

Quality of Work Life as A Mediator Between Work Environment, Emotional Intelligence, and Organizational Commitment Among Healthcare Workers at A Class C Maternal and Child Hospital in South Jakarta

Refta Hermawan Laksono Sadi*, Nofierni, Mohamad Reza Hilmy

Universitas Esa Unggul, Indonesia

Email: refta.hermawan@gmail.com, nofi.erni@esaunggul.ac.id,

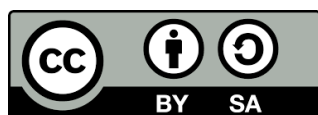
mohamad.reza@esaunggul.ac.id

Keywords:

Organizational Commitment;
Work Environment;
Emotional Intelligence;
Quality Of Work Life.

Abstract

Hospitals are required not only to provide safe, effective, and patient-centered healthcare services but also to retain competent healthcare professionals with strong organizational commitment. This study aimed to examine the effects of the work environment and emotional intelligence on organizational commitment, with quality of work life as a mediating variable, among healthcare workers at a Class C maternal and child hospital in South Jakarta. The study employed a quantitative approach with an explanatory research design. A total of 48 healthcare workers were selected through purposive sampling based on predetermined criteria. Data were collected using a four-point Likert-scale questionnaire and analyzed using partial least squares structural equation modeling (PLS-SEM). The findings indicated that the work environment, emotional intelligence, and quality of work life collectively influenced organizational commitment. Individually, all three variables had positive effects on organizational commitment. Furthermore, quality of work life mediated the relationships between the work environment and organizational commitment and between emotional intelligence and organizational commitment. Based on these findings, hospital management was advised to improve workplace facilities, including providing adequate rest areas; implement training programs focusing on emotional awareness, stress management, and emotional intelligence; support healthcare workers in identifying their strengths, weaknesses, and professional development opportunities; conduct training needs assessments based on employee competencies and hospital service requirements; and develop individualized professional development plans to strengthen organizational commitment.



This is an open access article under the [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.

Copyright © 2026 by Author.
Published by
Riviera Publishing

INTRODUCTION

The global healthcare system currently faces increasingly complex challenges, particularly in maintaining service quality and ensuring the sustainability of the healthcare workforce. Hospitals are required not only to provide safe, effective, and patient-centered healthcare services but also to retain competent healthcare professionals who demonstrate strong organizational commitment. In this context, healthcare workers who interact frequently with patients play a crucial role in determining the quality of hospital services. Therefore, organizational commitment among healthcare workers is an

important factor contributing to hospitals' ability to deliver optimal and sustainable healthcare services.

Organizational commitment is a psychological state that reflects the relationship between individuals and their organizations and influences their decisions to maintain organizational membership (Meyer & Allen, 1997). Nurses with low organizational commitment are more likely to express intentions to leave their jobs (Callado et al., 2023). Furthermore, nurses with low organizational commitment tend to demonstrate less willingness to engage in discretionary behaviors beyond formal organizational requirements (Zeng et al., 2023). Conversely, strong organizational commitment among nurses contributes to improving patient safety culture (Rodríguez-Fernández et al., 2024) and promoting innovative work behavior (Arsawan et al., 2022).

In Indonesia, the government has emphasized the importance of healthcare human resource management through various regulatory frameworks. Law Number 17 of 2023 concerning Health emphasizes the importance of professional, competent, and continuously developed healthcare personnel in improving healthcare service quality. Minister of Health Regulation Number 11 of 2017 concerning Patient Safety requires hospitals to establish a patient safety culture supported by competent healthcare professionals and a conducive working environment. Furthermore, the National Hospital Accreditation Standards (Standar Nasional Akreditasi Rumah Sakit, SNARS) emphasize effective human resource management, including the provision of supportive working environments, improvements in employee welfare, and continuous professional competency development.

The Class C Maternal and Child Hospital in South Jakarta is a private healthcare institution in the early stages of service delivery and organizational development. According to the hospital's internal records, the institution had been operating for approximately one year, had not yet obtained accreditation, and reported an average monthly bed occupancy rate (BOR) below 10%. At this developmental stage, retaining competent healthcare professionals with strong organizational commitment was essential to improving service quality and ensuring the hospital's long-term operational sustainability.

Preliminary observations and interviews conducted at the Class C Maternal and Child Hospital in South Jakarta indicated several organizational challenges, including inadequate employee support facilities, particularly rest areas; limitations in some healthcare workers' ability to respond effectively to feedback and complaints from patients and colleagues; and perceived shortcomings in career development opportunities. To further investigate these issues, a preliminary survey was conducted among 10 healthcare workers using a research questionnaire. Regarding the work environment, 50% of respondents reported inadequate support facilities, including rest areas; 30% perceived insufficient assistance from colleagues when experiencing work-related difficulties; 30% believed that organizational values were not consistently reflected in workplace behavior; and 50% reported inadequate managerial support when encountering work-related challenges. Regarding emotional intelligence, 30% reported difficulty maintaining emotional stability under work pressure, 30% indicated a tendency to give up when facing workplace obstacles, and 40% experienced difficulties resolving workplace conflicts professionally. Concerning quality of work life, 30% reported limited opportunities to provide suggestions for improving hospital services, 50% perceived insufficient career development opportunities, 50% felt that their contributions were inadequately recognized, and 30% believed that the hospital provided insufficient support for work-

life balance. Regarding organizational commitment, 40% did not perceive a personal obligation to contribute to the hospital's success, while 30% considered the potential benefits of leaving their employment at the hospital.

One factor potentially influencing organizational commitment is the work environment. A supportive work environment can foster feelings of safety, comfort, and positive interpersonal relationships among healthcare professionals. Edward and Purba (2020) found that the work environment had a positive and significant effect on organizational commitment. Similarly, Wagiyono et al. (2020) demonstrated that favorable working conditions could strengthen employee loyalty and organizational attachment. Furthermore, a supportive work environment has been associated with improved quality of work life (Adnan, 2024) and enhanced nursing performance (Alfida & Widodo, 2022).

In addition to the work environment, emotional intelligence is an important factor associated with organizational commitment. Al-Oweidat et al. (2023) reported that emotional intelligence positively influenced organizational commitment among nurses. Hameli and Ordun (2022) demonstrated that emotional intelligence could enhance self-efficacy, thereby encouraging stronger organizational commitment. Alavi et al. (2013) explained that individuals with higher emotional intelligence tended to demonstrate a greater understanding of organizational objectives and a stronger willingness to contribute to organizational success. Furthermore, a meta-analysis conducted by Rahiman et al. (2020) confirmed a positive association between emotional intelligence and organizational commitment across various employment sectors.

Quality of work life may also serve as a mediating variable linking the work environment and emotional intelligence to organizational commitment. Abebe and Assemie (2023) found that higher quality of work life was associated with stronger employee attachment to organizations. Omugo et al. (2016) demonstrated that organizational attention to employee well-being could improve quality of work life and strengthen organizational commitment. Similarly, Pradhan et al. (2016) reported that quality of work life enhanced employee engagement and reinforced employees' intentions to remain with their organizations. Masinde et al. (2023) explained that a positive organizational culture could improve quality of work life and subsequently strengthen organizational commitment. Additionally, Eliyana et al. (2020) identified quality of work life as a significant predictor of organizational commitment, particularly within the healthcare sector.

Despite these findings, previous studies have predominantly examined the relationships among these variables separately rather than within an integrated mediation framework. Edward and Purba (2020) investigated the relationship between the work environment and organizational commitment without examining quality of work life as a mediating variable. Other studies focused primarily on the direct effects of the work environment on organizational commitment (Adikoeswanto et al., 2020; Naz et al., 2020; Widiyastini et al., 2025; Zhenjing et al., 2022). Similarly, previous research examined the direct relationship between emotional intelligence and organizational commitment (Al-Oweidat et al., 2023; Alsughayir, 2021; Doğru, 2022; Mahanta & Goswami, 2020). Other investigations explored the direct effects of quality of work life on organizational commitment without explicitly testing its mediating role (Abebe & Assemie, 2023; Aruldoss et al., 2021; Eliyana et al., 2020; Sudiq & Wijayanti, 2020). Consequently, empirical research integrating the work environment, emotional intelligence, quality of work life, and organizational commitment within a comprehensive mediation model

remains relatively limited, particularly among healthcare workers in maternal and child hospitals in Indonesia.

Based on the organizational challenges identified at the Class C Maternal and Child Hospital in South Jakarta and the research gaps highlighted in previous studies, this study aimed to examine the effects of the work environment and emotional intelligence on organizational commitment, with quality of work life as a mediating variable, among healthcare workers at the hospital. The study proposed eight hypotheses: the work environment, emotional intelligence, and quality of work life collectively influenced organizational commitment (H1); the work environment (H2), emotional intelligence (H3), and quality of work life (H4) individually influenced organizational commitment; the work environment (H5) and emotional intelligence (H6) influenced quality of work life; and quality of work life mediated the relationships between the work environment and organizational commitment (H7) and between emotional intelligence and organizational commitment (H8).

METHOD

Design, Location, and Time of Research

This study employed a quantitative approach with a cross-sectional design to examine the relationships among variables through hypothesis testing. The research was conducted at a Class C maternal and child hospital in South Jakarta in July 2026. The research procedures included preparation, questionnaire distribution, data collection, data analysis, and report preparation. The conceptual research framework is presented in Figure 1.

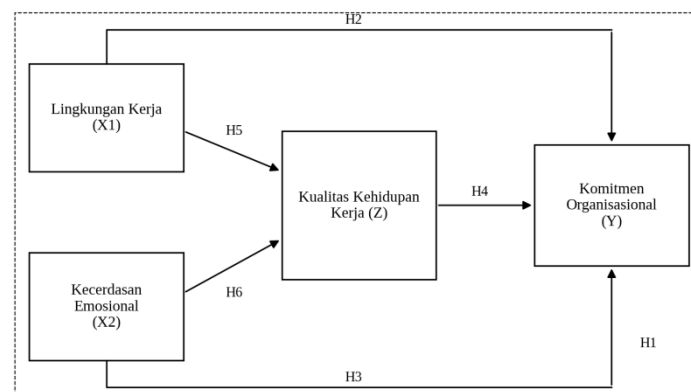


Figure 1. Research Constellation

Description: H7 = $X1 \rightarrow Z \rightarrow Y$; H8 = $X2 \rightarrow Z \rightarrow Y$

Population and Sample

Population is the whole object or individual that has certain characteristics to be studied, while the sample is a part of the population taken and represents the population (Firdaus, 2021). The population in this study is all health workers who work at Class C Maternal and Child Hospital in South Jakarta as many as 68 people. The sampling technique uses *non-probability sampling* using the *purposive sampling* method, with inclusion criteria: (1) health workers who have worked at Class C Maternal and Child Hospital in South Jakarta for at least 9 months; and (2) health workers who are willing to be research respondents. After screening based on inclusion criteria, 48 respondents who met the criteria were obtained.

Data Collection Instruments and Techniques

Data were collected using a questionnaire with a four-point ranking scale (Likert scale). The Likert scale is designed to check how strongly respondents agree with the statement; the measured variables are described as indicators which are then used as starting points to compile instrument items (Sugiyono, 2023). The answer scores are presented in Table 1.

Table 1. Likert Scale

No.	Answer	Score
1	STS (strongly disagree)	1
2	TS (Disagree)	2
3	S (Agreed)	3
4	SS (Strongly Agree)	4

Source: Sugiyono (2023)

Operational Variables and Definitions

This study consists of two independent variables, namely work environment (X1) and emotional intelligence (X2), one bound variable, namely organizational commitment (Y), and one mediating variable, namely quality of work life (Z). The operational definition of the variable is presented in Table 2.

Table 2. Variable Operational Definitions

Variable	Operational Definition	Dimensions	Scale
Organizational Commitment (Y)	Psychological states that reflect the relationship between health workers and the management of Class C Maternal and Child Hospital in South Jakarta and influence the decision of health workers to remain a member or continue to work at Class C Maternal and Child Hospital in South Jakarta (Meyer & Allen, 1997).	1. Affective commitment 2. Normative commitment 3. Ongoing commitment	Likert (1–4); 9 items
Work Environment (X1)	The physical and psychological conditions where health workers work that have an impact on motivation, job satisfaction, health, and performance of health workers at Class C Maternal and Child Hospital in South Jakarta (Dessler, 2019).	1. Physical condition 2. Occupational safety and health 3. Employment relationship 4. Organizational culture 5. Management support	Likert (1–4); 15 items
Emotional Intelligence (X2)	The ability of health workers to recognize the feelings of themselves and others, to be able to motivate themselves, and to manage emotions well in relation to colleagues and patients (Goleman, 2009).	1. Self-awareness 2. Self-regulation 3. Motivation 4. Empathy 5. Social skills	Likert (1–4); 15 items
Quality of Working Life (Z)	Efforts made by Class C Maternal and Child Hospital in South Jakarta to increase organizational effectiveness by improving working conditions, health worker involvement, job satisfaction, and health worker welfare (Cummings & Worley, 2014).	1. Engagement 2. Empowerment 3. Competency development 4. Occupational safety 5. Job satisfaction 6. Employee well-being	Likert (1–4); 18 items

Source: Researcher-processed data, 2026

Instrument Validity and Reliability Test

The validity test is a measure that shows the level of accuracy and precision of a research instrument (Priyatno, 2024). The validity test uses *the Pearson Product Moment* correlation; an item is considered valid if it is significantly correlated to the total score at a significance level of 0.05 (Novikasari, 2016). The reliability test shows that the measuring tool is said to be reliable if it always shows the same result in measuring a symptom at different times (Priyatno, 2024). The method used is *Alpha Cronbach*, and a questionnaire is said to be reliable if the respondent's answers to the question are consistent or stable over time (Sugiyono, 2023). A variable is said to be reliable if the *Alpha Cronbach value* > 0.6 (Ghozali, 2025).

Data Analysis Techniques

The descriptive analysis used *the three box method* (Ferdinand, 2020) to describe the respondents' responses to the items in each indicator. With a minimum score of 1, a maximum score of 4, and a total of 48 respondents, the index value was calculated using the following formula:

$$\text{Index Value} = [(F1 \times 1) + (F2 \times 2) + (F3 \times 3) + (F4 \times 4)] / 4$$

F1 to F4 is the frequency of respondents who answered scores of 1 to 4 on the questionnaire statement list. The upper limit of the score is $(48 \times 4)/4 = 48$ and the lower limit of the score is $(48 \times 1)/4 = 12$, so that the data range is 36. The range is divided into three ($36/3 = 12$) so that the index value category in Table 3 is obtained.

Table 3. Categories of Three-box Method Index Values

No.	Value Range	Categories
1	12,0 – 24,0	Low
2	24,1 – 36,0	Medium
3	36,1 – 48,0	Height

Source: Researcher-processed data, 2026

Hypothesis testing was carried out using *Partial Least Square Structural Equation Modeling* (PLS-SEM) with SmartPLS software. The evaluation of *the outer model* included *convergent validity* (ideal load factor value > 0.7 , 0.4–0.7 value still maintainable, and AVE > 0.5), *discriminant validity* (HTMT < 0.9), and *composite reliability* and *Cronbach's alpha* ≥ 0.70 . The *internal model* evaluation was carried out through *R-square* values (0.67 strong; 0.33 moderate; 0.19 weak) (Chin, 1998), *effect size (f-square)* with criteria of 0.02 small, 0.15 moderate, and 0.35 large (Ghozali, 2025), *predictive relevance (Q-square)* with criteria of 0.02 small, 0.15 medium, and 0.35 large, and SRMR.

Hypothesis testing is a decision-making process by evaluating research results to achieve the goals that have been set (Abdillah & Hartono, 2020). The hypothesis is accepted if the t-statistical value > 1.96 and *the p-value* < 0.05 (Ghozali & Latan, 2025). Hypothesis tests include simultaneous influence, direct influence, and indirect influence. Simultaneous influence (F test) is performed with the help of SPSS software, while direct influence and mediation test uses PLS-SEM.

RESULTS AND DISCUSSION

Overview of Research Objects

Class C Maternal and Child Hospital in South Jakarta was established on April 18, 2025, has not been accredited, and has the goal of providing the best health services for mothers and children. Class C Maternal and Child Hospital in South Jakarta's vision is to make Class C Maternal and Child Hospital in South Jakarta a place for health services

with heart, with the motto "*Your Family Is Our Family*". Class C Maternal and Child Hospital in South Jakarta has general poly services, surgical polys, obgyn polys, paediatrics, lactation polys, internal medicine polys, operating rooms, delivery rooms, NICUs, 24-hour emergency rooms, and ambulances, with laboratory support services and pharmaceutical installations. The bed capacity is 46 beds with an average BOR of 10% per month. The health workers of Class C Maternal and Child Hospital in South Jakarta consist of 29 nurses, 21 midwives, 9 pharmacists, 1 physiotherapist, 1 nutritionist, 2 radiographers, and 5 laboratory analysts, bringing the total number to 68 people. The organizational structure of Class C Maternal and Child Hospital in South Jakarta is presented in Figure 2.

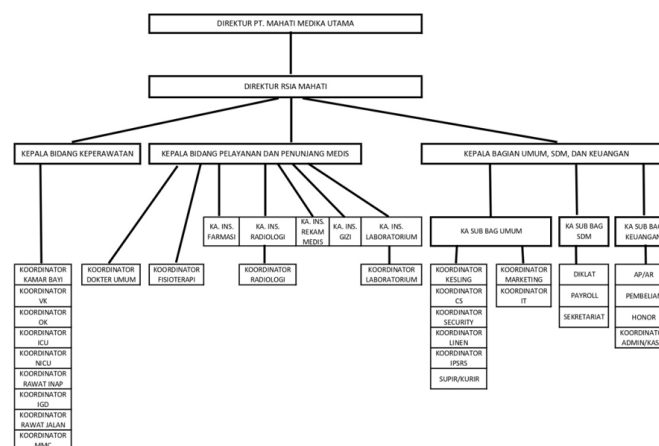


Figure 2. Organizational Structure of Class C Maternal and Child Hospital in South Jakarta

Source: Class C Maternal and Child Hospital in South Jakarta, 2026

Respondent Characteristics

Of the total population of 68 health workers, as many as 60 people filled out the questionnaire. After screening based on inclusion criteria, 48 respondents were obtained as the final sample. Data collection was carried out using a Google Forms-based questionnaire in the second week of July 2026.

The results showed that most of the respondents were women (93.75%), aged 25–35 years (62.50%), D3 educated (45.83%), staff (79.17%), contract (70.83%), working with a shift system (70.83%), and nursing (41.67%). As many as 45.83% of respondents had never participated in competency training while working.

Instrument Validity and Reliability Test Results

The validity test was carried out in the first week of July 2026 to 30 respondents before the questionnaire was distributed to the research respondents.

The results showed that all items had a calculated r-value greater than the r of the table and therefore were declared valid. The reliability test used *Cronbach's alpha* value > 0.60 (Sekaran & Bougie, 2016) with the help of SPSS software, and the results are presented in Table 4.

Table 4. Reliability Test Results

Variable	Cronbach's Alpha	Critical Values	Remarks
Organizational commitment	0,963	0,60	Reliable
Work environment	0,966	0,60	Reliable
Emotional intelligence	0,983	0,60	Reliable
Quality of working life	0,983	0,60	Reliable

Source: Primary data, 2026

All variables have *Cronbach's alpha* value greater than the critical value of 0.60 so they are declared reliable.

Descriptive Analysis Three-box Method

The results showed that the lowest to highest dimensions of organizational commitment variables were sustainable commitment (34.08), normative commitment (35.33), and affective commitment (35.42). The lowest indicator was in point 8, namely "I consider continuing to work at this hospital to be a good choice for me at this time", while the highest indicator was in point 3, namely "I am willing to give my best effort for the progress of the hospital". Overall, organizational commitment was in the medium category with an index of 34.94.

The results showed that the lowest to highest dimensions of the work environment variables were physical condition (34.58), management support (35.25), occupational safety and health (35.67), work relations (35.92), and organizational culture (36.98). The lowest indicator was in point 2, namely "Hospitals provide adequate supporting facilities such as rooms for rest", while the highest indicator was in point 9, namely "Colleagues are willing to help when I face difficulties at work". Overall, the work environment was in the medium category with an index of 35.68.

The results showed that the lowest to highest dimensions of emotional intelligence variables were self-awareness (33.33), self-regulation (33.42), social skills (33.67), empathy (34.00), and motivation (34.75). The lowest indicator was in point 11, namely "I listen well to input or complaints from patients and colleagues", while the highest indicator was in point 9, namely "I remain enthusiastic despite facing a high workload". Overall, emotional intelligence was in the medium category with an index of 33.83.

The results showed that the lowest to highest dimensions of the quality of work life variables were competency development (33.25), involvement (34.17), work safety (34.17), empowerment (34.50), job satisfaction (34.92), and welfare (36.17). The lowest indicator was in point 8, namely "I have the opportunity to develop a career path in the hospital", while the highest indicator was in point 17, namely "Hospitals pay attention to the physical and mental health of health workers". Overall, the quality of work life was in the medium category with an index of 34.53. The recapitulation of the results of the description of all variables is presented in Table 5.

Table 5. Matrix recapitulation of variable data description results

Variable	Low (12–24)	Medium (24,1–36)	Height (36,1–48)	Behavior
Organizational commitment		X		Loyal
Work environment		X		Convenient
Emotional intelligence		X		Adapt
Quality of working life		X		Quality

Source: Results of data processing by researchers, 2026

Based on Table 5, all variables, namely organizational commitment, work environment, emotional intelligence, and quality of work life, are in the medium category.

Evaluation of the Outer Model

The results of the estimation of the PLS SEM model with *algorithmic techniques* are presented in Figure 3.

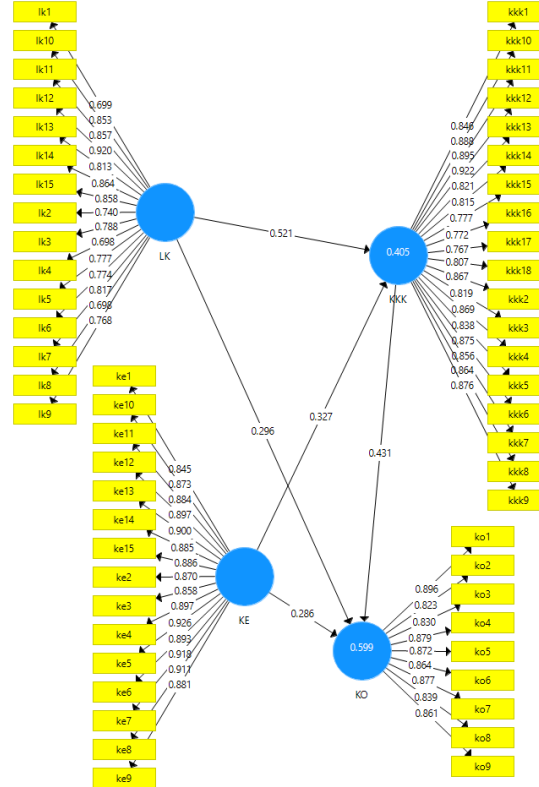


Figure 3. Estimation Results of the PLS Algorithm SEM Model

Source: SmartPLS processed products, 2026

Table 6. Loading Factor *Values*

Variable	Item = loading factor
Organizational commitment	KO1 = 0.896; KO4 = 0.879; KO7 = 0.877; KO5 = 0.872; KO6 = 0.864; KO9 = 0.861; KO8 = 0.839; KO3 = 0.830; KO2 = 0.823
Work environment	LK12 = 0.920; LK14 = 0.864; LK15 = 0.858; LK11 = 0.857; LK10 = 0.853; LK7 = 0.817; LK13 = 0.813; LK3 = 0.788; LK5 = 0.777; LK6 = 0.774; LK9 = 0.768; LK2 = 0.740; LK1 = 0.699; LK8 = 0.698; LK4 = 0.698
Emotional intelligence	KE5 = 0.926; KE7 = 0.918; KE8 = 0.911; KE13 = 0.900; KE4 = 0.897; KE12 = 0.897; KE6 = 0.893; KE15 = 0.886; KE14 = 0.885; KE11 = 0.884; KE9 = 0.881; KE10 = 0.873; KE2 = 0.870; KE3 = 0.858; KE1 = 0.845
Quality of working life	CPC12 = 0.922; CPC11 = 0.895; CPC10 = 0.888; CPC9 = 0.876; CPC6 = 0.875; CPC4 = 0.869; CPC2 = 0.867; CPC8 = 0.864; CPC7 = 0.856; CPC1 = 0.846; CPC5 = 0.838; CPC13 = 0.821; CPC3 = 0.819; CPC14 = 0.815; CPC18 = 0.807; CPC15 = 0.777; CPC16 = 0.772; CPC17 = 0.767

Source: Data processed, 2026

Table 6 shows that the organizational commitment loading factor value ranged from 0.823 to 0.896, the work environment between 0.698 to 0.920, emotional

intelligence between 0.845 to 0.926, and the quality of work life between 0.767 to 0.922. The outer loading value > 0.70 was declared valid, but the value between 0.4 and 0.7 was maintained if the AVE value was > 0.5 (Hair et al., 2019). The AVE value and composite reliability are presented in Table 7.

Table 7. Results of *Average Variance Extracted* (AVE) and Composite Reliability Test

Variable	AVE	Cronbach's Alpha	Composite Reliability	Remarks
Organizational commitment	0,740	0,956	0,962	Valid, reliable
Work environment	0,636	0,961	0,963	Valid, reliable
Emotional intelligence	0,790	0,981	0,983	Valid, reliable
Quality of working life	0,713	0,976	0,978	Valid, reliable

Source: Data processed, 2026

Table 7 shows that all variables have an AVE value of > 0.5 so they are declared valid. The *composite reliability* value should be greater than 0.7 although the value of 0.6 is still acceptable, and *Cronbach's alpha* is more than 0.6 (Ghozali & Latan, 2025). All variables have *Cronbach's alpha* value > 0.6 and *composite reliability* > 0.7 so that the entire construct is declared reliable. The discriminant validity is assessed using HTMT as presented in Table 8.

Table 8. HTMT (*Heterotrait-Monotrait Ratio*) Value

	TO	IS	LK	CD
TO				
IS	0,466			
LK	0,160	0,510		
CD	0,356	0,717	0,489	

Remarks: KE = emotional intelligence; KO = organizational commitment; LK = work environment; KKK = quality of work life. Source: Data processed, 2026

Table 8 shows that the HTMT value between the constructs is < 0.9 so that all constructs have met the criteria of discriminant validity; each variable has its own characteristics in measuring its own construct. Based on the results of the validity and reliability tests, all indicators are valid and reliable so that the test can be continued at the *inner model stage*.

Inner Model Evaluation

The results of the estimation of the PLS SEM model using *the bootstrapping method* and the results of hypothesis testing are presented in Figure 4 and Figure 5. All paths have a statistical $T \geq 1.96$.

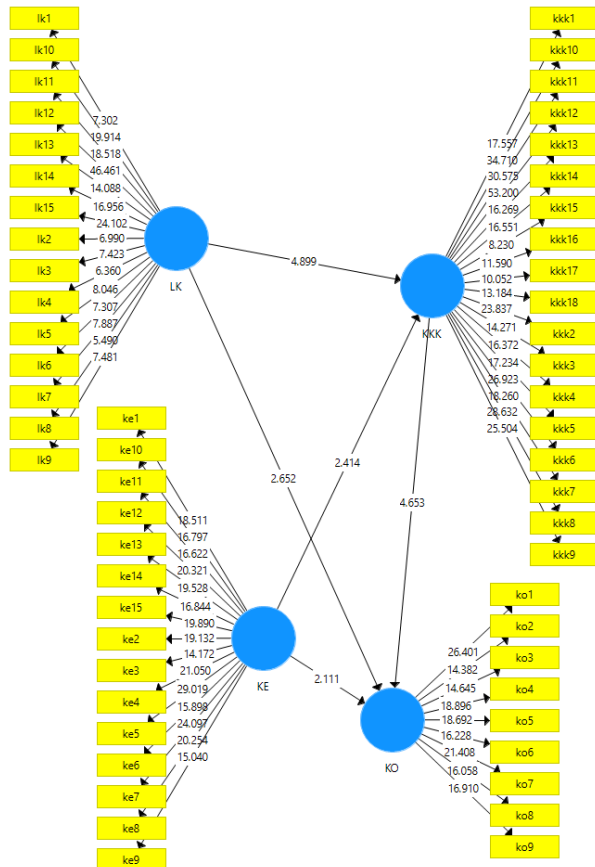


Figure 4. Estimated Results of the Bootstrapping Model

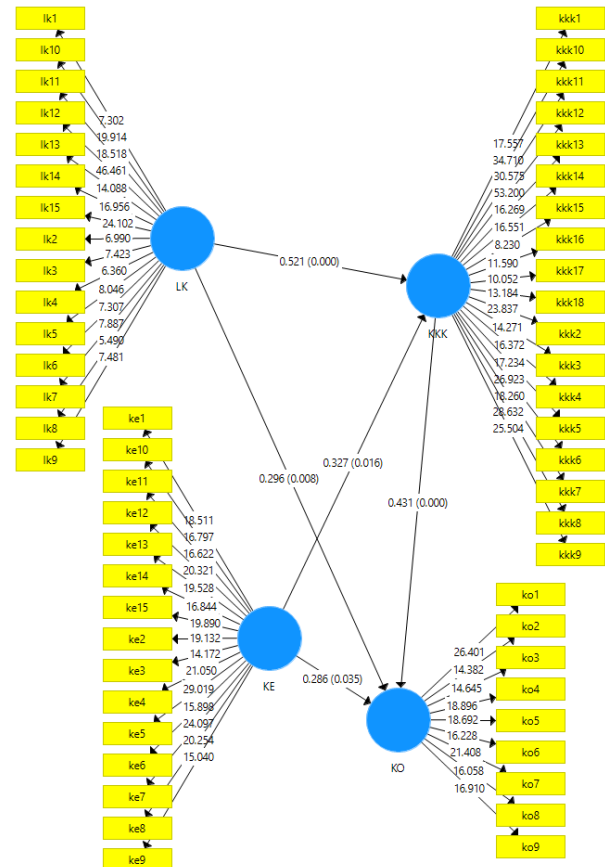


Figure 5. Hypothesis Testing Results

Source: SmartPLS processed products, 2026

The goodness of fit of the PLS model is seen from the *R-square*, *Q-square*, and SRMR values. The *R-square* value > 0.67 indicates a strong model, $0.33\text{--}0.67$ moderate, and $0.19\text{--}0.33$ weak (Chin, 1998). The results of the analysis show an *R-square* organizational commitment of 0.599 (moderate) and an *R-square* of 0.405 (moderate). Work environment, emotional intelligence, and quality of work life contributed to a change in organizational commitment by 59.9%, while 40.1% were influenced by other factors outside the study. A *Q-square* value of $0.02\text{--}0.15$ indicates a small predictive relevance, $0.15\text{--}0.35$ moderate, and a large > 0.35 (Chin, 1998); an organizational commitment *Q-square* value of 0.413 indicates a large predictive relevance. The model is declared perfect fit if the SRMR is < 0.08 and fit if the SRMR is $0.08\text{--}0.10$; the SRMR estimated model value of 0.110 is in the unfit category.

Hypothesis Testing

The results of the hypothesis test based on the SEM PLS analysis (Figure 5) show that all path coefficients are positive. The results of the simultaneous influence test are presented in Table 9.

Table 9. Results of Simultaneous Influence Test

Variable	R Square	R Square Adjusted	F	Sig.
IS	0,599	0,571	20,504	0,000
CD	0,405	0,379		

Source: Data processed, 2026

Table 9 shows an F test value of 20.504 with a significance value of 0.000 (< 0.05) so that work environment, emotional intelligence, and quality of work life have a simultaneous effect on organizational commitment, with a contribution of 59.9%. The direct effect is stated to be significant if the p -value < 0.05 and the statistical $T \geq 1.96$, while the *original sample value* > 0 shows a positive effect. The results of the direct influence test are presented in Table 10.

Table 10. Direct Influence Test Results

Pathway	Original Sample (O)	T Statistics (O/STDEV)	P Values	Verdict
LK → ME	0,296	2,652	0,008	Accepted
TO →	0,286	2,111	0,035	Accepted
KKK → KO	0,431	4,653	0,000	Accepted
LK → KKK	0,521	4,899	0,000	Accepted
THE → KKK	0,327	2,414	0,016	Accepted

Source: Data processed, 2026

Table 10 shows that all direct effects have positive and significant values (statistical $T \geq 1.96$; p -value < 0.05), so H2 to H6 are accepted. The results of indirect influence testing are presented in Table 11.

Table 11. Indirect Influence Test Results

Pathway	Original Sample (O)	T Statistics (O/STDEV)	P Values	Verdict
LK → KKK → KO	0,224	2,984	0,003	Accepted
THE → KKK →	0,141	2,123	0,034	Accepted

Source: Data processed, 2026

Table 11 shows that the quality of work life partially mediates the influence of the work environment and emotional intelligence on organizational commitment (p -value < 0.05). A summary of the results of the hypothesis testing is presented in Table 12.

Table 12. Summary of Hypothesis Testing Results

No.	Hypothesis	Results	Conclusion
H1	Work environment, emotional intelligence, and quality of work life simultaneously affect organizational commitment	$F = 20.504$; $p = 0.000$; $R^2 = 0.599$	Accepted
H2	The work environment has a positive effect on organizational commitment	Koef. stripes = 0.296; $p = 0.008$	Accepted
H3	Emotional intelligence has a positive effect on organizational commitment	Koef. stripes = 0.286; $p = 0.035$	Accepted
H4	Quality of work life has a positive effect on organizational commitment	Koef. stripes = 0.431; $p = 0.000$	Accepted
H5	The work environment has a positive effect on the quality of work life	Koef. stripes = 0.521; $p = 0.000$	Accepted
H6	Emotional intelligence has a positive effect on the quality of work life	Koef. stripes = 0.327; $p = 0.016$	Accepted
H7	The work environment has a positive effect on organizational commitment through mediation of the quality of work life	Koef. stripes = 0.224; $p = 0.003$	Accepted

No.	Hypothesis	Results	Conclusion
H8	Emotional intelligence has a positive effect on organizational commitment through mediation of the quality of work life	Koef. stripes = 0.141; p = 0.034	Accepted

Source: Data processed, 2026

Simultaneous influence of work environment, emotional intelligence, and quality of work life on organizational commitment

The results showed that work environment, emotional intelligence, and quality of work life simultaneously affected organizational commitment in health workers at Class C Maternal and Child Hospital in South Jakarta. This means that an increase in these factors will increase the organizational commitment of health workers. This result is supported by *the Job Demands-Resources Theory*, which states that individual behavior and well-being in the workplace are influenced by the balance between job *demands* and resources owned by individuals and organizations (Demerouti et al., 2001). The work environment plays a role as a resource that comes from the organization (*job resource*), while emotional intelligence and quality of work life play a role as resources owned by individuals. These three factors together strengthen the psychological state that influences an individual's decision to remain a member of the organization (Meyer & Allen, 1997). However, all variables are still in the moderate category so that organizational commitment has not been maximized and needs to be improved through these three factors.

2. The influence of the work environment on organizational commitment

The results of the study found that the work environment has a positive effect on organizational commitment; the more comfortable the work environment, the higher the organizational commitment of health workers at Class C Maternal and Child Hospital in South Jakarta. According to *the Job Demands-Resources Theory* (Demerouti et al., 2001), the work environment is included in *the job resource*. This result is also strengthened by *Social Exchange Theory* (Blau, 1964): when a hospital provides a comfortable work environment, the health worker will reciprocate it in the form of a commitment to the organization where he works.

These findings are in line with previous research that found that the work environment has a positive effect and is a driving factor for organizational commitment (Adikoeswanto et al., 2020; Edward & Purba, 2020; Naz et al., 2020; Widiyastini et al., 2025; Zhenjing et al., 2022).

3. The influence of emotional intelligence on organizational commitment

The results of the study found that emotional intelligence has a positive effect on organizational commitment; the smarter the health worker is in managing his emotions, the higher his commitment to the hospital. According to the *Job Demands-Resources Theory* (Demerouti et al., 2001), emotional intelligence is included in personal resources. Organizational commitment is a psychological state that influences an individual's decision to remain a member of the organization (Meyer & Allen, 1997), and this commitment is formed because health workers are able to motivate themselves and manage emotions in themselves and their relationships with others (Goleman, 2009).

Previous research has also found that emotional intelligence has a positive effect on organizational commitment (Al-Oweidat et al., 2023; Alsughayir, 2021; Doğru, 2022; Mahanta & Goswami, 2020), and the relationship is strengthened through self-efficacy mediation (Hameli & Ordun, 2022).

4. The effect of the quality of work life on organizational commitment

The results of the study found that the quality of work life has a positive effect on organizational commitment; the higher the quality of the health worker's life and work, the higher their commitment to the hospital. This result is reinforced by the *Theory of Planned Behavior* (Ajzen, 1991): when health workers have a positive attitude towards their personal and work lives, this attitude will encourage positive work behavior which is reflected in their commitment to the organization. In accordance with the view of Cummings & Worley (2014), when health workers feel that their quality of work life is improving, the effectiveness of the organization in the form of organizational commitment also increases.

These findings are in line with research that found that quality of work life is positively correlated with, encourages, and determines high organizational commitment (Abebe & Assemie, 2023; Aruldoss et al., 2021; Eliyana et al., 2020; Sudiq & Wijayanti, 2020; Syamsuddin et al., 2020).

5. The influence of the work environment on the quality of working life

The results of the study found that the work environment has a positive effect on the quality of work life; the more comfortable the work environment of health workers, the better the quality of life and work, in line with the Job Demands-Resources Theory (Demerouti et al., 2001). Based on Social Exchange Theory (Blau, 1964), when hospitals provide a comfortable work environment, health workers will reciprocate in the form of increased perception of the quality of life and work. The physical and psychological conditions of the workplace (Dessler, 2019) increase organizational effectiveness through improving working conditions, employee engagement, job satisfaction, and individual well-being (Cummings & Worley, 2014).

Previous research has also found that the work environment, including a healthy nursing work environment, has a positive effect and is a determining factor in the quality of working life (Adnan, 2024; Burhanudin, 2023; Reihan, 2023; Torlak & Göktepe, 2024; Wijaya, 2015).

6. The influence of emotional intelligence on the quality of work life

The results of the study found that emotional intelligence has a positive effect on the quality of work life; the smarter the health worker is in managing his emotions, the better the quality of his life and work aspects. This result is supported by the Job Demands-Resources Theory, which states that individual behavior and well-being are influenced by the balance between job demands and resources owned by individuals and organizations (Demerouti et al., 2001). Emotional intelligence plays a role as a personal resource, so that the quality of work life of health workers is formed because they are able to motivate themselves and manage emotions in themselves and their relationships with others (Goleman, 2009).

Previous research has found that emotional intelligence is correlated and has a positive effect on the quality of work life (Abdullah, 2024; Hermawati et al., 2021; Pérez-Cala & Castaño-Castrillón, 2019; Tajigharajeh et al., 2021), and the relationship is mediated by employee satisfaction, employee engagement, and perceived organizational support (Sudiro et al., 2023).

7. The role of quality of work life mediation

The results of the study found that the quality of work life partially mediates the influence of the work environment and emotional intelligence on organizational commitment; the influence of these two variables on organizational commitment will be greater if mediated by the quality of work life. Based on Job Demands-Resources Theory

and Social Exchange Theory (Blau, 1964; Demerouti et al., 2001), the work environment plays a role as an organizational resource and emotional intelligence as a personal resource that leads to increased well-being and positive behavior, namely the quality of work life and organizational commitment. Based on the Theory of Planned Behavior (Ajzen, 1991), emotional intelligence refers to the ability of individuals to manage emotions so that they feel confident to display a behavior (perceived behavioral control), while the quality of work life is a positive attitude in looking at aspects of work and life that ultimately strengthens the decision to remain a member of the organization (Meyer & Allen, 1997). These findings are consistent with research showing that the work environment determines the quality of work life (Adnan, 2024; Burhanudin, 2023; Reiham, 2023), emotional intelligence improves the quality of work life (Abdullah, 2024; Hermawati et al., 2021; Pérez-Cala & Castaño-Castrillón, 2019), and the quality of work life drives organizational commitment (Abebe & Assemie, 2023; Aruldoss et al., 2021; Eliyana et al., 2020).

Research Findings and Limitations

The quality of work life has the highest path coefficient for organizational commitment compared to other variables, so it plays an important role in the formation of organizational commitment and deserves to be used as a mediating variable. The quality of work life is more influential because it is comprehensive between the personal life aspects of health workers and the work aspect, while the work environment emphasizes more on the work aspect and emotional intelligence emphasizes individual factors. This study has limitations. First, *cross-sectional* design with data collection over a period of time has not been able to explain the cause-and-effect relationship in depth or behavioral changes over time. Second, the research was conducted in one hospital so that the characteristics of the organization, service system, and work culture of the hospital can affect the results, and generalization to other hospitals needs to be done carefully. In addition, an SRMR value of 0.110 indicates that the model has not met the *fit criteria*.

CONCLUSION

This study, involving 48 healthcare workers at a Class C maternal and child hospital in South Jakarta, concluded that the work environment, emotional intelligence, and quality of work life collectively explained 59.9% of the variance in organizational commitment. Individually, the work environment, emotional intelligence, and quality of work life positively influenced organizational commitment, while the work environment and emotional intelligence also positively influenced quality of work life. Furthermore, quality of work life partially mediated the relationships between the work environment and organizational commitment and between emotional intelligence and organizational commitment. Quality of work life also demonstrated the largest path coefficient for organizational commitment. All variables were categorized at moderate levels, indicating opportunities for improvement.

Hospital management was advised to strengthen organizational commitment by establishing clear professional career pathways, providing equitable access to seminars, certification programs, workshops, and continuing education, conducting career evaluations every 6–12 months, and implementing performance-based incentives and recognition programs. Improvements to the physical work environment should include adequate rest facilities and a digital system for reporting and resolving facility-related issues within established time frames. Emotional intelligence development should incorporate emotional awareness training, stress management, simulations of interactions

with distressed patients and their families, and training in empathetic communication of medical information. Professional development should also be supported through competency mapping, training needs assessments, and individualized development plans. Future research should employ longitudinal designs, include multiple hospitals, and examine additional factors influencing organizational commitment, as 40.1% of its variance remained unexplained by the proposed model.

FUNDING

This study did not receive any specific funding from governmental institutions, private organizations, or other funding agencies.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest related to the conduct of the research, preparation, or publication of this article.

AUTHOR CONTRIBUTIONS

All authors contributed to the preparation of this article. Refta Hermawan Laksono Sadi, Nofierni, and Mohamad Reza Hilmy were responsible for the conceptualization of the study, data collection and analysis, interpretation of the results, and manuscript preparation. The other authors contributed to the review, editing, and final approval of the manuscript.

GENERATIVE AI STATEMENT

The authors declare that no generative artificial intelligence was used in the preparation of this article.

REFERENCES

- Abdillah, W., & Hartono, J. (2020). Partial least square (PLS) Alternative structural equation modeling (SEM) in business research. *Yogyakarta: Andi Publishers*, 22, 103–150.
- Abdullah, F. A. L. (2024). The Correlations between Emotional Intelligence and the Quality of Work Life. *Journal of Management Scholarship*, 3(1), 35–41.
- Abebe, A., & Assemie, A. (2023). Quality of work life and organizational commitment of the academic staff in Ethiopian universities. *Heliyon*, 9(4).
- Adikoeswanto, D., Eliyana, A., Sariwulan, T., Buchdadi, A. D., & Firda, F. (2020). Quality of work life's factors and their impacts on organizational commitments. *Systematic Reviews in Pharmacy*, 11(7), 450–461.
- Adnan, M. R. (2024). *The Influence of Work Environment and Compensation on the Quality of Work Life of Employees with Job Satisfaction as a Mediation Variable (Case Study of Pt Insan Prima Gemilang)*. FEB UIN JAKARTA.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- Alavi, S. Z., Mojtahedzadeh, H., Amin, F., & Savoji, A. P. (2013). Relationship between emotional intelligence and organizational commitment in Iran's Ramin thermal power plant. *Procedia-Social and Behavioral Sciences*, 84, 815–819.
- Alfida, R., & Widodo, S. (2022). The effect of workload and work environment on the performance of isolation room nurses at RSAU Dr. Esnawan antariksa halim

- pertakusuma East Jakarta. *Scientific Journal of Post-Scientia Solar Management*, 11(1).
- Al-Oweidat, I., Shosha, G. A., Baker, T. A., & Nashwan, A. J. (2023). The relationship between emotional intelligence and organizational commitment among nurses working in governmental hospitals in Jordan. *BMC Nursing*, 22(1), 195.
- Alsughayir, A. (2021). The effect of emotional intelligence on organizational commitment: Understanding the mediating role of job satisfaction. *Management Science Letters*, 11(4), 1309–1316.
- Arsawan, I., Kariati, N. M., Shchokina, Y., Prayustika, P. A., Rustiarini, N. W., & Koval, V. (2022). Invigorating employee's innovative work behavior: Exploring the sequential mediating role of organizational commitment and knowledge sharing. *Business Theory & Practice*, 23(1), 117–130.
- Aruldos, A., Kowalski, K. B., & Parayitam, S. (2021). The relationship between quality of work life and work-life-balance mediating role of job stress, job satisfaction and job commitment: evidence from India. *Journal of Advances in Management Research*, 18(1), 36–62.
- Blau, P. M. (1964). *Exchange and power in social life* (Vol. 1964). John Wiley & Sons, Incorporated.
- Burhanudin, F. M. (2023). *The Effect of Burnout and the Work Environment on the Quality of Employee Working Life (Study on PT. Tegal Bangun Perkasa, Bandung Regency) (Thesis, S1 Management Study Program, Faculty of Economics and Business, Widyatama University)*. Widyatama University.
- Callado, A., Teixeira, G., & Lucas, P. (2023). Turnover Intention and Organizational Commitment of Primary Healthcare Nurses. In *Healthcare* (Vol. 11, Issue 4). <https://doi.org/10.3390/healthcare11040521>
- Chin, W. W. (1998). The partial least squares approach to structural equation modeling. *Modern Methods for Business Research*, 295(2), 295–336.
- Cummings, T. G., & Worley, C. G. (2014). *Organization Development and Change*. Cengage Learning.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job-demands-resource model of burnout. *Journal of Applied Psychology*, 86(3), 499.
- Dessler, G. (2019). *Human Resource Management*. Pearson.
- Doğru, Ç. (2022). A meta-analysis of the relationships between emotional intelligence and employee outcomes. *Frontiers in Psychology*, 13, 611348.
- Edward, Y. R., & Purba, K. (2020). The effect analysis of emotional intelligence and work environment on employee performance with organizational commitment as intervening variables in PT Berkati Bima Sentana. *Budapest International Research and Critics Institute (BIRCI-Journal): Humanities and Social Sciences*.
- Eliyana, A., Permana Emur, A., & Sridadi, A. R. (2020). Building Nurses' Organizational Commitment by Providing Good Quality of Work Life. *Systematic Reviews in Pharmacy*, 11(4).
- Ferdinand, A. (2020). *Management Research Methods: Research Guidelines for Thesis Writing Thesis and Dissertation in Management Science (5th ed.)*. BP Dipenogoro University.
- Firdaus, M. M. (2021). *Quantitative research methodology; equipped with regression analysis IBM SPSS Statistics Version 26.0*. CV. Dotplus Publisher.
- Ghozali, I. (2025). *Application of multivariate analysis with IBM SPSS 23 program*.

- Ghozali, I., & Latan, H. (2025). *Partial Least Square: Concept, Technique and Application. SmartPLS 2.0 M3*. Diponegoro University Publishing Board.
- Goleman, D. (2009). *Emotional Intelligence: Why It Can Matter More Than IQ*. Bloomsbury Publishing.
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). *Multivariate data analysis* (8th ed.). Cengage.
- Hameli, K., & Ordun, G. (2022). The mediating role of self-efficacy in the relationship between emotional intelligence and organizational commitment. *European Journal of Management Studies*, 27(1), 75–97.
- Hermawati, A., Husin, H., Sitorus, S. A., Djajanto, L., & Bahri, S. (2021). The Mediating Effects of Quality of Work Life on Capacity Performance Management and Emotional Intelligence. *Journal of Management Applications*, 19(3), 594–604.
- Mahanta, M., & Goswami, K. (2020). Exploring the role of ethics in the emotional intelligence-organizational commitment relationship. *Asian Journal of Business Ethics*, 9(2), 275–303.
- Masinde, C. A., Manyasi, J., Otsyula, J. O., & Onyango, R. O. (2023). Moderating effect of organizational culture on the relationship between quality of work life and organizational commitment amongst nurses in public hospitals in Bungoma County. *African Journal of Empirical Research*, 4(2), 745–753.
- Meyer, J. P., & Allen, N. J. (1997). *Commitment in the Workplace: Theory, Research, and Application*. SAGE Publications.
- Naz, S., Li, C., Nisar, Q. A., Khan, M. A. S., Ahmad, N., & Anwar, F. (2020). A Study in the Relationship Between Supportive Work Environment and Employee Retention: Role of Organizational Commitment and Person–Organization Fit as Mediators. *SAGE Open*, 10(2), 2158244020924694. <https://doi.org/10.1177/2158244020924694>
- Novikasari, I. (2016). Instrument Validity Test. *Purwokerto: Purwokerto State Islamic Institute*, 56.
- Omugo, O. H., Onuoha, B. C., & Akhigbe, J. O. (2016). Quality of work-life and organizational commitment in public sector organizations in Rivers State. *International Journal of Novel Research in Humanities and Social Sciences*, 3(3), 35–44.
- Páez-Cala, M. L., & Castaño-Castrillón, J. J. (2019). Occupation and correlation between perceived quality of work life, emotional intelligence and coping strategies in university graduates. *Journal of the Faculty of Medicine*, 67(4), 607–615.
- Pradhan, R. K., Jena, L. K., & Kumari, I. G. (2016). Effect of work–life balance on organizational citizenship behaviour: Role of organizational commitment. *Global Business Review*, 17(3_suppl), 15S–29S.
- Priyatno, D. (2024). *SPSS 22 The most practical data processor*.
- Rahiman, H. U., Kodikal, R., Biswas, S., & Hariharasudan, A. (2020). A meta-analysis of emotional intelligence and organizational commitment. *Polish Journal of Management Studies*, 22.
- Reihan, M. (2023). *The Effect of Work Environment and Work Fatigue on Employee Engagement with Quality of Work Life as an Intervening Variable (Study on Employees of PT Nusantara Infrastructure Tbk)*. Veteran National Development University Jakarta.

- Rodríguez-Fernández, M., Herrera, J., de Las Heras-Rosas, C., & Ciruela-Lorenzo, A. M. (2024). Practical implications of the organizational commitment model in healthcare: the case of nurses. *Journal of Nursing Management*, 2024(1), 6455398.
- Sekaran, U., & Bougie, R. (2016). *Research methods for business: A skill building approach*. John Wiley & Sons.
- Sudiq, R., & Wijayanti, D. T. (2020). The effect of the quality of work life on organizational commitment through job satisfaction at PT. Segar Murni Utama. *Journal of Management Sciences*, 8(3), 921–930.
- Sudiro, A., Nugroho Adi, A., Fithriana, N., Fasieh, M. F. I., & Soelton, M. (2023). Towards emotional intelligence and quality of work life: Improving the role of work attitude. *Cogent Business & Management*, 10(1), 2189992.
- Sugiyono, S. (2023). Quantitative and qualitative research methods, R&D. *Bandung: Alfabeta*, 1–11.
- Syamsuddin, S., Kadir, A., & Andriani, Y. (2020). The influence of quality of work life (QWL) on employees' organizational commitment. *MANAGERIA: Journal of Islamic Education Management*, 5(2), 257–274.
- Tajigharajeh, S., Safari, M., Abadi, T. S. H., Abadi, S. S. H., Kargar, M., Panahi, M., Hasani, M., & Ghaedchukamei, Z. (2021). Determining the relationship between emotional intelligence and interpersonal sensitivity with quality of work life in nurses. *Journal of Education and Health Promotion*, 10(1), 174.
- Torlak, K., & Göktepe, N. (2024). Effects of individual, institutional and nursing work environment variables on nurses' quality of work life. *International Journal of Healthcare Management*, 17(3), 624–632.
- Wagiyono, S. A., Sanosra, A., & Herlambang, T. (2020). The Influence of Work Environment and Competence on Organizational Commitment and Employee Performance. *JSMBI (Journal of Management and Business Science Indonesia)*, 10(2), 152–163.
- Widiyastini, R. D., Handayani, Y. I., & Kusuma, D. W. (2025). The Effect of Training and Work Environment on Performance of Employees through Organizational Commitment as Intervening. *RIGGS: Journal of Artificial Intelligence and Digital Business*, 4(2), 3093–3101.
- Wijaya, Y. (2015). *The Influence of Worker Characteristics and Work Environment on the Quality of Working Life at Pt. Delta Merlin Surakarta*. University of Muhammadiyah Surakarta.
- Zeng, L., Feng, F., Jin, M., Xie, W., Li, X., Li, L., Peng, Y., & Wang, J. (2023). Psychological capital and organizational citizenship behavior among nurses during the COVID-19 epidemic: mediation of organizational commitment. *BMC Nursing*, 22(1), 1–9.
- Zhenjing, G., Chupradit, S., Ku, K. Y., Nassani, A. A., & Haffar, M. (2022). Impact of employees' workplace environment on employees' performance: a multi-mediation model. *Frontiers in Public Health*, 10, 890400.