

# A Structural Equation Model on Organizational Commitment In Relation to Job Satisfaction, Organizational Trust, and Quality of Work-Life: Case of health care Workers in Region 12 During Covid-19 Pandemic

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**Abstract:** *The research used structural equation modeling (SEM) to identify the organizational commitment model that best-fit healthcare workers in Region XII. In the study, the endogenous variable was organizational commitment, while the external variables were job satisfaction, organizational trust, and quality of work-life. Four hundred participants were selected using the technique of stratified sampling and descriptive non-experimental research design. The data were analyzed using a standardized instrument with mean, Pearson product-moment correlation, multiple regression, and structural equation modeling. Data gathered indicated that organizational commitment, job satisfaction, and work-life quality gained a high mean score. At the same time, organizational trust got a very high level of mean scores. Also, a significant relationship was found between the exogenous and endogenous variables. In addition, organizational commitment was significantly influenced by both job satisfaction and quality of work-life. Model 3 was revealed to have satisfied the goodness of fit criteria, thus considered the most economical model for organization commitment in the context of healthcare workers.*

**Keywords:** business administration, organizational commitment, job satisfaction, organizational trust, quality of work-life, structural equation model, Philippines

## I. Introduction

For The global COVID-19 pandemic has stretched countries' healthcare systems to their breaking point, with previously unanticipated consequences for healthcare workers' performance and commitment (Yáñez-Araque, Gómez-Cantarino, Gutiérrez-Broncano, & López-Ruiz, 2021, [1]). Adding to the concerns is that the medical working environment for healthcare workers during a pandemic is highly demanding (Jun, Tucker, & Melnyk, 2020, [2]). In addition, stress, the danger of getting COVID-19, an increasing workload, and a challenging job have all created a stressful working environment that degrades the standard of care (Sharif Nia et al., 2021, [3]). In such a dangerous circumstance, when self-rescue appears to be more vital than others, characteristics that boost commitment become more crucial than ever to increasing healthcare workers' responsibility to care (Zhang, Liu, Jahanshahi, Nawaser, Yousefi, Li, & Sun, 2020, [4]).

To improve skills, effort, and the nature of working circumstances, organizational commitment – which consists of conviction in company values and goals—should be increased (Hendri, 2019, [5]). Moreover, higher organizational commitment is an essential element in healthcare professionals that determines healthcare workers' desire to stay in their professions during the COVID-19 epidemic (Sharif Nia et al., 2021, [3]). Further, employees dedicated to their jobs develop a bond with their employers, resulting in increased organizational functionality and production (Çoğaltay, 2019, [6]). High productivity may give a company a competitive advantage in the global economy (Kumar, Dass, & Topaloglu, 2018, [7]). Hence, organizational commitment is one of the most essential factors in a company's success (Rose, 2019, [8]).

Bosh (2020) [9] highlighted that job dissatisfaction typically leads to adverse organizational outcomes such as increased absenteeism, decreased productivity, and higher turnover rates that indicate low organizational commitment. When employees have a sense of job satisfaction and are committed to the business, employee morale is better, and absenteeism and turnover rates are lower (Rehman, Shahzad, Farooq, & Javaid, 2020, [10]). Organizational trust is one of the many factors that might affect an employee's loyalty to the company (Akbarzadeh & Rezghi Shirsavar, 2018, [11]).

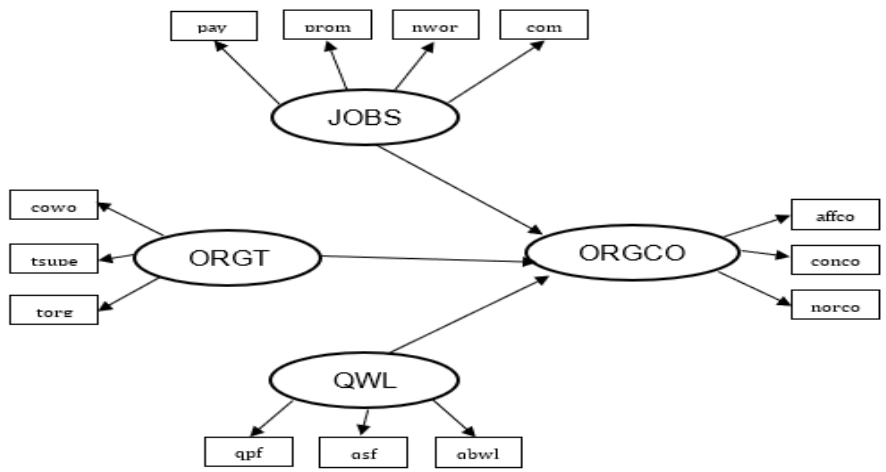
According to Dahmardeh and Nastiezaie (2019) [12], managers involve workers in decision-making when managers and employees have trust in one another. It encourages workers to feel more committed to the company and cautious, encouraging them to make better and more accurate judgments, gain more knowledge, and complete tasks and assignments. On the contrary, the quality of work-life can impact organizational commitment (Sahni, 2019, [13]). Quality of work-life was also connected to employee loyalty, with companies utilizing employee loyalty programs to inspire employees and emphasize the company's top performers, thereby enhancing commitment (Wahlberg, Ramalho, & Brochado, 2019, [14]).

This study was founded on research findings and hypotheses from several authors that supported the relationship between specific dimensions and the endogenous variable. Becker's Theory, developed by Ghosh and Swam in 1979 [15], makes organizational commitment a fundamental component in predicting voluntary turnover. An employee's connection with his or her employer is based on actions bound by a contract of financial benefit. Employees are loyal to the company because they have vested interests or side bets, and individuals prefer these side bets because they accumulate certain expenses that make disengagement difficult (Mergen&Ozbilgin, 2021, [16]). Meyer and Allen's (1991) [17] demonstrated the impact of this approach, which is now known as continuance commitment; the Side-Bet Theory was eliminated as a prominent proponent of the organizational commitment notion.

Conferring to the Side-bet Theory by Becker (1960) [18], workers' sustained commitment was projected to have a positive relationship with their acceptance of a subordinate role. Further, both practices in relationships and taking on a subordinate role have been proposed as techniques to make employees more vulnerable to external pressures and, as a result, more likely to behave in ways that are normal in a particular culture (Al Halbusi, Williams, Ramayah, Aldieri, L. & Vinci, 2021, [19]). Hence, commitment should be assessed by determining the reasons, if any, for a person to leave his or her company.

In addition, the 2016 study by Huang, Lee, McFadden, Murphy, Robertson, Cheung, & Zohar [20] on Social Exchange Theory. Because a positive safety climate communicates to employees that the organization values them and because their safety needs are met; as a result, employees are more content with their jobs, which is why positive safety climate perceptions are associated with greater employee job satisfaction. In the study by Chao, Yu, Cheng, & Chuang (2013) [21], the formation of trust and commitment to successful supply chain management that helps hospitals compete more effectively is studied using transaction cost theory and social exchange theory. Exchange theory stresses that people analyze the prospective costs and advantages of exchange to attain the highest performance (Hall, 2003, [22]).

The best fit of a hypothetical model is evaluated to understand how it can affect the organizational commitment of the healthcare professionals in Region XII. As seen in the conceptual paradigm in Fig. 1, the endogenous variable, organizational commitment, is directly influenced by the exogenous variables, job satisfaction, organizational trust, and quality of work-life.



- Legend:**
- JOBSATc* – Job Satisfaction
  - pay* – Pay
  - prom* – Promotion
  - nwork* – Nature of Work
  - com* – Communication
  - ORGT* – Organizational Trust
  - cowor* – Trust in Co-workers
  - tsuper* – Trust in Supervisors
  - torg* – Trust in the Organization
  - QWL* – Quality of Work-Life
  - qpf* – Quality of Physical Factors
  - qsf* – Quality of Social Factors
  - qbwl* – Quality of Balance Work/Life
  - ORGO* – Organizational Commitment
  - affcom* – Affective Commitment
  - concom* – Continuance Commitment
  - norcom* – Normative Commitment

**figure 1. the conceptual model showing the direct relation of latent exogenous towards the latent endogenous variable**

Research first exogenous variable, as defined by Huffenberger (2012) [23], is job satisfaction. This variable is assessed using the Job Satisfaction Survey (JSS) of Spector (1994) [24], which includes the following indicators: pay, promotion, work environment, and communication. Pay incentivizes health workers or organizations to meet predetermined performance goals (Kovacs, Powell-Jackson, Kristensen, Singh, & Borghi, 2020, [25]). Promotion is a vertical movement of an employee that provides more excellent compensation, prestige, duties, and benefits, among other things. Promotion is one of the most driving things for any employee (OdangTayeng, 2020, [26]). The nature of work is what workers do for a living. It can apply to the essential daily tasks and additional unusual jobs that could be required (Reijnders & de Vries, 2018, [27]). According to Etherington, Wu, Cheng-Boivin, Larrigan, and Boet (2019) [28], communication is the exchange of information between people using a standard set of symbols, signs, or behaviors.

Adapted from the research of Canipe (2006) [29], the other exogenous variable is organizational trust, which has the following indicators: trust in coworkers, a supervisor, and the organization. Trust in coworkers means believing in colleagues with good intentions (Taboroši et al., 2020, [30]). Trust in the supervisor relates to the employees' feeling of psychological safety to employ and express themselves on the job (Elsaied, 2019, [31]). Trust in the organization means the confidence employees feel in the actions of the company (Nguyen, Pham, Le, & Bui, 2020, [32]).

The third exogenous variable is the quality of work life. Adapted from Boukhemkhem's (2015) [33] study with the following indicators: quality of physical factors, quality of social factors, and quality of work-life. Physical features are a societal and expert atmosphere in which the workforce is expected to engage with many people and work together somehow (Williams, Lopez, Tung, Olds, & Allison, 2022, [34]). Social factors are a form of communication between management and employees on workplace decisions, disagreements, and problem-solving (Cletus, Mahmood, Umar, & Ibrahim, 2018, [35]). Balance work-life is an organizational activity that improves individual and group performance (Chi, 2019, [36]).

Organizational commitment is a latent endogenous variable taken from a study by Al-Haroon and Al-Qahtani (2020) [37]. It has the indicators of emotional commitment, normative commitment, and continuance commitment by Meyer and Allen (1997) [38]. Affective commitment is employees' strong attachment to their company, longing to see it complete its goals, and pride in participating in it (Kamel, 2019, [39]). Normative commitment includes employees' ethical obligations to the company because engagement is the correct thing to do (Brittain et al., 2020, [40]). Continuance commitment refers to a person's seeming need to continue with an organization since quitting would be costly (Al-Haroon & Al-Qahtani, 2020, [37]).

A model generation strategy is also crucial to finding the best-fit structural equation modeling (SEM) model. In this study, a hypothesized model is developed to illustrate the possible causal connection between the model's two latent exogenous and endogenous variables. In the suggested model, the oval symbol represents the measured variable of a latent construct, and the single-headed arrow represents the direct correlation between two variables.

The relentless trend of Filipino healthcare workers' emigrating to foreign nations has jeopardized the country's patient care services (Labrague, McEnroe-Petitte, Tsaras, Cruz, Colet, & Gloe, 2018, [41]). Further, Filipino healthcare workers were dedicated to their organization and uncertain whether to quit (Castro-Palaganas et al., 2019, [42]). Thus, interventions are needed to encourage healthcare workers to stay in their jobs for the rest of their lives and to minimize turnover rates (Labrague et al., 2018, [41]). Consequently, the researcher decided to investigate the interaction between three independent factors and their effect on the organizational commitment of healthcare professionals based on this hypothesis.

This study aims to identify the most appropriate model for predicting the organizational commitment of healthcare professionals in Region XII. Specifically, it seeks to study the following: To evaluate job satisfaction among healthcare professionals to pay, promotion, nature of work, and communication; to assess healthcare professionals' organizational trust in terms of trust in co-workers, supervisors, and the organization; to ascertain the quality of work-life of healthcare workers in terms of quality of physical factors, social factors, and balance work/life; to gauge the organizational commitment of healthcare professionals in terms of affective, continuance, and normative; to determine the significant relationship between job satisfaction and organizational commitment, trust and commitment, and quality of work-life and organizational commitment; and to discover the significant influence of job satisfaction, organizational trust, and quality of work-life on organizational commitment; and to determine the best-fit model for the organizational commitment.

The null hypotheses were tested at a significance level of 0.05. Job satisfaction and organizational commitment, trust and commitment, and quality of work-life and organizational commitment do not significantly correlate. Job

satisfaction, organizational trust, and quality of work-life do not significantly influence the organizational commitment of healthcare workers, and there is no best-fit model that predicts organizational commitment.

The study's findings are crucial to developing new knowledge because they provide specific evidence about organizational commitment and its connections to job satisfaction, organizational trust, and quality of work-life. It is also helpful to the country's healthcare industry since it will provide higher authorities with information on increasing healthcare workers' organizational commitment by satisfying their needs and wants and boosting their trust in the organization by giving them the support they need as healthcare workers.

The study will primarily benefit healthcare organizations looking for ways to improve healthcare workers' performance and strengthen healthcare workers' organizational trust. Additionally, healthcare organizations may be aware of the elements affecting the employees' total organizational commitment and identify opportunities to improve the organization's human resources. Finally, this study may be used as a baseline by other researchers and can be used as secondary data if they want to do further research on the subject.

## **II. Method**

### **2.1 Research Respondents**

For this study, 400 healthcare professionals from Region XII were polled. Respondents are healthcare professionals who have worked for at least three (3) months in healthcare facilities in the region that have been operating for at least three (3) years. When participants feel uneasy or frightened or when there is actual or perceived physical, psychological, or emotional harm, respondents may decline.

A scientific technique is utilized to select the respondents. The respondents were determined using a method of stratified random sampling. The researcher employed the Latin phrase "Pro-rata," which refers to a proportionate allocation, to choose the respondents. Essentially, it means "in proportion," which refers to a method in which everything is allotted and distributed equally.

### **2.2 Materials and Instrument**

To collect primary information about the constructs of job satisfaction, organizational trust, organizational commitment, and quality of work-life of healthcare employees in Region XII, adopted standard questionnaires were employed. The questionnaires that were used in the study were culled from a variety of related researchers. The instrument underwent restructuring to make it more appropriate to current undertakings and the healthcare industry. Internal and external experts approved the adapted and altered questionnaires. One external validator and five internal validators were included. The applicability of the items, adequateness per category, presentation and organization of the items, attainment of purpose, objectivity, and rating scale were used to validate the questionnaires. The improved instrument received a rating of 4.94, which is considered outstanding.

Furthermore, to ensure the instrument's reliability, the questionnaires were pre-tested using Cronbach Alpha, a method used by academics to examine the validity of multiple-question surveys utilizing the Likert scale. Cronbach alpha determines how closely a group of test items is related (UCLA, 2021). The Cronbach's alpha acceptable value is 0.70 (Taber, 2018, [43]). Cronbach alpha results for job satisfaction, organizational trust, quality of work-life, and organizational commitment were .950, .956, .960, and .951, respectively.

The first instrument gauges the healthcare worker's level of job satisfaction. The Job Satisfaction Survey (JSS) of Spector (1994) [24] is used to measure the tool, which was derived from a study by Huffenberger (2012) [23]. It includes the following indicators: pay, promotion, nature of work, and communication. The second tool, organizational trust, was modified from a Canipe (2006) [29] study. Three factors—trust in coworkers, trust in supervisors, and trust in the organization—are used in the instrument's design to gauge how much organizational trust healthcare employees perceive. The third tool was derived from a Boukhemkhem [33] study from 2015. The instrument is developed to assess three aspects of healthcare employees' quality of work-life: quality of physical factors, quality of social factors, and quality of work/life balance. Organizational commitment is the fourth tool, taken from a study by Al-Haroon and Al-Qahtani (2020) [37]. The tool, created by Meyer and Allen (1997) [38], is intended to assess the organizational commitment of healthcare professionals based on three factors: affective, normative, and continuity commitment. The respondents will indicate their answers employing a 5-point Likert measure that ranges from 1 to 5 with descriptions from "Strongly Disagree to Strongly Agree." The scale for interpreting the responses of the study participants is as follows:

Means ranged from 4.20 to 5.00, with a very high descriptive level showing that job satisfaction, organizational trust, work-life balance, and organizational commitment are always observed. Means ranged from 3.40 to 4.19, with a descriptive level of high, indicating that job satisfaction, organizational trust, work-life balance, and organizational commitment are often observed. While means ranged from 2.60 to 3.39, with a moderate descriptive level, showing that

job satisfaction, organizational trust, work-life balance, and organizational commitment are sometimes observed. In addition, means ranged from 1.80 to 2.59, with a descriptive level of low, indicating that job satisfaction, organizational trust, work-life balance, and organizational commitment are uncommon. And means ranged from 1.00 to 1.79, with a descriptive level of very low, implying that job satisfaction, organizational trust, work-life balance, and organizational commitment are never observed.

### **2.3 Design and Procedure**

The researcher used the descriptive-correlational approach to conduct a quantitative, non-experimental study. Quantitative studies determine how and why things differ and how they differ from one variable to the next. The link between the independent and dependent variables is also determined through correlational research in this study. The methodology enabled the researcher to gather much more data than if they had conducted tests, allowing them to assess the relationship's strength and direction (Curtis, Comiskey, & Dempsey, 2016, [44]). The main goal of using a quantitative, non-experimental methodology is to see how organizational trust, quality of work-life, and job satisfaction affect organizational commitment.

Numerous methods are utilized to collect the data required for the investigation. The school ethics review committee must first provide consent for the study to be carried out. Six professional validators validate the questionnaire after receiving the certification. After validating the questionnaire, the researcher performs a pilot test with several healthcare workers across Sultan Kudarat's various cities and municipalities. The Cronbach alpha is used to test the questionnaire's validity. Mallery (2018) [45] also presented the following formula for calculating Cronbach's alpha to assess questionnaire reliability: 0.9 is excellent, 0.8 is good, 0.7 is satisfactory, 0.6 is doubtful, 0.5 is poor, and 0.4 is unacceptable.

For pilot testing, a total of 50 forms were distributed, and the authenticity of the survey was established by tallying the responses. The reproduction of survey questionnaires was done in April 2023. Data collection through the survey was done in stages, then collated and tabulated, with data careening performed to reduce outliers during the analysis. Finally, data analysis and interpretation, in which the results are evaluated and explained.

The questionnaire data were analyzed using these statistical tools: Organizational commitment, Quality of work-life, Organizational trust, and Job satisfaction are measured by mean. Pearson r measured Job satisfaction, Organizational trust, Quality of work-life, and organizational commitment. Multiple regression identified organizational commitment components. Structural equation modeling requires SEM to find the optimal model. The test validates those qualities with a weak relationship to other latent variables that are eliminated from the final SEM, according to Hu and Bentler (1999) [46].

The best-fit model needed all indices within acceptable ranges. The chi-square/degrees of freedom (CMIN/DF) ratio must be 0. Tucker-Lewis, Comparative Fit, Goodness of Fit, and normed Fit Index should surpass 0.95. P-close must exceed 0.05, and RMSEA must be below 0.05. It was determined that model three, shown in Fig. 2, had indices that fall within each requirement and consistently suggest a perfect fit based on the Summary of Goodness fir evaluated by the three created models. The model was thus determined to be the best fit. The null hypothesis that there was no best-fit model was thus rejected. The organization uses a best-fit model to forecast the organizational commitment of healthcare employees in Region XII.

The University of Mindanao Review Committee's (UMERC) protocol standards and guideline protocol number UMERC-2022-312 were observed correctly and adhered to when assessing the research protocol and adhering to ethical considerations. It was done to protect the respondents' rights and the confidentiality of the information they gave.

## **3. Result and Discussion**

This chapter contains information and findings based on respondents' comments about Region XII healthcare staff organizational commitment. Job satisfaction, organizational commitment, work-life quality, and trust guided the results and debate. Next, a correlation between job satisfaction, organizational trust, and quality of work-life is shown, followed by a regression analysis on the effects of these factors on organizational commitment. Finally, the best-fit model predicts organizational commitment.

### **3.1 Job Satisfaction of Healthcare Workers**

Table 1 shows Region XII healthcare workers' job satisfaction. Job satisfaction was high at 3.95, with a standard deviation of 0.45. It indicates that Region XII healthcare workers are satisfied. Pay averaged 3.91, advancement 4.09, type of work 4.01, and communication 3.80. Healthcare workers' excellent salary, promotion, work, and communication ratings explain their high job satisfaction.

Table 1. Level of Job Satisfaction of Healthcare Workers

| Indicators            | SD          | Mean        | Descriptive level |
|-----------------------|-------------|-------------|-------------------|
| <i>Pay</i>            | 0.61        | 3.91        | High              |
| <i>Promotion</i>      | 0.47        | 4.09        | High              |
| <i>Nature of Work</i> | 0.52        | 4.01        | High              |
| <i>Communication</i>  | 0.58        | 3.80        | High              |
| <b>Overall</b>        | <b>0.45</b> | <b>3.95</b> | <b>High</b>       |

All indicators, including pay, promotion, nature of work, and communication, contribute to high job satisfaction. It indicates that employees frequently observe the job satisfaction of healthcare personnel in Region XII. Following Tang, Shao, and Chen's (2019) [47] findings, overall satisfaction emphasizes employees' attitudes toward their employment and general personal fulfillment. Job satisfaction among healthcare workers is an essential aspect of healthcare administration, according to Markit (2021) [48], because it has been associated with superior service quality, greater patient adherence to treatments, and greater patient satisfaction. In addition, Sunarsi (2020) [49] emphasizes the significance of workplace communication in achieving organizational objectives. Thus, excellent departmental communication and connections boost job satisfaction (Rehman et al., 2020, [10])

**3.2 Organizational Trust of Healthcare Workers**

The level of organizational trust among healthcare personnel in Region XII is depicted in Table 2. The total mean score for organizational trust among employees was 4.24, with a standard deviation of 0.57, which is very high. It indicates that healthcare professionals in Region XII respect the employee's organizational trust. The following are the average evaluations for the three indicators described as exceptional.

Table 2. Level of Organizational Trust of Healthcare Workers

| Indicators                       | SD          | Mean        | Descriptive level |
|----------------------------------|-------------|-------------|-------------------|
| <i>Trust in Co-workers</i>       | 0.62        | 4.28        | Very High         |
| <i>Trust in Supervisors</i>      | 0.62        | 4.24        | Very High         |
| <i>Trust in the Organization</i> | 0.64        | 4.21        | Very High         |
| <b>Overall</b>                   | <b>0.57</b> | <b>4.24</b> | <b>Very High</b>  |

The descriptive level for trust in coworkers was 4.28, trust in supervisors was 4.24, and trust in the organization was 4.21, all of which have a very high descriptive level. The high level of organizational trust in healthcare workers is attributable to the high ratings supplied by respondents for trust in coworkers, supervisors, and the organization.

All indicators, including trust in coworkers, supervisors, and the organization, contribute to high organizational trust. It indicates that employees' organizational trust in tourism industries is consistently observed. Positive employee feedback and evaluation of advanced organizational behavior require a high level of interpersonal trust, as demonstrated by Akgerman and Sonmez's (2020) [50] research. According to Fenwick and Vermeulen (2019) [51], organizational trust might come from the proprietor's personality or a highly centralized decision structure and organizational culture that supports frequent trusting interactions. Organizations with solid internal confidence are also more successful, adaptive, and inventive (Afsar, Al-Ghazali, Cheema, and Javed, 2020, [52]).

**3.3 Quality of Work-life of Healthcare Workers**

Table 3 shows Region XII healthcare workers' quality of work-life. Work-life balance has a high mean score of 3.80 and a standard deviation 0.30. Healthcare practitioners' work-life balance is routinely assessed. The indicators of work-life quality are physical factors (4.00), social elements (3.72), and work-life balance (3.80). Healthcare workers' physical solid, social, and work-life balance ratings explain their excellent work-life quality.

Table 3. Level of Quality of Work-life of Healthcare Workers

| Indicators                           | SD          | Mean        | Descriptive level |
|--------------------------------------|-------------|-------------|-------------------|
| <i>Quality of Physical Factors</i>   | 0.42        | 4.00        | High              |
| <i>Quality of Social Factors</i>     | 0.45        | 3.72        | High              |
| <i>Quality of Balance Work/ Life</i> | 0.42        | 3.66        | High              |
| <b>Overall</b>                       | <b>0.34</b> | <b>3.80</b> | <b>High</b>       |

The overall high quality of work-life is an outcome of the respondents' ratings on the variable's measurement, namely the quality of physical factors, social factors, and work-life balance, which all received a high rating. It indicates that each of the three indicators is typically observed. The result is supported by the research of Sari, Bendesa, and Antara (2019) [53], which indicates that employees will have a high QWL if they are satisfied with their jobs, participate in decision-making, and have opportunities to develop, according to Buselli et al. (2020) [54], during the last several decades, both organizations and people have come to value the quality of work-life balance. It has been discovered to influence employee productivity, significantly benefiting organizational performance. Additionally, if employees work

in an enjoyable and comfortable environment, their performance and work discipline will increase (Putri, Ekowati, Supriyanto, and Mukaffi, 2019, [55])

**3.4 Organizational Commitment of Healthcare Workers**

Table 4 shows Region XII healthcare professionals' organizational commitment. The mean score for organizational commitment is 3.98, considered high, with a standard deviation of 0.25. It suggests that commitment to the organization is frequently observed. The average ratings for the three indicators are as follows: affective got a 3.91 average, continuity a 3.96 average and normative a 4.07 average. The high scores given by respondents for the three variables reflect the high degree of organizational commitment among healthcare workers.

Table 4. Level of Organizational Commitment of Healthcare Workers

| Indicators         | SD          | Mean        | Descriptive level |
|--------------------|-------------|-------------|-------------------|
| <i>Affective</i>   | 0.41        | 3.91        | High              |
| <i>Continuance</i> | 0.49        | 3.96        | High              |
| <i>Normative</i>   | 0.52        | 4.07        | High              |
| <b>Overall</b>     | <b>0.40</b> | <b>3.98</b> | <b>High</b>       |

Organizational commitment is essential because it influences employee, organizational, and societal commitment, consistent with Loan's (2020) [56] research findings. Affective committed employees are more likely to experience positive emotions and higher levels of intrinsic motivation, essential for fostering individual creativity (Odoardi, Battistelli, Montani, & Peiró, 2019, [57]). In addition, Mayfield's (2019) [58] research indicates that employees with a strong emotional attachment to the organization are likelier to remain because they strongly desire to do so.

**3.5 Correlation between Job Satisfaction and Organizational Commitment of Healthcare Workers in Region XII**

Table 5.1 displays healthcare workers' job satisfaction and organizational commitment r-values. Job satisfaction correlates with an organizational commitment since the p-value is less than 0.05 and the computed r-value is 0.176 rejecting the null hypothesis. Pay, advancement, nature of job, and communication exhibit minimal correlations with organizational commitment and p-values less than 0.05, making them statistically significant.

Table 5.1 Significant Relationship between Job Satisfaction and Organizational Commitment of Healthcare Workers

| Job Satisfaction      | Organizational Commitment |                         |                          |                          |
|-----------------------|---------------------------|-------------------------|--------------------------|--------------------------|
|                       | <i>Affective</i>          | <i>Continuance</i>      | <i>Normative</i>         | <b>Overall</b>           |
| <i>Pay</i>            | .099*<br>(.047)           | .080<br>(.109)          | .110*<br>(.028)          | .114*<br>(.023)          |
| <i>Promotion</i>      | .126*<br>(.012)           | .091<br>(.070)          | .192*<br>(.000)          | .163**<br>(.001)         |
| <i>Nature of Work</i> | .147**<br>(.003)          | .079<br>(.114)          | .140**<br>(.005)         | .143**<br>(.004)         |
| <i>Communication</i>  | .190**<br>(.000)          | .105*<br>(.035)         | .117*<br>(.019)          | .159**<br>(.001)         |
| <b>Overall</b>        | <b>.173**<br/>(.001)</b>  | <b>.109*<br/>(.029)</b> | <b>.168**<br/>(.001)</b> | <b>.176**<br/>(.000)</b> |

Strong correlations between organizational commitment and job satisfaction disprove the study's null hypothesis. Organizational commitment and job satisfaction are related. Pay, promotion, nature of work, and communication also strongly correlate with organizational commitment.

The study's findings corroborate Bosh's (2020) [9] conclusion that job satisfaction leads to positive organizational outcomes that indicate high organizational commitment. According to Pattnaik and Jena (2020) [59], employee morale, absenteeism, and turnover rates are lower when staff are fulfilled and committed to the company. According to Pappa et al. (2020) [60], designating areas of intervention to promote the long-term sustainability of healthcare systems depends on identifying the determinants of healthcare professionals' satisfaction and vocation. Consequently, management must take brave and strategic actions to facilitate employee satisfaction techniques that yield positive performance outcomes (Moortezaghholli, 2020, [61]).

**3.6 Correlation between Organizational Trust and Organizational Commitment of Healthcare Workers in Region XII**

Table 5.2 shows organizational trust and commitment results. 0.182 is the r-value, and p is less. Thus, 0.05 shows a poor correlation, rejecting the null hypothesis. Trust in coworkers, supervisors, and the organization has a low connection with organizational commitment and a p-value below 0.05, making it statistically significant.

Table 5.2 Significant Relationship between Organizational Trust and Organizational Commitment of Healthcare Workers

| Organizational Trust | Organizational Commitment |                    |                  |                |
|----------------------|---------------------------|--------------------|------------------|----------------|
|                      | <i>Affective</i>          | <i>Continuance</i> | <i>Normative</i> | <b>Overall</b> |

|                                  |                          |                         |                          |                          |
|----------------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| <i>Trust in co-workers</i>       | .161*<br>(.001)          | .068<br>(.176)          | .115*<br>(.021)          | .133**<br>(.008)         |
| <i>Trust in supervisors</i>      | .163**<br>(.001)         | .090<br>(.017)          | .184**<br>(.000)         | .172**<br>(.001)         |
| <i>Trust in the Organization</i> | .178**<br>(.000)         | .118*<br>(.018)         | .169**<br>(.001)         | .182**<br>(.000)         |
| <b>Overall</b>                   | <b>.183**<br/>(.000)</b> | <b>.101*<br/>(.043)</b> | <b>.169**<br/>(.001)</b> | <b>.182**<br/>(.000)</b> |

Due to the analysis of the relationships among the variables, which demonstrates a significant association relating to organizational trust and organizational commitment, the null hypothesis is rejected. In addition, organizational trust indicators, such as trust in coworkers, trust in supervisors, and trust in the organization, are observed to obtain a minimal correlation with organizational commitment.

The study's findings concur with Nguyen et al.'s (2020) [32] conclusion that multiple variables, such as organizational trust, can affect employee commitment to the organization. Moreover, Dahmardeh and Nastiezaie (2019) [12] emphasized that when managers and employees have confidence, managers involve employees in decision-making, which makes employees feel more committed to the business and more careful to make better and more accurate judgments, increase their knowledge, and complete responsibilities and assignments. According to Akkaya (2020) [62], organizational trust is essential for leaders and managers to comprehend because it enables them to effectively manage, develop, and empower employees.

### 3.7 Correlation between Quality of Work-Life and Organizational Commitment of Healthcare Workers in Region XII

Table 5.3 shows the substantial correlation between the quality of work-life and organizational commitment. The null hypothesis is rejected because the total r-value is 0.478 and the p-value is less than 0.05, indicating a slight correlation. However, the quality of social factors indicator of the quality of work-life has no significant relationship with organizational commitment.

Table 5.3 Significant Relationship between Quality of Work-Life and Organizational Commitment of Healthcare Workers

| <b>Organizational Trust</b>          | <b>Organizational Commitment</b> |                          |                          | <b>Overall</b>           |
|--------------------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                      | <i>Affective</i>                 | <i>Continuance</i>       | <i>Normative</i>         |                          |
| <i>Quality of Physical Factors</i>   | .507**<br>(.000)                 | .270**<br>(.000)         | .316**<br>(.000)         | .422**<br>(.000)         |
| <i>Quality of Social Factors</i>     | .246**<br>(.883)                 | .215**<br>(.226)         | .412**<br>(.566)         | .350**<br>(.337)         |
| <i>Quality of Balance Work/ Life</i> | .281**<br>(.000)                 | .296**<br>(.000)         | .331**<br>(.000)         | .361**<br>(.000)         |
| <b>Overall</b>                       | <b>.434**<br/>(.000)</b>         | <b>.330**<br/>(.000)</b> | <b>.449**<br/>(.000)</b> | <b>.478**<br/>(.000)</b> |

The study found a weak link between work-life quality and organizational commitment, rejecting the null hypothesis. Work-life quality and organizational commitment are linked. Corresponding to the survey of Sahni (2019) [13], the character of one's work-life can influence organizational commitment. Corresponding to Wahlberg et al. (2019) [14], the quality of work-life is also correlated with employee loyalty, with companies utilizing employee loyalty programs to inspire employees and highlight the company's top performers to strengthen commitment.

Additionally, according to Hamzah, Hubeis, and Hendri (2020) [63], the quality of work-life balance affects organizational commitment. Healthcare employees' organizational commitment, according to Al-Haroon and Al-Qahtani (2020) [37], was modest, and there was no link between their organizational commitment and the quality of their work-life. Management may enhance nurses' work lives and experiences to strengthen organizational commitment among healthcare employees (Kim & Lee, 2021, [64])

### 3.8 Influence of Job Satisfaction, Organizational Trust, and Quality of Work-Life on Organizational Commitment

The significant influence of job satisfaction, organizational trust, and quality of work-life on organizational commitment is presented in Table 6. The analysis findings indicated that job satisfaction and quality of work-life account for approximately 25,2 or 25% of the variance in organizational commitment. However, It is unlikely that organizational trust does not influence organizational commitment. The t-value of .766 and the p-value of 0.444, more significant than 0.05, make this evident. While job satisfaction and work-life balance significantly influence organizational commitment, the null hypothesis is rejected. In addition, F= 44,395 and a p-value of .000 indicated that the model was exceptional.



**Table 6. Significant Influence of Job Satisfaction, Organizational Trust, and Quality of Work-Life towards Organizational Commitment**

| Exogenous Variables  | B      | Beta | t-value | p-value |
|----------------------|--------|------|---------|---------|
| (Constant)           | 1.287  |      | 5.120   | .000    |
| Job Satisfaction     | .130   | .145 | 3.315   | .001    |
| Organizational Trust | .024   | .035 | .766    | .444    |
| Quality of Work-Life | .546   | .460 | 10.161  | .000    |
| R <sup>2</sup>       | .252   |      |         |         |
| F-value              | 44.395 |      |         |         |
| P-value              | .000   |      |         |         |

This research first aims to discover job satisfaction, organizational trust, and work-life characteristics that affect organizational commitment through regression analysis. Organizational trust and commitment were unrelated. Employment satisfaction and work-life quality greatly influenced organizational commitment.

According to Hendri's (2019) [5] research, organizational commitment focuses on an employee's positive attitude towards the organization rather than their work; it can be viewed as an extension of job satisfaction. According to Gopinath and Kalpana (2019) [65], organizational commitment is determined by an employee's commitment and willingness to the organization. Consequently, an individual's performance is substantially influenced by organizational commitment and work happiness (Gopinath, 2020, [66]) and a consequence of changes in employees' attitudes toward their work, many of which are likely to increase their job satisfaction (Loan, 2020, [56]). Oktem and Oztopra (2020) [67] state that job satisfaction is an employee's attitude toward their assigned responsibilities. It is typically a measurement of how satisfied people are with their occupations and how they compare to other workers based on comparable workplace standards. Therefore, if employees are happy with their jobs, they will have a strong commitment and remain with the organization (Ahmed, 2019, [68]).

Various factors may explain that organizational trust does not substantially affect organizational commitment. Based on the research of Canning, Murphy, Emerson, Chatman, Dweck, and Kray (2020) [69], there is less organizational trust and commitment among employees who perceive their workplace to be less collaborative, innovative, and honest if they believe their company promotes a fixed perspective. In the study by Dahmardeh and Nastiezaie (2019) [12], trust absolutely and substantially shapes knowledge sharing and affective and normative commitment. Using transaction cost theory and social exchange theory, Chao et al. (2013) [21] investigate how normative commitment partially mediates the relationship between trust and affective commitment.

According to YildizAnkaya and Sezen's (2019) [70] study, the relationship between organizational trust and commitment is moderated by positive psychological capital and is more pronounced when it is high. Consequently, although commitment strengthens confidence, it can also erode it. Theoretically, valid reasons for this negative impact are examined, and suggestions for future research are provided (Brown, Crosno, & Tong, 2019, [71]).

Furthermore, employees with secure employment, according to Kim and Lee (2021) [64], feel more at ease at work, positively influencing their quality of life. Organizations and researchers are interested in quality-of-life work to boost employee commitment and performance (Özgenel, 2021, [72]). Considering the rising competition in the business environment, businesses must regularly assess their human resources to improve their commitment to the organization's goals (Haldorai, Kim, & Garcia, 2022, [73]). Thus, low work-life quality can impact service quality and organizational commitment (Sahni, 2019, [13]). Hence, every hospital, agency, and corporation need excellent organizational commitment, which may be attained if the work environment is high quality (Ibrahim Alzamel, Abdullah, Chong, & Chua, 2020, [74])

### 3.9 Best Fit Model of Organizational Commitment

According to Yildiz Çankaya and Sezen (2019) [70], positive psychological capital moderates the relationship between organizational trust and commitment, making it more substantial when it is high. Thus, commitment both enhances and weakens confidence. Theoretical causes for this negative impact are investigated, and future research is suggested (Brown, Crosno, & Tong, 2019, [71]). In addition, it represents the relationship between endogenous and exogenous variables. Once a structured model demonstrates a good fit, it highlights the consistency of empirical relationships between variables.

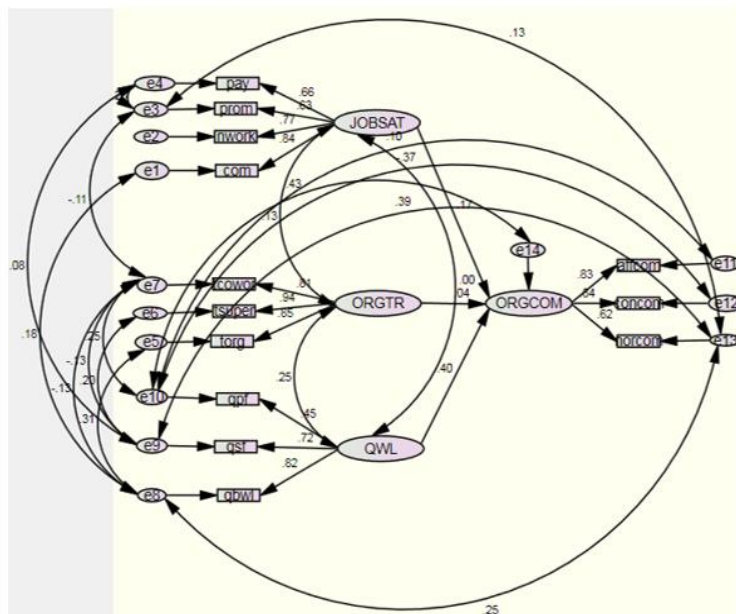
Table 7 summarizes the Goodness of fit measures of the three generated models in the study. The optimal model was determined using the criterion that all indices must consistently lie within acceptable ranges. The P-value must be less than 0.05, and Chi-square/degrees of freedom (CMIN/DF) ranges from 0 to 2 for values between 0 and 2. Additionally, the Goodness of fit index (GFI), the comparative fit index (CFI), the normed fit index, and the Tucker-Lewis index must be greater than 0.95. RMSEA must be less than 0.05, and its corresponding P-close value must be greater than 0.05. Founded on the Summary of Goodness fit measured by the three generated models, it was found that model three, presented in Figure 2, has indices that fall withineach criterion and consistently indicate a perfect fit. The model was found to have the best match. As a result, the null hypothesis that there is no ideal model was proven false. The organization has a best-fit model that forecasts the organizational commitment of healthcare professionals in Region XII.

Table 7. Summary of Goodness of Fit Index

| Index   | Criterion     | Model 1 | Model 2 | Model 3 |
|---------|---------------|---------|---------|---------|
| CMIN/DF | 0 < value < 2 | 4.812   | 1.709   | 1.173   |
| p-value | >.05          | .000    | .001    | .198    |
| NFI     | >.95          | .883    | .965    | .978    |
| TLI     | >.95          | .873    | .976    | .994    |
| CFI     | >.95          | .904    | .985    | .997    |
| GFI     | >.95          | .912    | .962    | .971    |
| RMSEA   | <.08          | .098    | .042    | .021    |
| Pclose  | >.05          | .000    | .782    | .995    |

Legend:  
 CMIN/DF – Minimum Discrepancy/Degrees of Freedom  
 RMSEA – Root Mean Square Error of Approximation  
 p-value – Probability Value  
 NFI – Normed Fit Index  
 TLI - Tucker Lewis Index  
 CFI – Comparative Fit Index  
 GFI – Goodness of Fit Index  
 Pelose – Test of Close Fit

Figure 2 shows the measurable and structural model with emotional, continuation, and normative commitment as the measurement construct and all other organizational commitment indicators. According to Alfalih (2022) [75], it may be premised on multiple phases or levels of responsibility, with antecedents dependent on a person's loyalty perspective. Thus, commitment to a company is crucial, as it influences engagement and contributes to retention (Naz, Li, Nisar, Khan, Ahmad, and Anwar, 2020, [76]). Affective commitment, as described by Bellido (2020) [77], refers to an employee's perception of being an integral part of the organization's operations. Bouraoui, Bensemmane, Ohana, and Russo (2019) [78] added that affective commitment is distinct when employees have a strong emotional connection to their organization. Individuals desire this element of organizational commitment (Iglesias, Markovic, & Rialp, 2019, [79]).



Legend:  
 JOBSATc – Job Satisfaction  
 pay – Pay  
 prom – Promotion  
 mwork – Nature of Work  
 com – Communication  
 ORGTR – Organizational Trust  
 cowor – Trust in Co-workers  
 tsuper – Trust in Supervisors  
 torm – Trust in the Organization  
 QWL – Quality of Work-Life  
 qpf – Quality of Physical Factors  
 qsf – Quality of Social Factors  
 qbwl – Quality of Balance Work/Life  
 ORGCOM – Organizational Commitment  
 affectcom – Affective Commitment  
 concom – Continuanance Commitment  
 norcom – Normative Commitment

figure 2. Be:

Continuanance commitment also considers the perceived financial cost of leaving the organization (Cressa et al., 2022, [80]). In other words, employees are more aware of the costs and benefits of leaving their employer than staying (Hastings, 2021, [90]). Torres-Jacquez (2021) [91] defines an employee's desire to remain with a company due to the costs associated with leaving and the absence of a viable alternative. Moreover, employees with a strong emotional connection to the company are likelier to remain because they strongly desire to do so (Mayfield, 2019, [58]). The employee may have been taught that it is their responsibility to stay with an employer, or they may be motivated to remain due to the rewards of the job (Beaudoin, 2021, [92]).

Normative commitment is another attitude that supports the wish to remain with an organization (Beaudoin, 2021, [92]). A moral need to stay with an organization is one of the precursors of normative commitment, and it may stem from an individual's traits (Harini, Rosytsi, & Karnati, 2019, [93]). Therefore, employees who are socialized to organizational values upon joining the company and who have a sense of congruence between their ideas and the company's purpose are more likely to demonstrate normative commitment (McCormick & Donohue, 2019, [94]).

As one of the exogenous variables of the study, job satisfaction appeared to have a causal relationship with all four indicators. These include pay, promotion, nature of work, and communication. The result is supported by Sunarsi (2020) [49] study, which quantifies job satisfaction as a continuous variable and defines it as a positive affective state resulting from a work experience. According to Tang et al. (2019) [47], job satisfaction has three components: overall satisfaction, expectation mismatch, and reference conception. In addition, overall satisfaction focuses on employees' attitudes toward their employment and general personal fulfillment (Wang, Wang, Zhang, & Ma, 2020, [95]).

Pay fairness and compensation plan will also affect business performance and those who believe their pay was unfairly compared to others or did not reflect their effort (Kim & Jang, 2020, [96]). Giubilini and Savulescu (2021) [97] argue that compensation should be increased not only for extra hours worked but also for the other dangers that healthcare personnel face when caring for COVID-19 patients and, more generally, when caring for patients who are at a significantly higher risk than average. Not only would such compensation ensure that the personnel needed to provide essential healthcare remain in the workforce, but it would also ensure that the work was performed for the right reasons (Prasad et al., 2021, [98]).

Promotions are also essential to a worker's career and life, as they are a crucial aspect of workers' labor mobility and are frequently accompanied by substantial compensation increases (Frye, Kang, Huh, & Lee, 2020, [99]). It may significantly affect duties and future work attachment, among other elements of employment (Baert, Lippens, Moens, Sterkens, and Weerkens, 2020, [100]). Promotions may reward highly productive employees, encouraging them to put up more effort (Daniel, 2019, [101]).

Regardless of whether these qualities or the labor's content are favorable or wrong, the actual content of a job or its features may be described as the nature of work (Fana et al., 2020, [102]). Work difficulties, autonomy, talent diversity, and work scope, all components of the job's nature, determine job happiness (Jiang et al., 2020, [103]). Communication in the workplace is essential for assuring performance and achieving organizational objectives (Sunarsi, 2020, [49]).

According to the Social Exchange Theory proposed by Huang et al. (2016) [20], a positive safety environment is associated with higher levels of employee job satisfaction because it demonstrates that the organization values them. Consequently, employees are pleased with their work because their safety requirements are met. Thus, the nature of the job is at the top of the list for researchers attempting to determine what factors contribute to job satisfaction (Caligiuri, De Cieri, Minbaeva, Verbeke, and Zimmerman, 2020, [104]). On the other hand, when used effectively and well, communication functions similarly to the factors mentioned above and can be successfully implemented to influence job satisfaction (Dziuba, Ingaldi, & Zhuravskaya, 2020, [105]).

The optimal model for the organizational trust variable of the study included all three domains. It provides confidence in coworkers, supervisors, and the organization. The findings support the conclusion of Fenwick and Vermeulen (2019) [51] that organizational trust can originate from the proprietor's personality or from a highly centralized decision structure and corporate culture that encourages regular trusting interactions within the organization. Trust in coworkers refers to the belief that one's coworkers are competent and will act in ways the individual considers fair, reliable, and ethical (Salas- Vallina, Alegre, & López- Cabrales, 2021, [106]). This idea is founded on the belief that a coworker will not intentionally take advantage of the individual by withholding vital information, misrepresenting facts, or harmful rumors (Azeem, 2021, [107]). Workers who trust their supervisors are likelier to succeed (Skiba & Wildman, 2019, [108]). Supervisor trust is also influenced by the fairness of leadership actions (Lämsä & Keränen, 2020, [109]).

Conferring to a comprehensive assessment of incentive management in the twenty-first century, employees' trust in supervisors is greatly motivated by perceived impartiality in dealing with administrators (Abdin, Ismail, & Nor, 2019, [110]). Companies' ability to form trustworthy relationships is becoming an increasingly essential source of competitive advantage (Qiu, Jie, Wang, & Zhao, 2020, [111]). As added by Newman and Ford (2021) [112], trust in a company is the conviction of workers that others, whether individuals or teams, will make a good faith attempt to uphold commitment and honesty and not take advantage of others. Kedharnath, Shore, and Dulebohn (2020) [113] argued that trust in the organization includes a willingness to be vulnerable and take a chance on the possibility that another party may not uphold the benign conduct expectations.

Moreover, all three work-life balance indicators have a causal relationship with organizational commitment. Academics and practitioners have recently been intrigued by the distinction between work and existence (Adnan Bataineh, 2019, [114]). (Raeissi et al., 2019, [115]) QWL is a multidimensional measure that reflects a worker's emotions about numerous aspects of their employment. Healthcare workers are subjected to high-stress levels regularly, and they deal with tremendous workloads and high-stress levels that can result in burnout (Cocchiara et al., 2019, [116]).

They were added by Asante et al. (2019) [117], where healthcare employees are frequently subjected to stressful working circumstances that can affect their quality of life. The study by Muthuri, Senkubuge, & Hongoro (2020) [118] emphasized that employment policies that provide an ergonomic work environment will enhance health and can perform optimally. Effective communication is critical when giving healthcare (Ratna, 2019, [119]). Work and career are frequently undertaken as part of a social context, and personal interactions and how they are organized become a significant aspect of work-life quality (Žuk et al., 2019, [120]). Quality of work-life is assured by the job's chances for

employee growth, management's encouragement to execute the job, and favorable circumstances to improve personal empowerment and skills (Haugen, Seiler, Sandbakk, & Tønnessen, 2019, [121]).

Moreover, the rapid tempo of innovation and disruption in business processes and technology necessitates those personnel be continually up skilled and flexible (Maity, 2019, [122]). As indicated by the best-fit model, the hypothesized and best-fit models of the study, in which the three independent variables manifest a relationship with the dependent variable, are comparable. Job satisfaction influences organizational commitment and is associated with organizational trust and quality of work-life. There is also a correlation between the indicators of job satisfaction and the independent and dependent variables. Organizational trust influences employee commitment and is associated with quality of work-life and job satisfaction. Some indicators of organizational trust have relationships with other indicators, such as colleague trust, promotion, physical and social conditions, and a healthy work-life. Consequently, employment satisfaction and organizational trust are related, and work-life balance influences organizational commitment.

### **III. Conclusion and Recommendations**

The stability and reliability of the study were augmented using a structural equation model because the analysis includes model specification, model estimation, and model evaluation. The results discovered a very high level of organizational trust, indicating that it is always observed by healthcare workers in Region XII. In contrast, the high levels of job satisfaction, quality of work-life, and organizational commitment indicate that it is observed frequently. The results indicate room for improvement until they attain a very high level. In contrast, organizational trust is rated extremely highly. The researcher advises administrators to concentrate on the three variables to improve their mean ratings. Consequently, administrators of healthcare industries in Region XII may have programs and initiatives that assist employees with communication, trust in the organization, work-life balance, and affective commitment.

The findings also indicated a significant relationship between job satisfaction, organizational trust, and quality of work-life, indicating that the healthcare sectors must maintain these variables because a higher level of these variables will result in a higher level of organizational commitment. It can be done by appreciating and explaining the organization's information and purpose and by agreeing to employees' sufficient authority to perform the work that will make them feel like an integral part of the organization.

It was revealed that among the three variables, job satisfaction and quality of work-life influence organizational commitment the most. In contrast, organizational trust will not influence the organizational commitment of healthcare employees in Region XII, suggesting the need for further research in this area.

Model (3) three has indices that constantly designate an excellent fit to the data; therefore, it is acknowledged as the best-fit model, signifying that all the indicators of job satisfaction, organizational trust, and quality of work-life must be prioritized as it is a strong predictor of organizational commitment. It can be achieved by consistently recognizing and trusting healthcare workers in their work and by providing them with a secure work environment, so they feel safe.

Additionally, comparative research is advised to identify reliable aspects that should have been examined in this study. Future researchers could use other industries as research subjects.

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