

**Impact of Quality Work Life and Prosocial
Motivation on the Organizational Commitment
and Turnover Intent of Public Health
Practitioners**

— *Review of* —
**Integrative
Business &
Economics**
— *Research* —

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ABSTRACT

Public health practitioners play an important role in the prevention of widespread viral and bacterial diseases. Our objective is to aid the declining population of public health practitioners by incorporating quality work life and prosocial motivation in the industry, leading to a more positive organizational commitment and a lower turnover intent. This study used a questionnaire survey that was adapted from several studies with 228 participants limited to doctors, nurses, and morticians within Metro Manila, Philippines. The data were analyzed using partial least square regression analysis (PLS) and were analyzed with the use of WarpPLS version 5; with this software, confirmatory factor analysis (CFA) and exploratory factor analysis (EFA) were utilized to determine the dimension of the variables in this study. The findings show that quality work life and prosocial motivation, positively affecting organizational commitment, may lead to a lesser turnover intent among professionals. The results of this study may benefit the public health practitioners by creating a better view of how they perceive their profession, possibly increase their motivation, and decrease turnover costs.

Keywords: quality work life, prosocial motivation, organizational commitment, turnover intent,

1. INTRODUCTION

Health workers are the lifeblood of a functioning health care system. As fundamental participants in the health industry, their skills, geographic distribution, and competency are elements that are necessary in order to obtain high quality health services (Yeates and Pillinger, 2018). The Philippine health system faces a problematic issue in its human capital. As a country known to export labor abroad, health professionals are

among the overseas workers, who prefer to stay in foreign countries because of job related purposes (Dayrit, Lagarda, Picazo, Pons, and Villaverde, 2018). For this study, health workers, particularly licensed doctors, nurses, and morticians are included in the term public health practitioners. Public health practitioners are “those involved in the containment, prevention, and treatment of viral and bacterial diseases” (Hipolito, 2009). Doctors examining the living, nurses assisting, and morticians preparing the body of the dead, fit the role of a public health practitioner in providing services that would promote health, prevent diseases from spreading, and deliver health care services to individuals (www.who.int).

Financial instability and growth are the common concerns that these professionals raise as reasons for not remaining with an organization. Overseas jobsite Workabroad.ph revealed in their 2016 Overseas Salary Report, that healthcare is one of the highest paying specializations that make it more attractive to work abroad (Hapal, 2017). Many professionals are motivated to leave, believing that a “greener pasture” in a foreign country where higher salary, benefits, and opportunity for professional growth await them (www.healthcareasia.org). This turnover intent among practitioners can be challenging for hospitals and morgues, as replacement of employees involves monetary and non-monetary costs (Nasurdin, Ling, and Khan, 2018), with The former involving rehiring and retraining people to hone the skills needed for the job, while the latter includes the knowledge, experience, and expertise that are lost when employees decide to leave (Samuel and Chipunza, 2009).

Given the situation, it is now crucial to lessen the intention to leave of these professionals to ensure that organizations would have committed employees. Previous studies of Barak et al. (2001) and Tett and Meyer (1993) confirmed that organizational commitment is one of best predictors of turnover intention (as cited by Yasmin, 2015). Employees do not find connection with an organization only because of monetary reasons, but they also place an importance on the “inherent benefits of their career” (Jehanzeb, Rasheed, and Rasheed, 2013). It is the objective of the study is to aid the declining population of public health practitioners by incorporating quality work life and prosocial motivation in the industry, leading to a more positive organizational commitment and a lower turnover intent.; with this is the hope of the study to preserve and retain professionals in the health industry.

2. THEORETICAL BACKGROUND

2.1 Theoretical Framework

This study used the Two-Factor Theory of Frederick Herzberg as basis for factors of motivation. The overview of Herzberg’s Two-Factor Theory is a model that shows motivation factors and hygiene factors, as influences of an individual’s attitude. Motivational factors are those that contribute to an individual’s job satisfaction. An example is the need of an individual for self-growth and self-actualization. Other factors that are under motivation are achievement, the job itself, and job recognition (Tan and Amna, 2011). Hygienic factors are for individuals who are dissatisfied with their job. Company policies, supervisor relationships, work conditions and salary are the factors

that are under hygiene. This theory is often used in research studies in the nursing field for job satisfaction (Kacel et al., 2005; Mitchell, 2009; Jones, 2011)(as cited by Alshmemri Shahwan-Akl and Maude), and results of those studies showed that hygiene factors are not highly important to job satisfaction and motivation factors are more important, as it could lead to job satisfaction. However, the main point of this theory is the difference between two factors, where motivation factors are intrinsic and hygiene factors are extrinsic. The theory serves as the basis for quality work life as an extrinsic factor, and prosocial motivation as an intrinsic factor that may impact organizational commitment.

2.2 Literature Review

2.2.1. Quality work life

Quality work life is defined as “an employee’s satisfaction with the working life. It emphasizes the quality of the relationship between the worker and the working environment” (Mosadeghrad, 2013). It may be seen as a give and take relationship on the part of the employees and the organization. Employees provide knowledge, skills, and talents that are useful to the organization, so the organization must give and “treat them with dignity and respect” thus improving work conditions (Rose, Beh, Uli, and Idris 2018). Several dimensions which affect the perception of QWL are adequate income and fair compensation, safe and healthy working conditions, growth, security, work life balance, social relevance of work life, support, communication, space, autonomy, social integration, and constitutionalism in the workplace (Mosadeghrad, 2013; Risa and Ithrees 2018; Rose, Beh, Uli, and Idris 2006). Dimensions vary among researchers and countries (Normala, 2010) and this makes it more important to understand the recent improvements and changes of an organization’s QWL. (Haniff, Burgess and Connell, 2018). An employee having a sense of high QWL may manifest through productivity, efficiency, prosocial behavior and organizational commitment (Mosadeghrad, 2013; Kanten, 2014).

Organizations need to create quality work life in which employees feel themselves comfortable, safe and pleasant (Kanten, 2014). A high quality work life may encourage employees to perform well, exhibit organizational commitment, prosocial and proactive behaviors voluntarily leading to better sustainable efficiency, productivity and profitability in the workplace, making it a reason why organizations continue to attract and retain employees (Mosadeghrad, 2013; Kanten, 2014; Risa and Ithrees, 2018). Thus, it is hypothesized that:

Hypothesis 1: High quality work life leads to a more positive organizational commitment.

2.2.2. Prosocial Motivation

Prosocial motivation is behaving in a “desire to expend effort to benefit other people” (Batson, 1987) (as cited by Grant, 2008) by promoting their general welfare and using work as means to achieve it (Hazzi and Maldaon, 2012). Several scholars

mentioned motives which influence an individual's behavior in exerting effort in helping other people. First, Grant (2008) agreed with the previous findings of Kahn (1990); McGregor and Little (1998); Ryan and Deci (2001) and Waterman (1993) that by caring for the welfare of other people is more for the eudaimonic development of the individual by focusing on meaning, self-development, and well-being. Second, it may be taken as a subjective sense of pleasure or pressure of accomplishing something. Pleasure based motivation is involved more with an "ideal representation" of oneself for self-development, while pressure-based motivation is based on fulfilling a role or duty conforming to standards that are already expected. (Gebauer, Riketta, Broemer, and Maio, 2008). Third, prosocial behavior explains why some employees tend to behave in an altruistic or conformatic way. Altruism is defined by Smith, Organ and Near (1983) (as cited by Hazzi and Maldaon, 2012) as "prosocial acts toward other individual members of the organization", focusing on voluntarily assisting colleagues who are having difficulty with their work. Employees who believe that an organization's rules, morals, or values are the same as their own would have a higher chance of complying and behaving favorably in the organization (McNeely and Meglino, 1994). Whether the action of the employee is directed to his co-workers or TO the benefit of the organization as a whole, it emphasizes that individuals who do actions beyond their assigned roles usually are not expecting anything in return (Uymaz, 2014). Thus, it is hypothesized that:

Hypothesis 2: High prosocial motivation leads to a more positive organizational commitment.

2.2.3. Organizational Commitment

Organizational commitment pertains to the connection and involvement of an individual with an organization's values and belief (O'Reilly and Chatman, 1989) (as cited by Rislá and Ithrees 2018). Organizational commitment marks *the beginning of the relationship between an individual and an organization* (Galletta, Portoghese and Battistelli, 2011). The strength of this identification usually reflects on the decision of an employee to remain or leave his workplace (Daud, 2010). Karami, Farokhzadian, and Foroughameri (2017) added that aside from the values and beliefs of an organization, "loyalty", "moral obligations", and "heartfelt inclinations" can affect the attachment or identification of a person. Organizational commitment is categorized into three sub dimensions: affective commitment, normative commitment, and continuance commitment. According to Allen and Meyer (1990) affective commitment refers to an employee's emotional attachment" such that he strongly identifies his membership with the organization. Normative commitment is the "moral obligation" to stay because of the normative pressure of internalization (Popper and Lipshitz 1992; Hackett et al.1994) (as cited by Zin, 2004; Daud, 2010). Popper and Lipshitz (1992) explained continuance commitment as weighing the cost of leaving an organization and the "lack of alternatives" of doing so (Zin, 2004). Allen and Meyer (1990) basically summarized these sub dimensions into employees who stay "because they want to", "because they feel they ought to do so" and "because they need to". Previous studies showed that with organizational commitment and the employees' intent to quit, both affective and normative commitment had significant negative effect on employees, while continuance commitment did not exhibit significant effect on turnover intent (Whitener and Waltz, 1993; Meyer, Allen, and Smith, 1993). An employee exhibiting high level of

organizational commitment adds productivity and competitive advantage “bonus” to an organization (Saraih, et al. 2017). Thus, it is hypothesized that:

Hypothesis 3: A more positive organizational commitment leads to a lower turnover intent.

2.2.4. Turnover Intent

Turnover, as defined by Merriam Webster Dictionary, is “the rate at which people leave a place, company, etc., and are replaced by others”. Turnover intention, therefore, could be determined as an employees’ plan to leave a company and be replaced by another employee. Vandenberg and Nelson (1999) classified intention to leave as an employees’ own probability that they are going to leave the company (as cited by Schalkwyk, Toit, and Bothma, 2010). Employees separate themselves from work on their own will (Mosadeghrad, 2013) without any pressure coming from the employer is also an act of turnover (Mathieu and Raymond, 2016). Turnover can have either negative or positive effects in the workplace but could pose a great threat to the industry and a factor that may be considered negative because it could yield high costs for the company (Mathieu and Raymond, 2016), since turnover would require costs in recruiting individuals who would replace those who left their positions. Samuel and Chipunza (2009) mentioned that retention of employees are serious concerns, since it is crucial for the management to minimize separation of employees who are crucial for the operations. An employee who has knowledge and skills would constitute a huge loss in the organization, as it will result in a decrease in work quality. They also added that replacing employees is costly and destructive to service delivery.

2.2.5. The Hypothesized Model

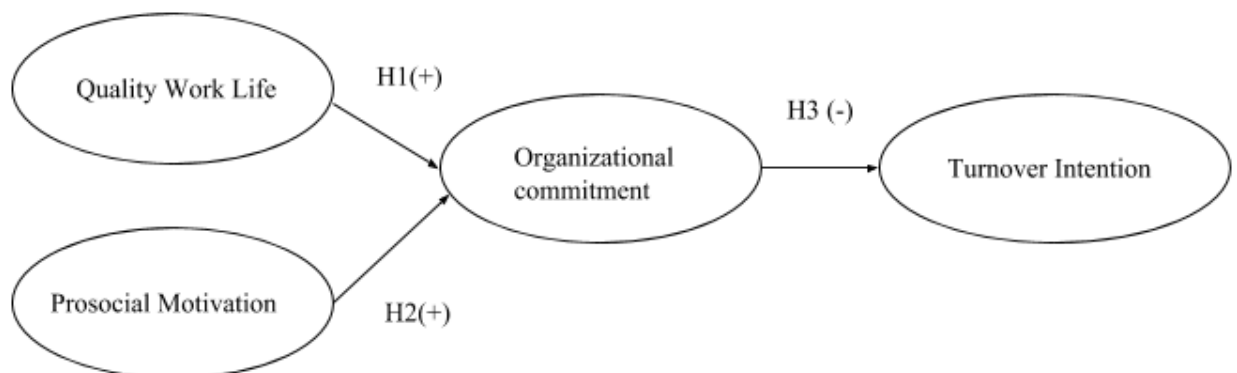


Figure 1. The Hypothesized Model of the Impact of Quality Work Life and Prosocial Motivation on Organizational Commitment and Turnover Intent of Public Health Practitioners

3. METHOD

3.1 Research Design

This study utilized *descriptive analysis* to determine how quality work life and prosocial motivation influence the organizational commitment and turnover intent of public health practitioners. The research instrument is composed of five parts: A. respondent's data B. quality work life C. prosocial motivation D. organizational commitment and E. turnover intent, to be determined with Likert scale, with 6 being the highest and 1 being the lowest.

3.2. Study Sites and Subjects

During the course of data gathering, a total of 500 questionnaires were disseminated to different hospitals and funeral homes situated in Manila, Pasay, Quezon City, and Taguig Metro Manila, in order to gather data from licensed doctors, nurses, and morticians. Of the total, only two hundred twenty-eight (228) respondents were deemed valid for this study.

3.3. Data Measures

The research instrument was measured using A six-point Likert scale, labelled as strongly agree, agree, slightly agree, slightly disagree, disagree, and strongly disagree. Using six options, the scale prevents the respondent from answering in a middle ground or giving a neutral answer, to enable the instrument to attain reliable results. The instrument is composed of five parts, containing the respondent's information and other relevant statements to measure the different variables that would prove whether this study's hypothesis is valid or not.

Robofoto. The first part of the questionnaire is the demographics, where the respondent's age, marital status, number of offsprings, profession, position, roster status, shift type, economic status, number of years in the company, hours of work in a week, and economic status were specified.

Quality Work Life. The questionnaire used for quality work life was adapted from Quality of Nursing Work Life Scale: The Psychometric Evaluation of the Turkish Version (2015) by Meltem Sirin, MSc and Serap Mankaliye Sokmen, PhD. Originally composed of thirty-six (36) questions, it has been decided to enable the questionnaire to be reliable for this study, the sub dimension labelled as work conditions WAS reduced from the original ten (10) questions to six (6) questions and was renamed work balance, raising the Cronbach Alpha from 0.211 to 0.724. The other subdimensions were renamed with their following cronbach alpha, work environment to external conditions with a cronbach alpha of 0.848, relations with your manager to manager-employee relationship with a cronbach alpha of 0.940, job perceptions to job approach with 0.829, and support services to job support with 0.889. The questionnaire was divided into five parts, namely, external conditions, manager-employee relationship, work balance, job approach, and job support.

Prosocial Motivation. The questionnaire used for prosocial motivation was adapted from Prosociality in Palliative Nurses: Psychometric Evaluation of the Prosociality Scale by Valentina Biagioli, Cesarina Prandi, Lucia Giuliani, and Roberta Fida. It originally consisted of sixteen (16) questions but was reduced to fifteen (15) questions to raise the cronbach alpha from 0.308 to 0.898, this portion points out how an individual would react to scenarios that would require the respondent to help others in the workplace.

Organizational Commitment. This portion of the questionnaire was adapted from Chen, Su-Yueh, Wen-Chuan Wu, Ching-Sheng Chang, and Chia-Tzu Lin. "Job rotation and internal marketing for increased job satisfaction and organizational commitment in hospital nursing staff", *Journal of Nursing Management*, 2013. It focuses on the organizational commitment of the person and the factors that affect this variable, is composed of 17 questions and a cronbach alpha of 0.899 this presents different scenarios that would affect the respondent's organizational commitment.

Turnover intent. This portion of the questionnaire was adapted from "A Study on Organizational Climate in Relation to Employees' Intention to Stay" by Dr. Meera Shanker. Originally, it is composed of seven questions which number was reduced to six to raise the cronbach alpha to 0.843. This part of the questionnaire is directed towards the decision of the respondent on whether or not they are interested in leaving the organization soon or if they would prefer to stay as long as they can.

3.4. Data Collection Procedure

The data of the study were acquired through the use of physical and online questionnaires that were distributed to public health practitioners working in Manila, Pasay, Quezon City, and Taguig Metro Manila. Pilot testing was first conducted at Taguig with ten from each licensed professionals leading to a total of thirty pilot test surveys.

3.5. Ethical Consideration

Formal letters of request were sent to multiple hospitals and funeral homes to ask permission and cooperation to be able to conduct surveys with their employees for our study. A total of five hundred (500) questionnaires were personally handed out with only two hundred and three (203) returned were considered along with twenty-five (25) from Google's online survey. The data gathering lasted from November 28, 2018 to December 29, 2018. ALL known that all data gathered shall be treated with utmost confidentiality.

3.6. Limitation of the Study

This study was limited to licensed public health practitioners working in the health industry, specifically licensed doctors, nurses, and morticians. We conducted the data gathering in hospitals and funeral homes within Metro Manila only.

3.7. Data/Mode of Analysis

This study was conducted to determine the impact of quality work life and prosocial motivation on the organizational commitment and turnover intent of public health practitioners. The data were analyzed with Partial Least Square Modelling using WarpPLS version 5. Confirmatory Factor Analysis (CFA) and Exploratory Factor Analysis (EFA) were used to determine the dimensions of the variables of the study.

4. RESULTS

Table 1
Demographic Characteristics of Public Health Practitioners

Profile Std. Deviation	N	%	Profile	N	%
Age 7.029	228	100	Profession		
			Doctor	48	21.1
			Nurse	66	28.9
Years of Service 3.844	228	100	Embalmer	114	50
			Position		
Work Hours 26.225	228	100	Managerial	56	24.6
			Rank and File	172	75.4
Marital			Shift		
Single	147	64.5	Continuous Daytime	63	27.6
Married	56	24.6	Continuous Nighttime	6	2.6
Widowed	25	11	Rotational	159	69.7
Separated	0	0	Economic Status		
Number of Children			Income is less than Expenses	99	43.4
Zero (0)	137	60.01	Income is equal with Expenses	89	39
One (1)	44	19.3	Income is greater than Expenses	40	17.5
Two (2)	27	11.8			
Three (3)	14	6.1			
Four (4)	5	2.2			
Five (5)	1	0.4			

As shown in Table 1, the age of the respondents ranges from 19 years old to 58 years old. 64.5% of them are single, 24.6% are married and 11% of them are widows. Most of them do not have any children (60%) and the rest do have children, having one child is second next to having no children (19.3%). Half of the respondents are from the funeral industry and the other half are composed of nurses (28.9%) and doctors (21.1%). Most of the respondents hold the position of rank and file (75.4%). 83.3% are regular employees and 16.7% are contractual employees. Majority of them are working on a rotational shift (69.7%), 27.6% are working on a daytime shift and 2.6% are on night shift. 43.4% of the respondents indicated that their income is not enough to meet their expenses, 39% stated that their income is enough to satisfy their expenses and 17.5% said that their income is greater than their expenses.

Table 2

Confirmatory Factor Analysis of Quality Work Life experienced by Public Health Workers

Quality Work Life	β -Coefficient of Items to Factor
External Conditions	0.848
Society has a positive opinion about my profession	0.581
Institution gives professional opportunities	0.735
I communicate with other team members	0.657
I receive support for in-service training and constant education	0.789
Policies and procedures facilitate my job	0.819
Safety provides a safe environment	0.786
I feel safe protected against damage (physical, moral, verbal)	0.834
I believe my job is safe	0.721
Managers respect my profession	0.655
Manager-Employee Relationship	0.94
I have good communication with my manager/supervisor	0.85
Manager/supervisor provides adequate supervision/ inspection.	0.845
Manager/supervisor provides feedback about performance	0.87
Manager/supervisor ask our opinions	0.896
My achievements are recognized by manager/supervisor	0.911
Manager-Employee Relationship	0.94
I have good communication with my manager/supervisor	0.85
Manager/supervisor provides adequate supervision/ inspection.	0.845
Manager/supervisor provides feedback about performance	0.87
Manager/supervisor ask our opinions	0.896
My achievements are recognized by manager/supervisor	0.911
Work Balance	0.724
I can manage a good balance between work and family	0.754
I have energy outside of work	0.781
I have enough time for work	0.742
The number of staff is adequate in my unit.	0.688
My salary is adequate for my job.	0.85
Institutional policy is suitable for saving time for family	0.869

Job Approach	0.829
I am content with my work	0.772
I have autonomy in deciding client care	0.785
Team work is present in my unit	0.754
I feel attached to work	0.843
I feel approved by my managers/supervisors at work	0.783
I can communicate with doctors at the work environment	0.709
My job is effective for patients and their family life.	0.718
Job Support	0.889
I receive adequate support from support service staff (meal, cleaning a	0.775
I have adequate materials and equipment for client care.	0.838
I can give good quality patient care.	0.788
I receive qualified support from support services staff (meal, cleaning a	0.873
My job is effective for clients and their family life.	0.789

Table 2 shows the underlying dimension of quality work life in the first dimension referred to as external conditions, where safety plays the most vital role ($\beta=0.834$) as well as the policies of the organization ($\beta=0.819$), with safety that provides a safe environment as the priority ($\beta=0.786$). The second dimension, referred to as manager-employee relationship, recognition of one's achievement plays the biggest role ($\beta=0.911$) as well as when the respondents are able to give their opinions ($\beta=0.896$) and also important is adequate supervision ($\beta=0.845$). The third dimension pertains to work balance in which family time is the number one factor ($\beta=0.869$), as well as having energy outside of work ($\beta=0.781$) and being able to balance family and work ($\beta=0.754$). The fourth dimension, which is referred to as job approach, is where work attachment is the major factor ($\beta=0.843$) and being able to take care of your clients in our own way ($\beta=0.785$) immediate superiors' approval is also crucial ($\beta=0.873$). The last dimension pertains to job support, in which having adequate support services plays the most crucial part ($\beta=0.873$), as well as having everything you need for client care ($\beta=0.838$).

Table 3
Exploratory Factor Analysis of Prosocial Motivation

Prosocial Dimensions	Factor Loading	Eigen Value	% Variance	Cronbach Alpha
Volunteerism		7.444	49.626	0.898
I help immediately those who are in need	0.746			
I do what I can to help others avoid getting into trouble	0.724			
I am willing to make my knowledge and abilities available to others.	0.713			
I am empathic with those who are in need.	0.664			
I intensely feel what others feel.	0.64			
I try to console those who are sad	0.637			
Empathy		1.604	10.694	0.898
I spend time with those friends who feel lonely	0.769			
I immediately sense my friends' discomfort even when it is not directly	0.685			
I easily share with friends any good opportunity that comes to me.	0.679			
I easily put myself in the shoes of those who are in discomfort.	0.555			
I try to be close to and take care of those who are in need.	0.53			
I easily lend money or other things	0.517			
Altruism		1.122	7.482	0.898
I share the things that I have with my friends.	0.752			
I am available for volunteer activities to help those who are in need	0.558			
I am pleased to help my colleagues in their activities.	0.536			

Kaiser-Meyer-Olkin Measure of Sampling Adequacy = 0.879

Table 3 shows the respondents' perspective on the first dimension labelled as volunteerism which refers to the urgency to help ($\beta=0.746$) and the desire to keep others out of trouble ($\beta=0.724$). The second dimension, on the other hand, refers to empathy which is shown especially to their friends ($\beta=0.769$) and the way they are able to sense if something is wrong even if it was not said out loud ($\beta=0.685$), lastly the third dimension, labelled as altruism, is where the respondent shares their blessings ($\beta=0.752$), and is always willing to give a helping hand without anything in return ($\beta=0.558$).

Table 4 shows that factor 1, referred to as loyalty, wherein the respondent makes a decision to willingly stay in the organization ($\beta=0.795$), as well as accept various tasks to stay in the organization ($\beta=0.781$) without any other reason to make him want to leave ($\beta=0.773$). While factor 2, referred to as belongingness, is when the future of the company is secured by teaching the next generation ($\beta=0.799$), as well placing extra effort to ensure the task is done well ($\beta=0.799$), and trying to overcome all hardships in the workplace ($\beta=0.792$).

Table 4
Exploratory Factor Analysis of Organizational Commitment

Organizational Commitment Dimensions	Factor Loading	Eigen Value	% Variance	Cronbach Alpha
Loyalty		9.96	58.59	0.899
With the present working environment and system, I am willing to stay in this organization.	0.795			
I would accept almost any type of job assignment in order to keep working for this organization	0.781			
It would take very little chance in my present circumstances to cause me to leave	0.773			
I have a profound attachment to this organization.	0.737			
I feel I will have a promising future if I stay in this organization.	0.719			
If I leave this organization, I will have guilt feelings.	0.715			
I talk up this organization to my friends as a great organization to work for.	0.688			
I am willing to serve this organization.	0.624			
I am proud to tell others that I am part of this organization.	0.551			
I feel very little loyalty to this organization	0.466			
Belongingness		1.547	67.691	0.899
I am willing to pass on my working experience to new staff.	0.799			
I am willing to put extra effort to achieve the goals of my job	0.799			
I try my best to overcome the difficulties of my job	0.792			
I actively help my colleagues to solve problems in their work.	0.712			
I am proud to be a part of this organization	0.690			
I care about the future development of the organization	0.621			
I have a strong sense of belonging to the organization	0.562			
Kaiser-Meyer-Olkin Measure of Sampling Adequacy= 0.925				

Table 5
Regression Weights of Turnover Intent

Item Code	Turnover Indicators	Standardized Regression Weights
Q5.1	I plan to leave this organization as soon as possible.	0.2
Q5.2	Under no circumstances will I voluntarily leave this organization before I retire.	0.19
Q5.3	I would be reluctant to leave this organization	1.165
Q5.4	I often think about quitting my present job	0.204
Q5.5	I will probably look for a new job in the next year	0.207
Q5.6	As soon as possible, I will leave the organization.	0.206

Table 5 shows the respondents who are most probably looking for a job in the coming year ($\beta=0.207$) and those who intend leave their organization as soon as possible ($\beta=0.206$). They would often think about quitting their present work ($\beta=0.204$), and that they would do it as soon as possible ($\beta=0.2$).

3.1 The Emerging Model

The study proposed a hypothesized model illustrating the effect of quality work life and prosocial motivation, on organizational commitment and on turnover intention of public health workers in the medical and funeral industry.

Table 6

Model Fit Indices	Model 1	Model 2
Average path coefficient (APC)	0.469	0.34
Average R-squared (ARS)	0.458	0.517
Average block VIF (AVIF)	1.563	1.847
R-squared contribution ratio (RSCR)	1.0000	1.0000
Statistical suppression ratio (SSR)	1.0000	1.0000

Table 6 reveals the model fit and quality indices of the resulting models, namely average path coefficient (APC), average r-squared (ARS), average block VIF (AVIF), r-squared contribution ratio (RSCR), and statistical suppression ratio (SSR). Average path coefficient (APC) value for model 1 is 0.469 and 0.340 for model 2. ARS, which measures the fitness of the model, is 0.458 for model 1 and 0.517 for model 2. AVIF value of 1.563 and 1.847 respectively, fall between the ideal range of less than 3.3 AND indicate the fitness of the models. The other fit index, the RSCR (1.000) falls in the ideal range of 1, and SSR (1.000) falls in the acceptable range of less than 0.3, thus showing support for the proposed models.

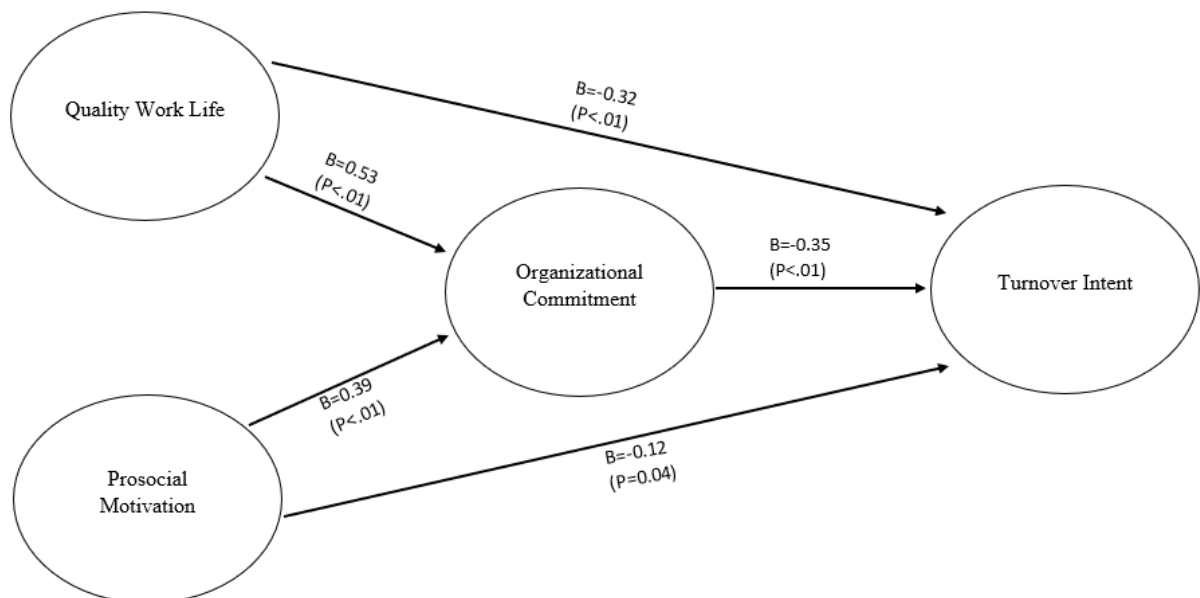


Figure 2. Emerging Model of the mediating role of Organizational Commitment on the relationships between Quality Work Life, Prosocial Motivation and Turnover Intent of Public Health Practitioners

As illustrated in figure 1, the study hypothesized the impact of quality work life and prosocial motivation, on the organizational commitment and turnover intent of public health practitioners.

Partial least square analysis showed the mediating role of organizational commitment between quality work life and prosocial motivation towards turnover intent as shown in figure 2. The quality work life has a strong relationship with turnover intent ($\beta = -0.32$), while prosocial motivation has a weak relationship with turnover intent ($\beta = -0.12$). The mediating role of organizational commitment, dilutes the relationship between quality work life and turnover intent by multiplying the β of quality work life and organizational commitment ($\beta=0.53$) with the β of organizational commitment and turnover intention ($\beta=-0.35$), we get the product of $\beta=-0.1855$, which indicates that organizational commitment would soften the impact of quality work life on turnover intent, and share in the role of lowering the chances of turnover intent. The mediating role of organizational commitment on the relationship between prosocial motivation and turnover intent, on the other hand, enhances the weak connection. This is laid out when the β of the relationship between prosocial motivation and organizational commitment ($\beta=0.39$), is multiplied with the β of organizational commitment and turnover intention which is $\beta=-0.35$. We obtain the product of $\beta=-0.1365$, which is less than the β of prosocial motivation and organizational commitment. This expresses that organizational commitment, as a mediating variable, would strengthen the relationship of prosocial motivation and turnover intent.

5. DISCUSSION

The purpose of this study is to determine the impact of quality work life and prosocial motivation, on the organizational commitment and turnover intent of public health practitioners. The findings showed significant relationships among the variables, which affirmed all of the hypotheses.

First, it confirmed that a higher perceived quality work life would lead to a more positive organizational commitment. An employee's attitude to his organization is dependent on how the organization treats their needs (Sajjad and Abassi, 2014). A study from Huang, Lawler, and Lei (2007) stated that different dimensions of quality work life result in different effects on organizational commitment. This confirms the results where public health practitioners cite feeling safe from damage (physical, moral, verbal), being asked for their opinion, institutional policies favoring time for family, feeling attached to work, and receiving support from support staff as contributing factors to quality work life. A public health practitioner like any employee must first be satisfied with the working conditions before getting more deeply involved with work. Employers must create and promote an environment that holistically develops an employee within an organization. Once an employee recognizes that his role is important in the workplace the more likely he will be value the contribution he makes in exchange for his services. Even if the perception of quality work life may be different from one person to another (Daud, 2010), or if it is experienced in different scenarios, it still improves employee performance and enhances organizational commitment (Esmeilia, Vahdati and Amraei, 2014).. This is consistent with David, Ganesh, Malviya, and Mujalda's (2015) study relating Herzberg's Two-Factor Theory with quality work life, where the latter falls under both hygienic and

motivator factors because it polishes an individual's work life. They also stated that in order to have a good quality work life, managers must monitor and improve both psychological and physiological factors of an employee.

Second, the results confirmed that the effect of prosocial motivation leads to a positive organizational commitment. A study from Dutton, Grant, and Rosso (2008) stated that acts of kindness refined an employee's organizational commitment by enhancing the views of their prosocial character personally and inside the organization. This hypothesis agrees with Herzberg's Two-Factor theory, wherein an employee does not just seek salaries and benefits in order for them to be motivated (Pratap, 2016). Prosocial motivation falls under Herzberg's intrinsic factors, which are motivators that lean more on an individual's emotions. Public health practitioners mentioned helping those in need, spending time with friends who feel lonely, and sharing with friends, as the contributing factors to prosocial behavior. It shows how helping for the benefit of another person's welfare drives public health practitioners to accomplish their duties. These intrinsic voluntary acts reinforce factors of prosocial motivation, even if these factors are not tangible in nature. Considering prosocial motivation among public health practitioners may help them see their profession more than work. Managers must now be able to provide motivators to create satisfaction for individuals and increase their willingness to stay inside the organization. After all, organizations must consider the actions of prosocially motivated employees who are willing to go beyond their job roles, as this can determine behaviour by committed employees which may help an organization succeed (Akhigbe, Godwin, Akhere, Joy and Aiegoba, 2014).

Lastly, the study validates the third hypothesis that a positive organizational commitment will lead to lower turnover intent. Turnover intent is a common problem most organizations face. Individuals with different behaviors, agendas, and goals are difficult to estimate (Puangyoykeaw and Nishide, 2015). The results show indicators of an employee considering to leave the workplace. This intent to leave is problematic as there is always a risk of losing talented and competent employees who are key to organizational success. Employers must be aware of these signs in order to avoid economic loss and prevent having to find and train new employees for the job (Saraih, et al. 2017). Also, in order to reach goals organizations must have committed employees who are not only after monetary benefits but have those who passionately enjoy their jobs. The findings also mirror the results of Mouhamadou (2015), that workers who are emotionally committed to an organization have low chances of leaving. This reflects Herzberg's Two-Factor Theory, wherein a low hygiene factor with a high motivation factor shows that employees are still motivated enough to work. Nagar (2012) emphasized that "organizational commitment is essential for retaining and attracting well qualified workers as only satisfied and committed workers are willing to continue their association with the organization and make considerable efforts towards achieving its goals" (as cited by Larkin, Dias and Vega, 2016). Several literatures mention commitment as the "most significant antecedent" that decreases turnover intention (Masud and Daud, 2019). Therefore, increased organizational commitment among public health practitioners decreases their intention to leave their job.

6. CONCLUSION

This study affirmed that a more positive quality work life and prosocial motivation can result in an enhanced organizational commitment, that would further reduce an employee's intent to leave an organization. Both variables, namely quality work life and prosocial motivations, have an effect on an employee's organizational commitment, regardless of whether these are extrinsic factors or intrinsic factors.

Today, organizations must take into consideration the enhancement of the practice of quality work life and prosocial motivation in the workplace by improving work conditions, benefits, and even initiating programs to enhance their prosocial behavior. Human resource practitioners must be able to point out whether or not an employee's motivation and intent to leave the organization is shifting and act to it accordingly. They should be able to provide factors that can enhance an employee's organizational commitment, with the use of factors that affect quality work life or initiate programs that can trigger their prosocial motivation.

Additionally, the findings of our study showed that even if employees do not have any intention to leave the organization due to positive quality work life and prosocial behavior, human resource practitioners can resolve the situations by enhancing factors that would generate a better organizational commitment so that workers would gain a positive prosocial motivation that would help avoid any intentions of leaving. By developing ways to increase organizational commitment, workers would have more reasons to stay in the organization, aside from just having the adequate quality work life.

Since this study was conducted among a limited number of respondents around the cities of Metro Manila that are considered public health practitioners, the results of the study may not be applicable to all industries. Future research may be rendered with the use of the same variables on other industries and expand knowledge on relationships such as prosocial motivation and organizational commitment.

APPENDIX

Appendix 1- : Available from the Author(s) on request.

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