

Retention When Recruiting is Uncertain: Keeping Medical Technologists in Rural Communities

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There is a substantial body of research on the recruitment and retention of certain medical roles (such as nurses and physicians) in uncertain rural healthcare settings; however, the vitally important role of medical technologists are largely ignored in the literature. This study aims to fill this gap by investigating the impact of idiosyncratic deals (i-deals), or individually-based employment benefit agreements, on employee turnover intentions among medical technologists in such settings. Data shows that individualized work arrangements affect employee intention to turnover. Additionally, it explains how trust in leadership, voice expression, and self-efficacy mediate and moderate these effects. Findings suggest that i-deals are significantly correlated with a reduction in turnover intentions, particularly when employees exhibit higher trust in leadership, greater self-efficacy, and a stronger willingness to engage in voice behavior. These results highlight the importance of both structural flexibility and leader support in retention strategies when other circumstances are uncertain and offer insight into effective strategies as a means for improving recruitment and retention in underserved professional roles, thereby allowing leadership to navigate new managerial frontiers.

Staffing strains for professional positions in rural healthcare communities is a constant topic of discussion for administration teams. Medical recruitment for smaller and more rural communities becomes increasingly difficult each year. Many of these communities depend on other industries, such as oil or manufacturing, to build the regional population. As hiring in those industries decreases and sustained employment becomes more uncertain, the people in these communities leave looking for work in other localities. With the decrease in population comes a corresponding decrease in retail, food, service, and entertainment options. This reality compounds the difficulty experienced by regional healthcare organizations to recruit, since there are fewer community-based interests to entice medical professionals and their family members.

Some types of healthcare positions, such as doctors, nurses, and pharmacists, have higher levels of recruitment and retention funding. Other support professional positions are not afforded the same level of developmental support. This places a high importance on employee satisfaction (Blanchard et al., 2019). At the same time, many support professional training programs, such as those programs found at community or junior colleges, see little turnover in leadership, which can create its own difficulties when there are retirements. Programs that cannot fill leadership or teaching roles might close, leaving an edu-

cational gap in the community. When this increased need for retention is coupled with lack of training programs in rural communities, regional healthcare facilities are often unable to easily replace employees who leave their organization. Without new graduates to recruit, and with modest recruitment packages to offer for relocation, management must focus on retention of current staff.

One of the roles at the heart of this rural recruitment difficulty is the medical technologist. Medical technologists graduate from rigorous educational programs and are highly skilled. These are the employees who assist physicians in the diagnosis and treatment of diseases, through testing of blood, tissue, and other bodily fluids. Medical technologists play a critical role in supporting patient care by maintaining lab equipment, analyzing samples to identify abnormalities, and reporting results in a timely manner. They must follow strict safety and infection protocols, as they handle specimens and dispose of biohazardous materials. These employees are often the unseen support system for clinical decisions made by the providers, often advising these same providers on best courses of action for patient treatment based on the tests results provided. Keeping these essential members of the healthcare team in their current role is vital for a highly functioning healthcare system. When these roles are not fully staffed, there can be lengthy delays from the lab, putting patient

care at risk. This study examines the positive role that idiosyncratic deals (i-deals) play on intentions to turnover. Additionally, the impact of employee trust in their leader, self-efficacy, and use of voice are all explored as variables that strengthen the reduction in turnover.

Background

Idiosyncratic Deals (i-deals)

When an organization is faced with hiring constraints, in an industry facing tremendous regulatory challenges, employee retention is a strong resource for internal and external stakeholders. I-deals, which are a voluntary, personalized agreement of a nonstandard nature that is negotiated between an employee and his or her supervisor (Rousseau, 2005), can be used to develop customized, mutually agreed upon, and not universally applied benefits for the negotiating employee. There are a range of benefits that can be included, but i-deals often look at flexible scheduling, position development, and educational opportunities. Depending on the work environment, a successful and established employee might negotiate for the opportunity to work from home one day a week or opt for a compressed work schedule. This arrangement offers the employee a more manageable work schedule and the organization gets to retain a valued employee. In healthcare environments, these i-deals may look slightly different depending on how and where the employee's specific tasks may be completed, although common i-deals might look like better arrangements for start or end times, breaks, compensation shift differentials, or additional professional development and training opportunities.

Previous studies have found that i-deals can have a positive impact on job satisfaction, organizational commitment, and job performance while reducing intentions to turnover (Ng & Feldman, 2010; Singh & Vidyarthi, 2018). Singh and Vidyarthi (2018) found that perceived organizational support and coworker justice perceptions mediated the effects of i-deals on employee outcomes. Previously, when looking at a sample of hospital employees in the United States, Ng and Feldman (2010), showed that post-hire i-deal negotiations had a stronger positive impact on the employment relationship than those negotiated at the time of hiring. Ngobeni & Dhanpat (2022), found that flexibility and task-related i-deals helped nurses cope with increased workload and stress during the COVID-19 pandemic, suggesting that i-deals can serve as a resource in extreme work conditions. Employees who negotiate an i-deal are more likely to view work positively, including increased complexity of job role and lower reported job stressors (Hornung et al., 2010). This is especially true in the healthcare industry, where employees who negotiated an i-deal saw increased engagement (Njoku & Ohazurike, 2023) when compared to the employees who did not negotiate. Since the implementation of i-deals has been positively correlated with organizational citizenship behavior (Anand et al., 2010), positive relationship building (Rousseau et al., 2009), and positive

work outcomes (Hornung et al., 2010), the use of i-deals to predict an employee's intention to turnover is a reasonable extension supported by current findings.

Hypothesis 1: Employee i-deals will be correlated with decreased employee turnover intention.

Trust in Leader as a Mediator

The definition of workplace trust includes dependency (Li, 2007), mental and physical safety (Gambetta, 1988), and the willingness of the leader to take part in group risks with the employees (Mayer et al., 1995). This trust plays an important role in healthcare organizations, where it is not just a relational application, but also a structural one. Trust in management is essential to positive employee engagement (Chughtai & Buckley, 2008). Specifically, trust in a healthcare worker's leader also impacts organizational outcomes such as job satisfaction, staff retention, collaboration, and patient care (Karikumpu et al., 2024). Higher levels of trust are found to be correlated to feelings of professional satisfaction and a higher level of work quality (Greene et al., 2025). Encouraging an effective working environment between employees and leaders can increase the employee's perception of trust and can lead to a number of positive actions for the work environment and work group. The perception of trust by employees has been shown to increase cooperation (Lau & Liden, 2008), and group and organizational performance (McAllister, 1995), and to reduce the need for monitoring (Davis et al., 2000). Trust in management plays an important role in positive employee engagement (Chughtai & Buckley, 2008).

The Joint Commission, an international accreditation organization, found that only 20% of the healthcare workers in the United States fully trusted their leaders (Greene et al., 2025), even though trust plays a critical role in organizational health, especially in the complex and high pressure environments found in healthcare organizations. Psychological contracts, like i-deals, provide a framework for employees and managers that offer more importance to employment relations. These contracts need to be further pushed to take into account situations surrounding the people involved in developing the contract, to better understand issues of fairness and trust (Guest, 2004). Managers must demonstrate trust and follow through on the i-deal arrangements. The leader must earn the continued trust of the employee. Making unfulfillable promises to job candidates only further weakens the employee's commitment to the position over time. As such, the i-deal-turnover intention relationship is mediated by the level of the employee's trust in his or her manager. If there is an established i-deal but the employee does not believe the manager will fulfill the deal, he or she will be more likely to leave their job. Likewise, if an employee trusts that their manager will fulfill the i-deal that was negotiated, they will be less likely to leave their position.

Hypothesis 2: Manager trust mediates the relationship between i-deals and employee turnover intention.

Self-Efficacy as a Moderator

The mediated relationship is moderated by two constructs, self-efficacy and voice. This relationship between trust and intended turnover will change when an employee engages in various forms of employee expression in terms of job performance. Self-efficacy in the workplace is often defined as the belief in one's ability to perform his or her job (Bandura, 1982). Self-efficacy is seen as a critical psychological resource, influencing the decision-making process of employees, and is positively correlated to positive employee outcomes (Luthans et al., 2007). In a meta-analysis of 114 studies, a significant relationship between self-efficacy and work-performance was found, where self-efficacy accounted for a third of the variance in performance outcomes (Stajkovic & Luthans, 1998).

Judge and Bono (2001) found that self-efficacy had a positive correlation with job satisfaction and negatively correlated with job stress. Employees with high self-efficacy perceive their work as more manageable and are better equipped to handle job demands. Additionally, self-efficacy can have a positive impact against employee burnout. Studies have found that a higher level of self-efficacy is positively correlated with a lower level of emotional exhaustion and depersonalization, which are key components of burnout (Shoji et al., 2016) and perceptions of organizational politics (Valle et al., 2003). In high stress work environments, such as those found in healthcare organizations, self-efficacy can have a significant impact on long-term employment choices.

Similar to self-efficacy, self-worth is seen through core self-evaluations. Employees who noted a lower level of self-worth were more likely to report a positive feeling for special treatment stemming from an i-deal (Ng & Feldman, 2010). A stronger relationship was found between i-deals and organizational commitment for older employees with lower core self-evaluations, than for any other group (Ng & Feldman, 2010). Providing unique reward systems to employees with lower levels of self-worth and self-evaluations results in a greater impact than providing the same unique reward systems to employees with higher self-worth and evaluations. Through this logic, this paper contends that employees with lower self-efficacy will be less likely to engage in turnover intention behavior if they have negotiated an i-deal, compared to employees who report a higher level of self-efficacy. Employees with higher self-efficacy might not feel as big of an impact from the personalized benefit or might feel more empowered to expect an i-deal and hold a higher belief in their abilities to look for work elsewhere. Therefore, employees with a lower level of self-efficacy will see a stronger benefit from the i-deal in their turnover intentions.

Hypothesis 3: Employee level of self-efficacy moderates the relationship between trust and employee turnover intention, in such a way that the relationship is stronger when self-efficacy is low than when it is high.

Voice Expression as a Moderator

The second moderating variable of employee expression on the job in this model is the employee's ability to engage in voice expression. Voice expression, or when an employee takes the opportunity to express concerns about policies in the workplace and offer solutions for improvements, is correlated with an increase in employee retention (Spencer, 1986). Voice expression can also refer to when an employee chooses to make suggestions, voice concerns, and offer ideas or opinions to improve the functioning of an organization (Morrison, 2014). Engaging in voice expression plays a key role in ongoing organizational innovation, learning, and adaptability, while also being crucial for employee engagement and empowerment (Detert & Burris, 2007).

The use of voice expression is positively correlated to a number of outcomes at multiple levels of the organization. Employees who feel heard are often more engaged and satisfied within their position (Morrison, 2014). Teams that encourage the use of voice have better performance outcomes and improved communication, while reducing groupthink (Edmondson, 2003). At the organizational level, the use of voice expedites error reporting, and encourages process improvement and knowledge sharing (Argyris, 1993). Voice expression at the organizational level has also been correlated with a reduction in turnover intentions and increase in organizational commitment (Ng & Feldman, 2012).

Many of the outcomes that are correlated with voice expression, such as job satisfaction (Spencer, 1986), high performance ratings (Whiting et al., 2008), and increased engagement (Fynes, 2017), are also correlated to i-deals. This paper supports the belief that an employee who feels confident in their ability to use their voice expression will likely feel confident in negotiating an i-deal. This positive relationship between trust and an employee's intention to turnover will be weaker (stronger) when the employee feels less (more) comfortable engaging in voice expression to speak out about his or her beliefs or concerns in the situation.

Hypothesis 4: Employee voice moderates the relationship between trust and employee turnover intention in such a way that the relationship is stronger when voice expression is high than when it is low.

Methods

Sample and Procedure

Working with a number of rural communities, this paper seeks to fill the gap of understanding of how to retain specialized staff when geographic location and educational opportunities are at odds with staffing goals. The data were gathered from medical technologists in multiple hospitals, blood banks, and labs in southeastern Texas. Surveys (300) were distributed through online and in person sessions. One hundred seventy-five surveys were sub-

mitted, although fifty-six of those were removed from the sample when the surveys were found to be incomplete. This left a final response number of 119, or a 39% response rate.

Response Demographics

Of the respondents, 44% identified as male and 56% as female. The average age of the surveyed medical technologists was twenty-nine, with a range of 22 to 54. Respondents identified their ethnicity as 42% Hispanic, 48% as white, 6% as African American, and 4% as Asian American. In terms of education, 88% noted their highest level of education as a bachelor's degree. Additionally, respondents have been in their current position an average of five years.

Measures

Idiosyncratic Deals

Establishment of i-deals was measured using the 16 question tool from Rosen et al. (2013) on a seven-point Likert scale, ranging from strongly agree to strongly disagree. A sample of the questions asked are "I have negotiated with my supervisor for tasks that better fit my personality, skills, and abilities"; and, "At my request, my supervisor has accommodated my off-the-job demands when assigning my work hours." ($\alpha = 0.916$).

Leader Trust

Leader trust was divided into two separate survey sections: cognitive and affective. The question sets come from Hansen et al. (2002) and have a total of eight questions. The cognitive section includes questions such as: "I used a business-like approach to determine if I could trust other members." The affective section considers questions like: "My sense of intuition tells me that other members can be trusted." The respondents utilized a seven-point Likert scale, ranging from strongly agree to strongly disagree for their answers ($\alpha = 0.989$).

Voice

Employee use of voice was measured using the six question survey from Van Dyne and LePine (1998). Using a seven-point Likert scale, with response options from ranging from strongly agree to strongly disagree. A sample of the questions asked is: "I speak up in my group with ideas for new projects or changes in procedures." ($\alpha = 0.944$).

Self-Efficacy

Self-efficacy was assessed using the measure developed by Sherer et al. (1982) using a seven-point Likert scale. Responses ranged from strongly agree to strongly disagree for seven questions such as: "My past experiences and accomplishments increase my belief that I will be successful." ($\alpha = 0.814$).

Intentions of Turnover

The final section of the survey utilized four questions from Tett and Meyer (1993) assessing the desire of an

employee to leave their current position. This survey includes questions including: "I often think of quitting this job." The respondents utilized a seven-point Likert scale, ranging from strongly agree to strongly disagree for their answers ($\alpha = 0.922$).

Controls

A number of items were controlled for within this study, including age, ethnicity, gender, degree, years in career, and years in current position are the demographic controls for the statistical analysis.

Data Analysis

The data received from the returned surveys was analyzed using SPSS. The moderating mediator effect was analyzed using Baron and Kenny's (1986) work on moderation and mediation. The relationships between the dependent variables and the independent variable were examined as both direct and moderators, in order to thoroughly understand the relationships.

Results

Table 1 shows the means, standard deviations, and correlations for all of the individual variables in this study. I-deals were significantly related to trust, voice, self-efficacy, and intention to turnover. Trust was significantly related to voice, self-efficacy, and intention to turnover. Finally, use of voice was significantly related to self-efficacy. Intention to turnover is significantly related to i-deals and trust.

Tests of Hypotheses

Hypothesis 1 holds that employees who have developed an i-deal with their managers have positive correlation to a decrease in an employee's intention to turnover. Table 1 shows that turnover intention is negatively related to an employee's i-deal ($p \leq .05$). As hypothesized, when an employee has developed an i-deal with their supervisor, the employee's intention to turnover decreases, supporting Hypothesis 1.

Hypothesis 2 holds that trust in leadership mediates the relationship between i-deals and an employee's decreased intention to turnover. Using the methodology as described by Barron and Kenny (2005) to determine mediation, the first path showed that i-deals significantly impacted leader trust ($p < .001$). The second path showed that leader trust significantly affected the employee's intention to turnover, while controlling for i-deals ($p = .004$). The third path found that while the use of an i-deal was significantly related to intention to turnover initially ($p = .026$), when leader trust was added in as a mediator, the initial relationship was now not significant ($p = .736$). This lack of significance shows that this relationship is full mediation. Finally, indirect effects were tested using the Sobel test. The Sobel test considers the size of indirect effect compared to estimated standard error of measurement to calculate a t statistic:

$t = (\tau - \tau')SE$ or $t = (\alpha\beta)SE$. Here the standard error (SE) is the pooled standard error term and SE

Table 1*Means, Standard Deviations, and Correlations*

Variable	Mean	SD	1	2	3	4	5
Idiosyncratic Deals	4.24	1.21	(.91)				
Trust	4.87	1.83	.530***	(.98)			
Voice	5.20	1.29	.450***	.398***	(.94)		
Self-Efficacy	5.25	1.04	.529***	.381***	.631***	(.81)	
Intention to Turnover	3.45	1.88	-.196*	-3.04**	-.105	.069	(.92)

Note. The entries are standardized regression coefficients when all variables are entered into the equation. N=119.

* $p < .05$. ** $p < .005$. *** $p < .001$. (two-tailed tests)

$= \sqrt{\alpha^2 \sigma_2^2 \beta + \beta^2 \sigma_2^2 \alpha}$ and $\sigma_2^2 \beta$ is the variance of β and $\sigma_2^2 \alpha$ is the variance of α . This t-statistic can then be compared to the normal distribution to determine the significance (Sobel, 1982). The result of this calculation for the mediating relationship was significant ($p=0$). The negative directionality of this outcome shows that as an employee's trust in their supervisor increases, the employee's intention to turnover decreases, so Hypothesis 2 is supported through analysis as seen in Table 2.

Hypothesis 3 holds that an employee's level of self-efficacy moderates the positive relationship between i-deals and decreased intention to turnover in such a way that the relationship is stronger when self-efficacy is low than when it is high. Self-efficacy is significantly and positively related to the relationship between the development of an i-deal and intention to turnover at the $p \leq .011$ level. This outcome shows that when an employee develops an i-deal, there will be a decrease in the likelihood of an employee's intention to leave; therefore, Hypothesis 3 is supported. This support can be seen in Table 3.

The final hypothesis states that an employee's use of voice expression also moderates the positive relationship between use of an i-deal and an employee's decreased intention to turnover, in such a way that the relationship is stronger when voice expression is high than when it is low. Voice expression is also significantly and positively related to the relationship between use of an i-deal and intention to turnover at the $p \leq .001$ level. This outcome shows that as an employee's trust in leadership increases, there will be a decrease in the likelihood of an employee's intention to leave; therefore, Hypothesis 4 is supported and shown in Table 4.

Due to the smaller sample size of the data used in this study, a post hoc power analysis was performed on the model used for this paper (Table 5). The analysis indicated that the achieved power was 0.80 to detect a small effect size ($f^2 = .04$). This suggests that the sample size was sufficient to detect small effects in the model. The observed effect size was small ($f^2=0.4$), suggesting that the

predictors explained a modest portion of the variance in an employee's intention to turnover. This understanding is consistent with prior research indicating that the intention to leave an organization is influenced by a wide range of contextual and individual factors, many of which were beyond the scope of this study. Although the effect size is small, even modest changes in turnover intentions may have meaningful implications at the organizational level, resulting in positive managerial and theoretical implications. The analysis was adequately powered ($1-\beta = .80$) to detect effects of this size, suggesting the observed result is reliable despite its small magnitude. These findings provide a foundation for additional research to identify related constructs that contribute to why an employee seeks to leave an organization and to test more complex models, including potential mediators or moderators. This study is just one of many needed to be done as a means of informing the understanding of what can be done to reduce turnover intentions. Given the small sample size, this study is intended to help illuminate some of the unexplained reasoning that leads employees to consider leaving an organization. Leaving an organization or career is often a complex decision for employees to consider and many factors come into play through the decision making process.

Discussion and Managerial Implications

Concerned healthcare managers everywhere are asking the question: "How can we retain employees who are becoming harder to recruit?" This study seeks to enhance the understanding of what managers can do to increase the likelihood of a medical technologist to remain in their employment position, however, these results can be used to aid in the retention of a large number of midlevel hospital employees. This paper adds to previous research in demonstrating that employees who have an established i-deal are less likely to engage in turnover intentions (Rousseau, 2005). Developing these types of relationships among staff could have the potential to decrease an employee's likelihood of exploring other employment opportunities.

Table 2*Mediating Effects of Trust on Intention to Turnover*

Path	Coefficient (β)	SE	p
Leadership Support ? Performance			
I-deal ? Intention to turnover	-.343	.152	.026
I-deal? Leader Trust	.859	.122	< .001
Leader Trust ? Intention to Turnover	-.330	.111	.004
Leadership Support ? Performance direct effect	-.059	.175	.736
Indirect Effect (Sobel Test)	-7.015	.040	.000

Note. The entries are standardized regression coefficients when all variables are entered into the equation. N=119.

Secondly, trust in the leader was a strong mediator between the medical technologist's intention to turnover and i-deals (Hypothesis 2). When an employee has a higher level of trust in their leader, there is a decreased likelihood in the employee engaging in turnover intention behavior. Management in a healthcare organization might be able to decrease employee turnover intentions with "difficult to recruit" staff by working to increase the trust those employees have in their leadership. By strengthening a positive and supportive organizational culture to support trust between various professional employee groups, specifically, medical technologists and their supervisors, employees may be less likely to look for other employment opportunities.

Thirdly, the application of self-efficacy and voice as moderators between trust in leadership and intention to turnover relationship showed strong results. The use of self-efficacy as a moderator was supported by the results (Hypothesis 3), as was the use of voice by the employee (Hypothesis 4). Since the trust an employee has in their leader can have an effect on the intention to turnover, it is important to also understand what can influence this individual relationship. The data demonstrates that the level of self-efficacy an employee has in the organization is positively correlated to the level of trust in the leader and negatively correlated with intention to turnover. When an employee has a low level of self-efficacy, there is a correlated increase in the likelihood that the employee will have an intention to turnover. This finding was demonstrated for the use of voice as a moderator. A healthcare

organization that is unable to recruit new employees for mid-level positions might fortify their current staff through these methods to decrease potential staff turnover, taking steps to increase the level of trust, self-efficacy, and the use of voice.

The contributions found through this work have added another layer to the development of i-deals and leader trust constructs. The use of i-deals is a developing approach in retention management decision making. The use of new moderators and mediators in this study adds to the depth of knowledge of this construct. Leader trust has not been utilized as a mediator in this type of relationship among highly trained professionals. This study expands the knowledge of how i-deals can influence an employee's connection to an organization and how intention to turnover is influenced by the level of trust in a leader.

These results indicate the complexity of the relationships between the surveyed variables and the intricacy of the relationships that medical technologists may have with the organization they work in. The use of leader trust is particularly important within a healthcare environment as the end point of the care provided is the patient being served. People's lives are at stake and wrong actions can have devastating consequences. As such, the employee's perception of the relationship could affect how well the job duties are performed in terms of patient care. Patients can be aware of the relationships between the providers they encounter during a visit, and this can negatively or positively impact the reputation of the healthcare facility in the community.

Table 3*Moderating Effects of Self-Efficacy on Intention to Turnover*

Predictor	Coefficient (β)	SE	t	p
I-deal	1.020	.526	3.668	.055
Trust	-.390	.107	-3.426	< .001
Voice	1.427	.383	3.460	< .001
I-deal x Trust	-.246	-1.100	-3.971	.011

Note. The entries are standardized regression coefficients when all variables are entered into the equation. N=119.

Table 4*Moderating Effects of Voice on Intention to Turnover*

Predictor	Coefficient (β)	SE	t	p
I-deal	1.855	.506	3.668	< .001
Trust	-.366	.107	-3.426	< .001
Voice	1.243	.359	3.460	< .001
I-deal x Trust	-.345	.087	-3.971	< .001

Note. The entries are standardized regression coefficients when all variables are entered into the equation. N=119.

Table 5*Post-Hoc Power Analysis*

	Power	Predictors		Test Assumptions		
		Total	Test	N	Effect Size	Sig.
Type III F-test	.362	4	4	119	.0395	.05

Note. The entries are standardized regression coefficients when all variables are entered into the equation. N=119.

Limitations

There are some noted limitations within this study, all of which revolve around the data sample. The survey data was gathered at only a one-time interval, so the lack of a longitudinal study could impact the reliability of the data gathered. Since the respondents were connected to several different organizations, we were unable to gather information from a supervisory level or from another third party about the employee's performance. Questions and responses regarding the employee's intentions to leave their current position could be used to determine the likelihood of job abandonment. This study is dependent strictly on survey data from the perceived perspective of one employee. There is the innate concern of self-serving bias and retrospective lenses within these types of questions. Unfortunately, there is no control that can rectify this limitation and it must simply be accepted as part of the design.

Finally, the sample size was relatively small. Medical technologists are experiencing a nationwide workforce shortage. According to information posted on the Bureau of Labor Statistics, there were 335,700 medical and clinical laboratory technologists and technicians employed in the United States in 2016. In 2025, there are 351,200 medical and clinical laboratory technologists and technicians employed in the United States. In nine years, only 15,500 of these positions were added in the United States, a 4% increase in positions. Compare this to other positions within the healthcare industry, where nurses saw a 10% increase, and pharmacy technicians saw a 20% increase during the same period of time (Occupational Statistics and Employment Projections, 2024).

Moreover, the focus of this study was specifically on medical technologists working in rural communities, which further narrows the available population. This subgroup is strikingly smaller and more difficult to reach, contributing to the challenges of obtaining a larger sample size. While the sample size in this study is limited, it reflects the realities of surveying a hard-to-reach, specialized workforce in a rural setting. Therefore, despite its size, the sample provides valuable insights into an important but understudied population.

Future Research

This study opens several pathways for future research in new managerial frontiers focused on employee retention within rural healthcare workforce management. First,

given the cross-sectional nature of the data, future studies could utilize longitudinal research designs to assess how i-deals influence employee retention over time. A longitudinal study would allow researchers to explore how relationships between i-deals and related constructs evolve, particularly through periods of organizational or environmental change, such as policy shifts or staffing crises. The correlations between the individual items of the i-deal survey and the intention to turnover could be explored in further detail. For example, additional research on which components of the i-deal deal process are more impactful on employee retention could further strengthen the application of this theory in healthcare settings in times of uncertainty.

Secondly, while this study focused exclusively on medical technologists in rural healthcare, future research could explore whether the findings are repeated across other mid-level or support roles in other industries. Expanding the research population would strengthen the generalizability of the findings and allow for a better understanding of the larger relationships explored in this paper. Alternatively, additional research with medical technologists in urban facilities may lead to insights within the field.

Future studies could consider gathering multi-source data to overcome the limitations of self-reported responses. The ability to include managerial assessments of employee performance and organizational records of actual turnover would further strengthen the validity of findings and solidify the understanding of the outcomes. Finally, future studies could look into potential interventions designed to enhance self-efficacy and voice behavior, especially among employees with high turnover risk. Understanding how these resources can be developed over time might offer practical insights for healthcare organizations struggling to retain specialized talent in challenging environments.

Conclusion

This study explored the complex relationship between idiosyncratic deals (i-deals) and employee turnover intentions among medical technologists in rural healthcare settings, emphasizing the roles of trust in leadership, self-efficacy, and voice expression. These employees are among the growing number of positions that are difficult to recruit for in more rural settings, where established educational programs are limited and producing fewer new graduates to replace outgoing staff.

The findings confirm that i-deals have significant correlation to reducing turnover intentions, particularly when employees perceive a strong, trustworthy relationship with their leaders. This effect is further impacted by the employee's level of self-efficacy and their use of voice expression. In this application, healthcare organizations, especially those operating in rural and underserved regions, are facing increasing levels of uncertainty. Such organizations could view i-deals not as an exception, but as a strategic tool for employee retention. At the organizational level, environments where trust, empowerment, and communication are prioritized, leadership might see a reduction in the turnover intentions among difficult to replace staff. Ultimately, retaining skilled medical technologists is not just a department challenge but a critical component of maintaining the quality and continuity of patient care.

This study contributes meaningfully to the growing body of literature on individualized work arrangements and highlights the importance of tailoring retention strategies to the unique recruitment dynamics of healthcare professionals. While limitations such as single-source survey data and cross-sectional design should be considered when interpreting the results, the evidence strongly supports the integration of trust-building, personalized employment strategies, and empowerment into rural healthcare management practices.

Managerial implications from this study are wide reaching and may help strengthen organizations against uncertainty in decision-making arenas. In a high-pressure work environment, where continuity, accuracy, and speed of patient care are key, the loss of skilled medical technologists can have serious consequences. The decision-making process of employees of high-stress work environments is important to understand (Garrido-López et al., 2023). Managers must move beyond one-size-fits-all retention strategies and embrace a more human-centered, flexible approach to workforce management, as seen in other industries. In doing so, a more resilient, committed, and satisfied workforce can thrive. This is especially true in rural communities, where every team member is critical to operational success.

As changes in the healthcare sectors show no signs of slowing down, organizations must implement initiatives to help management deal with transformations in the work environment. By examining these employees' intention to leave, in part as influenced by organization connections and job search activity, leadership can work to build a positive and supportive organizational culture. Ultimately, organizations must work to improve relationships in an effort to keep employees in their positions. Sustaining organizational change is key to realizing the long-term effectiveness of organizations adopting new approaches (Willis et al., 2016). By aligning the vision of organizational growth and employee retention with the actions of the administration through i-deals, voice, and trust, improvements can be institutionalized to develop a stronger workforce within the difficult to recruit positions.

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