
**THE INFLUENCE OF ORGANIZATIONAL DYNAMICS, QUALITY OF LIFE,
AND MOTIVATION FOR ACHIEVEMENT ON COMMITMENT AND WORK
BEHAVIOR AT XYZ HOSPITAL**



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Abstract

This study aims to analyze the influence of organizational dynamics, quality of life, and achievement motivation on employee commitment and work behavior at XYZ Hospital, Sidoarjo. The type of research conducted by the author in this study is quantitative descriptive research, in quantitative descriptive research, the sampling technique used is the purposive sampling technique in data collection. The location of the research conducted by the author to test the hypothesis is at XYZ Hospital located in Sidoarjo, East Java. The number of respondents in this study is assumed to be 100 respondents. The data analysis techniques used were multiple linear regression analysis, t-test, and f-test. The results of this analysis not only provide statistical significance values but also parameter estimation that explains the strength of the relationship between variables.

Keywords: Organizational Dynamics, Quality of Life, Achievement Motivation, Commitment, Work Behavior

INTRODUCTION

In the modern workplace, organizations require employees who demonstrate high performance alongside strong commitment to organizational goals and values. Commitment serves as an absolute prerequisite for organizational sustainability through employees' dedication to organizational interests (Siti, 2016). Highly committed employees exhibit greater loyalty, stronger contribution desires, and lower turnover intentions (Siti, 2016).

Employee work behavior at XYZ Hospital in Sidoarjo has shown fluctuating dynamics in recent years. Individual performance evaluations from 2021-2024 recorded declining time discipline consistency from 85% to 72%, accompanied by internal surveys revealing 60% of employees perceive colleagues as insufficiently proactive (Sunaryo, 2017). This decline manifests in incomplete medical records and rising patient complaints in emergency and outpatient units, positioning work behavior as a primary management challenge with serious healthcare service implications (Sunaryo, 2017).

Organizational dynamics play a crucial role in creating a conducive work environment. Madiistriyatno defines organizational dynamics as an ongoing group process involving movement, development, and adaptation to change, encompassing structure, communication, leadership, and work culture that directly influence employee work behavior (Marliani & Merisa, 2024). Prastiti found that affective and normative commitment enhance employees' readiness to face organizational dynamics, particularly in adapting to structural and cultural changes.

Deviantoro's study in the healthcare sector confirms that optimizing organizational dynamics through policy governance improves hospital employees' commitment and work behavior, aligning with restructuring challenges and technology adoption at RS XYZ. Organizational adaptation to crises, such as the post-COVID-19 transition, is also evident in the MSME sector, where implementing marketing mix and E-CRM strategies enhances performance amid environmental changes (Astuti, Sembiring, & Marlina, 2024). These findings are relevant to RS XYZ, where similar dynamics drive employees to adopt new technologies for improved patient services and proactive work behavior.

Employee quality of life significantly shapes work behavior as well. Setyo describes quality of life as encompassing physical, mental, social, and economic well-being aimed at enhancing life conditions and boosting task motivation to achieve company goals. Employees with strong quality of life demonstrate high attendance, task enthusiasm, and deep organizational engagement (Setyo, 2018).

Achievement motivation drives individuals to surpass prior accomplishments (Nugroho, 2024), stemming from internal and external factors (Adilah & Firdaus, 2023). Firdaus characterizes it as the drive to deliver one's best, closely linked to enthusiasm in facing challenges. High achievement motivation encourages harder work, greater responsibility acceptance, and productive work environments (Hasbie, 2022).

Work behavior reflects complex interactions among individuals, teams, and organizations (Aprinawati et al., 2024). A holistic approach addressing organizational dynamics, employee well-being, and achievement motivation proves essential for optimal work behavior (Hadi et al., 2020). This study positions work commitment as mediating the effects of organizational dynamics, quality of life, and achievement motivation on employee work behavior, though its theoretical linkages remain underexplored (Meliza, 2021).

Previous studies examined achievement motivation, commitment, and work behavior primarily in manufacturing sectors but offered limited insights into healthcare service dynamics. This research fills this gap by incorporating organizational dynamics and quality of life variables, focusing on work-life balance in hospital contexts rarely addressed previously.

REVIEW OF LITERATURE

Organizational Commitment Theory

Organizational Commitment Theory explains how employees' emotional, normative, and continuance attachments to their organization mediate the influence of antecedent factors on work behavior (Meyer & Allen, 1991; Allen & Meyer, 1990). This theory is particularly relevant for hospitals like RS XYZ, which require employees who are not only technically competent but also fully committed to patient care values and organizational adaptation. Therefore, organizational dynamics, quality of life, and achievement motivation play crucial roles in building commitment as a key mediator of work behavior (Mowday et al., 1979). Affective (emotional), normative (obligation), and continuance (cost of leaving) commitment form psychological mechanisms that strengthen relationships between antecedents and organizational outcomes (Meyer & Herscovitch, 2001). Previous research relevant to this theory indicates that commitment reduces turnover, enhances team performance, and strengthens responses to organizational dynamics in healthcare settings (Saks, 2006; Jaros, 1997). According to Rhoades & Eisenberger (2002) and Griffeth et al. (2000), commitment serves as a mediating variable between organizational support (including dynamics and quality of life) and proactive work behavior.

This research is the first to simultaneously integrate organizational dynamics, quality of life, and achievement motivation to measure their influence on work behavior through commitment in private Indonesian hospitals. Although most studies focus on single dimensions, this literature gap is addressed by considering these variables relative to one another. The PLS-SEM method with ordinal data adds methodological value that enables richer data analysis.

Organizational Dynamics and Organizational Commitment

Organizational dynamics refers to internal change processes and dynamic interactions among organizational elements, such as communication, adaptive leadership, and external environment adaptation, increasingly applied in healthcare including hospitals (Robbins & Judge, 2021; Yukl, 2019). Previous research shows that organizational dynamics can build employee commitment through increased engagement and sense of ownership toward organizational goals (Meyer & Allen, 1997). In hospital contexts, these dynamics are reflected in medical team coordination, service process innovation, and responses to health policies. This aligns with organizational commitment theory, where employee behavior is influenced by perceptions of support and organizational practice consistency (Allen & Meyer, 1990; Mowday et al., 1979). The effectiveness of organizational dynamics in building commitment and work behavior is largely determined by the balance between change initiatives and concrete implementation evidence. Research by Luthans and Saks shows that hospitals with strong organizational dynamics can enhance organizational image and create employee commitment. Research focusing on private Indonesian hospitals remains limited,

while most previous studies explain manufacturing or education sectors (Podsakoff et al., 2000; Rhoades & Eisenberger, 2002). Hospitals have unique characteristics with high sensitivity to patient safety factors, workload, and Ministry of Health regulations. This indicates that employee perceptions and responses to organizational dynamics may differ from other sectors (Wright & Nishii, 2013; Christian et al., 2011). Therefore, this research proposes the following hypotheses:

H1: Organizational Dynamics has a significant positive effect on Commitment

H4: Organizational Dynamics has a significant positive effect on Work Behavior

Quality of Life and Commitment

Quality of life refers to employees' holistic well-being encompassing physical, psychological, social, and work environment aspects that support work-life balance (Walsh et al., 2022; Sirgy et al., 2019). Although research on quality of life and commitment has been conducted in manufacturing sectors (Hakanen & Schaufeli, 2012; Rantanen et al., 2021), hospital context research remains minimal. In Indonesia, where work-life balance awareness continues to increase, understanding quality of life influence on commitment in private hospitals remains underexplored. Research shows employees increasingly consider work impact on personal health and tend to commit to organizations supporting well-being (Bakker & Demerouti, 2017; Nielsen et al., 2023). Hospitals providing employee health programs, schedule flexibility, and emotional support are expected to strengthen organizational image and increase commitment and work behavior (Maslach & Leiter, 2016; Schaufeli & Bakker, 2004). Therefore, this research proposes the following hypotheses:

H2: Quality of Life has a significant positive effect on Commitment

H5: Quality of Life has a significant positive effect on Work Behavior

Achievement Motivation and Commitment

Achievement motivation refers to employees' internal drive to achieve superior targets through sustained effort and results orientation (McClelland, 1961; Ryan & Deci, 2020). Research on achievement motivation and commitment in hospitals remains relatively limited as most previous studies focus on global markets or education sectors (Vallerand, 2012; Dörnyei & Ushioda, 2021). However, hospitals have unique characteristics with high sensitivity to team performance, accreditation, and clinical targets. Several studies confirm that hospital employees' achievement intentions are influenced by organizational culture factors, shift work traditions, and professional social media influence (Deci & Ryan, 2008; Gagné & Deci, 2023). Research examining achievement motivation influence on commitment in local socio-cultural contexts remains rare, although these factors significantly shape employee behavior (Amabile, 2017; Pink, 2018). Therefore, this research proposes the following hypotheses:

H3: Achievement Motivation has a significant positive effect on Commitment

H6: Achievement Motivation has a significant positive effect on Work Behavior

Commitment and Work Behavior

Organizational commitment serves as a key mediator linking antecedent factors with employee work behavior. In the Indonesian hospital context, commitment influence on work behavior may be affected by unique local factors such as employee education levels and service quality awareness. Despite growing attention to commitment, some employees remain skeptical of organizational initiatives, particularly in developing countries like Indonesia. Organizations can reduce skepticism and strengthen HR strategy effectiveness in

driving work behavior by building commitment through transparency, consistency, and evidence of sustainable practices (Meyer et al., 2021; Jaros, 2022). In hospital cases, commitment is highly influenced by reputation, past employee experience, and peer recommendations (Organ, 2018; Borman, 2020). The majority of existing research focuses on manufacturing or government sectors. Hospitals have unique characteristics related to service quality perceptions and social influence on work behavior decisions (Podsakoff et al., 2020; Colquitt et al., 2022). Therefore, this research proposes the following hypothesis:

H7: Commitment has a significant positive effect on Work Behavior

Conceptual Framework and Mediation Hypotheses

In Indonesia, the influence of commitment on work behavior may be affected by unique local factors such as employee education levels and hospital service quality awareness. Despite growing attention to commitment, some employees remain skeptical of organizational initiatives, particularly in developing countries like Indonesia. Organizations can reduce skepticism and strengthen HR strategy effectiveness in driving work behavior by building commitment through transparency, consistency, and evidence of sustainable practices (Meyer et al., 2021; Jaros, 2022). In hospital cases, commitment is highly influenced by reputation, past employee experiences, and peer recommendations (Organ, 2018; Borman, 2020). The majority of existing research focuses on manufacturing or government sectors. Hospitals have unique characteristics related to service quality perceptions and social influence on work behavior decisions (Podsakoff et al., 2020; Colquitt et al., 2022). Therefore, this research proposes the following hypothesis:

H7: Commitment has a significant positive effect on Work Behavior

H8: Organizational Dynamics has a significant positive effect on Work Behavior through Commitment

H9: Quality of Life has a significant positive effect on Work Behavior through Commitment

H10: Achievement Motivation has a significant positive effect on Work Behavior through Commitment

Figure 1 shows the conceptual model investigated in this research. This model assumes that organizational dynamics, quality of life, and achievement motivation positively influence work behavior. Conversely, organizational commitment increases employee work behavior by signaling sustainable performance support. As a mediating variable, commitment explains the mechanism by which these factors influence work behavior. This model shows that organizational strategies will be more effective in driving work behavior when employee commitment is built toward organizational claims.

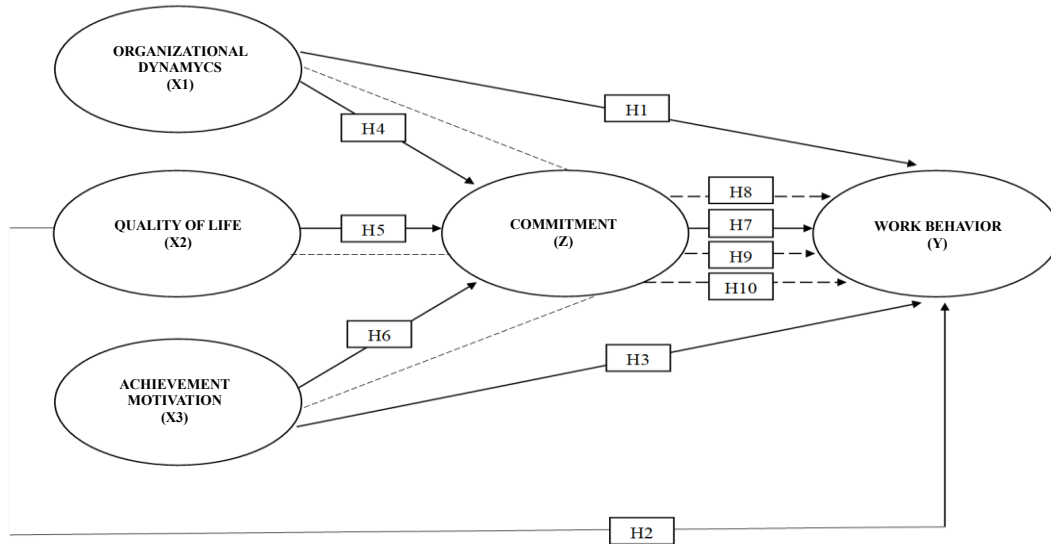


Figure 1.
Research Model

This research model depicts a theoretical framework showing the causal relationships between organizational dynamics, quality of life, achievement motivation, commitment, and work behavior at RS XYZ Hospital. This model portrays organizational dynamics, quality of life, and achievement motivation as exogenous variables; these variables are connected directly to work behavior as well as indirectly to work behavior through the intervening variable of commitment. The organizational dynamics dimension reflects adaptive communication and organizational process innovation. The quality of life dimension reflects the organization's commitment manifestation toward employee well-being. The achievement motivation dimension reflects the internal drive for achievement. Commitment serves as an important intermediate construct because it can be seen as the psychological process connecting organizational strategies to employee work behavior, when employees perceive consistency and credibility in organizational practices. Therefore, this model suggests that employee work behavior is not solely caused by direct antecedent factors, but rather heavily influenced by employees' confidence in the organization's sincerity and integrity in its HR practices.

RESEARCH METHOD

This study employs a quantitative descriptive design to analyze the influence of organizational dynamics (X1), quality of life (X2), achievement motivation (X3), and work commitment (Z) on employee work behavior (Y) at XYZ Hospital, Sidoarjo, East Java. The population consists of 280 employees, with purposive sampling targeting 105 respondents based on Hair et al. (2010) formula recommending 5-10 respondents per indicator for Structural Equation Modeling (SEM) analysis across 21 total indicators. Selection criteria include employees from patient-facing units (Emergency, Outpatient, Inpatient, Laboratory, Radiology, Pharmacy) with ≥ 2 years tenure and aged 25-50 years to capture mature organizational perceptions and professional stability (Hair et al., 2010).

Data collection utilizes a survey questionnaire designed with specific indicators for each variable, measuring organizational dynamics through goal relevance, task distribution, conflict resolution, member participation, and inter-member interaction; quality of life via mental health, social relationships, work environment conditions, and economic status; achievement motivation assessing personal responsibility, risk-taking, realistic goals, and comprehensive work planning; work commitment evaluating affective, continuance, and normative dimensions; and work behavior covering work quantity, quality, dependability, initiative, and adaptability. Instruments underwent validity testing via convergent and discriminant validity checks (loading factor >0.5) and reliability assessment through composite reliability measures.

Data analysis applies Structural Equation Modeling (SEM) using AMOS software through three stages: first, measurement model evaluation for validity and reliability; second, structural model testing for direct effects (H1-H6); and third, mediation analysis (H7-H10) via bootstrapping with 2000 resampling iterations to assess indirect effects significance through p-values and confidence intervals. Ethical approval was obtained from the hospital's institutional review board, ensuring respondent confidentiality, voluntary participation, and informed consent throughout the study process.

RESULTS AND DISCUSSION

Respondents in this study consist of 119 employees at XYZ Hospital in Sidoarjo. Respondent characteristics are differentiated by age, latest education, length of service, and employment status. The following presents the demographic statistics of respondents who are employees at XYZ Hospital in Sidoarjo.

Table 1.
Respondent Demographic Descriptive Statistics

	Criteria	Frequency (persons)	Percentage (%)
Age	Under 30 years	59	49,6
	30 – 50 years	55	46,2
	Above 50 years	5	4,2
	Total	119	100,0
Education Level	D3	93	78,2
	S1	26	21,8
	Total	119	100,0
Length of Service	5 years or less	62	52,1
	6 – 10 years	48	40,3
	More than 10 years	9	7,6
	Total	119	100,0
Employment Status	Permanent	34	28,6
	Contrak	85	71,4
	Total	119	100,0

Source: Processed data

Based on Table 1, respondents aged under 30 years total 59 individuals, ages 30-40 years total 55 individuals, and ages above 40 years total 5 individuals. Respondents with diploma education total 93 individuals and bachelor's degree total 26 individuals. Regarding

length of service, respondents with 5 years or less tenure total 62 individuals, 6-10 years tenure total 48 individuals, and over 10 years tenure total 9 individuals. Referring to employment status, permanent employees total 34 individuals and contract employees total 85 individuals.

These results indicate that most respondents in this study at XYZ Hospital in Sidoarjo are under 30 years old (49.6%), hold diploma education (78.2%), have less than 5 years tenure (52.1%), and possess contract employment status (71.4%).

Research Variable Descriptive Analysis

Descriptive analysis of research variables aims to determine the frequency distribution of respondents' statements toward the distributed questionnaire. Research variables consist of organizational dynamics (X1), quality of life (X2), achievement motivation (X3), commitment (Z), and work behavior (Y). The following presents descriptions of each research variable.

Table 2.
Respondent Answer Frequency Distribution for Organizational Dynamics Variable (X1)

No	Item	Score										Total	
		5		4		3		2		1		F	Mean
		F	%	F	%	F	%	F	%	F	%		
1	X11	46	38,7	63	52,9	4	3,4	6	5,0	0	0,0	119	4,25
2	X12	32	26,9	72	60,5	12	10,1	3	2,5	0	0,0	119	4,12
3	X13	58	48,7	50	42,0	3	2,5	8	6,7	0	0,0	119	4,33
4	X14	58	48,7	51	42,9	3	2,5	7	5,9	0	0,0	119	4,34
5	X15	32	26,9	69	58,0	9	7,6	9	7,6	0	0,0	119	4,04
6	X16	30	25,2	68	57,1	17	14,3	3	2,5	1	0,8	119	4,03
7	X17	36	30,3	67	56,3	7	5,9	4	3,4	5	4,2	119	4,05
8	X18	35	29,4	69	58,0	8	6,7	6	5,0	1	0,8	119	4,10
9	X19	41	34,5	69	58,0	3	2,5	5	4,2	1	0,8	119	4,21
10	X110	37	31,1	70	58,8	1	0,8	7	5,9	4	3,4	119	4,08
Total Mean													4,16

Source: Processed data 2025

Based on Table 2, the organizational dynamics variable at XYZ Hospital in Sidoarjo is generally perceived positively. This is evident from the overall mean score of 4.16 and the mode value of 4. Positive perceptions of organizational dynamics at XYZ Hospital in Sidoarjo are reflected in employees clearly understanding hospital goals; openness to government policies in achieving objectives; clear job descriptions; task execution aligned with competencies; understood conflict resolution procedures among employees; satisfaction with internal conflict handling; employee involvement in work system meetings; active participation in hospital activities; ease of communication with colleagues from other professions; and opportunities to express opinions to superiors.

The following presents respondent distribution results for quality of life variable indicators (X2):

Table 3.
Respondent Answer Frequency Distribution for Quality of Life Variable (X2)

No	Item	Score										Total	
		5		4		3		2		1		F	Mean
		F	%	F	%	F	%	F	%	F	%		
1	X21	40	33,6	66	55,5	11	9,2	1	0,8	1	0,8	119	4,20
2	X22	38	31,9	55	46,2	19	16,0	6	5,0	1	0,8	119	4,03
3	X23	43	36,1	67	56,3	6	5,0	3	2,5	0	0,0	119	4,26
4	X24	46	38,7	69	58,0	0	0,0	4	3,4	0	0,0	119	4,32
5	X25	41	34,5	70	58,8	5	4,2	3	2,5	0	0,0	119	4,25
6	X26	46	38,7	56	47,1	16	13,4	1	0,8	0	0,0	119	4,24
7	X27	34	28,6	67	56,3	17	14,3	1	0,8	0	0,0	119	4,13
8	X28	31	26,1	68	57,1	18	15,1	2	1,7	0	0,0	119	4,08
Total Mean													4,19

Source: Processed data 2025

Based on Table 3, the quality of life variable (X2) at XYZ Hospital in Sidoarjo is perceived positively. This is evident from the overall mean score of 4.19 and the mode value of 4. Positive quality of life perceptions at XYZ Hospital in Sidoarjo are reflected in employees completing work without excessive emotional disturbances; work not interfering with personal life; colleagues willing to help when needed; employees feeling fully supported by family for hospital work; comfortable work environments; adequate work facility support; opportunities for saving and investment; and fulfillment of basic needs (housing).

The following presents respondent distribution results for achievement motivation variable indicators (X3):

Table 4.
Respondent Answer Frequency Distribution for Achievement Motivation Variable (X3)

No	Item	Score										Total	
		5		4		3		2		1		F	Mean
		F	%	F	%	F	%	F	%	F	%		
1	X31	63	52,9	51	42,9	3	2,5	2	1,7	0	0,0	119	4,47
2	X32	65	54,6	49	41,2	3	2,5	2	1,7	0	0,0	119	4,49
3	X33	36	30,3	64	53,8	17	14,3	2	1,7	0	0,0	119	4,13
4	X34	37	31,1	73	61,3	8	6,7	1	0,8	0	0,0	119	4,23
5	X35	42	35,3	71	59,7	4	3,4	2	1,7	0	0,0	119	4,29
6	X36	45	37,8	67	56,3	6	5,0	1	0,8	0	0,0	119	4,31
7	X37	55	46,2	58	48,7	4	3,4	2	1,7	0	0,0	119	4,39
8	X38	49	41,2	61	51,3	7	5,9	2	1,7	0	0,0	119	4,32
Total Mean													4,33

Source: Processed data 2025

Based on Table 4, the achievement motivation variable (X3) at XYZ Hospital in Sidoarjo is perceived very positively. This is evident from the overall mean score of 4.33 and mode value of 4. Strong achievement motivation at XYZ Hospital in Sidoarjo is reflected in employees feeling responsible for work quality; providing best service even without supervision; making decisions independently without waiting for superior instructions;

accepting consequences of their decisions; setting specific and clear work targets; work targets contributing to improved hospital service quality; preparing easily executable work plans; and regularly evaluating work plans.

The following presents respondent distribution results for commitment variable indicators (Z):

Table 5.
Respondent Answer Frequency Distribution for Commitment Variable (Z)

No	Item	Score										Total	
		5		4		3		2		1		F	Mean
		F	%	F	%	F	%	F	%	F	%		
1	Z1	39	32,8	74	62,2	4	3,4	2	1,7	0	0,0	119	4,26
2	Z2	31	26,1	78	65,5	9	7,6	0	0,0	1	0,8	119	4,16
3	Z3	32	26,9	79	66,4	6	5,0	2	1,7	0	0,0	119	4,18
4	Z4	44	37,0	61	51,3	12	10,1	1	0,8	1	0,8	119	4,23
5	Z5	54	45,4	59	49,6	3	2,5	3	2,5	0	0,0	119	4,38
6	Z6	64	53,8	49	41,2	4	3,4	2	1,7	0	0,0	119	4,47
Total Mean													4,28

Source: Processed data 2025

Based on Table 5, the commitment variable (Z) at XYZ Hospital in Sidoarjo is perceived very positively. This is evident from the overall mean score of 4.28 and mode value of 4. Strong commitment is reflected in employees feeling proud of hospital work; experiencing loss if leaving the hospital; recognizing their current work determines hospital sustainability; seeing long-term career opportunities through hospital continuity; gaining substantial knowledge during hospital employment; and viewing work as a moral obligation to society rather than merely personal need fulfillment.

The following presents respondent distribution results for work behavior variable indicators (Y):

Table 6.
Respondent Answer Frequency Distribution for Work Behavior Variable (Y)

No	Item	Score										Total	
		5		4		3		2		1		F	Mean
		F	%	F	%	F	%	F	%	F	%		
1	Y1	35	29,4	61	51,3	21	17,6	2	1,7	0	0,0	119	4,08
2	Y2	39	32,8	65	54,6	13	10,9	2	1,7	0	0,0	119	4,18
3	Y3	51	42,9	60	50,4	4	3,4	4	3,4	0	0,0	119	4,33
4	Y4	39	32,8	72	60,5	5	4,2	3	2,5	0	0,0	119	4,24
5	Y5	32	26,9	73	61,3	13	10,9	1	0,8	0	0,0	119	4,14
6	Y6	31	26,1	74	62,2	13	10,9	1	0,8	0	0,0	119	4,13
7	Y7	38	31,9	76	63,9	2	1,7	3	2,5	0	0,0	119	4,25
8	Y8	43	36,1	69	58,0	4	3,4	3	2,5	0	0,0	119	4,28
9	Y9	37	31,1	68	57,1	11	9,2	3	2,5	0	0,0	119	4,17
10	Y10	46	38,7	63	52,9	6	5,0	4	3,4	0	0,0	119	4,27
Total Mean													4,21

Source: Processed data 2025

Based on Table 6, the work behavior variable (Y) at XYZ Hospital in Sidoarjo is perceived very positively. This is evident from the overall mean score of 4.21 and mode value

of 4. Strong work behavior at XYZ Hospital in Sidoarjo is reflected in employees feeling their workload matches assigned tasks; handling patient volumes within daily capacity; executing tasks per established standard operating procedures; completing work meticulously without significant errors; making professional decisions quickly without further approval; working independently with minimal superior instructions; seeking new ways to improve work efficiency; collaborating with colleagues for better daily solutions; quickly adapting to new hospital policies; and learning new skills to adjust to hospital changes.

Validity and Reliability Test Results

An instrument demonstrates high validity when measurement results align with intended objectives. Reliability indicates the extent to which the measurement tool proves dependable and trustworthy.

The following table presents a summary of validity and reliability test results:

Table 7.
Validity and Reliability Test Results

Variable	Indicator	Loading Factor (I)	λ^2	$1 - \lambda^2$	CR
X1	X11	0,829	0,687	0,313	0,954
	X12	0,781	0,610	0,390	
	X13	0,871	0,759	0,241	
	X14	0,792	0,627	0,373	
	X15	0,823	0,677	0,323	
	X16	0,759	0,576	0,424	
	X17	0,826	0,682	0,318	
	X18	0,819	0,671	0,329	
	X19	0,829	0,687	0,313	
	X110	0,874	0,764	0,236	
	Total	8,203		3,259	
X2	X21	0,782	0,612	0,388	0,925
	X22	0,759	0,576	0,424	
	X23	0,755	0,570	0,430	
	X24	0,755	0,570	0,430	
	X25	0,851	0,724	0,276	
	X26	0,859	0,738	0,262	
	X27	0,740	0,548	0,452	
	X28	0,730	0,533	0,467	
	Total	6,231		3,130	
X3	X31	0,686	0,471	0,529	0,900
	X32	0,709	0,503	0,497	
	X33	0,726	0,527	0,473	
	X34	0,676	0,457	0,543	
	X35	0,772	0,596	0,404	
	X36	0,755	0,570	0,430	
	X37	0,785	0,616	0,384	

	X38	0,712	0,507	0,493	
	Total	5,821		3,753	
Z	Z1	0,795	0,632	0,368	
	Z2	0,719	0,517	0,483	
	Z3	0,742	0,551	0,449	
	Z4	0,762	0,581	0,419	0,890
	Z5	0,797	0,635	0,365	
	Z6	0,729	0,531	0,469	
	Total	4,544		2,553	
Y	Y1	0,724	0,524	0,476	
	Y2	0,711	0,506	0,494	
	Y3	0,797	0,635	0,365	
	Y4	0,746	0,557	0,443	
	Y5	0,768	0,590	0,410	
	Y6	0,760	0,578	0,422	0,936
	Y7	0,766	0,587	0,413	
	Y8	0,766	0,587	0,413	
	Y9	0,813	0,661	0,339	
	Y10	0,856	0,733	0,267	
Total	7,707		4,044		

Source: Processed data 2025

Based on Table 7, all indicators used in the research variables exhibit loading factor values exceeding 0.50. This indicates that the indicators employed for data collection prove valid and appropriate. The test results also demonstrate that Composite Reliability (CR) values for each latent variable surpass the 0.7 cut-off threshold, confirming the reliability of all latent variables.

Structural Equation Modeling (SEM) Assumption Tests

SEM assumption tests assess whether modeling prerequisites are met, including multivariate normality, absence of multicollinearity or singularity, and outliers.

1. Normality Test

Normality testing evaluates both univariate and multivariate data distribution. Critical Ratio (CR) values for skewness and kurtosis at 5% significance fall between -2.58 and 2.58 ($-2.58 \leq CR \leq 2.58$), indicating normal distribution (Filgona et al., 2020). Appendix 4 shows multivariate CR at 1.403, confirming multivariate normality. All univariate indicator CR values also lie within $-2.58 \leq CR \leq 2.58$.

2. Multicollinearity Test

Multicollinearity appears through covariance matrix determinant values approaching zero. Appendix 4 reveals a sample covariance matrix determinant of 45.141, well above zero, indicating no multicollinearity or singularity issues in the analyzed data.

3. Outlier Test

Outliers represent observations with extreme univariate or multivariate values due to unique characteristics. Multivariate outlier detection uses Mahalanobis Distance with Chi-Square criteria at $p < 0.01$ significance based on indicator degrees of freedom. Appendix 4

displays Mahalanobis d-squared values where p1 and p2 below 66.206 indicate no outliers. All tested values fall below this threshold, confirming no significant data group differences.

Structural Equation Modeling (SEM) Analysis

This stage discusses model fit testing and causality significance testing. AMOS program testing results produce the SEM model as shown in the following figure.

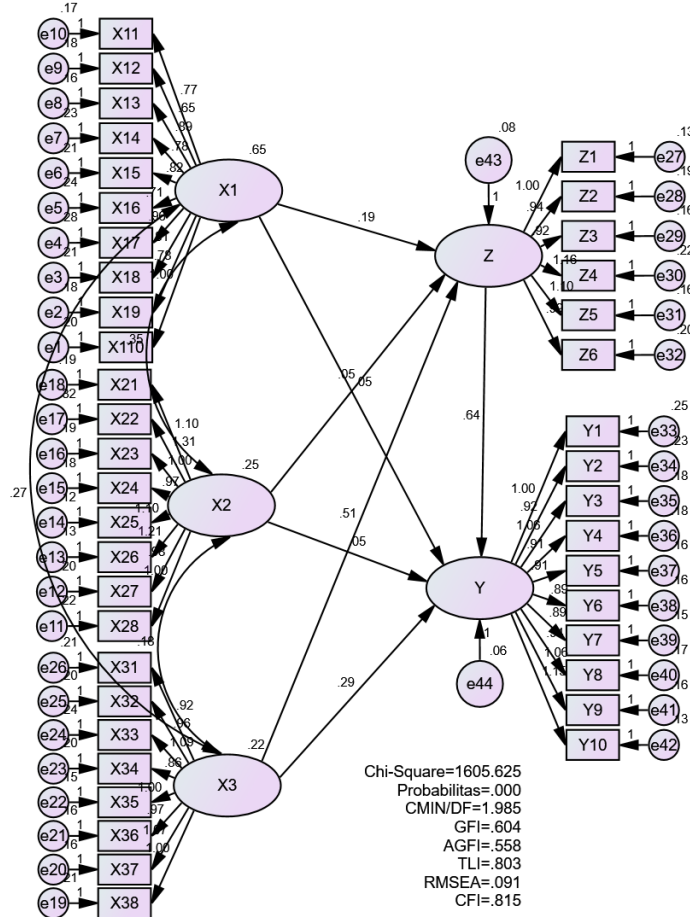


Figure 2.
SEM Analysis Results (Initial Model)
Source: Appendix 4

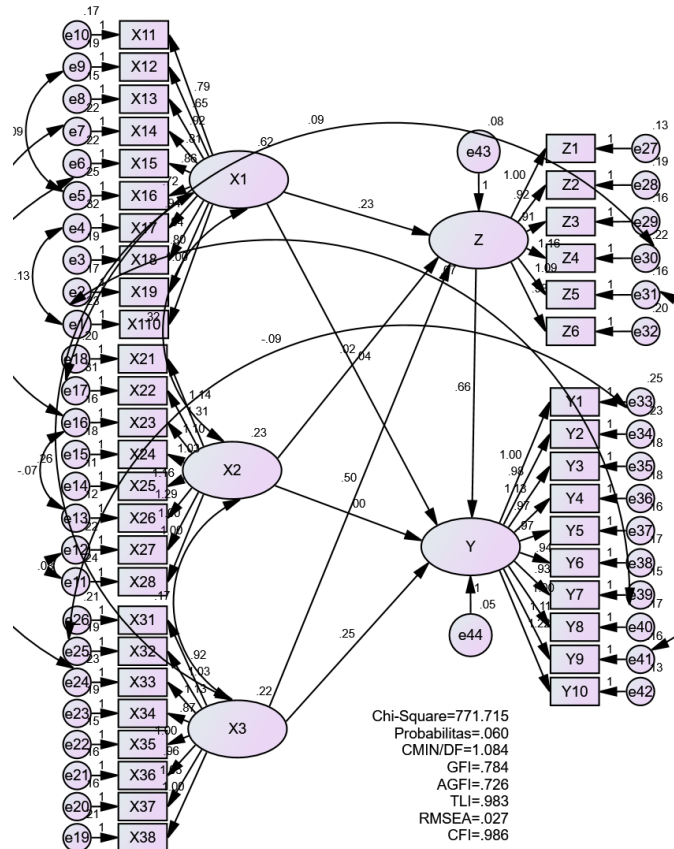


Figure 3.
SEM Analysis Results (Initial Model)

Source: Appendix 5

Model Fit Test (Goodness of Fit)

The model fit test evaluates whether the SEM model meets the required criteria for analysis. Below presents goodness-of-fit indices from AMOS output.

Table 8.
Model Fit Indices Results

Criteria	Cut Off Value	Test Result	Remark
Chi Square	Expected to be smaller than X^2 at $df = 809$, i.e 905,506	1605,625	Poor Fit
Sig. Probability	$\geq 0,05$	0,000	Poor Fit
RMSEA	$\leq 0,08$	0,091	Poor Fit
GFI	$\geq 0,90$	0,558	Poor Fit
AGFI	$\geq 0,90$	0,541	Poor Fit
CMIN/DF	≤ 2 atau 3	1,985	Good Fit
TLI	$\geq 0,95$	0,803	Marginal Fit
CFI	$\geq 0,95$	0,815	Marginal Fit

Source: Appendix 4

Based on the table above, out of the eight criteria used to assess model adequacy, most criteria remain unmet. Thus, the model fails to achieve a satisfactory fit with the data and requires improvement based on Modification Indices (MI). The improved model results appear in Figure 2, while this study's model fit test results appear in the following table.

Table 9.
SEM Fit Indices (Saturated Model)

Criteria	Cut Off Value	Test Result	Remark
Chi Square	Expected to be smaller than X^2 at $df = 712$, i.e 802,717	771,715	Good Fit
Sig. Probability	$\geq 0,05$	0,060	Good Fit
RMSEA	$\leq 0,08$	0,027	Good Fit
GFI	$\geq 0,90$	0,726	Poor Fit
AGFI	$\geq 0,90$	0,618	Poor Fit
CMIN/DF	≤ 2 atau 3	1,084	Good Fit
TLI	$\geq 0,95$	0,983	Good Fit
CFI	$\geq 0,95$	0,986	Good Fit

Source: Appendix 5

Based on Table 9, the model satisfies most fit criteria and proves acceptable. This aligns with Gusmayanti et al. (2023) who state that under parsimony rules, models achieving majority fit criteria qualify as fit . Thus, the proposed modified model demonstrates good fit or satisfactory data alignment.

Direct Effect Testing

This testing stage examines causality to interpret individual path coefficients. Detailed path coefficient testing appears in the following table.

Table 10.
Direct Effect Test Results

			Estimate	S.E.	C.R.	P	Remark
X1	--->	Z	0,193	0,093	2,087	0,037	H1 accepted
X2	--->	Z	0,046	0,164	0,284	0,777	H2 rejected
X3	--->	Z	0,507	0,134	3,784	0,000	H3 accepted
X1	--->	Y	0,050	0,085	0,591	0,554	H4 rejected
X2	--->	Y	0,050	0,145	0,349	0,727	H5 rejected
X3	--->	Y	0,291	0,133	2,184	0,029	H6 accepted
Z	--->	Y	0,635	0,140	4,553	0,000	H7 accepted

Source: Appendix 5

Based on the table above, path coefficient testing results show organizational dynamics (X1) positively influence commitment (Z) with a path coefficient of 0.193, C.R. of 2.087, and probability (p) of 0.037. The C.R. value exceeds 1.980 and p-value is below 0.05, meaning H1 accepted. Thus, organizational dynamics significantly affects commitment,

confirming the hypothesis that organizational dynamics positively and significantly influences commitment at XYZ Hospital in Sidoarjo.

Path coefficient testing for quality of life (X2) effect on commitment (Z) shows a positive path of 0.046, C.R. of 0.284, and p-value of 0.777. The C.R. value falls below 1.980 and p-value exceeds 0.05, meaning H2 rejected. Quality of life demonstrates no significant effect on commitment, rejecting the hypothesis of positive significant influence at XYZ Hospital in Sidoarjo.

Achievement motivation (X3) effect on commitment (Z) reveals a positive path of 0.507, C.R. of 3.784, and p-value of 0.000. The C.R. exceeds 1.980 and p-value is below 0.05, meaning H3 accepted. Achievement motivation significantly impacts commitment, confirming the hypothesis at XYZ Hospital in Sidoarjo.

Organizational dynamics (X1) direct effect on work behavior (Y) shows a positive path of 0.050, C.R. of 0.591, and p-value of 0.554. The C.R. falls below 1.980 and p-value exceeds 0.05, meaning H4 rejected. Organizational dynamics exhibits no significant direct effect on work behavior, rejecting the hypothesis at XYZ Hospital in Sidoarjo.

The results of the path coefficient test for the effect of quality of life (X2) on work behavior (Y) show a positive path coefficient of 0.050, with a C.R value of 0.349 and a probability (p) value of 0.727. The C.R value is smaller than 1.980 and the p-value is greater than 0.05, indicating that H5 is rejected. This finding implies that quality of life does not have a significant effect on work behavior. Therefore, the hypothesis stating that quality of life has a significant positive effect on work behavior at RS. XYZ in Sidoarjo is not supported, and H5 is rejected.

The results of the path coefficient test for the effect of achievement motivation (X3) on work behavior (Y) indicate a positive path coefficient of 0.291, with a C.R value of 2.184 and a probability (p) value of 0.029. The C.R value exceeds 1.980 and the p-value is less than 0.05, indicating that H6 is accepted. This result demonstrates that achievement motivation has a significant effect on work behavior. Accordingly, the hypothesis stating that achievement motivation has a significant positive effect on work behavior at RS. XYZ in Sidoarjo is supported, and H6 is accepted.

Furthermore, the results of the path coefficient test for the effect of commitment (Z) on work behavior (Y) reveal a positive path coefficient of 0.635, with a C.R value of 4.553 and a probability (p) value of 0.000. The C.R value is greater than 1.980 and the p-value is less than 0.05, indicating that H7 is accepted. This finding suggests that commitment has a significant effect on work behavior. Thus, the hypothesis stating that commitment has a significant positive effect on work behavior at RS. XYZ in Sidoarjo is supported, and H7 is accepted.

Testing of Indirect Effects Using the Sobel Test

The Sobel test was conducted to address the research problem concerning the indirect effect of exogenous variables on the endogenous variable of lecturer performance (Y) through the intervening endogenous variable (Z). The results of the Sobel test calculations for each variable are described as follows.

Table 11.
Results of Indirect Effect Testing

	Estimate	S.E.	C.R.	P	Remark
X1---> Z---> Y	0,123	0,065	1,887	0,059	H8 rejected
X2---> Z---> Y	0,029	0,104	0,280	0,780	H9 rejected
X3---> Z---> Y	0,322	0,111	2,905	0,004	H10 accepted

Source: Appendix 5

Sobel Test results for organizational dynamics effect on work behavior through commitment yield a t-value of 1.887 and a P-value of 0.059. The P-value exceeds $\alpha = 0.05$. Thus, statistically commitment does not serve as an intervening variable between organizational dynamics and work behavior. The hypothesis stating that organizational dynamics positively and significantly affect work behavior through commitment proves untrue (H8 rejected).

Sobel Test for quality of life effect on work behavior through commitment shows t-value of 0.280 and P-value of 0.780. The P-value exceeds $\alpha = 0.05$. Statistically, commitment fails as an intervening variable between quality of life and work behavior. The hypothesis of quality of life positively influencing work behavior through commitment proves untrue (H9 rejected).

Sobel Test for achievement motivation effect on work behavior through commitment reveals t-value of 2.905 and P-value of 0.004. The P-value falls below $\alpha = 0.05$. Statistically, commitment serves as an intervening variable between achievement motivation and work behavior. The hypothesis stating that achievement motivation positively and significantly affects work behavior thr

Organizational Dynamics on Work Behavior

Research findings confirm that organizational dynamics positively and significantly influence work behavior. Hospital adaptations to government policy changes and customer demands shape employee attitudes in fulfilling duties at RS XYZ. This aligns with studies but contrasts with those that found no significant effect on employee performance at BPBD Banjar.

Key indicators include goal relevance, task division, conflict resolution, member participation, and inter-member interactions, with interactions contributing most. Effective employee communication aids responses to policy shifts, supported by respondents' strong agreement on voicing opinions to superiors. The young (≤ 30 years) and diploma-educated majority facilitate open interactions. Practically, RS XYZ management can enhance work behavior via routine cross-unit communication programs, especially for contract staff, fostering adaptability.

Quality of Life on Work Behavior

Findings indicate that quality of life has no significant effect on work behavior. Employee welfare inside or outside work does not impact attitudes toward tasks at RS XYZ, despite overall good ratings failing to boost initiative or adaptability. This contradicts but aligns with prioritizing organizational demands over personal factors.

Indicators encompass mental health, social relations, environmental conditions, and economic status, with environment highest yet ineffective. Moral responsibility outweighs personal satisfaction; good physical work conditions sustain professionalism despite external

ideals. Contract staff with <5 years tenure value comfort and facilities. Theoretically, quality of life acts as a secondary supporter in healthcare, where ethics dominate. Practically, RS XYZ should prioritize organizational culture, rewards, and facilities like medical tools via maintenance and work culture audits to sustain positive behavior.

Achievement Motivation on Work Behavior

Achievement motivation positively and significantly affects work behavior. Internal drives for optimal results enhance proactive attitudes in task execution at RS XYZ. Higher motivation correlates with adaptability to job demands, aligning with but opposing.

Indicators include personal responsibility, risk-taking, realistic goals, and comprehensive work planning, with planning dominant. Respondents strongly agree structured plans boost patient service independence. Young diploma holders with short tenure rely on personal structure amid limited experience and daily pressures. Theoretically, intrinsic motivation outperforms external factors in hospitals. Practically, implement competency-based individual targets for short-tenure staff to reinforce commitment.

Organizational Dynamics on Commitment

Organizational dynamics positively and significantly influence commitment. Active interactions and participation strengthen emotional bonds to hospital vision, building loyalty via policy and customer adaptations. This supports .

Indicators feature goal relevance, participation, conflict resolution, and interactions, led by participation. Respondents feel involved in meetings and decisions, enhancing ownership, especially with >2 years tenure witnessing adaptations. Theoretically, participation fosters affective commitment. Practically, expand via routine forums; daily interactions trump formal norms in building ties.

Quality of Life on Commitment

Quality of life shows no significant effect on commitment. Good welfare ratings across mental health, social ties, environment, and economy do not bolster loyalty at RS XYZ, as contract staff (71.4%) prioritize job security. Aligns with , opposing .

Environment contributes most but fails mediation, especially among young staff valuing work comfort. Theoretically, it indirectly supports commitment; job security dominates in health workers. Practically, focus on internal factors: optimal rest areas, long contracts, and welfare programs over high pay or leave.

Achievement Motivation on Commitment

Achievement motivation positively and significantly impacts commitment. Internal excellence drives heighten loyalty, with personal responsibility key amid service demands. Supports , opposing .

Indicators cover responsibility, risk-taking, realistic goals, and work planning, led by structured plans. Short-tenure youth agree on planning for execution ease, promoting proactivity. Theoretically, intrinsic factors excel in hospitals. Practically, apply fair KPIs and achievement rewards to boost motivation and ties.

Commitment on Work Behavior

Commitment positively and significantly influences work behavior. Emotional attachment to RS XYZ drives superior quantity and quality of patient services (Prastiti, 2021). These findings align with Deviyantoro (2024), who demonstrates that normative

commitment serves as the primary mediator in the Indonesian hospital context, where moral responsibility toward society encourages proactive employee behavior.

Indicators include affective, normative, and continuance commitment, with normative highest. Respondents view work as moral duty to society, rooted in conscience and ethics among health staff grateful for support. Practically, sustain via perceived organizational support policies, CSR, social missions, and warm superior-subordinate relations.

Organizational Dynamics on Work Behavior via Commitment

Organizational dynamics show no significant effect on work behavior through commitment. Commitment fails as a significant mediator at RS XYZ, despite direct influences.

Indicators like interactions previously affect commitment directly, but normative commitment does not bridge to behavior in health staff. Theoretically, direct paths dominate. Practically, prioritize cross-unit communication over commitment reliance; dynamic regulations hinder emotional growth without strong interactions.

Quality of Life on Work Behavior via Commitment

Quality of life has no significant effect on work behavior via commitment. The mediation path fails to achieve statistical significance despite good ratings.

Indicators previously ineffective directly; normative commitment cannot bridge, as health staff prioritizes moral duty. Theoretically, the indirect support role is confirmed. Practically, enhance work comfort and facilities directly; young and contract status weakens mediation.

Achievement Motivation on Work Behavior via Commitment

Achievement motivation positively and significantly affects work behavior through commitment, with full mediation at RS XYZ. This path proves strongest.

Indicators like responsibility and planning previously influenced both directly; normative commitment channels intrinsic drive to proactive behavior, vital for diploma-educated contract staff. High motivation builds ties by viewing work as a goal realization venue. Theoretically, reinforces the intrinsic-per-emotional loyalty model. Practically, optimize via individual responsibility rewards for short-tenure staff.

CONCLUSION

Research on 119 employees at RS. XYZ demonstrates that organizational dynamics and achievement motivation exert positive and significant effects, both directly on work behavior and on employee commitment. In organizational dynamics, communication and inter-member interactions serve as the primary drivers, while in achievement motivation, comprehensive work planning emerges as the strongest influencer of work behavior. Conversely, quality of life shows no significant impact on work behavior or commitment, underscoring that moral responsibility and organizational demands outweigh personal life satisfaction. Furthermore, commitment particularly normative commitment rooted in moral obligation strongly drives enhanced work behavior. In mediation analysis, commitment fails to bridge organizational dynamics or quality of life to work behavior but acts as a full and highly effective mediator, transforming achievement motivation into proactive and adaptive work behavior.

This study is limited by its specific focus on RS. XYZ employees, restricting the generalizability of findings. Respondent dominance by contract staff and healthcare workers influences results, particularly for quality of life, as young contract employees prioritize career stability over personal welfare, thereby weakening the effects of quality of life and organizational dynamics. Future researchers should expand to multi-hospital samples, adopt longitudinal approaches, test moderation by gender or tenure, and incorporate variables like transformational leadership for more comprehensive models.

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