice	Turnover Intention
Links	.14*	.05	.01
Fit	1.00	.23*	.60**
Sacrifice		1.00	.10

*indicates significance at $p < .05$

**indicates significance at $p < .01$

As expected, when simultaneously entered into a multiple regression equation, the three composite scores did explain a significant amount of variance in turnover intentions ($R^2 = .46$, $p < .01$). It was initially assumed that all three composites would explain independent sources of variance in turnover intentions, consistent with Mitchell et al. (2001). Analyses of the relative contribution of each composite indicated that only the fit composite had a significant beta weight (.60, $p < .01$).

Discussion

As an alternative to traditional attitudinal predictors of turnover intentions, job embeddedness offers a way for human resource managers and organizational leaders to consider a wider range of forces which keep individuals from leaving their current jobs, and may help predict turnover better than attitudinal indicators alone. This study found that job embeddedness, a composite construct subsuming elements related to individual links to others and the organization, fit perceptions, and perceptions of the sacrifices associated with job change, was inversely related to the turnover intentions of PEM physicians. The benefit of thinking about embeddedness is that it includes a consideration of the broad spectrum of forces, both work and non-work, which may act to keep individuals in their current positions.

As Mitchell et al. (2001) also report, it is useful to think about job embeddedness as a lever for organizational and personal action. Rather than trying to affect job satisfaction or organizational commitment which have less than a modest role in predicting turnover, it may be more beneficial for individuals and organizations to seek ways to increase the links and fit of individuals, and to

highlight the sacrifices inherent in job change. Empowering individuals with special projects, creating teams, and engaging mentors are just a few of the ideas available to organizational leaders to develop links. Non-work links can be enhanced through community work and social ties. Person-organization fit can be enhanced by creating systems where individuals are free to find a match between their values and those of the organization. As evidenced with this sample, the physicians clearly indicated that they did not like night/weekend/holiday shifts and some of the administrative aspects of their jobs, but they relished the intrinsic value of pediatric medicine and the excitement of working in emergency medicine. These individuals had very portable job skills; however, there was a clear perception of the value of what they were doing, and the sacrifice necessary to move to another situation. It takes substantial time to learn the systems and practices in individual hospitals, and the sacrifices associated with changing locations appear to be prohibitive.

The general implications for managers of healthcare workers are that that being embedded within a healthcare organization appears to translate into lower intentions to turnover, and to reduced costs (financial and psychological). Whether embeddedness is an indicator of turnover is an open question, but given past research validating the strong causal relationship between turnover intentions and actual turnover (e.g., Griffith et al., 2000), one might logically conclude that embeddedness is inversely related to employee turnover. It is also interesting to note that the fit composite, as measured with this sample of PEM physicians, contributed significantly to the embeddedness factor and, ultimately, the relationship between embeddedness and turnover intentions. The strong relationship between the fit composite and embeddedness, as measured by the fit item "Would you recommend PEM to medical students?" indicates that PEM physicians feel a deep sense of purpose toward what they do, are committed to their profession, identify with the values of their profession, and feel a strong sense of attachment to, or embeddedness within, their profession. Recognition of fit as the core element of embeddedness for healthcare workers provides understanding of the nature of the employment relationship in healthcare settings. With this firm foundation upon which to build, perhaps we can

positively address the other elements, links and sacrifice, in an attempt to embed our human capital more deeply into the fabric of our organizations.

For managers in general, it is helpful to think of job embeddedness as a beneficial system of connections which enhances personal and organizational well-being. Being embedded may help reduce the effect of individual stressful events or temporary dissatisfactions which may lead to snap decisions to leave an organization. Being embedded may make it more difficult to search for a new job and/or leave an organization. Barney (2002) suggests that managers should be accountable for their role in retention. If that is to be the case, managers should be armed with adequate knowledge about what causes turnover, and how they may work to reduce it.

**Matthew Valle, Ph.D. (Florida State University), is an associate professor of business administration at Elon University. A graduate of the U.S. Air Force Academy and former Air Force pilot, he has more than 50 refereed publications and has consulted with Fortune 500 companies including Boeing, Raytheon, Bombardier Aerospace/Learjet, Gates Rubber Co. and Conagra.*

***Christopher R. Leupold, Ph.D. (Wayne State University), is an assistant professor of psychology at Elon University. He served as director of organizational development for The Home Depot's eastern division prior to coming to Elon in 2003. Prior to that role, he was a senior consultant for Personnel Decisions International where he provided executive coaching and consulting on leadership development for Fortune 500 companies.*

****Kerry Leupold, DO (New York College of Osteopathic Medicine), is an associate professor of pediatrics at University of Medicine and Dentistry of New Jersey at Robert Wood Johnson Univeristy Hospital. She completed a residency in pediatrics and a fellowship in pediatric emergency medicine at Schneider Children's Hospital at Long Island Jewish Medical Center.*

Appendix A

Mapping of Items onto Items Used in Mitchell et al.'s (2001) Scales

Items in Current Study	Corresponding Representative Items From Mitchell et al.'s (2001) Scales
Links	Links
Mentor roles	"How many co-workers are highly dependent on you?"
Number of visits per year	"How many co-worker do you interact with regularly?"
Number of beds in PED	"How many co-workers do you interact with regularly?"
Responsibility for trauma	"How many co-workers are highly dependent on you?"
Years practicing PEM	"How long have you worked in [this] industry?" "How long have you been in your present position?"
Administrative position	"How many work committees are you on?"
Sacrifice	Sacrifice
Satisfied with salary?	"I am well compensated for my level of performance"
Competitive salary?	"I would sacrifice a lot if I left this job"
Annual vacation time?	"The benefits are good on this job"
Annual conference time?	"The benefits are good on this job"
Stipend for books?	"The perks on this job are outstanding"
Fit	Fit
Switch to private practice?	"My values are compatible with the organization's values" "I feel I am a good match for this company"
Do you like your job?	"I can reach my professional goals working for this organization" "I like the authority and responsibility I have at this company" "The prospects for continuing employment with this company are excellent"
Recommend PEM?	"I feel good about my professional growth and development"

References

- Abelson, M.A. (1987). Examination of avoidable and unavoidable turnover. *Journal of Applied Psychology, 72*, 382-386.
- Barney, S. M. (2002). Retaining our workforce, regaining our potential. *Journal of Healthcare Management, 47*, 291-295.
- Boswell, W. R., Boudreau, J. W., & Tichy, J. (2005). The relationship between employee job change and job satisfaction: The honeymoon-hangover effect. *Journal of Applied Psychology, 90*, 882-892.
- Burt, R. S. (2001). Attachment, decay and social network. *Journal of Organizational Behavior, 22*, 619-643.
- Careless, S. A. (2005). Person-job fit versus person-organization fit as predictors of organizational attraction and job acceptance intentions: A longitudinal study. *Journal of Occupational and Organizational Psychology, 78*, 411-429.
- Chatman, J. A. (1989). Improving interactional organizational research: A model of person-organization fit. *Academy of Management Review, 14*, 333-349.
- Cohen, A. (1995). An examination of the relationship between work commitment and nonwork domains. *Human Relations, 48*, 239-263.
- Fields, D., Dingman, M. E., Roman, P. M., & Blum, T. C. (2005). Exploring predictors of alternative job changes. *Journal of Occupational and Organizational Psychology, 78*, 63-82.
- Granovetter, M. (1985). Economic action and social structure: The problem of embeddedness. *American Journal of Sociology, 91*, 481-510.
- Griffith, R. W., Hom, P. W., & Gaertner, S. (2000). A meta-analysis of antecedents and correlates of employee turnover: Update, moderator tests, and research implications for the millennium. *Journal of Management, 26*, 463-488.
- Harmon, J., Scotti, D. J., Behson, S., Farias, G., Petzel, R., Neuman, J. H., & Keashley, L. (2003). Effects of high-involvement work systems on employee satisfaction and service costs in veterans' healthcare. *Journal of Healthcare Management, 48*, 393-399.
- Holtom, B. C., Mitchell, T. R., Lee, T. W., & Inderrieden, E. J. (2005). Shocks as causes of turnover: What they are and how organizations can manage them. *Human Resources Management, 44*, 337-352.
- Kahn, W. A. (1998). Relational systems at work. In L. L. Cummings & B. M. Staw (Eds.), *Research in organizational behavior* (Vol. 20, pp. 39-76). Greenwich, CT: JAI Press.
- Lee, T. W., Mitchell, T. R., Sablinsky, C. J., Burton, J. P., & Holtom, B. C. (2004). The effects of job embeddedness on organizational citizenship, job performance, volitional absences, and voluntary turnover. *Academy of Management Journal, 47*, 711-722.
- Maertz, C. P., & Campion, M. A. (1998). 25 years of voluntary turnover research: A review and critique. In C. L. Cooper & I. T. Robertson (Eds.), *International Review of Industrial and Organizational Psychology* (Vol. 13, pp. 49-81). New York: Wiley.
- McPherson, J. M., Popielarz, P. A., & Drobnic, S. (1992). Social networks and organizational dynamics. *American Sociological Review, 57*, 153-170.
- Meyer, J. P., & Allen, N. J. (1991). A three component conceptualization of organizational commitment. *Human Resource Management Review, 1*, 61-89.
- Meyer, J. P. & Allen, N. J. (1997). *Commitment in the workplace: Theory, research and applications*. Thousand Oaks, CA: Sage.
- Mitchell, T. R., Holtom, B. C., Lee, T. W., Sablinsky, C. J., & Erez, M. (2001). Why people stay: Using job embeddedness to predict voluntary turnover. *Academy of Management Journal, 44*, 1102-1121.
- Mossholder, K. W., Settoon, R. P., & Henagan, S. C. (2005). A relational perspective on turnover: Examining structural, attitudinal, and behavioral predictors. *Academy of Management Journal, 48*, 607-618.
- Reinhart, M. A., Munger, B. S., & Rund, D. A. (1999). American Board of Emergency Medicine longitudinal study of emergency physicians. *Annals of Emergency Medicine, 33*, 22-32.
- Rosse, J. G. (1998). Relations among lateness, absence, and turnover: Is there a progression of withdrawal? *Human Relations, 41*, 517-531.
- Shen, J., Cox, A., & McBride, A. (2004). Factors influencing turnover and retention of midwives and consultants: A literature review. *Health Services Management Research, 17*, 249-263.
- Shore, L. M., & Tetrick, L. (1991). A construct validity study of the survey of perceived organizational support. *Journal of Applied Psychology, 76*, 637-643.
- Villanova, P., Bernardin, H., Johnson, D., & Dahmus, S. (1994). The validity of a measure of job compatibility in the prediction of job performance and turnover of motion picture theater personnel. *Personnel Psychology, 47*, 73-90.
- Werbel, J.D., & Gilliland, S.W. (1999). The use of person-environment fit in the selection process. In G. Ferris (Ed.), *Research in personnel and human resource management* (Vol.17, pp. 209-245). Greenwich, CT: JAI Press.