MODERATING EFFECT OF ORGANIZATIONAL HEALTH CLIMATE IN THE RELATIONSHIP BETWEEN ATTACHMENT TO WORK AND WORK ENGAGEMENT AMONG EMPLOYEES

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Abstract

Work engagement is a central indicator of positive occupational functioning, yet the extent to which employees' psychological attachment to work translates into engagement may depend on the organizational context in which work is performed. This study examined whether Organizational Health Behavior Climate (OHBC) moderates the relationship between employee psychological attachment to work and work engagement among employees in private-sector organizations in Southeastern Nigeria. The study drew on 382 employees purposively selected from 15 private-sector organizations located in the Awka and Onitsha metropolitan areas of Anambra State. A cross-sectional correlational survey design was adopted. Measures included an Organizational Health Behavior Climate scale, an adapted eight-item Utrecht Work Engagement Scale, and measures of employee workplace attachment, including anxiety and avoidance dimensions. Pearson product–moment correlations and a regression-based moderation analysis were used to evaluate the hypotheses. Psychological attachment to work was positively associated with work engagement, $r = .45$, $p < .001$, while OHBC was also positively related to work engagement, $r = .65$, $p < .001$. The interaction between employee attachment and OHBC was statistically significant, $\beta = .0248$, $p = .038$, indicating that the attachment–engagement association varied as a function of perceived health-supportive organizational climate. The reported moderation model accounted for $R^2 = .1216$ of the variance, although the manuscript also reports a nonsignificant omnibus F statistic; this discrepancy is retained rather than silently corrected because the article is a reorganization of the supplied study record. The findings extend contextual accounts of engagement by positioning health-supportive organizational practices as a condition under which employees' psychological investment in work is more readily converted into vigorous, dedicated, and absorbing work behavior. Implications for organizational climate design, health-oriented leadership, human resource management, and future multilevel research are discussed.

Keywords: organizational health behavior climate, psychological attachment to work, work engagement, health-promoting climate, employee engagement, Southeastern Nigeria

Introduction

Work engagement has become a prominent construct in organizational and occupational psychology because it captures a positive, energetic, and persistent state through which employees invest themselves in their work. Schaufeli et al. (2002) conceptualized engagement through the dimensions of vigor, dedication, and absorption, while subsequent scholarship has linked engagement to employee well-being, performance, retention, and organizational functioning. Rather than representing merely the absence of burnout, engagement reflects the active presence of energy, meaningful involvement, and sustained cognitive immersion in occupational roles (Bakker & Demerouti, 2007; Schaufeli & Bakker, 2004). This distinction is particularly important for organizations seeking sustainable performance because an engaged workforce is positioned not simply to complete assigned duties but to invest discretionary psychological and behavioral resources in work activities.

One potentially important antecedent of engagement is psychological attachment to work. In the supplied study, attachment is treated as a multidimensional psychological connection between the employee and the occupational role, encompassing affective investment, identification, and patterns of workplace attachment. Such attachment can provide a motivational basis for persistence because employees who regard their work as meaningful or identity-relevant are more likely to devote attention and effort to it. Research on organizational identification, job involvement, affective commitment, and related constructs similarly suggests that psychological investment in work is associated with more favorable motivational outcomes (Mignonac et al., 2018; Saks, 2019). Nevertheless, the translation of attachment into engagement should not be assumed to occur uniformly across organizational environments.

The organizational context can facilitate or constrain the expression of individual motivation. Organizational Health Behavior Climate (OHBC) refers, in the present study, to employees' perceptions that organizational policies, practices, communication patterns, and leadership behaviors encourage and support health-promoting conduct. The construct incorporates organizational eating and exercise climates, including health-related values and expectations, organizational practices, and communication. Such a climate may function as a contextual resource because it signals that employee health is not peripheral to organizational functioning but is incorporated into everyday organizational practices (Sonnentag & Pundt, 2015; Zweber et al., 2016).

The Job Demands–Resources (JD-R) model provides a particularly useful explanation for this contextual proposition. The model distinguishes job demands, which require sustained physical or psychological effort, from job resources, which support goal attainment, reduce the effects of demands, and stimulate motivation (Bakker & Demerouti, 2007). A health-supportive climate can therefore be interpreted as a contextual resource capable of strengthening the motivational value of employees' personal resources. From this perspective, psychological attachment represents an individual motivational resource, whereas OHBC provides a surrounding organizational resource that may determine whether attachment is translated into sustained engagement.

Conservation of Resources (COR) theory provides a complementary explanation. Hobfoll (1989) proposed that individuals seek to acquire, retain, protect, and build valued resources. Employees who invest substantial emotional and cognitive resources in work may therefore

require organizational conditions that prevent unnecessary resource depletion. Health-promoting organizational practices can provide signals and structures that facilitate resource conservation and recovery. Conversely, where organizations appear indifferent to employee health, strong attachment may coexist with depletion, frustration, or withdrawal. The contextual question is consequently not whether attachment matters, but under what organizational conditions its motivational consequences become most visible.

Self-Determination Theory (SDT) also illuminates the proposed relationship by emphasizing autonomy, competence, and relatedness as basic psychological needs that support internalized motivation and optimal functioning (Deci & Ryan, 2000). A climate that visibly values employees' health and well-being can strengthen employees' perceptions of relatedness and organizational care, while health-supportive practices can also create conditions in which autonomy and competence are experienced more sustainably. The implication is that the motivational force of psychological attachment may be amplified when the organizational environment validates the employee's investment in work.

Social Exchange Theory (SET) adds a relational mechanism. Employees interpret organizational treatment as information about the quality of the employee–organization relationship. When organizational practices communicate care, fairness, and concern for well-being, employees may reciprocate through stronger attachment and discretionary engagement (Cropanzano & Mitchell, 2005). Thus, OHBC can operate not only as a resource but also as a relational signal that legitimizes employees' psychological investments in their work.

Statement of the Problem

Despite the extensive literature on work engagement, important contextual questions remain. Much of the empirical literature on engagement and its antecedents has developed in Western and other highly institutionalized work environments. The applicability of these models to Nigerian organizations cannot simply be assumed because employees operate within distinctive economic, cultural, institutional, and organizational conditions. The supplied dissertation identifies this contextual gap and specifically locates the problem within Southeastern Nigeria, where organizational practices and employee experiences may be shaped by resource constraints, changing employment structures, and culturally embedded expectations about work and well-being.

A second problem concerns the tendency to examine employee attachment and engagement as a straightforward individual-level relationship. Although attachment may predispose employees to invest themselves in work, the organizational environment determines whether that investment is supported, depleted, or redirected. An employee can be psychologically attached to work while simultaneously experiencing a workplace that fails to prioritize health, recovery, and well-being. Treating attachment as a universally sufficient precursor of engagement therefore risks overlooking the contextual conditions that shape its expression.

A third problem concerns the limited empirical attention given to OHBC as a boundary condition of attachment and engagement in the Nigerian private-sector context. Existing work has established that organizational resources and health-supportive environments are associated with employee well-being and engagement, but the specific proposition that health behavior climate changes the strength of the attachment–engagement association requires contextual testing. The present study addresses this problem by examining whether perceived OHBC

significantly interacts with psychological attachment to work in predicting work engagement among employees in private organizations in Awka and Onitsha.

Accordingly, the study responds to a substantive gap at the intersection of individual motivational investment and organizational context. Rather than treating engagement as an isolated employee attribute, it tests a conditional model in which employees' psychological attachment is related to engagement and the organizational health climate determines the strength of that association. This approach offers a more context-sensitive explanation of engagement and provides an empirical basis for considering health-promoting climate as part of organizational design rather than as an ancillary wellness initiative.

Research Questions

- Is employee psychological attachment to work significantly and positively related to work engagement?
- Is Organizational Health Behavior Climate significantly and positively related to work engagement?
- Does Organizational Health Behavior Climate significantly moderate the relationship between employee psychological attachment to work and work engagement?

Purpose/Objectives of the Study

The general purpose of the study was to examine the moderating effect of Organizational Health Behavior Climate in the relationship between employee psychological attachment to work and work engagement. Specifically, the study sought to:

- determine the relationship between employee psychological attachment to work and work engagement;
- examine the relationship between Organizational Health Behavior Climate and work engagement; and
- determine whether Organizational Health Behavior Climate moderates the relationship between employee psychological attachment to work and work engagement.

Relevance of the Study

Theoretical Relevance

The study contributes to organizational psychology by bringing individual motivational resources and organizational climate into the same explanatory model. The JD-R model conceptualizes resources as motivational conditions; COR theory emphasizes resource preservation and gain; SDT explains internalized motivation through psychological need satisfaction; and SET explains how organizational treatment can elicit reciprocal employee responses. Taken together, these perspectives permit the attachment–engagement relationship to be understood as context-dependent rather than purely dispositional.

The study is also relevant to contextualized organizational scholarship. Evidence generated among employees in Southeastern Nigerian private organizations extends discussion of engagement beyond settings in which most organizational psychology evidence has traditionally accumulated. The findings should not be interpreted as demonstrating universal cultural effects; rather, they provide empirical evidence from a specific Nigerian organizational context and establish a basis for comparative research across sectors, regions, and national settings.

Practical Relevance

For human resource practitioners, the study highlights the organizational conditions that can support the expression of employee motivation. Health-supportive practices can include credible health communication, access to health resources, reasonable opportunities for physical activity and recovery, supportive supervisory behavior, and organizational norms that do not stigmatize well-being needs. The relevance is especially pronounced where organizations depend on sustained employee effort and seek to retain psychologically invested workers.

For organizational leaders, the findings indicate that employee attachment should not be treated as an unlimited source of discretionary effort. Instead, leaders can reinforce engagement by ensuring that organizational signals about health and well-being are consistent with actual practices. For employees, this perspective frames engagement as a product of both personal investment and environmental conditions, thereby discouraging an overly individualistic interpretation of work motivation.

Theoretical Framework

The study was anchored principally in the Job Demands–Resources model and was complemented by Conservation of Resources theory, Self-Determination Theory, and Social Exchange Theory. The JD-R model provides the central logic for the moderation hypothesis because it explicitly recognizes the interaction between personal resources and contextual resources. Psychological attachment to work represents an individual-level motivational resource, while OHBC represents an organizational resource. Where the climate is supportive, employees may be better positioned to convert attachment into engagement; where the climate is weak, the same psychological investment may yield smaller engagement gains.

Job Demands–Resources Model

Bakker and Demerouti (2007) proposed that every occupation can be understood through the balance between job demands and job resources. Resources support goal attainment, stimulate motivation, and buffer demands. In the present model, OHBC is conceptualized as a contextual resource that can support employees' psychological investment. The model therefore predicts not merely a direct resource–engagement association but a conditional relationship in which the value of a personal resource depends partly on the availability of contextual resources.

Conservation of Resources Theory

COR theory proposes that individuals strive to acquire, preserve, and protect resources and that resource loss can be especially consequential (Hobfoll, 1989). Employees strongly attached to their work are investing psychological resources. A health-supportive organizational environment may help sustain that investment by reducing avoidable resource loss and facilitating recovery. OHBC may consequently create a resource-gain context in which attachment can be expressed as vigor, dedication, and absorption rather than exhaustion or disengagement.

Self-Determination Theory

SDT proposes that autonomy, competence, and relatedness are fundamental psychological needs underlying high-quality motivation (Deci & Ryan, 2000). Health-supportive climates may reinforce the relational and motivational conditions under which employees internalize their work roles. The theory therefore complements the JD-R account by explaining why organizational care and supportive practices may intensify the motivational significance of attachment.

Social Exchange Theory

SET emphasizes reciprocity in employee–organization relationships (Cropanzano & Mitchell, 2005). When organizations demonstrate genuine concern for employee health, workers may interpret this treatment as an investment in the relationship and respond with greater engagement. OHBC may therefore function simultaneously as a resource and a relational signal, strengthening the behavioral expression of employees' psychological attachment.

Conceptual Model

The proposed model is presented below. The central proposition is that employee psychological attachment to work is associated with work engagement and that Organizational Health Behavior Climate changes the strength of this association.

Employee Psychological Attachment to Work → Work Engagement

↑

Organizational Health Behavior Climate

(moderating condition on the attachment–engagement path)

Figure 1. Conceptual model of the study. Note. OHBC = Organizational Health Behavior Climate. The model represents the study's hypothesized moderation rather than a causal claim because the research design was cross-sectional.

Hypotheses

- H1: Employee psychological attachment to work is significantly and positively related to work engagement.
- H2: Organizational Health Behavior Climate is significantly and positively related to work engagement.
- H3: Organizational Health Behavior Climate significantly moderates the relationship between employee psychological attachment to work and work engagement, such that the positive association is stronger under a more favorable health behavior climate.

Methodology

Research Design

The study employed a cross-sectional correlational survey design. The design was appropriate for examining naturally occurring associations among psychological attachment to work, Organizational Health Behavior Climate, and work engagement without manipulating the organizational environment. Because data were collected at one point in time, the findings are interpreted as statistical associations and conditional relationships rather than definitive evidence of temporal causality.

Participants and Sampling

The sample consisted of 382 employees purposively recruited from 15 private-sector organizations located in Awka and Onitsha, Anambra State, Southeastern Nigeria. The participants comprised 209 males (54.7%) and 173 females (45.3%). Ages ranged from 26 to 65 years, with a reported mean age of 28.43 years (SD = 6.38). The reported marital-status distribution was 236 married employees (61.7%), 92 single employees (24.1%), and 54 divorced employees (14.1%).

Occupationally, 187 respondents (48.95%) occupied junior-level positions, 127 (33.25%) were in mid-level professional positions, and 68 (17.80%) occupied senior managerial or supervisory roles. In educational terms, 189 participants (49.48%) held an OND, 115 (30.10%) held an HND, 43 (11.26%) held a B.Sc., and 35 (9.16%) held an M.Sc. Mean organizational tenure was reported as 11.65 years (SD = 3.20), while 376 respondents (98.35%) identified as ethnically Igbo. These characteristics indicate a predominantly young, diploma-qualified, and culturally homogeneous sample drawn from the study area.

Measures

Organizational Health Behavior Climate Scale

Organizational Health Behavior Climate was assessed with a 24-item scale attributed in the supplied document to Sonnentag and Pundt (2016). The instrument covers two broad domains: organizational eating climate and organizational exercise climate. Each domain comprises values and expectations, organizational practices, and communication subscales. Responses were obtained on a five-point Likert-type format. Higher scores indicated stronger perceptions that the organization encouraged and supported health-promoting behavior. The supplied study reported internal-consistency coefficients of .80, .85, and .82 for the eating-climate subscales and .81, .78, and .87 for the exercise-climate subscales, with aggregate coefficients of .86 and .79, respectively.

Utrecht Work Engagement Scale

Work engagement was measured with an eight-item adaptation of the Utrecht Work Engagement Scale (UWES), attributed in the supplied document to Schaufeli et al. (2006). The adapted measure focused on engagement during the morning work period and assessed the characteristic experiences of vigor, dedication, and absorption. Illustrative items reported in the source include statements concerning feeling strong and vigorous, feeling enthusiastic, and becoming completely absorbed in work. The original instrument was reported to demonstrate high internal consistency, with alpha coefficients between .92 and .95 and a mean reliability estimate of .93.

Employee Workplace Attachment

The study operationalized employee psychological attachment through workplace-attachment measures represented in the source data as employee workplace attachment (EWA), psychological anxiety workplace attachment (PAnxWA), and psychological avoidance workplace attachment (PAvWA). The correlation matrix indicates that EWA was positively associated with work engagement ($r = .45$, $p < .001$), whereas anxiety and avoidance attachment dimensions were negatively associated with engagement. The article retains these source-defined constructs and does not collapse them into a different attachment taxonomy not specified in the supplied study.

Procedure

Data were collected from employees in the participating private-sector organizations in Awka and Onitsha. Participants completed the standardized questionnaires using the response formats specified for the measures. The source manuscript indicates that the instruments were standardized and that internal consistency was assessed with Cronbach's alpha. The study was conducted as a survey of employees' perceptions and experiences within their existing organizational environments.

Data Analysis

Pearson product–moment correlation was used to examine the zero-order relationships required for Hypotheses 1 and 2. A regression-based moderation procedure was used for

Hypothesis 3, with the interaction between employee workplace attachment and Organizational Health Behavior Climate entered as the focal interaction term. The source manuscript reports an interaction coefficient of $\beta = .0248$, $SE = .0110$, $t = 2.1657$, $p = .0377$, with a 95% confidence interval from .0014 to .0462. The reported moderation model yielded $R^2 = .1216$ and $F = 1.6418$. Because the supplied manuscript also reports $F(3, 33) = 1.6418$, $p > .05$, while simultaneously reporting a significant interaction coefficient, the article explicitly preserves this statistical inconsistency for transparency rather than reconstructing an unreported model.

Ethical and Analytical Considerations

The study treated participation as a survey-based assessment of employees' perceptions and reported the data in aggregate form. In presenting the results, the article retains the source manuscript's sample and statistical outputs. No unreported individual-level observations are generated. This approach is important because the requested article is a condensation and scholarly re-expression of an existing dissertation record rather than a new analysis of raw respondent data.

Results

The results are organized according to the three hypotheses. Descriptive statistics, reliability coefficients, and zero-order correlations are presented first, followed by the moderation model. The values reported below are reproduced from the supplied study output and reformatted for journal presentation.

Descriptive Statistics, Reliability, and Correlations

Variable	M	SD	1	2	3	4	5	6	7	8	9
1. Gender	1.83	.56	1								
2. Age	26.84	7.83	.08	1							
3. Marital status	2.42	.74	.06	.32**	1						
4. Tenure	6.05	3.20	.10	.28**	.08	1					
5. Work engagement	4.76	.99	.09	.08	.13*	.72**	1				
6. EWA	3.16	1.02	.10	.09	.12*	.08	.45***	1			
7.PAnxWA	3.92	.93	.06	.04	.09	.08	-.38**	.62***	1		
8. PAvWA	4.21	1.66	.08	.07	.06	.08	-.48***	-.35***	-.37**	1	
9. OHBC	3.23	1.43	.07	.06	.08	.05	.65***	-.45**	-.34**	-.24**	1

*Note. N = 382. *p < .05. **p < .01. ***p < .001. EWA = employee workplace attachment; PAnxWA = psychological anxiety workplace attachment; PAvWA = psychological avoidance workplace attachment; OHBC = Organizational Health Behavior Climate. The source manuscript labels the engagement variable as UWE/Utrecht work engagement.*

Hypothesis 1

Hypothesis 1 proposed a significant positive relationship between employee psychological attachment to work and work engagement. The zero-order correlation was positive and statistically significant, $r = .45$, $p < .001$. The magnitude of the reported association indicates that higher levels of employee workplace attachment were accompanied by higher levels of work engagement. The hypothesis was therefore supported on the basis of the reported correlation coefficient.

Hypothesis 2

Hypothesis 2 proposed a significant positive relationship between OHBC and work engagement. The correlation was strong and statistically significant, $r = .65$, $p < .001$. Employees reporting stronger organizational health behavior climates also reported higher levels of engagement. The result supports the proposition that health-supportive organizational practices constitute a relevant contextual correlate of employee engagement.

Hypothesis 3

Hypothesis 3 proposed that OHBC would moderate the attachment–engagement relationship. The regression-based interaction term was positive and statistically significant, $\beta = .0248$, $SE = .0110$, $t = 2.1657$, $p = .0377$, 95% CI [.0014, .0462]. The positive interaction coefficient indicates that the association between attachment and engagement increased as OHBC increased. The reported model R^2 was .1216. However, the source manuscript simultaneously reports an omnibus model statistic of $F(3, 33) = 1.6418$, $p > .05$. Because the interaction term is reported as significant while the omnibus model is reported as nonsignificant, the moderation result should be described as qualified rather than treated as an internally unambiguous model-level finding.

Moderation Regression Coefficients

Predictor	B	SE	t	p	LLCI	ULCI
Constant	48.3389	14.1101	3.4258	.0017	19.6312	77.0467
OHBC	-0.3199	.1590	-2.0117	.0525	-0.6435	.0036
EWA	-2.1640	1.0039	-2.1556	.0385	-4.2066	-0.1215
Interaction	0.0248	.0110	2.1657	.0377	.0014	.0462

Note. EWA = employee workplace attachment; OHBC = Organizational Health Behavior Climate. Interaction = EWA × OHBC. $R^2 = .1216$; reported $F = 1.6418$. The source manuscript reports $F(3, 33) = 1.6418$, $p > .05$; this article does not alter that value.

Graphical Presentation of Hypothesis Tests

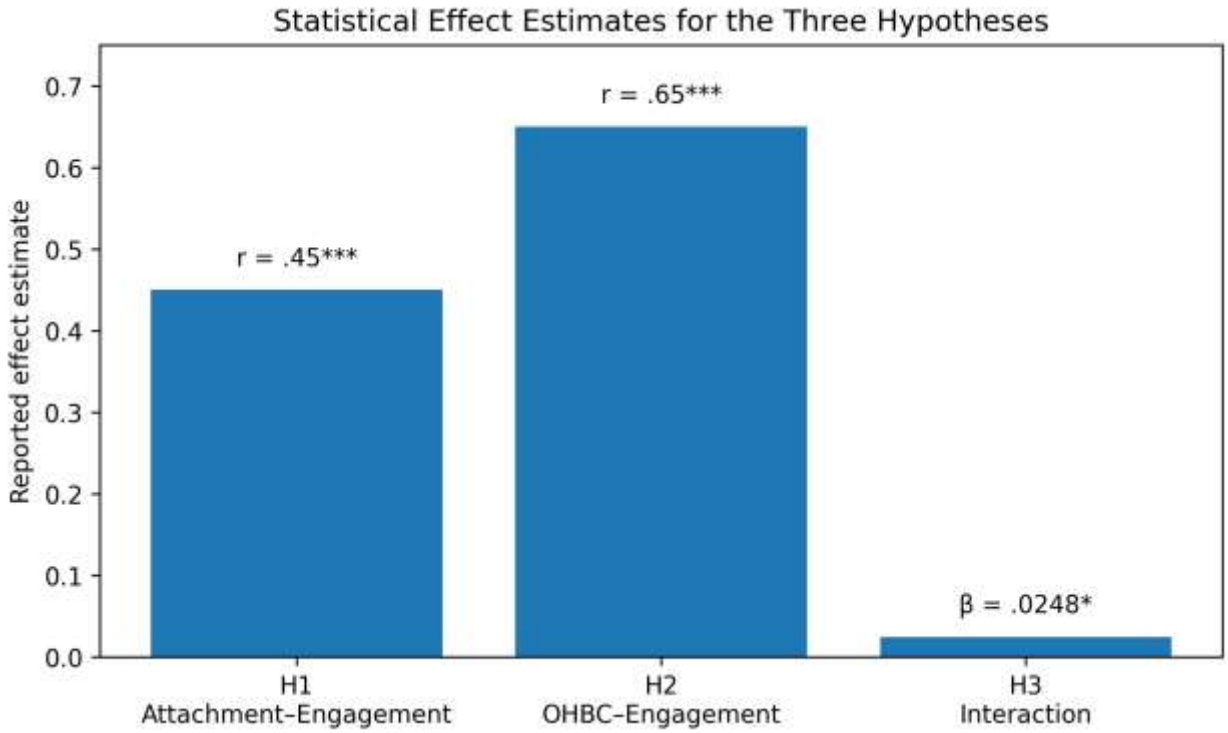


Figure 2. Reported statistical effect estimates for H1–H3.

Note. H1 and H2 are Pearson correlations, whereas H3 is the reported interaction coefficient from the moderation model. Because the underlying respondent-level data and conditional simple-slope estimates were not supplied, the figure is a comparative display of reported coefficients rather than a reconstructed simple-slopes plot.

Discussion of the Results

Psychological Attachment to Work and Work Engagement

The first finding showed a significant positive association between employee workplace attachment and work engagement, $r = .45$, $p < .001$. This result indicates that employees who reported stronger psychological investment in their work also tended to report greater vigor, dedication, and absorption. The finding is consistent with the conceptual premise that work becomes more motivationally potent when employees perceive it as connected to identity, values, and personal investment.

The result is compatible with the JD-R model because psychological attachment can function as a personal motivational resource that supports the mobilization of effort. It is also consistent with SDT, under which internalized and self-endorsed work orientations are expected to produce higher-quality motivation (Deci & Ryan, 2000). From an SET perspective, psychological attachment may reflect accumulated positive exchanges and perceived compatibility between employee and organization, which can be expressed through discretionary engagement (Cropanzano & Mitchell, 2005).

The result also accords with the wider engagement literature. Schaufeli et al. (2002, 2006) conceptualized engagement as a positive state involving vigor, dedication, and absorption, while Saks (2019) emphasized the continuing relevance of psychological and organizational antecedents of engagement. Evidence reviewed in the source dissertation, including work on

affective commitment, psychological ownership, and attachment orientations, similarly suggests that employees' emotional and identity-based connections to work are relevant to engagement. The present finding extends that pattern to the sampled private-sector organizations in Southeastern Nigeria.

Organizational Health Behavior Climate and Work Engagement

The second finding was a positive and statistically significant relationship between OHBC and work engagement, $r = .65$, $p < .001$. Among the three principal statistical relationships reported in the study, this was the largest zero-order correlation. Employees who perceived their organizations as more supportive of health-promoting behavior also tended to report greater engagement. The result suggests that organizational health practices may operate as a meaningful contextual resource rather than as an isolated employee-welfare concern.

The finding is readily interpretable through the JD-R model. Health-supportive policies, communication, and practices can constitute organizational resources that help employees maintain energy and cope with demands. The result is also compatible with COR theory because health-supportive climates may reduce resource depletion and facilitate recovery. In SDT terms, supportive climates may strengthen employees' perceptions of being valued and connected, thereby creating conditions conducive to autonomous motivation.

The source dissertation also reviewed empirical evidence linking health-supportive climates, psychosocial safety, organizational support, and engagement. Studies of nurses, microfinance employees, and other occupational groups were cited as showing positive associations between supportive climates and engagement. The present finding should therefore be interpreted as convergent with a broader literature while recognizing that the current sample is limited to 15 private-sector organizations in Awka and Onitsha.

Moderating Role of Organizational Health Behavior Climate

The third finding concerns the interaction between attachment and OHBC. The interaction coefficient was positive and statistically significant, $\beta = .0248$, $p = .0377$, with a confidence interval that excluded zero. This pattern is consistent with the proposed theoretical mechanism: psychological attachment appears to be more strongly associated with engagement when employees perceive stronger organizational support for health-promoting practices.

The result provides a contextual interpretation of the attachment–engagement relationship. Attachment is an individual psychological orientation, but engagement is expressed within an organizational setting. A strong health climate can signal that the organization values the person behind the employee role, making employees' psychological investment more sustainable. Conversely, where organizational health practices are weak or perceived as inconsistent, the motivational energy associated with attachment may be less effectively converted into engagement.

The finding is consistent with the JD-R model's proposition that personal and contextual resources can interact. It is also compatible with COR theory because contextual resources can protect personal resources from depletion. SDT contributes the idea that supportive environments can facilitate the internalization and expression of motivation, while SET suggests that organizational care can be reciprocated through stronger discretionary involvement. The convergence of these perspectives provides a coherent explanation for the interaction effect.

At the same time, the statistical reporting warrants caution. The supplied manuscript reports a significant interaction term but also reports a nonsignificant omnibus F statistic for the

moderation model. These are not equivalent tests and can, in principle, yield different significance patterns; however, the unusual degrees of freedom reported in the source should be checked against the original statistical software output before submission to a peer-reviewed journal. The present article therefore reports the result faithfully and avoids claiming stronger evidence than the source record permits.

Integration With Prior Evidence

The findings converge with the literature summarized in the source dissertation. Research on attachment orientations has linked secure or positive attachment patterns with engagement, while anxiety and avoidance have been associated with poorer occupational outcomes. Research on health-supportive climates has likewise connected organizational health practices with well-being and engagement. The present contribution is the integration of these strands in a single conditional model situated in Southeastern Nigeria.

The result also resonates with work on psychosocial safety climate and organization-based self-esteem. Health-supportive organizational contexts can communicate that employees are valued, which may strengthen psychological availability for work. In this sense, OHBC is not simply a collection of wellness activities; it is a set of organizational signals about what the organization values and how employees are expected to manage the demands of work.

The study consequently shifts the explanatory focus from an exclusively employee-centered account of engagement toward an interactional perspective. Psychological attachment matters, but its motivational expression depends partly on the surrounding environment. This interpretation is theoretically consistent with contemporary organizational research that increasingly emphasizes the interdependence of individual resources, job resources, leadership, and organizational climate.

Implications

Theoretical Implications

First, the findings extend the JD-R model by providing empirical support for considering OHBC as a contextual resource that can alter the relationship between a personal motivational resource and engagement. Second, the findings are compatible with COR theory because organizational health support may protect and replenish employees' psychological resources. Third, SDT is strengthened by evidence that contextual support can influence whether internally meaningful work orientations are translated into sustained motivation. Fourth, SET is relevant because health-supportive treatment may communicate organizational investment that employees reciprocate through engagement.

More broadly, the study supports a multilevel conceptualization of engagement. Individual psychological attachment cannot be fully interpreted without considering organizational signals and practices. Although the present analysis did not conduct multilevel modeling, the moderation result provides a rationale for future research in which organizational climate is explicitly modeled at the team or organizational level.

Practical Implications

Organizations can use the findings to strengthen the alignment between employee motivation and organizational health practices. Wellness initiatives should be integrated with everyday management rather than treated as isolated events. Supervisors can reinforce the climate through consistent communication, reasonable workload practices, support for recovery, and visible participation in health-promoting activities.

Human resource managers can incorporate health-climate indicators into employee surveys, organizational diagnostics, leadership development, and performance-management

systems. The objective should not be to extract greater effort from attached employees, but to create conditions in which psychological investment can be sustained without unnecessary depletion. This distinction is important for ethical and sustainable engagement management.

For organizations operating in Southeastern Nigeria, interventions should be culturally and economically appropriate. Health-supportive practices need not depend exclusively on expensive wellness infrastructure. Credible communication, employee participation, supervisor support, opportunities for recovery, and accessible health information can contribute to a climate in which employees perceive genuine organizational concern.

Implications for Policy and Organizational Governance

At the organizational-governance level, the findings support the integration of employee well-being into broader organizational sustainability frameworks. Health climate can be monitored as part of organizational risk management, workforce planning, and employee-retention strategies. However, organizations should avoid treating survey scores as substitutes for substantive policy change; climate perceptions are most likely to improve when organizational practices and leadership behavior are visibly consistent with stated values.

Limitations

Several limitations constrain the interpretation of the findings. First, the study was restricted to private-sector organizations in Awka and Onitsha. The results therefore cannot automatically be generalized to public organizations, non-governmental organizations, other regions of Nigeria, or organizations in other national settings.

Second, the cross-sectional design prevents definitive causal inference. Although the reported associations are statistically meaningful, the temporal ordering among attachment, climate perceptions, and engagement cannot be established. Longitudinal designs would be better suited to examining whether changes in organizational health climate precede changes in engagement among psychologically attached employees.

Third, the study relied on self-report measures. Common method variance, social desirability, and shared response tendencies may influence the observed associations. Future studies could combine employee surveys with supervisor-rated engagement, organizational health-policy indicators, absenteeism records, or other objective measures.

Fourth, OHBC was analyzed as an individual perception even though organizational climate has a collective and potentially emergent character. Without aggregation or multilevel analysis, individual perceptions should not be treated as definitive organizational-level climate scores. Multilevel modeling would provide a stronger test of whether shared organizational climate changes the attachment–engagement relationship.

Recommendations

- Private-sector organizations should institutionalize health-supportive organizational practices rather than relying on isolated wellness activities.
- Managers should receive training in health-oriented leadership, supportive communication, employee recovery, and psychologically safe supervisory practices.
- Human resource systems should incorporate health-climate indicators into organizational diagnostics, employee experience surveys, and workforce sustainability strategies.
- Health-climate interventions should be adapted to the economic, cultural, and operational realities of Nigerian organizations rather than copied without contextual modification.
- Employees should have structured opportunities to contribute to the design and evaluation of organizational health initiatives, thereby increasing perceived legitimacy and relevance.

- Organizations should monitor engagement, absenteeism, turnover intentions, and other workforce indicators alongside health-climate measures to evaluate whether interventions are producing sustainable benefits.

Suggestions for Further Studies

Future studies should adopt longitudinal designs to examine temporal relationships among attachment, OHBC, and engagement. Repeated measurement would allow researchers to determine whether improvements in organizational health climate precede changes in engagement and whether the attachment–engagement relationship remains stable across organizational transitions.

Second, researchers should use multilevel designs that aggregate climate perceptions at team or organizational levels. Hierarchical linear modeling or multilevel structural equation modeling would allow a clearer distinction between individual perceptions and genuinely shared organizational climate. Such designs would directly test the contextual-resource interpretation advanced in this article.

Third, future research should incorporate multiple data sources. Employee self-reports could be complemented by supervisor assessments, organizational health-policy audits, attendance records, performance indicators, and other objective measures. This would reduce common method concerns and strengthen construct validity.

Fourth, comparative research should examine whether the moderating pattern differs across Nigerian geopolitical zones, public and private sectors, organizational sizes, occupational groups, and levels of job demand. Such comparisons would clarify the contextual boundaries of the findings and help determine which aspects of OHBC are most consequential for engagement.

Finally, future work could test additional boundary conditions, including health-oriented leadership, perceived organizational support, organizational justice, person–organization value congruence, psychological safety, job demands, and recovery experiences. Such variables may help explain when a health climate is most effective and through which mechanisms it influences employee engagement.

Conclusion

This study examined the relationship between employee psychological attachment to work and work engagement and tested Organizational Health Behavior Climate as a moderating condition. The results showed a significant positive association between attachment and engagement, a significant positive association between OHBC and engagement, and a positive statistically significant attachment × OHBC interaction in the reported moderation output. Collectively, the findings support a contextual interpretation of employee engagement in which psychological investment in work is embedded within an organizational environment that can facilitate or constrain its expression.

The study therefore contributes to organizational psychology by integrating individual attachment with organizational health climate in a Nigerian private-sector context. The central implication is not that employee attachment alone guarantees engagement, but that organizations can influence the conditions under which psychological investment becomes sustainable engagement. Health-supportive organizational practices, credible leadership behavior, and employee-centered systems may provide the contextual resources required for employees to maintain vigor, dedication, and absorption.

At the same time, the cross-sectional design, self-report methodology, geographically bounded sample, individual-level treatment of climate, and statistical reporting discrepancy require cautious interpretation. The findings are best regarded as evidence of meaningful

associations and a promising conditional relationship that should be replicated using longitudinal, multilevel, and multi-source designs. Within these qualifications, the study provides a useful platform for developing more context-sensitive explanations of work engagement in Nigerian organizations.

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