Organizational Determinants of Health Worker Performance in a Decentralized Health System: The Selective Mediating Role of Quality of Work Life

ABSTRACT

Aims: to analyze whether QWL (Quality of Work Life) consistently mediates organizational commitment, healthy work environment, motivational climate, career development, and health worker job performance in decentralized primary care systems.

Materials & Methods This paper adopted an explanatory quantitative research study approach, referring to the validated metrics measured organizational commitment, workplace quality, motivation, career progression, QWL, and job performance involved 320 Aceh, Indonesia, local government primary health care workers. Indirect and direct variable links were examined using PLS-SEM.

Findings QWL significantly mediates the effects of inspiring environment and career development on work performance ($\beta = 0.272$; $p = 0.001$), but not organizational commitment or health. Many organizational elements affect work performance without QWL. Finally, QWL cannot explain all organizational and job scenarios. Psychological and structural factors impact decentralized health system employee performance, requiring workforce management beyond QWL growth.

Conclusion: Work-life quality boosts health professionals' performance in decentralized health systems, although its mediating effect varies by organization. QWL selectively mediated motivating environment and career growth on work performance, but not organizational commitment or health

Keywords: Quality of work life; Job performance; Health workers; Decentralized health systems

Background

Health worker performance affects decentralized care. Central governments hand over HR administration to local governments. Decentralization is touted for improving efficiency, accountability, and service responsiveness, but research indicates it complicates labor management. Inconsistent employment legislation, managerial skills, and career progression prospects might demotivate health professionals. [1]. Knowing organizational determinants of health professional effectiveness is crucial. Research shows that organizational circumstances, psychological traits, professional competence, and technical skills affect job effectiveness. Regional employment patterns and governance frameworks affect health professionals' work, organizational support, and prospects in decentralized situations. Events might affect work and mood. How organizational surroundings affect employee functioning beyond job needs is called Quality of Work Life (QWL). Based on humanizing work, QWL fosters employee respect and growth. [2]. QWL expresses workers' opinions on justice, well-being, involvement, and corporate success, not only good working conditions. Higher QWL improves mental health, job satisfaction, and performance in demanding industries like health care. [3]. Beyond work, QWL affects familial, social, and life satisfaction. [4]. Higher QWL may help health organizations recruit, motivate, and retain skilled workers, improving long-term performance and system sustainability. [5],[6]. QWL is an important organizational aspect in employee success, say studies. QWL mediation role disagreement: empirical evidence. Studies reveal that organizational settings improve performance via QWL, whereas others show that some elements directly affect performance without affecting QWL. Public-sector and decentralized health systems may hinder the interaction between organizational conditions and workers' subjective job evaluations owing to structural limits, fragmented authority, and limited career mobility. [7], [8]. According to human resource management and health systems literature, individual, organizational, and systemic variables impact health professionals' job performance. Organizational, psychological emotion [9], and institutional factors impact health care job performance, according to a study [10]. Framework emphasize psychological and social work skills. Health care is emotionally [11], [12]. Quality of Work Life (QWL), which includes job security, salary, career growth opportunities, and working conditions, is a key factor influencing the retention of healthcare professionals. Another study in Serbia found that healthcare workers with better QWL had greater job satisfaction and organizational commitment, thus reducing the likelihood of healthcare professional turnover [13]. Meanwhile, It was found in other studies in Indonesia that improving Quality of Work Life (QWL) increases job satisfaction and organizational commitment, both of which are important in reducing healthcare worker professional turnover [14]. in contrast to the findings of subsequent studies that identified the role of Perceived Organizational Support Perceived Organizational Support in reducing the negative impact of job stress and work overload. Studies conducted in Malaysia, the Philippines, and Indonesia have highlighted the importance of supportive leadership, competitive salaries, and an inclusive organizational culture in retaining academic personnel [15]. compared to other studies that address Quality of Work Life (QWL) and Work Experience, Perceived Organizational Support simultaneously to reduce staff turnover and strengthen institutions. By investigating the relationship between QWL and intention to quit, using POS as a mediating element[16]. This research analyzes whether QWL consistently mediates organizational characteristics and health worker job performance in decentralized health systems. This research reveals that QWL links organizational commitment, healthy work environment, stimulating atmosphere, and career development to performance outcomes rather than mediating. The research investigates whether QWL explains decentralized health system worker performance and increases context-sensitive worker performance knowledge.

Methods

Study Design and Data Source

Explanatory quantitative research explored causal links between latent variables. [17] and health worker performance in decentralized health systems. The explanatory design examined direct and mediated links between organizational features, QWL, and performance outcomes. Data from health professionals with at least one year of direct health care delivery experience contributed

organizational procedures and working environment data linked to the research variables involved 320 Aceh, Indonesia, local government primary health care workers. Approved empirical research tools influenced the structured self-administered questionnaire. The questionnaire measured organizational commitment, QWL, health worker performance, inspiring atmosphere, career progression, and healthy work environment. To assess respondents' organizational and work experiences, Each of the questions were judged on a scale with five points, ranging comprising 1 (strongly disagree) to 5 (strongly agree). Contextual changes made the instruments relevant to decentralized health while maintaining construct validity. The validated status was shown to have Discriminant Validity Assessment Using the Fornell–Larcker Criterion: Motivational Climate (0.895), Job Performance (0.849), Organizational Commitment (0.799), Quality Work Life (0.897), Healthy Work Environment (0.769), and Career Development (0.847). A single-factor unidimensional model with a factor score of 0.983 was shown to have structural validity. Internal consistency (Cronbach's alpha = 0.877; Guttman split-half coefficient = 0.939) showed excellent findings.

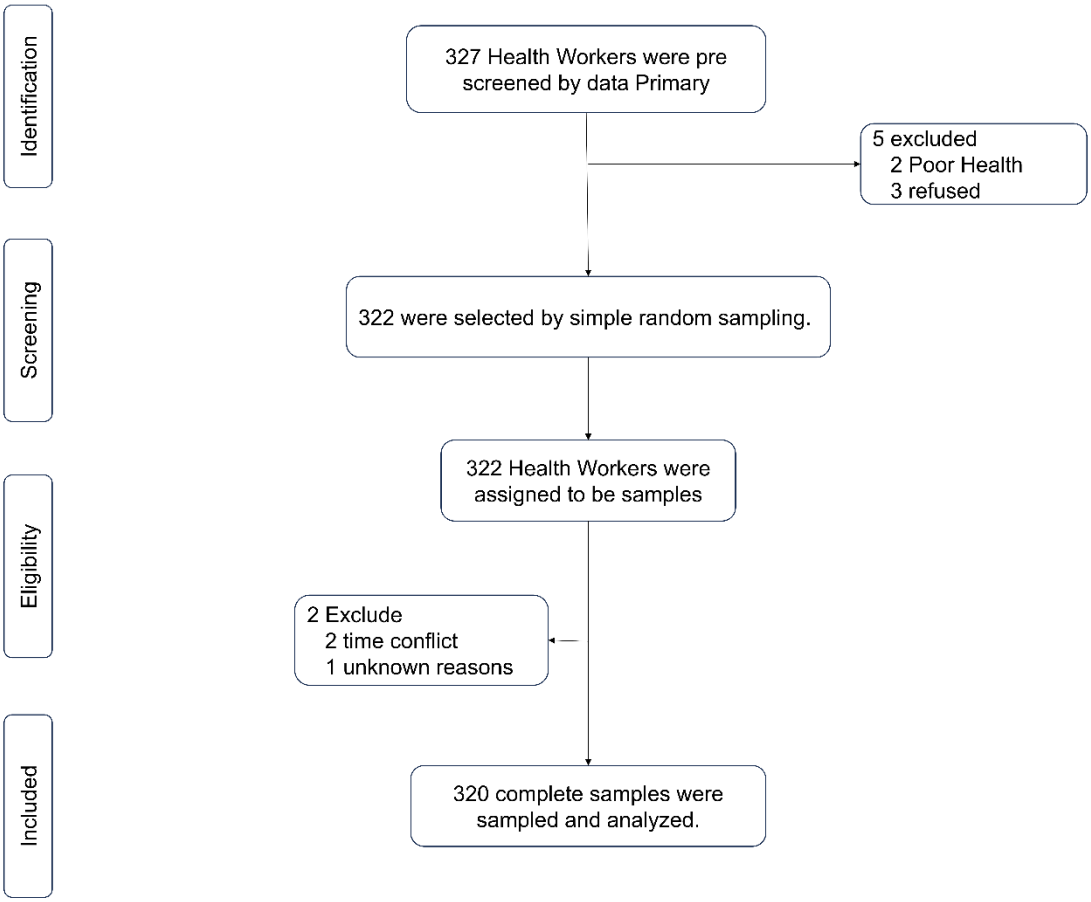

Figure 1. Screening, randomization, and completion sample

Data Collection Procedure:

The latest research investigation employed a primary data model drawn from a questionnaire distributed to female moms. A web-based questionnaire is a method of gathering information that presents female moms with a variety of written questions to answer. Google created a form for this relatively small survey. The researchers distributed the questionnaire to mothers based on 320 health workers in Aceh, Indonesia. The aforementioned survey provides questions with closed-ended answers using a Likert scale, questions with multiple choice options, and questions that are open-ended. The use of questionnaire forms allows researchers to collect quantifiable data. A brief description of the Google Form's format and question types may assist folks in understanding how the data is produced. While releasing the survey, however, Both the validity and reliability examinations have been performed to ensure that the tool used for measurement was competent as well as consistent. The Cronbach's Alpha test was used to measure reliability, while factor analysis and construct validity were used to determine validity. The instrument had previously been evaluated in an initial test to assess the accuracy and appropriateness for this research environment. These standards included identifying public health institutions based on their type, location, and patient population.

Setting

Regional Election health workers at Aceh 2025, Indonesia

Data analysis

The acquisition and analysis of data in the current study utilizes the SEMpls program to assess the correlations for research and construct the model that results from the research suggesting. Organizational Determinants of Health Worker Performance in a Decentralized Health System: The Selective Mediating Role of Quality of Work Life. Smart-PLS version 4 was examined using SEM with PLS. PLS-SEM was used for theory creation, predictive analysis, and complicated models with many latent variables and mediation effects [18]. In two stages, the measurement model and structural model were assessed. Bootstrapping and resampling evaluated the route coefficient and indirect impact. T-values above 1.96 and p-values under 0.05 were statistically significant at 95%. This method substantially inferred direct and mediated study variable connections [19]. The size of the research sample analyzed using SEM (Structural Equation Modeling), using the rule of thumb, requires a minimum sample of five to ten times the estimated parameters. The size of the research sample is in Health Worker Characteristics there are 6 parameters to be estimated, Organizational Commitment there are 4 parameters, Healthy Work Environment there are 5 parameters, Motivational Climate there are 2 parameters, Career Development there are 4 parameters, Quality of Work Life there are 8 parameters, Job Performance there are 4 parameters and 9 arrow directions or correlations, so that the total is 36 parameters multiplied by 9. So the maximum sample size is 324. In this study the fixed sample size was 320.

Ethical Approval and Consent to Participate

This research has received a letter of Ethical approval for this study, which was obtained from health research ethics committee of Universitas Sumatera Utara with number 931/KEPK/USU/2025.

RESULT

Below were the detailed research results based on Health Workers' characteristics, Gender, Age, and Health Profession.

Table 1: Explains the largest percentage of Health Workers Characteristics: Gender, Age, Health Profession.

Table 1. Description of Health Workers characteristics

		Frequency	Percentage %
Age	20 - 40 Years Old	210	65.6
	41- 60 Years Old	110	34.4
Gender	Male	108	33.8
	Female	212	66.3
Health Workers	Medical Doctor	32	10.0
	Dentist	32	10.0
	Nurse	32	10.0
	Midwife	32	10.0
	Health Promotion Officer	32	10.0
	Epidemiologist	32	10.0
	Environmental Health Officer	32	10.0
	Medical Laboratory Technologist	32	10.0
	Pharmacist	32	10.0

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The characteristics of health workers in this study showed a high proportion of health workers aged between 20 and 40 years (65.6%), which was within the productive age range. From the aspect of gender, most health workers were female (66.3%), which indicated that the majority of participating health workers had obtained a foundation of information about quality of work life that was more appropriate and balanced. Variations among health workers were also an important aspect in this study. Although the distribution of health workers was even across each type of health profession, there were 10 types of professions, each accounting for 10%.

Research Reliability

Below were the detailed Research Reliability. Table 2: Explains the Construct Reliability and Convergent Validity.

Table 2. Results of Construct Reliability and Convergent Validity

Construction	***Cronbach's Alpha***	***Composite Reliability***	***Average Variance Extracted (AVE)***
Organizational Commitment (OC)	0.811	0.876	0.639
Healthy Work Environment (HWE)	0.827	0.878	0.591
Motivational Climate (MC)	0.752	0.889	0.801
Career Development (CD)	0.868	0.910	0.718
Quality of Work Life (QWL)	0.965	0.970	0.804
Job Performance (JP)	0.867	0.911	0.720

Analysis of construct reliability using Cronbach's Alpha, Composite Reliability, and Average Variance Extracted (AVE) revealed that all indicators in the construct items had a high level of dependability. Cronbach's Alpha scores repeatedly revealed that the internal consistency of each construct was in the highly satisfactory category, indicating that the items in the construct were able to assess the desired features reliably. The Composite Reliability findings supported this conclusion with high values across all constructs, demonstrating that the measurement parameters had great composite reliability in representing the hidden construct. Furthermore, the results for

each construct confirmed internal consistency and validated the reliability estimates utilized in the partial least squares Structural Equation Modeling (PLS-SEM) technique. The indicators employed proved their capacity to reliably assess essential aspects of the Organizational Determinants of Health Worker Performance in a Decentralized Health System. This situation was seen from the representation of measurements such as Organizational Commitment, Healthy Work Environment, Motivational Climate, Career Development, Quality of Work Life, and Job Performance. All constructs also showed Average Variance Extracted (AVE) values above the minimum threshold of 0.50, indicating that a sufficiently high proportion of the indicator variance was explained by the latent construct. Thus, the convergent validity of all constructs had been adequately achieved. This reliability and validity indicated that the instrument used in this study was reliable for measuring stunting prevention based on the Organizational Determinants of Health Worker Performance in a Decentralized Health System.

Fornell-Larcker Criterion Values for Discriminant Validity

Below were the detailed Discriminant Validity. Table 3: Explains the Discriminant Validity Assessment analyzing the Fornell-Larcker Category

Table 3. Discriminant Validity Assessment analyzing the Fornell-Larcker Category

Construction	MC	JP	OC	QWL	HWE	CD
Motivational Climate (MC)	**0.895**					
Job Performance (JP)	0.718	**0.849**				
Organizational Commitment (OC)	0.253	0.295	**0.799**			
Quality Work Life (QWL)	0.856	0.767	0.295	**0.897**		
Healthy Work Environment (HWE)	0.183	0.392	0.252	0.216	**0.769**	
Career Development (CD)	0.778	0.786	0.302	0.824	0.225	**0.847**

The Fornell-Larcker requirements stipulates offering the product of the square roots of the AVE for each hidden component are required to be considerably in proportion to the correlation coefficient for the specific idea and counterparts. Table 3 provided strong evidence of discriminant validity, since the diagonal elements (square roots of AVEs) were greater than the off-diagonal inter-construct correlations.

Structural Model Evaluation

Below were the detailed Structural Model Evaluation, Table 4: Explains the Structural Model Results (Direct Effects).

Table 4. Structural Model Results (Direct Effects)

Path	**β**	**t-value**	**p-value**	**f^2**	**Result**
OC → QWL	0.035	1.227	0.220	0.002	Not Supported
HWE → QWL	0.021	0.895	0.371	0.002	Not Supported
MC → QWL	0.542	13.240	<0.001	0.280	Supported
CD → QWL	0.387	8.736	<0.001	0.005	Supported
OC → JP	0.004	0.133	0.894	0.011	Not Supported
HWE → JP	0.216	6.279	<0.001	0.146	Supported

MC → JP	0.115	1.878	0.060	0.182	Not Supported
CD → JP	0.423	6.569	<0.001	0.000	Supported
QWL → JP	0.272	3.414	0.001	0.051	Supported

Figure 1. To assess the structural model, path coefficients (β), t-values, p-values, and effect sizes (f^2) were used. The direct impacts were presented in Table 4. The study found that a stimulating atmosphere positively impacted QWL (β = 0.542, t = 13.240, p < 0.001), followed by professional progress (β = 0.387, t = 8.736, p < 0.001). Organizational dedication and a healthy workplace did not significantly affect QWL. Career growth (β = 0.423, t = 6.569, p < 0.001) and a positive work environment (β = 0.216, t = 6.279, p < 0.001) improved job performance. QWL significantly impacted job performance (β = 0.272, t = 3.414, p = 0.001), highlighting its importance as a key factor in health worker success. The motivating environment and organizational dedication did not affect work performance. The research indicated that the motivational climate significantly impacted QWL (f^2 = 0.280), whereas other relationships had small to moderate effect sizes.

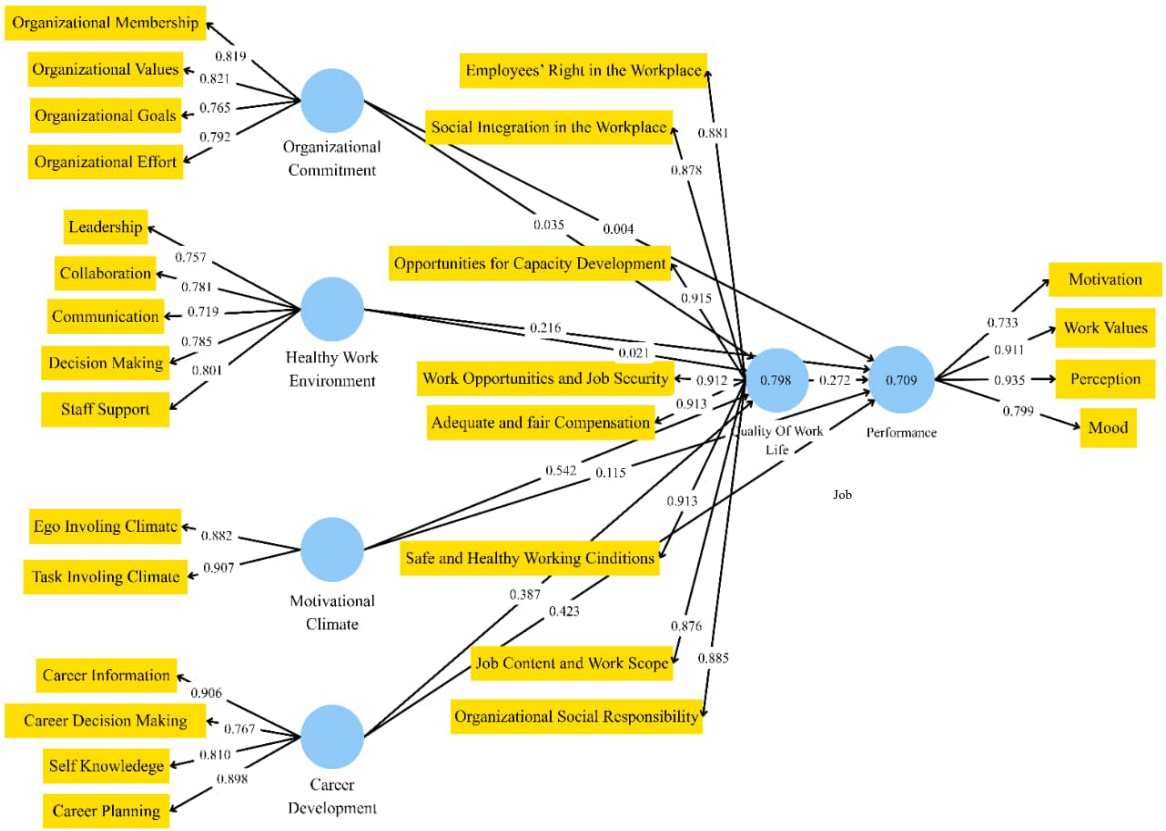
Mediation Analysis

Below were the detailed Structural Model Evaluation, Table 5: Explains the Mediation Analysis Results (Specific Indirect Effects).

Table 5. Mediation Analysis Results (Specific Indirect Effects)

Hypothesis	B	t-value	p-value	Result
OC → QWL → JP	0.010	1.106	0.269	Not Supported
HWE → QWL → JP	0.006	0.860	0.390	Not Supported
MC → QWL → JP	0.147	3.467	0.001	Supported
CD → QWL → JP	0.105	2.974	0.003	Supported

Figure 1. Bootstrapping with 5,000 samples was used to evaluate mediation. Table 5 listed the indirect effects. QWL substantially affected the relationship between work performance and career advancement (β = 0.105, t = 2.974, p = 0.003), as well as the motivating environment (β = 0.147, t = 3.467, p = 0.001). QWL did not reduce the indirect effects of organizational commitment or a healthy work environment on job performance, as these effects were not statistically significant. Through motivation and career development, QWL selectively and context-dependently enhanced health professionals' work performance.



Hypothesis testing for the Organizational Determinants of Health Worker Performance in a Decentralized Health System: The Selective Mediating Role of Quality of Work Life Model yielded the following findings. The results of the hypothesis testing for stunting prevention based on the organizational determinants of health worker performance in a decentralized health system were as follows. The indicators of the Selective Mediating Role of Quality of Work Life Model included Organizational Commitment, Healthy Work Environment, Motivational Climate, Career Development, Quality of Work Life, and Job Performance. The values included β, standard deviation (STDEV), t-value, p-value, effect size (f^2), and hypothesis testing results. The model showed the structural relationships among organizational commitment, healthy work environment, motivating atmosphere, career progression, QWL, and job performance using PLS-SEM. The image illustrated the strength and direction of the connections using standardized path coefficients.

As expected, professional growth and an inspiring workplace boosted QWL, whereas organizational commitment and a healthy workplace did not. Career development, a healthy work environment, and QWL improved job performance, whereas organizational commitment and an inspiring atmosphere did not. QWL indirectly enhanced the motivating environment, career advancement, and job performance.

Discussion

Not automatically, QWL moderates health professionals' work performance. QWL selectively impacts health professionals within the organization and institution. This study challenges linear QWL assumptions and stresses contextualized explanations in decentralized health systems. It's noteworthy that organizational commitment, QWL, and job success are unrelated. In private and centralized businesses, organizational commitment affects employee well-being and performance. [20], [21]. Employee commitment motivates them to work harder and support company goals. This research suggests that this method may not help decentralized public health systems [22]. Recent research shows another point to consider is that human-AI collaboration has a positive impact on employment participation by addressing employees' fundamental and growing demands for quality of life at work [23]. This information differs from other studies in that it found a significant relationship between personal life disruption at work and

improved work-life balance with job happiness. Furthermore, the findings showed a substantial There may be an undesirable connection concerning work-life balance and determination to leave your position. The study also found that job satisfaction was partially and fully mediated by intention to quit on both work-life balance variables [24]. Research in Croatia Decentralization's decentralization chaos may explain it. Health professionals in decentralized systems may encounter overlapping administrative authorities, inconsistent employment laws, and poor organizational coherence [25]. This information differs from Germany and France studies in that it found a significant relationship between personal life disruption at work and improved work-life balance with job happiness. Furthermore, the findings showed a substantial There is an adverse relationship involving balance between work and personal life and having plans to leave the company. The survey additionally demonstrated that satisfaction with employment was partially and fully mediated by intention to quit on both work-life balance variables [26].

As emotional attachment to an organization fades, organizational commitment may lose appeal. Dedication may not improve productivity or well-being. This suggests that commitment-based models, which presume stable organizational environments, may not describe decentralized public-sector health system performance patterns. This is consistent with other research that the impact of Decentralized administrative authority affects the political framework and Execution of policies, and governance emphasizes both benefits and problems, and highlights the importance of local attention. Post-crisis restructuring efforts may indicate that an organization has lost credibility due to government interference, increased responsibilities, and performance gaps [27]. Healthy workplaces matter; Healthy workplaces boost performance without compromising QWL. This contradicts the substantial link between supportive work environments and employee well-being. In decentralized health systems, the work atmosphere may help operations over quality [28]. This is reinforced by research in a systematic review of several European countries that decentralized management structures, community health worker programs, and mobile health units all aim to improve service delivery in challenging conditions. However, ongoing challenges such as infrastructure damage, resource constraints, and security risks remain significant barriers to the availability of health services [29]. Work settings with high psychosocial safety. Climate is connected with more Job assets include psychological resilience, improved performance, and lower job demands. On the contrary, work environments therewith a low psychological Health Climate change are associated with increased employment requirements, worse psychological health, and disadvantaged performance at work outcomes [30]. Importantly, Psychosocial Safety. The climate works as a preventative measure, lowering the damaging effects of occupational demands overall psychological well-being while maintaining favorable connections amongst employment resources, supports, and accomplishment qualities concerning those who work in healthcare [31]. This research result shows that work environment improvements may improve performance, but not QWL. Motivating environment and professional success impact QWL. Internal motivation, recognition, and career possibilities most affect health professionals' work-life satisfaction. Compared with research results in Jordan, nurses sometimes experience frequent work-related stress, moderate quality of work life, and excellent Effectiveness during nursing disease management. The quality of nursing care is favourably related to the quality of work life [32]. Stress can cause psychological problems to worsen if the burden is excessive [33]. Career trajectories and recognition improve employee mental health and engagement. These findings support motivational support and health care professional development research. These risks may affect QWL in decentralized organizations with uneven and regional career ladders. QWL is more affected by individual motivation and professional advancement than organizational influences.[34].

Result this research Mediation study stresses QWL's conditionality. Motivation, career progression, and work performance are mediated by QWL, but not organizational commitment or health. QWL may arise when organizational characteristics actively engage workers' ambitions and long-term professional objectives. Research in Pakistan indicates that healthcare providers can be prepared to offer compassionate, patient-centered care by completing extensive medical education and continuing professional development. Integrating humanistic ideas into healthcare policy and organizational practice is essential for building a balanced approach that recognizes both technological advances and the irreplaceable human touch[35]. Motivation and development determine work-life quality, whereas structural and environmental elements affect performance. In decentralized health systems, structural constraints may impair emotional or attitudinal processes [36]. We redefine QWL as conditional rather than complete mediating to enhance QWL theory. The

findings explain why empirical research on QWL's mediating role has different outcomes by considering organizational context [36]. This information differs from research on the Gen Z generation, which states that work flexibility is the most important work incentive [37]. Compared to research results in India that organizations Concentrate on certainty, common objectives, and collaboration among employees in independently operating small businesses, Institutional and organizational concerns, not technique, may explain such differences [38]. Decentralized health systems need independent personnel management. Motivating atmosphere and career growth may increase QWL and job performance. Workplace and organizational improvements may boost performance without endangering workers[39]. Health managers and policymakers should employ integrated psychological and structural performance interventions instead of QWL-centered ones [40]. These results reveal that health professionals need several reasons to succeed. Organizational and governance factors affect QWL, a crucial yet selective process in decentralized health systems. The conditional viewpoint improves worker performance assessment and institutionally responsive evidence-based interventions.

Conclusion

Work-life quality boosted health professionals' performance in decentralized health systems, although its mediating effect varied by organization. QWL selectively mediated the effects of a motivating environment and career growth on work performance, but did not mediate the effects of organizational commitment or health. Organizational features that promoted intrinsic motivation and future-oriented professional growth could indirectly influence performance via workers' work-life quality, whereas structural and environmental factors could directly affect performance. According to this research, QWL was crucial in evaluating health worker performance, and decentralized health systems required varied workforce management.

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Ethical Permissions:

This research has received a letter of ethical approval from Universitas Sumatera Utara with number 931/KEPK/USU/2025.

Conflicts of Interest:

There is no conflict of Interest to declare

Authors' Contribution:

Muchti Yuda Pratama: Assistant Researcher/Discussion Writer/Statistical Analyst (20%).
Ida Yustina: Statistical Analyst (15%).
Nurmaini: Introduction Writer/Methodologist/Main (15%).
Zulkarnain: Discussion Writer (10%)
Gerry Silaban: Assistant Researcher (10%)
Erna Mutiara: Assistant Researcher (10%)
Namora Lumongga Lubis: Assistant Researcher (10%)
Sumardiyono: Assistant Researcher (10%)

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