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Perceived Work Rewards Link Organisational Commitment to Turnover Intention among Non-Permanent Nurses

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ABSTRACT: Nurse retention remains a global workforce priority, yet evidence concerning non-permanent nurses in primary healthcare is limited. Organisational commitment and work rewards are established correlates of turnover intention, but the mechanism connecting them has rarely been tested. This study examined the direct association between organisational commitment and turnover intention and the indirect association through perceived work rewards. A facility-based cross-sectional survey included 322 non-civil-service nurses from 15 primary health centres in Muna Regency, Indonesia. Organisational commitment, perceived work rewards, and turnover intention were measured using five-point Likert scales. The focused mediation pathway was tested using partial least squares structural equation modelling and bootstrapping in SmartPLS 4 within the complete dissertation model. Organisational commitment was positively associated with perceived work rewards ($\beta = 0.452$; $p < 0.001$) and negatively associated with turnover intention ($\beta = -0.246$; $p < 0.001$). Perceived work rewards were negatively associated with turnover intention ($\beta = -0.295$; $p < 0.001$). The indirect association was significant ($\beta = -0.133$; $p < 0.001$), indicating complementary partial mediation. Commitment and intention to leave can coexist among non-permanent nurses. Perceived work rewards partly explain this apparent contradiction. Retention strategies should combine fair and predictable financial rewards with recognition, professional development, and management practices that strengthen organisational belonging.

1. INTRODUCTION

The global nursing workforce has expanded, but maldistribution, employment inequities and projected shortages continue to threaten service delivery. The World Health Organization's 2025 nursing report identifies working conditions, employment and retention as central policy concerns, particularly in regions with constrained health-workforce capacity [1]. Retaining nurses is therefore not only an organisational issue; it is necessary for continuity, accessibility and quality of care.

Turnover disrupts team stability, transfers workload to remaining staff, and generates recruitment and orientation costs [2]. Turnover intention is not the same as actual departure, but it is a proximal cognitive indicator that often precedes job search and quitting behaviour [3,4]. Reviews show that nurses' intentions and actual turnover are shaped by interacting personal, occupational and organisational factors, including work environment, exhaustion, job satisfaction, management support and career opportunity [5,6].

The retention problem is especially important for nurses employed outside the civil-service system. In Indonesia, these workers may be described as contract, honorary, temporary or non-PNS nurses. They deliver clinical, preventive, administrative and community services similar to those of permanent staff but may experience less predictable income, weaker career protection

and greater employment uncertainty. Primary healthcare research on this workforce is limited, particularly in district and island settings where alternative employment may require migration and staff replacement can be difficult.

Organisational commitment is a psychological bond between employees and their organisation. The three-component model distinguishes affective commitment (remaining because one wants to), continuance commitment (remaining because leaving is costly) and normative commitment (remaining because one feels an obligation) [7,8]. Meta-analytic evidence links commitment to lower withdrawal and turnover, while nursing studies in rural and primary healthcare settings report that stronger commitment is associated with lower intention to leave [9-11].

Perceived work rewards comprise employees' evaluations of financial returns and organisational acknowledgement. The construct in this study included basic pay, allowances and incentives, non-material recognition and compensation fairness. Social Exchange Theory proposes that favourable treatment encourages reciprocity and continued membership [12]. Equity Theory adds that employees compare their contributions with the outcomes they receive; perceived imbalance can trigger withdrawal cognitions [13]. In nursing, pay satisfaction and organisational commitment have both been linked to intention to quit, while a recent meta-analysis showed that perceived organisational support is inversely related to turnover intention [14,15].

A clear literature gap remains. Most nursing turnover studies have been hospital-based and have examined permanent or mixed-status staff. Commitment and compensation are commonly entered as separate direct predictors, whereas evidence is limited on whether perceived financial and non-financial rewards statistically explain part of the commitment-turnover association among non-permanent primary healthcare nurses. This gap limits the practical value of existing evidence because managers cannot determine whether a committed workforce is sufficiently protected from leaving when reward conditions remain weak.

The Muna Regency dataset offers a theoretically informative pattern. Organisational commitment was high, yet turnover intention was also high, while perceived work rewards were only moderate. This apparent contradiction suggests that nurses can value their organisation and community role while simultaneously considering departure for economic or career reasons. Examining the reward pathway can therefore clarify how psychological attachment and employment exchange operate together.

This study examined four hypotheses: organisational commitment would be negatively associated with turnover intention; organisational commitment would be positively associated with perceived work rewards; perceived work rewards would be negatively associated with turnover intention; and perceived work rewards would carry a significant indirect association between organisational commitment and turnover intention.

2. MATERIALS AND METHODS

2.1 Research Design and Setting

This study used a quantitative cross-sectional survey design and was conducted in primary health centres in Muna Regency, Southeast Sulawesi, Indonesia, from December 2025 to May 2026. Muna is an island regency whose primary healthcare services cover urban, rural, coastal and inland communities. Differences in patient volume, travel distance, staffing and employment opportunities make the setting relevant for studying nurse retention.

The source dissertation examined workload and organisational commitment as exogenous constructs, burnout and work rewards as mediators, and turnover intention as the endogenous construct. This article presents a focused mediation analysis using organisational commitment, work rewards and turnover intention. The coefficients were estimated in the full structural model; consequently, the reported direct and indirect effects reflect the broader model context rather than a separately re-estimated three-construct model.

2.2 Population and Participants

The analysed results dataset comprised 322 non-civil-service nurses distributed across 15 primary health centres: Katobu, Bataliworu, Laende, Lasalepa, Wapunto, Waara, Lohia, Tampo, Rumbia Sangkula, Madodo, Maligano, Kabawo, Parigi, Wakumoro and Walengkabola. The number of respondents per centre ranged from 15 to 32.

Eligible respondents were nurses who were not appointed as civil servants, were actively working in a Muna Regency primary health centre during the study period and consented to participate. Questionnaires with complete data for the constructs in the structural model were included in the analysis.

2.3 Measures

Data were collected using a self-administered questionnaire with a five-point Likert response scale from 1 (strongly disagree) to 5 (strongly agree). Higher organisational commitment and work-reward scores indicated more favourable conditions. Higher turnover-intention scores indicated a stronger desire to leave, search for another job or consider ending the current employment relationship.

Organisational commitment was measured through affective, continuance and normative commitment. The questionnaire assessed emotional attachment to the primary health centre, perceived costs or losses associated with leaving and a sense of moral responsibility to remain. In the measurement model, the three dimension scores served as reflective indicators.

Work rewards were operationalised as perceived basic pay, allowances and incentives, non-material recognition and compensation fairness. These dimensions captured both the adequacy of financial return and the organisational acknowledgement attached to the nurse's contribution.

Turnover intention was measured through the desire to seek another job, plans to leave the current position and thoughts of leaving. These dimensions represent the cognitive and behavioural-intention stages that precede actual turnover.

2.4 Data Analysis

Descriptive statistics were used to summarise respondent characteristics and construct means. Partial least squares structural equation modelling was conducted using SmartPLS 4. The measurement model was evaluated using indicator loadings, Cronbach's alpha, composite reliability and average variance extracted. Indicator loadings above 0.70, reliability coefficients above 0.70 and AVE above 0.50 were considered acceptable [16].

The structural model was assessed using standardised path coefficients and bootstrapped p-values. A relationship was considered statistically significant when $p < 0.05$. Mediation was established when the specific indirect effect from organisational commitment through work rewards to turnover intention was significant. Because the direct commitment-turnover path remained significant and had the same negative direction as the indirect path, the mediation pattern was classified as complementary partial mediation. The coefficient of determination (R^2) and predictive relevance (Q^2) are reported for turnover intention from the full dissertation model.

2.5 Ethical Considerations

Participation was based on informed consent and inclusion required active employment in a Muna Regency primary health centre. The source manuscript does not report the ethics committee name or approval number; these details should be inserted before submission.

3. RESULTS AND DISCUSSION

3.1 Respondent Characteristics

Of the 322 nurses, 220 (68.3%) were women. More than half were aged 26-35 years (54.0%), held a Diploma III nursing qualification (63.7%) and had worked for one to five years (56.2%). The predominance of younger and relatively early-career nurses is important because these groups may have greater mobility and may be more responsive to differences in compensation, contract certainty and career opportunities.

Table 1. Characteristics of participating non-civil-service nurses (n = 322)

Characteristic	Category	n	%
Sex	Male	102	31.7
	Female	220	68.3
Age (years)	20-25	58	18.0
	26-35	174	54.0
	36-45	67	20.8

Characteristic	Category	n	%
	>45	23	7.2
Education	Diploma III Nursing	205	63.7
	Bachelor of Nursing	79	24.5
	Professional Nurse (Ners)	38	11.8
Length of service	<1 year	32	9.9
	1-5 years	181	56.2
	6-10 years	76	23.6
	>10 years	33	10.3

3.2 Descriptive and Measurement Model Findings

The average organisational-commitment score was 4.00, indicating strong perceived attachment, continuity considerations and normative responsibility. The work-reward mean was lower at 3.34, indicating only moderate perceptions of financial and non-financial rewards. Turnover intention had a mean of 4.00, indicating a high tendency to think about leaving, search for other work or plan an exit. The coexistence of high commitment and high turnover intention suggests that attachment to the organisation may be challenged by economic and career conditions.

The three constructs met the reported criteria for convergent validity and internal consistency. Organisational-commitment loadings ranged from 0.900 to 0.908, work-reward loadings from 0.833 to 0.882 and turnover-intention loadings from 0.927 to 0.936. Cronbach's alpha, composite reliability and AVE exceeded their recommended thresholds for all constructs.

Table 2. Descriptive scores and measurement-model assessment

Construct	Mean	Loading range	Cronbach α	Composite reliability	AVE
Organisational commitment	4.00	0.900-0.908	0.849	0.887	0.816
Work rewards	3.34	0.833-0.882	0.867	0.859	0.768
Turnover intention	4.00	0.927-0.936	0.922	0.922	0.866

3.3 Structural Model and Mediation Test

Organisational commitment had a positive and statistically significant effect on work rewards ($\beta = 0.452$; $p < 0.001$). Nurses with stronger emotional attachment, continuity considerations and normative loyalty therefore tended to evaluate basic pay, incentives, recognition and compensation fairness more positively.

Organisational commitment also had a negative direct effect on turnover intention ($\beta = -0.246$; $p < 0.001$), indicating that higher commitment independently reduced the tendency to leave. Work rewards had a negative effect on turnover intention ($\beta = -0.295$; $p < 0.001$), showing that more favourable reward perceptions were associated with lower exit intentions.

The specific indirect effect of organisational commitment on turnover intention through work rewards was negative and significant ($\beta = -0.133$; $p < 0.001$). The direct effect remained significant, so work rewards partially mediated the relationship. The signs of the direct and indirect effects were both negative, indicating complementary mediation: organisational commitment lowered turnover intention directly and also lowered it indirectly by improving perceived rewards.

The full dissertation model explained 74.8% of the variance in turnover intention ($R^2 = 0.748$), while Q^2 was 0.640. These values indicate substantial explanatory power and strong predictive relevance. Because workload and burnout were also included in the full model, this R^2 should not be attributed solely to the three-construct pathway presented in this article.

Table 3. Structural paths for the focused mediation pathway

Path	β	p-value	Decision	Interpretation
Organisational commitment → Work rewards	0.452	<0.001	Supported	Higher commitment improves perceived rewards
Work rewards → Turnover intention	-0.295	<0.001	Supported	Better rewards reduce intention to leave
Organisational commitment → Turnover intention	-0.246	<0.001	Supported	Commitment directly reduces intention to leave
Organisational commitment → Work rewards → Turnover intention	-0.133	<0.001	Supported	Complementary partial mediation

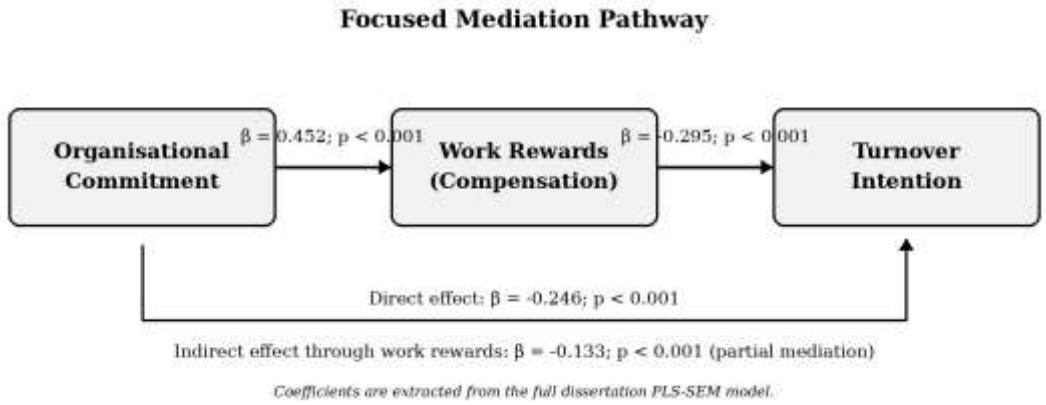

Figure 1. Organisational commitment, work rewards, and turnover intention

3.4 Discussion

The main finding is that work rewards are an important but incomplete mechanism connecting organisational commitment with turnover intention among non-civil-service nurses. Commitment reduced turnover intention directly, and it also strengthened more favourable perceptions of compensation and recognition, which in turn reduced turnover intention. The mediation pattern therefore supports a dual-path retention process: a psychological attachment pathway and an exchange-equity pathway.

Organisational Commitment Directly Reduced Turnover Intention

The negative direct coefficient confirms that nurses who identify with their primary health centre, perceive reasons to remain and feel a moral responsibility toward the organisation are less likely to plan departure. This finding is consistent with the three-component commitment model and with meta-analytic evidence that commitment is associated with withdrawal and turnover outcomes [8,9]. It also agrees with nursing studies in rural hospitals and primary healthcare, where stronger commitment was associated with lower intention to leave [10,11].

The magnitude of the direct effect is meaningful because it remained significant after the work-reward pathway and other constructs in the full dissertation model were considered. This indicates that commitment is not merely a response to pay. Nurses may remain because they value service to the local community, identify with colleagues, feel professionally responsible to patients or believe that leaving would disrupt important relationships and accumulated experience.

For primary health-centre managers, commitment cannot be created through slogans alone. It is built through credible leadership, fair treatment, employee participation, supportive supervision, recognition of professional contribution and opportunities to develop competence. Evidence from nursing turnover reviews indicates that managerial style, supervisory support and organisational support are among the most consequential organisational determinants of retention [6,15].

Organisational Commitment Improved Perceptions of Work Rewards

The positive path from commitment to work rewards indicates that nurses with stronger organisational attachment perceived the reward system more favourably. This can be explained through Social Exchange Theory. When employees experience a relationship based on trust, belonging and reciprocity, they are more likely to interpret organisational outcomes as acknowledgement of membership and contribution [12]. The same payment can therefore carry different meanings depending on the quality of the employment relationship.

However, this result should not be interpreted to mean that commitment can compensate for objectively inadequate rewards. The work-reward mean of 3.34 was clearly lower than the commitment mean of 4.00, suggesting room for improvement in basic pay, allowances, incentives, non-material recognition and compensation fairness. High commitment may make employees more patient, but persistent inequity can eventually erode attachment and activate job-search behaviour.

The finding also highlights the symbolic function of rewards. Timely incentives, transparent allocation and recognition from management communicate that nurses are valued. Conversely, delayed payments, unclear criteria or differences that are not explained can be interpreted as disrespect or organisational indifference. These signals are particularly salient to non-civil-service nurses whose employment status may already generate uncertainty.

Work Rewards Reduced Turnover Intention

The negative reward-turnover relationship supports Equity Theory: when nurses perceive that outputs are proportionate to their workload, responsibility and skills, withdrawal cognitions decline [13]. It is also consistent with expectancy-based reasoning, because employees are more motivated to remain when effort and performance are visibly connected with valued outcomes [17].

The result has practical importance in the Muna context. The respondent profile was dominated by nurses aged 26-35 years and with one to five years of service. These nurses may be developing families, seeking further education, comparing employment alternatives and attempting to establish long-term career security. A moderate reward system may therefore be insufficient to offset opportunities in hospitals, other regions or non-health sectors.

The descriptive source data recorded departures from several primary health centres between 2023 and 2025 for reasons including movement to hospitals, further study, family considerations, work outside the health sector and dissatisfaction with work rewards. Although these administrative observations were not part of the structural test, they reinforce the practical relevance of compensation and career opportunity as retention issues.

Work Rewards as a Partial Mediator

The significant indirect coefficient demonstrates that part of commitment's retention effect operates through perceived rewards. Committed nurses tend to view organisational rewards more positively, and favourable reward perceptions reduce intention to leave. Nevertheless, the direct commitment-turnover path remained significant. Work rewards therefore did not fully account for the relationship.

This partial mediation is theoretically plausible. Organisational commitment contains affective, continuance and normative motives, only some of which depend on compensation. Affective commitment reflects emotional attachment and identification; normative commitment reflects obligation; and continuance commitment reflects the costs of leaving. Work rewards directly influence the continuance calculation and may strengthen affective reciprocity, but they do not replace professional values, community ties or interpersonal belonging.

The coexistence of high mean commitment and high mean turnover intention is an important finding. It suggests that nurses can feel attached to a primary health centre while simultaneously considering departure because of reward adequacy, status uncertainty or external opportunities. In other words, turnover intention should not automatically be interpreted as lack of loyalty. It may represent a rational response to an employment exchange that is valued socially but insufficient economically.

Implications for Management and Policy

First, the Muna Regency Health Office should conduct a compensation-equity audit for non-civil-service nurses. The audit should compare workload, clinical responsibility, working hours, geographical difficulty, employment status and actual financial outcomes. Its purpose is not necessarily to equalise all payments but to ensure that differences are transparent, evidence-based and defensible.

Second, primary health centres should establish clear and timely procedures for honoraria, service incentives, allowances and other payments. Nurses should understand the eligibility criteria, calculation method, payment schedule and complaint mechanism. Predictability can be as important as nominal value because uncertainty weakens trust.

Third, the reward system should combine financial and non-financial components. Recognition for service quality, opportunities for continuing education, fair access to training, mentoring, career documentation, involvement in decision-making and public acknowledgement can strengthen reciprocity and affective commitment. Non-financial rewards should supplement rather than substitute for adequate financial compensation.

Fourth, managers should implement structured retention conversations for early-career nurses. Discussions at six- or twelve-month intervals can identify intention to leave, unmet career goals, pay concerns and family constraints before they become resignation decisions. Aggregate findings should be reported to district-level decision-makers.

Fifth, commitment-building should be integrated with reward reform. Leadership practices that increase trust and belonging will improve the meaning of rewards, while fair rewards will reinforce the credibility of organisational commitment initiatives. Treating commitment and compensation as separate programmes would miss the mediated relationship identified in this study.

Finally, workforce dashboards should include turnover intention, actual departures, vacancy duration, payment timeliness, perceived reward fairness and organisational-commitment indicators. Monitoring both intentions and realised turnover will help distinguish temporary dissatisfaction from persistent retention risk.

Strengths and Limitations

A strength of this study is its focus on a workforce group that is central to primary healthcare yet often receives less attention than civil-service or hospital nurses. The sample included 322 non-civil-service nurses across 15 primary health centres, and the three focal constructs demonstrated strong indicator loadings, internal consistency and convergent validity. The mediation analysis also clarifies how organisational commitment may influence turnover intention rather than reporting only bivariate relationships.

Several limitations require caution. The cross-sectional design cannot confirm temporal causality. Organisational commitment, work rewards and turnover intention were self-reported, creating potential common-method and social-desirability bias. The reward measure assessed perceptions rather than verified payroll amounts or payment delays. The study was conducted in one regency, so findings may not generalise to other employment systems. Turnover intention is not actual turnover. Finally, the coefficients were extracted from a broader model that also contained workload and burnout; a future article could re-estimate and compare alternative focused models, test subgroup differences and link survey responses with longitudinal employment records.

4. CONCLUSION

Organisational commitment was associated with lower turnover intention among non-civil-service nurses in Muna Regency, both directly and indirectly through work rewards. Stronger commitment improved nurses' perceptions of basic pay, incentives, recognition and compensation fairness, while better work rewards reduced the intention to seek other employment or leave the current position. Because the direct relationship remained significant, work rewards provided complementary partial mediation rather than complete mediation. Effective retention policy should therefore combine transparent and equitable reward systems

with leadership, participation, recognition and development practices that strengthen nurses' psychological attachment to primary health centres.

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AUTHOR CONTRIBUTIONS

N.Y. conceptualised the study, collected and analysed the data, and drafted the manuscript. U.R., N., M.S.R., and M.M. supervised the research, contributed to the interpretation of the findings, and critically reviewed the manuscript. All authors approved the final manuscript.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

ETHICS STATEMENT

The source manuscript states that participants consented to participate, but it does not provide an ethics committee name or approval number. Please insert the formal ethics approval details before submission.

DATA AVAILABILITY STATEMENT

The dataset forms part of the corresponding author's doctoral dissertation. De-identified data may be made available by the authors subject to institutional permission and applicable ethical requirements.

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DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

AI-assisted tools were used for language editing and document formatting during manuscript preparation. The authors reviewed and verified the final content and remain fully responsible for the accuracy, integrity, and originality of the manuscript.

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