Journal of International Conference Proceedings (JICP)
Vol. 9 No. 5, pp 614-626, November, 2026
E-ISSN: 2621-993X P-ISSN: 2622-0989
https://ejournal.aibpmjournals.com/index.php/JICP/index

The Effects of Workload and Organizational Commitment on Turnover Intention: The Mediating Role of Work Rewards Among Non-Civil-Service Nurses in Muna Regency

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ARTICLE INFORMATION

Publication information

Research article

HOW TO CITE
Yazlim, N., Rianse, U., Nasrul, N., Masri, M., & Rianse, M. S. (2026). The effects of workload and organizational commitment on turnover intention: The mediating role of work rewards among non-civil-service nurses in Muna Regency. *Journal of International Conference Proceedings*, *9*(5), 614-626.

DOI:
https://doi.org/10.32535/jicp.v9i5.5220

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Received: 14 September 2026
Accepted: 17 October 2026
Published: 26 November 2026

ABSTRACT

This study examines how workload and organizational commitment influence turnover intention through perceived work rewards among non-civil-service nurses working in primary health centers in Muna Regency, Indonesia. A cross-sectional survey involved 322 nurses from 15 primary health centers. Workload, organizational commitment, work rewards, and turnover intention were measured using five-point Likert scales and analyzed with partial least squares structural equation modelling in SmartPLS 4. Workload positively affected turnover intention ($\beta = 0.250$; $p < 0.001$) and negatively affected work rewards ($\beta = -0.332$; $p < 0.001$). Organizational commitment negatively affected turnover intention ($\beta = -0.246$; $p < 0.001$) and positively affected work rewards ($\beta = 0.452$; $p < 0.001$). Work rewards reduced turnover intention ($\beta = -0.295$; $p < 0.001$). The indirect effects through work rewards were significant for workload ($\beta = 0.098$; $p < 0.001$) and organizational commitment ($\beta = -0.133$; $p < 0.001$), indicating complementary partial mediation. Retention strategies should therefore integrate proportional workload allocation, transparent compensation, non-financial recognition, and organizational practices that sustain nurses' commitment.

Keywords: Non-Civil-Service Nurses; Organizational Commitment; Primary Healthcare; Turnover Intention; Work Rewards

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INTRODUCTION

Nurse retention is an increasingly important management issue because the continuity, accessibility, and quality of health services depend on a sufficiently stable nursing workforce. Turnover creates direct replacement and orientation costs, but its wider effects include disrupted teamwork, redistribution of workload to remaining staff, loss of local service knowledge, and reduced continuity of care. Turnover intention does not necessarily mean that an employee will immediately resign, yet it is widely treated as a proximal cognitive indicator of withdrawal because it captures thoughts of leaving, active job search, and plans to terminate the employment relationship (Mobley, 1977; Tett & Meyer, 1993). Systematic reviews in nursing show that turnover is not explained by a single factor; rather, it develops from interactions among workload, work environment, exhaustion, compensation, career opportunity, supervisory support, and organizational attachment (Halter et al., 2017; Hayes et al., 2012).

The retention problem is particularly relevant for nurses employed outside the civil-service system. Non-civil-service nurses in Indonesian primary health centers may perform clinical, preventive, administrative, and community-based duties similar to those of permanent personnel while experiencing less predictable employment conditions and weaker long-term career security. In district and island settings such as Muna Regency, replacement is not always immediate because health centers are distributed across different geographic service areas and alternative employment can require migration. Consequently, understanding the factors that generate turnover intention among this workforce is important for both human-resource management and service continuity.

Workload is one of the most immediate job demands faced by nurses. It reflects not only the number of patients or tasks, but also work targets, the conditions under which work must be completed, time pressure, and expected performance standards. In the Muna dataset, workload was measured through target achievement, work conditions, use of time, and work standards. The Job Demands-Resources perspective explains that sustained demands consume physical and psychological energy, particularly when the resources available to employees are insufficient to balance those demands (Demerouti et al., 2001). A high workload can therefore increase the perceived cost of remaining in a job and make alternative employment more attractive. The local descriptive results reinforce this concern: the average workload score was 3.99 on a five-point scale, indicating that respondents perceived relatively high job demands.

Organizational commitment represents a different side of the retention process. It reflects an employee's psychological attachment to the organization, the perceived cost of leaving, and the sense of obligation to remain. The three-component model distinguishes affective, continuance, and normative commitment (Allen & Meyer, 1990; Meyer & Allen, 1991). Strong commitment is generally associated with lower withdrawal behavior because employees who identify with organizational goals, value membership, and perceive meaningful reasons to remain are less likely to actively seek an exit. This relationship has also been reported among nurses, including rural and primary-healthcare samples (Callado et al., 2023; Labrague et al., 2018). Research published in AIBPM journals similarly indicates that organizational commitment can function as a retention mechanism by reducing turnover intention (Mohyi, 2021; Puspitawati & Atmaja, 2019).

Work rewards may connect both workload and commitment with turnover intention. In this study, work rewards include basic pay, allowances and incentives, non-material recognition, and perceived compensation fairness. Equity Theory proposes that employees compare the contributions they provide with the outcomes they receive

(Adams, 1965). When workload and responsibility increase without a corresponding sense of fair return, employees may experience inequity and consider withdrawal as a means of restoring balance. Social Exchange Theory complements this explanation by emphasizing reciprocity: fair treatment and valued organizational rewards can strengthen continued membership, whereas an unfavorable exchange can weaken the employment relationship (Blau, 1964). Compensation is therefore not only an economic transaction but also an organizational signal about whether employees' contributions are recognized.

The descriptive pattern in Muna Regency provides a specific reason to test the reward mechanism. Workload was high (mean = 3.99), organizational commitment was also high (mean = 4.00), and turnover intention was high (mean = 4.00), while perceived work rewards were only moderate (mean = 3.34). This combination suggests that nurses may remain psychologically attached to their health centers while simultaneously evaluating whether the effort-reward balance is sustainable. It also suggests that workload may increase intention to leave partly because nurses perceive that available financial and non-financial rewards are not proportional to their demands.

Most studies of nursing turnover examine workload, commitment, and compensation as separate predictors, and many are hospital-based. Fewer studies have tested the same reward mechanism for both job demands and organizational attachment among non-civil-service nurses in primary healthcare. Studies in AIBPM outlets have examined organizational commitment and turnover intention as well as workload in community-health-center settings, but the present study adds a focused dual-antecedent mediation model in which work rewards simultaneously transmit part of the effect of workload and organizational commitment to turnover intention (Puspitawati & Atmaja, 2019; Trisnayani et al., 2024). Accordingly, this study aims to analyze the direct effects of workload and organizational commitment on turnover intention and to test whether work rewards mediate both relationships among non-civil-service nurses in Muna Regency.

LITERATURE REVIEW

Workload and Turnover Intention

Workload captures the amount, intensity, timing, and complexity of work that employees must perform. For nurses, workload can arise from patient volume, documentation, service targets, time-sensitive clinical decisions, staff shortages, community activities, and simultaneous administrative responsibilities. The JD-R model treats these pressures as job demands because they require sustained physical or psychological effort. Job demands are not inherently harmful, but persistent demands become problematic when recovery and resources are inadequate (Demerouti et al., 2001). In such conditions, employees may protect their remaining resources by psychologically distancing themselves from work or by considering an alternative job.

Turnover intention is therefore expected to increase when employees believe that current workload is no longer sustainable. In the present context, non-civil-service nurses may be especially sensitive to this calculation because their workload can resemble that of permanent nurses while their employment security and benefits differ. The decision to stay or leave is consequently shaped not only by the absolute amount of work but by

whether the employment relationship provides sufficient resources to justify continued effort. Based on this reasoning, the first hypothesis is proposed:

H1: Workload has a positive effect on turnover intention.

Workload and Work Rewards

Equity Theory provides a direct basis for linking workload with perceptions of work rewards. Employees evaluate fairness by comparing inputs such as time, effort, skill, responsibility, and emotional labor with outputs such as pay, incentives, recognition, career opportunity, and appreciation (Adams, 1965). When workload rises without perceived adjustment in these outcomes, the employment exchange may be evaluated less favorably. This does not mean that workload mechanically reduces nominal salary; rather, it reduces the perceived adequacy and fairness of rewards relative to the contributions required.

The relationship is relevant to the Muna sample because the work-reward mean was lower than both the workload and commitment means. The respondents therefore reported high demands but only moderate rewards. This imbalance is expected to produce a negative association between workload and perceived work rewards.

H2: Workload has a negative effect on perceived work rewards.

Organizational Commitment and Turnover Intention

Organizational commitment explains why employees may remain even when alternative employment exists. Affective commitment reflects emotional attachment and identification, continuance commitment captures the perceived costs of leaving, and normative commitment reflects a sense of obligation to remain (Meyer & Allen, 1991). Meta-analytic evidence links these commitment components with withdrawal-related outcomes (Meyer et al., 2002). In nursing, stronger organizational commitment is repeatedly associated with lower intention to leave, including evidence from rural nurses and primary healthcare (Callado et al., 2023; Labrague et al., 2018). AIBPM studies likewise report an inverse relationship between organizational commitment and turnover intention (Mohyi, 2021; Puspitawati & Atmaja, 2019).

H3: Organizational commitment has a negative effect on turnover intention.

Organizational Commitment and Work Rewards

Commitment may also influence how employees interpret the rewards supplied by the organization. Social Exchange Theory suggests that employment relationships are evaluated over time through reciprocal exchanges rather than isolated transactions (Blau, 1964). Nurses who experience belonging, trust, and identification may perceive recognition, allowances, or developmental opportunities as more meaningful signals of organizational support. Conversely, weak attachment can make shortcomings in compensation more salient. This relationship should not be interpreted as an argument that commitment can substitute for objectively adequate compensation. Instead, the theory predicts that psychological attachment and perceived rewards are mutually reinforcing components of the employment exchange.

H4: Organizational commitment has a positive effect on perceived work rewards.

Work Rewards and Turnover Intention

Work rewards influence retention through both economic and symbolic mechanisms. Financial rewards determine whether employees can meet material needs and whether they perceive a reasonable return for effort. Non-financial recognition signals respect

and organizational appreciation. Pay satisfaction and organizational commitment have long been identified as important elements in nursing turnover processes (Lum et al., 1998), while more recent evidence shows that perceived organizational support is negatively related to nurses' turnover intention (Galanis et al., 2024). Expectancy reasoning also suggests that employees are more willing to sustain effort when they see a credible connection among effort, contribution, and valued outcomes (Vroom, 1964).

H5: Perceived work rewards have a negative effect on turnover intention.

The Mediating Role of Work Rewards

The first mediation pathway proposes that workload influences turnover intention partly through the way nurses evaluate their rewards. When job demands rise, fixed or insufficient rewards may appear less adequate relative to effort. Lower reward adequacy then increases the attractiveness of leaving. The predicted signs are therefore negative for workload-to-rewards and negative for rewards-to-turnover, yielding a positive indirect effect of workload on turnover intention.

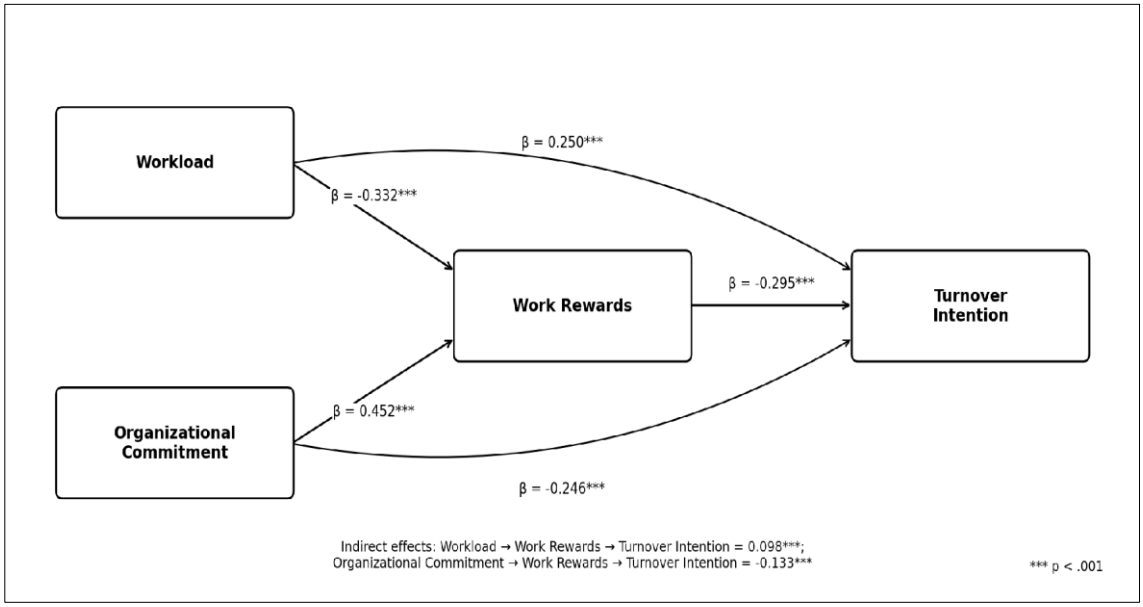
H6: Work rewards mediate the positive effect of workload on turnover intention.

The second mediation pathway proposes that commitment reduces turnover intention partly because committed nurses perceive greater reciprocity and value in organizational rewards, while better reward perceptions provide additional reasons to remain. The direct effect of commitment may persist because emotional attachment and moral obligation cannot be reduced entirely to compensation. A partial mediation pattern is therefore theoretically plausible.

H7: Work rewards mediate the negative effect of organizational commitment on turnover intention.

Figure 1 represents the research framework of this study.

Figure 1. Focused Research Model and Estimated Structural Paths



RESEARCH METHOD

Research Design and Setting

This study used a quantitative cross-sectional survey design. Data were collected from non-civil-service nurses working in primary health centers in Muna Regency, Southeast Sulawesi, Indonesia, from December 2025 to May 2026. The health centers serve urban, rural, coastal, and inland communities. The broader doctoral dissertation model included workload and organizational commitment as exogenous constructs, burnout and work rewards as mediators, and turnover intention as the endogenous construct. The present article isolates the work-reward mechanism to answer a focused research question. Importantly, the reported coefficients were estimated in the complete structural model in which burnout remained included. The focused interpretation therefore does not claim that the four constructs were re-estimated as an independent model.

Population and Participants

The analyzed 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. Eligible participants were nurses who were not appointed as civil servants, were actively working in a Muna Regency primary health center during the study period, and consented to participate. Questionnaires with complete data for the constructs included in the structural model were analyzed. The final sample of 322 exceeded the post-hoc minimum sample requirements reported for every focal structural path in the dissertation model.

Measures

Data were collected using a self-administered questionnaire with a five-point Likert response scale from 1 (strongly disagree) to 5 (strongly agree). Workload was reflected by four dimensions: work conditions, targets that must be achieved, use of time, and work standards. Organizational commitment was measured through affective, continuance, and normative commitment. Work rewards covered basic pay, allowances and incentives, non-material recognition, and compensation fairness. Turnover intention was measured through the desire to seek another job, plans to leave the current position, and thoughts of leaving. Higher workload scores indicated greater perceived demands; higher commitment and work-reward scores indicated more favorable organizational conditions; and higher turnover-intention scores indicated a stronger tendency toward withdrawal.

Data Analysis

Descriptive statistics were used to summarize respondent characteristics and construct means. Partial least squares structural equation modelling (PLS-SEM) was performed in SmartPLS 4. The measurement model was evaluated through indicator loadings, Cronbach's alpha, composite reliability, and average variance extracted (AVE). Indicator loadings above 0.70, reliability coefficients above 0.70, and AVE above 0.50 were treated as acceptable criteria for the reported reflective constructs (Hair et al., 2022). The structural model was evaluated using standardized path coefficients and bootstrapped p-values. A path was considered statistically significant at $p < 0.05$. Mediation was supported when the specific indirect effect through work rewards was statistically significant. Because both focal direct effects remained significant and the corresponding indirect effects had consistent directions, mediation was classified as complementary partial mediation. The full dissertation model reported R^2 and Q^2 for turnover intention; these statistics are presented with an explicit caveat that the full model also contained burnout.

RESULTS

Respondent Characteristics

Table 1. Characteristics of Participating Non-Civil-Service Nurses (N = 322)

Characteristic	Category	Frequency (n)	Percentage (%)
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
	>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

Based on Table 1, of the 322 participating nurses, 220 (68.3%) were women and 102 (31.7%) were men. More than half were aged 26-35 years (54.0%), while 18.0% were aged 20-25 years. Most held a Diploma III Nursing qualification (63.7%), and 56.2% had worked for one to five years. The profile therefore reflects a predominantly young and relatively early-career non-civil-service nursing workforce. This composition is relevant to turnover intention because early-career nurses may have greater occupational mobility and may actively compare employment alternatives, compensation, and career prospects.

Descriptive and Measurement-Model Findings

Table 2. Descriptive Scores and Measurement-Model Assessment

Construct	Mean	Loading Range	Cronbach α	Composite Reliability	AVE
Workload	3.99	0.841-0.857	0.875	0.878	0.726
Organizational 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

The descriptive results in Table 2 reveal a potentially unstable employment pattern. Workload had a mean score of 3.99, indicating high perceived demands. Organizational commitment also had a high mean of 4.00, suggesting that respondents remained strongly attached to their health centers. In contrast, work rewards had a mean of 3.34, a moderate evaluation, whereas turnover intention had a high mean of 4.00. These scores show that high commitment can coexist with high turnover intention when the perceived reward exchange is less favorable, and work demands remain substantial.

All four focal constructs met the reported measurement criteria. Workload indicator loadings ranged from 0.841 to 0.857, organizational-commitment loadings 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 and composite reliability were above 0.70, and AVE exceeded 0.50 for all constructs. The measurement model therefore provided adequate internal consistency and convergent validity for interpretation of the structural relationships.

Structural Relationships and Mediation

Table 3. Structural Paths and Hypotheses for the Focused Work-Reward Model

Hypothesis / Path		β	p-value	Decision
H1	Workload → Turnover Intention	0.250	<0.001	Supported
H2	Workload → Work Rewards	-0.332	<0.001	Supported
H3	Organizational Commitment → Turnover Intention	-0.246	<0.001	Supported
H4	Organizational Commitment → Work Rewards	0.452	<0.001	Supported
H5	Work Rewards → Turnover Intention	-0.295	<0.001	Supported
H6	Workload → Work Rewards → Turnover Intention	0.098	<0.001	Supported; partial mediation
H7	Organizational Commitment → Work Rewards → Turnover Intention	-0.133	<0.001	Supported; partial mediation

All seven focal hypotheses were statistically supported (see Table 3). Workload had a positive direct effect on turnover intention (β = 0.250; p < 0.001), indicating that higher job demands were associated with stronger intention to leave. Workload also had a negative effect on work rewards (β = -0.332; p < 0.001), meaning that nurses experiencing greater workload tended to evaluate the adequacy and fairness of rewards less favorably. Organizational commitment had a negative direct effect on turnover intention (β = -0.246; p < 0.001) and a positive effect on perceived work rewards (β = 0.452; p < 0.001). Work rewards, in turn, had a negative effect on turnover intention (β = -0.295; p < 0.001).

The specific indirect effect from workload through work rewards to turnover intention was positive and significant (β = 0.098; p < 0.001). The sign is substantively consistent with the component paths: greater workload reduced reward perceptions, and less favorable reward perceptions were associated with stronger turnover intention. Because the direct workload-turnover path remained positive and significant, work rewards partially mediated the relationship. Similarly, the indirect effect from organizational commitment through work rewards to turnover intention was negative and significant (β = -0.133; p < 0.001). Commitment therefore reduced turnover intention directly and indirectly by improving reward perceptions. The direct commitment-turnover path remained significant, indicating complementary partial mediation.

For the full dissertation model, workload, organizational commitment, burnout, and work rewards jointly explained 74.8% of the variance in turnover intention (R^2 = 0.748), and predictive relevance was Q^2 = 0.640. These values indicate substantial explanatory power and positive predictive relevance for the complete model. However, they should not be interpreted as the explanatory power of the four-construct focused model presented here because burnout remained part of the model used to estimate the coefficients.

DISCUSSION

Workload Increased Turnover Intention

The positive workload-turnover coefficient shows that the intention to leave increased as nurses perceived greater demands in work conditions, targets, time use, and performance standards. This finding is consistent with the logic of the JD-R model: sustained job demands require continuous expenditure of physical and psychological resources, and employees become more vulnerable to withdrawal when demands are not balanced by sufficient job resources (Demerouti et al., 2001). In primary healthcare, workload is not limited to direct patient care. Nurses may simultaneously perform community programs, administrative documentation, preventive services, reporting, and

coordination. For non-civil-service nurses, high demands can be especially consequential when employment security and compensation are perceived as less favorable than those available to other employment categories.

The finding does not imply that workload should simply be minimized. Health centers require sufficient effort to meet service targets, and some demanding work can be meaningful. The management issue is proportionality: whether patient volume, task allocation, time requirements, and staffing enable nurses to complete work without chronic overload. The mean workload score of 3.99 suggests that this proportionality deserves attention. Workload mapping should therefore compare actual assignments, service coverage, administrative duties, shift responsibilities, and geographic difficulty across health centers rather than relying only on headcount.

Workload Reduced Perceived Work Rewards

The negative effect of workload on work rewards is central to the present article because it reveals an effort-reward interpretation rather than a purely workload-driven exit process. Nurses experiencing heavier workload evaluated basic pay, incentives, recognition, and compensation fairness less positively. From an Equity Theory perspective, the same nominal reward can be perceived differently when the level of required input changes. If workload rises while financial and non-financial returns remain fixed, the ratio between contribution and outcome becomes less favorable (Adams, 1965).

This interpretation is supported by the descriptive gap between workload (3.99) and work rewards (3.34). The result is also compatible with broader evidence that workload is a meaningful organizational variable in community-health-center settings (Trisnayani et al., 2024). For Muna Regency, reward policy should therefore be evaluated against the actual demands attached to different service areas. Transparency is important: nurses should understand the basis for honoraria, incentives, additional-service payments, and non-financial recognition, including how workload and geographic difficulty are considered.

Organizational Commitment Reduced Turnover Intention

Organizational commitment had a negative direct effect on turnover intention. Nurses with stronger affective attachment, greater perceived reasons to remain, and stronger normative responsibility were less likely to express withdrawal intentions. This is consistent with the three-component commitment model and with nursing evidence showing that commitment protects against intention to leave (Callado et al., 2023; Labrague et al., 2018; Meyer et al., 2002). AIBPM studies likewise report that greater organizational commitment is associated with lower turnover intention (Mohyi, 2021; Puspitawati & Atmaja, 2019).

The practical implication is that retention cannot be addressed only through financial policy. Commitment is strengthened through credible leadership, participation, fair treatment, professional respect, supportive supervision, opportunities to develop competence, and a sense that nurses' work contributes meaningfully to community health. These practices are particularly important for non-civil-service nurses because weaker formal employment security can make relational and professional attachment more influential in the decision to stay.

Organizational Commitment Improved Perceptions of Work Rewards

The commitment-to-rewards coefficient was the largest focal direct path ($\beta = 0.452$). This suggests that the meaning of rewards is partly relational. In a positive exchange relationship, pay, incentives, recognition, and developmental opportunities are

interpreted as signs that the organization values membership and contribution. Social Exchange Theory explains why employees who experience trust and belonging may evaluate organizational outcomes through a broader history of reciprocity rather than as isolated payments (Blau, 1964).

This finding must not be used to justify inadequate compensation. A committed employee can still recognize that pay is insufficient, and the moderate reward score in this study demonstrates that commitment did not eliminate perceived weaknesses in the reward system. The appropriate interpretation is that commitment and rewards reinforce one another: organizational practices that strengthen belonging can improve the perceived meaning of rewards, while fair rewards make the organization's commitment-building efforts more credible.

Work Rewards Reduced Turnover Intention

Work rewards were negatively associated with turnover intention. Nurses who viewed basic pay, allowances, incentives, recognition, and compensation fairness more positively were less likely to consider leaving. This relationship is consistent with classic nursing research showing that pay satisfaction and organizational commitment contribute to turnover processes (Lum et al., 1998) and with more recent evidence linking perceived organizational support to lower nurse turnover intention (Galanis et al., 2024). It also reflects expectancy reasoning because continued effort is more sustainable when employees believe that valued outcomes follow contribution (Vroom, 1964).

The result is particularly important because work rewards were the least favorable of the focal construct means. A management response should therefore address both the level and the administration of rewards. Increasing nominal compensation may not always be immediately feasible, but organizations can improve payment timeliness, clarity of eligibility criteria, communication of incentive calculations, acknowledgement of additional duties, fairness across comparable roles, access to training, and non-financial recognition. These measures can reduce uncertainty and signal respect even while broader budget reform is pursued.

Work Rewards Mediated the Workload-Turnover Relationship

The significant positive indirect effect ($\beta = 0.098$) confirms that part of the effect of workload on turnover intention operated through work rewards. The mechanism is straightforward: higher workload was associated with less favorable reward perceptions, and lower reward perceptions were associated with higher turnover intention. The direct workload-turnover relationship remained significant, so work rewards did not fully explain the effect. This complementary partial mediation indicates that workload creates retention risk through both a direct demand pathway and an economic-equity pathway.

This result provides a more actionable interpretation than treating workload as an isolated problem. If all high workload were addressed only by hiring additional staff, resource constraints might limit implementation. Conversely, if managers only increased incentives without reviewing task allocation, nurses could remain overloaded. The mediation finding argues for a combined strategy: workload allocation and reward policy should be reviewed together. High-demand units or geographically difficult assignments require transparent workload evidence and a clear explanation of how additional effort is recognized.

Work Rewards Mediated the Commitment-Turnover Relationship

The negative indirect effect from organizational commitment through work rewards ($\beta = -0.133$) shows that commitment reduced turnover intention partly by improving reward perceptions. The direct effect remained significant, which indicates complementary

partial mediation. Commitment therefore has a psychological retention function that is not reducible to pay, but its effect is strengthened when the employment exchange is perceived as fair and appreciative.

The coexistence of high organizational commitment and high turnover intention in the descriptive results is especially informative. It shows that intention to leave should not automatically be interpreted as lack of loyalty. Nurses may value their colleagues, community role, and health center while simultaneously considering departure because employment conditions are not sufficiently competitive or secure. Retention conversations should therefore separate questions of belonging from questions of economic and career sustainability. A nurse can be committed and still be at risk of leaving.

Managerial and Policy Implications

First, the Muna Regency Health Office and primary-health-center managers should develop a workload dashboard for non-civil-service nurses. Indicators should include patient contacts, program responsibilities, administrative reporting, shift patterns, community outreach, geographic coverage, and periods of staff shortage. The purpose is to identify persistent imbalance rather than to measure activity for punitive monitoring. Second, the reward system should be reviewed through a compensation-equity audit. The audit should compare workload, clinical responsibility, working time, location difficulty, employment status, payment timeliness, and access to financial and non-financial recognition. Differences do not necessarily need to be eliminated, but they should be transparent, evidence-based, and defensible. Third, managers should integrate recognition with financial reward policy. Continuing education, fair access to training, acknowledgement of additional responsibilities, mentoring, career documentation, and participation in decisions can complement, but should not replace, adequate financial compensation.

Fourth, organizational commitment should be actively sustained through supportive supervision and participation. Regular retention conversations with early-career nurses can identify workload concerns, reward dissatisfaction, career goals, and family constraints before they become resignation decisions. Finally, district-level workforce monitoring should include both turnover intention and actual departures. Combining survey indicators with resignation records, vacancy duration, payment timeliness, and workload measures would allow managers to distinguish temporary dissatisfaction from persistent structural retention risk.

CONCLUSION

Workload and organizational commitment were both significant determinants of turnover intention among non-civil-service nurses in Muna Regency, but they operated in opposite directions. Higher workload increased turnover intention, whereas stronger organizational commitment reduced it. Workload reduced perceived work rewards, while organizational commitment improved reward perceptions. Better work rewards, in turn, reduced turnover intention. The significant indirect effects demonstrate that work rewards partially mediated both relationships: high workload increased turnover intention partly because it weakened perceptions of reward adequacy and fairness, whereas commitment reduced turnover intention partly because it strengthened more favorable reward perceptions. Because the direct effects remained significant, work rewards represent an important but incomplete mechanism. Retention policy should therefore combine proportional workload management with transparent and equitable financial rewards, meaningful non-financial recognition, and organizational practices that preserve nurses' psychological attachment to primary health centers.

LIMITATION

The study used a cross-sectional design, so the temporal order of the relationships cannot be established with certainty. All focal constructs were based on self-reported perceptions, creating potential common-method and social-desirability bias. Work rewards measured perceived financial and non-financial outcomes rather than verified payroll amounts, incentive delays, or objective compensation differentials. The study was conducted in one regency and focused on non-civil-service nurses, which may limit generalizability to other health-workforce systems. Turnover intention is also not equivalent to actual turnover. Finally, the coefficients presented in this focused article were estimated within a broader dissertation model that also contained burnout. Future studies should re-estimate competing focused models, use longitudinal employment outcomes, and combine survey data with objective workload and compensation records.

ACKNOWLEDGMENT

The authors acknowledge the non-civil-service nurses, heads of primary health centers, and Muna Regency health authorities who supported the doctoral research from which this focused article was developed.

DECLARATION OF CONFLICTING INTERESTS

The authors declare no conflicting financial or non-financial interests related to this manuscript.

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