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COMMITTED HEARTS, LOYAL HANDS: ORGANIZATIONAL COMMITMENT AND EMPLOYEE LOYALTY IN AN INDONESIAN FAITH-BASED HOSPITAL

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Abstract

Organizational commitment is widely expected to keep hospital staff engaged. Yet, evidence on how it relates to employee loyalty in Indonesian faith-based private hospitals is scarce, and most Indonesian studies estimate the relationship within multi-predictor models that obscure its stand-alone strength. This study tests whether organizational commitment predicts employee loyalty at Ibnu Sina Islamic Hospital, Payakumbuh, West Sumatra, and contrasts self-reported loyalty with attendance records. A cross-sectional survey of 138 randomly selected employees (65.4% of 211 staff) measured commitment (12 items) and loyalty (18 items) on five-point scales (α = .705 and .899). Data were analyzed with simple linear regression, residual diagnostics, robust standard errors, and bootstrapping. Commitment significantly predicted loyalty (B = 0.667, β = .402, p < .001, R^2 = .162), a medium effect that held under all sensitivity checks. Affective and normative, but not continuance, commitment were associated with loyalty, suggesting that identification and felt obligation rather than lock-in sustain loyal conduct. High self-reported loyalty coexisted with attendance problems, so perception surveys should be triangulated with behavioral records.

Keywords: *Organizational Commitment; Employee Loyalty; Hospital Workforce; Faith-Based Healthcare; Indonesia*

1. Introduction

Hospitals are labor intensive, round the clock service organizations whose quality and safety depend on a stable and committed workforce. When clinical and support staff disengage or leave, the costs fall not only on the organization but also on patients and the wider health system (Galanis et al., 2024). In Indonesia, foundation run private hospitals operate alongside public facilities to deliver essential services, so workforce stability in efficiency.

Organizational commitment, the psychological bond that links employees to their organization, has long been studied as a determinant of withdrawal and contributory behavior. Meta analyses show that commitment is negatively related to turnover intention and turnover and positively related to attendance, performance, and citizenship behavior (Mathieu & Zajac, 1990; Meyer et al., 2002; Tett & Meyer, 1993). In hospitals, commitment is among the strongest predictors of voluntary nurse turnover (Nei et al.,

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2015) and is linked to hospital performance (Baird et al., 2019). Employee loyalty is conceptually adjacent but not identical. Following Hirschman (1970), loyalty is the disposition that delays exit and encourages constructive engagement when organizations face difficulty. In the Indonesian human resource literature it is commonly operationalized as rule compliance, responsibility, cooperation, a sense of belonging, and harmonious relations at work (Siswanto, as cited in Razmayanti & Kusuma, 2024).

The study site illustrates why the question matters. Ibnu Sina Islamic Hospital in Payakumbuh, West Sumatra, is a private hospital operated by the Yayasan Rumah Sakit Islam (YARSI) of West Sumatra and employed 211 staff in December 2024. Its collective labor agreement (*Perjanjian Kerja Bersama*, PKB) specifies work rules and disciplinary sanctions, and the hospital promotes the values of honesty, trustworthiness, discipline, and sincerity (*JADI*). Yet attendance records for 2024 show that 63.2% of employee-months (1,620 of 2,562) involved at least one late arrival (monthly range 57%–80%), and 4.8% of employee-months (124 of 2,562) exceeded the PKB tolerance of more than five late arrivals or 60 cumulative minutes per month. In September 2024, six employees were sanctioned for proxy attendance: three received a written warning (SP1) for asking colleagues to sign in for them, and three received a recorded verbal warning for doing so. The head of the General Affairs, Human Resources and Planning Division also described strategic compliance, in which staff who had been repeatedly late arrived punctually in the third month to avoid a written warning. Recorded departures during 2024 stemmed from retirement, contract expiry, resignation, and one non-renewal due to absenteeism.

Research Gap and Objectives

Three gaps motivate this study. First, evidence from provincial, faith-based private hospitals in Indonesia is limited; much of the hospital commitment literature draws on nurses in public or university hospitals elsewhere (e.g., Galanis et al., 2024; Ross-Pincheira et al., 2023).. Second, Indonesian studies of loyalty typically estimate commitment together with other predictors such as organizational culture, job satisfaction, or career development (Astuti, 2025; Haris et al., 2022; Hamisah & Nawawi, 2023). This obscures the stand-alone strength of the commitment-loyalty relationship and says little about which component of commitment matters. Third, perceptual survey evidence is rarely examined against behavioral records of the kind available at this site.

The study therefore aims (1) to test whether organizational commitment significantly predicts employee loyalty among hospital staff, (2) to estimate the strength of the relationship and identify which commitment components and loyalty dimensions drive it, and (3) to interpret the findings against objective attendance and sanction records. It contributes transparent, reproducible single-site evidence from a faith-based hospital, component-level evidence consistent with the three-component model, and a documented discrepancy between self-reported loyalty and behavioral records that carries methodological and managerial implications.

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2. Literature Review

Organizational Commitment and Its Outcomes in Hospitals

Mowday et al. (1979) defined organizational commitment as the strength of an individual's identification with and involvement in an organization, marked by acceptance of its goals, willingness to exert effort on its behalf, and a desire to remain a member. Meyer and Allen (1991) argued that commitment is multidimensional: affective commitment (emotional attachment and identification; employees stay because they *want* to), continuance commitment (perceived costs of leaving; they stay because they *need* to), and normative commitment (felt obligation; they stay because they *ought* to). The three-component model is the dominant framework in the field, and its measurement is well established (Allen & Meyer, 1990; Meyer et al., 1993).

The components relate differently to outcomes. A meta-analysis showed that all three relate negatively to withdrawal cognition and turnover, but affective commitment has the strongest and most favorable correlations with attendance, performance, and citizenship behavior; normative commitment is also associated with desirable outcomes, albeit less strongly (Meyer et al., 2002). Continuance commitment is typically weakly related or unrelated to discretionary behavior because it reflects entrapment rather than willing contribution. Hospital research points the same way. Commitment is among the strongest predictors of voluntary nurse turnover (Nei et al., 2015), employee commitment is associated with hospital performance (Baird et al., 2019), and affective commitment has been shown to mediate the effects of work-related factors on nursing staff's job performance (Sharma & Dhar, 2016). In a Chilean hospital, continuance commitment was the lowest-scoring component (Ross-Pincheira et al., 2023). Related evidence shows that perceived organizational support is moderately and negatively correlated with nurses' turnover intention (pooled $r = -.32$; Galanis et al., 2024), although few studies have examined mediators such as commitment.

Employee Loyalty

Hirschman (1970) treated loyalty as the attachment that makes members reluctant to exit and more willing to voice concerns. In applied human resource research, loyalty is often measured through observable dispositions: complying with rules, accepting responsibility for tasks, cooperating with colleagues, treating the organization's interests and property as one's own, and maintaining good working relationships. This formulation overlaps with citizenship type behavior, in which employees go beyond formal requirements to support the organization (Organ, 1988). Because loyalty, as defined, combines attitude and conduct, it is a plausible consequence of attitudinal commitment, although the two constructs share conceptual territory and should not be treated as interchangeable (see Section 5.4).

Linking Commitment to Loyalty and the Research Hypothesis

Social exchange theory offers a coherent explanation for the link. Employees who experience the organization as supportive and fair feel obliged to reciprocate (Blau, 1964; Gouldner, 1960; Cropanzano & Mitchell, 2005). Perceived organizational support

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strengthens affective commitment and, through it, behaviors that benefit the organization (Rhoades & Eisenberger, 2002; Kurtessis et al., 2017). Employees who identify with the hospital, feel indebted to it, and want to remain should therefore be more willing to comply with its rules, take responsibility for their tasks, cooperate with colleagues, and safeguard its resources.

Indonesian studies in an agro-industrial company (Astuti, 2025), a provincial legislative secretariat (Haris et al., 2022), and an insurance company (Hamisah & Nawawi, 2023) report positive commitment–loyalty relationships, though within multi-predictor models. In Muslim-majority contexts, religiously grounded work ethics have also been linked to organizational commitment (Yousef, 2001; Ali & Al-Owaihan, 2008), which suggests that a hospital explicitly organized around Islamic values may be a favorable setting for the relationship. Accordingly:

H1. Organizational commitment has a positive and statistically significant effect on employee loyalty among the employees of Ibnu Sina Islamic Hospital.

Because the design is cross sectional, "effect" is used in the statistical sense of predictive association. Component level analyses are treated as exploratory.

3. Research Method

Research Approach and Setting

The study used a quantitative, cross sectional, explanatory survey design. The setting was Ibnu Sina Islamic Hospital in Payakumbuh City, West Sumatra, a private general hospital founded in 1972 as a clinic and maternal-and-child health post and now operated by YARSI West Sumatra. Its vision is to attain the highest (*paripurna*) national accreditation with sharia-compliant services by 2026. Staffing in December 2024 comprised 16 medical, 97 nursing, 34 medical-support, and 64 non-medical personnel (N = 211).

Types and Sources of Data

Primary data were questionnaire responses on organizational commitment and employee loyalty. Secondary data comprised the hospital's 2024 attendance, sanction, and staffing records and an interview with the head of the General Affairs, Human Resources and Planning Division, which were used only to describe the context and to interpret the results.

Population, Sample, and Respondent Selection

The population comprised all active employees in 2024 (N = 211). The sample size was set with Slovin's formula at a 5% margin of error ($n = 211 / [1 + 211 \times 0.05^2] = 137.9$, rounded to 138), and respondents were drawn by simple random sampling. All 138 questionnaires were returned and usable (65.4% of the population). A sensitivity calculation shows that N = 138 provides 80% power (α = .05, two-tailed) to detect $|r| \geq .24$, which is smaller than a conventional medium effect (r = .30; Cohen, 1988).

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Research Instruments

Both constructs were measured with five-point Likert items (1 = strongly disagree, 5 = strongly agree); the full item list in English translation is given in Appendix A. Organizational commitment was measured with 12 items covering affective (5 items), normative (4), and continuance (3) commitment, operationalizing the three-component model (Meyer & Allen, 1991) following Suryosukmono and Widodo (2020, as cited in Windika Putri & Frianto, 2023). Sample items are "I feel that I am a part of the hospital" (affective), "This hospital deserves my loyalty" (normative), and "It would be costly for me to leave the hospital" (continuance). Employee loyalty was measured with 18 items covering five dimensions drawn from Siswanto's framework (as cited in Razmayanti & Kusuma, 2024): compliance with rules (4 items), responsibility (4), willingness to cooperate (3), sense of belonging (4), and interpersonal relations (3). Sample items are "I obey the rules whether or not I am supervised" and "I look after the equipment provided as if it were my own."

Negatively worded items (X4, X6, Y11, Y15, Y17; marked † in Appendix A) were reverse-scored so that higher values always indicate stronger commitment or loyalty. Composite scores were the sum of items (commitment 12–60; loyalty 18–90). For interpretation, the respondent achievement level (*Tingkat Capaian Responden*, TCR) was calculated as the mean item score divided by five and classified as very high (≥ 85%), high (66%–84%), moderate (51%–65%), low (36%–50%), or very low (≤ 35%).

Data Collection Technique

Data were collected with a self administered written questionnaire. The questionnaire collected no names, and respondents were assured that their answers would be kept confidential and used only for research.

Analytical Framework and Data Analysis Techniques

Following the social exchange logic in Section 2.3, hypothesis H1 was tested with simple linear regression of the loyalty composite on the commitment composite ($Y = a + bX$) using two-tailed t tests at $\alpha = .05$ (critical $t[136] = 1.977$). Assumptions were checked as follows: normality of residuals (Shapiro–Wilk; Shapiro & Wilk, 1965), linearity (test of deviation from linearity in a means-based ANOVA), homoscedasticity (residual-by-predicted plot and Breusch Pagan test), independence (Durbin Watson), and influence (Cook's distance and studentized deleted residuals). Robustness was examined with heteroscedasticity-consistent HC3 standard errors (Long & Ervin, 2000), a nonparametric bootstrap of the slope (5,000 resamples), a Spearman correlation, and exclusion of the single influential case. Effect sizes follow Cohen (1988): $f^2 = R^2/(1 - R^2)$, with benchmarks of .02, .15, and .35. Primary models were estimated in IBM SPSS Statistics 16; the supplementary diagnostics and robustness analyses were computed from the item level data in Python (statsmodels, SciPy).

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Data Credibility and Ethics

Item total correlations and Cronbach's α were computed on the full sample (N = 138). Items were initially screened against a critical value of r = .361, and α ≥ .70 was taken as acceptable (Nunnally & Bernstein, 1994). Because uncorrected item total correlations are inflated by the item's own contribution to the total, corrected correlations are reported in Section 4.3, and a sensitivity analysis excluding weak items is reported in Section 4.6. Participation was anonymous and confidential.

Respondent Profile

Table 1 summarizes the 138 respondents. Women accounted for 73.9% of the sample, more than half (54.3%) were aged 31–40, and almost half (49.3%) had worked at the hospital for more than ten years. Job category was not recorded, so the sample cannot be compared with the staffing mix; the predominance of women is plausible given that nursing staff make up 46% of the workforce.

Table 1. Respondent characteristics (N = 138)

Characteristic	Category	*N*	%
Sex	Female	102	73.9
	Male	36	26.1
Age (years)	21–30	38	27.5
	31–40	75	54.3
	41–50	25	18.1
Tenure (years)	1–5	39	28.3
	6–10	31	22.5
	> 10	68	49.3

Note. No respondents were younger than 21 or older than 50 years, or had worked less than one year.

Descriptive Statistics

Both constructs were rated high (Table 2). The mean commitment score was 3.69 (SD = 0.40; TCR = 73.9%) and the mean loyalty score was 3.94 (SD = 0.45; TCR = 78.7%). In composite terms, commitment averaged 44.33 (SD = 4.86; observed range 28–56) and loyalty 70.86 (SD = 8.05; range 46–90). At the respondent level, 87.0% of employees fell in the high or very high commitment bands (11 very high, 109 high, 16 moderate, 2 low) and 92.0% in the high or very high loyalty bands (38 very high, 89 high, 11 moderate, none low). Among commitment items, the highest means were for feeling part of the hospital (X1, M = 4.33) and the hospital deserving loyalty (X9, 4.12), and the lowest were for the reverse-scored items on not having contributed (X6, 3.01) and on conflicts between hospital policy and personal values (X4, 3.09). Among loyalty items, the highest means concerned the importance of cooperation (Y10, 4.44) and rule compliance (Y1, 4.41), and the lowest concerned willingness to swap days off (Y18, 2.88) and reluctance to get involved in colleagues' work (Y11, 2.93, reverse-scored).

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Table 2. Descriptive statistics by construct and dimension (*N* = 138)

Construct / dimension	Items	*M*	*SD*	TCR (%)	Level
Organizational commitment	12	3.69	0.40	73.9	High
Affective	5	3.73	0.53	74.6	High
Normative	4	3.70	0.49	74.1	High
Continuance	3	3.62	0.63	72.5	High
Employee loyalty	18	3.94	0.45	78.7	High
Compliance with rules	4	4.26	0.55	85.1	Very high
Responsibility	4	4.25	0.57	84.9	High
Willingness to cooperate	3	3.92	0.53	78.4	High
Sense of belonging	4	3.71	0.49	74.1	High
Interpersonal relations	3	3.42	0.60	68.5	High

Note. Means are on the 1–5 scale after reverse-scoring. TCR = mean ÷ 5 × 100.

Psychometric Properties

Cronbach's α was .705 for the commitment scale (acceptable but modest) and .899 for the loyalty scale (good). Uncorrected item total correlations ranged from .365 to .702 for commitment and from .364 to .813 for loyalty, so every item passed the initial screening threshold of .361. Corrected item total correlations, however, ranged from .16 to .61 (commitment) and .26 to .78 (loyalty) and fell below .30 for five commitment items (X4, X5, X6, X10, X11) and four loyalty items (Y11, Y15, Y17, Y18), most of them negatively worded (Appendix A).

Assumption Tests

The regression assumptions were satisfied. Residuals did not depart from normality (Shapiro Wilk $W = .992$, $p = .661$; skewness = −0.18; excess kurtosis = 0.25), the relationship was linear (deviation from linearity $F[24, 112] = 0.51$, $p = .970$), residual variance was constant (Breusch Pagan LM = 0.02, $p = .902$), and the Durbin Watson statistic (1.588) gave no indication of serial dependence, although this test is of limited relevance to cross sectional data. One case (respondent 12) had a studentized deleted residual beyond ±3, but no case exerted undue influence (maximum Cook's $D = 0.10$).

Hypothesis Testing

Organizational commitment significantly predicted employee loyalty (Table 3, Figure 1). The estimated equation was $\hat{Y} = 41.301 + 0.667X$: each additional point on the commitment composite was associated with 0.667 additional points on the loyalty composite. A one-standard-deviation difference in commitment (4.86 points) corresponded to a 3.24-point difference in loyalty, or 0.40 standard deviations. The calculated t (5.126) exceeded the critical value (1.977), and p was below .001, so we rejected the null hypothesis and supported H1. The model explained 16.2% of the variance in loyalty (adjusted $R^2 = .156$), a medium effect ($f^2 = .19$). The Pearson

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correlation was r = .402, 95% CI [.252, .534], and the rank-order correlation was similar (Spearman ρ = .344, p < .001).

Table 3. Simple linear regression of employee loyalty on organizational commitment (N = 138)

Predictor	*B*	*SE*	95% CI	β	*t*	*p*
Constant	41.301	5.800	[29.831, 52.771]	–	7.121	< .001
Organizational commitment	0.667	0.130	[0.409, 0.924]	.402	5.126	< .001

Note. R = .402, R^2 = .162, adjusted R^2 = .156, standard error of estimate = 7.392, $F(1, 136)$ = 26.27, p < .001, f^2 = .19. Dependent variable: loyalty composite (18–90); predictor: commitment composite (12–60).

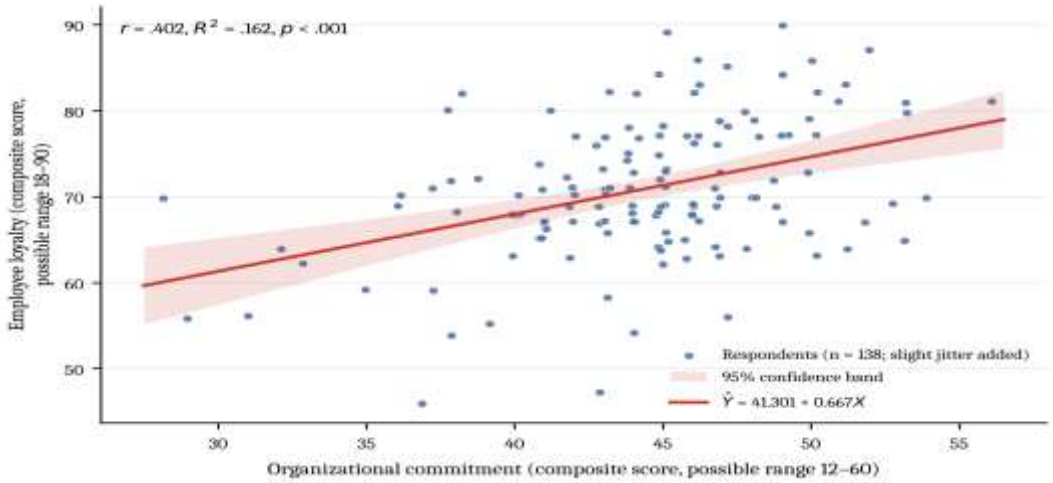


Figure 1. Scatterplot of organizational commitment and employee loyalty with fitted regression line and 95% confidence band (N = 138)

Robustness Checks

The conclusion was unchanged under every sensitivity check. With HC3 standard errors the slope remained significant (SE = 0.137, t = 4.88, p < .001), and the bootstrap 95% percentile interval for the slope was [0.406, 0.937]. Excluding the influential case yielded B = 0.657 (SE = 0.126, t = 5.22, R^2 = .168). Finally, retaining only items with corrected item total correlations of at least .30 (7 commitment and 14 loyalty items; α = .765 and .942) produced a stronger association (r = .526, B = 1.098, SE = 0.152, R^2 = .277). This is consistent with attenuation due to measurement error in the weaker items, but purifying scales on the same data can capitalize on chance, so it is treated as a sensitivity analysis rather than as the primary estimate.

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Exploratory Component-Level Analyses

Affective and normative commitment correlated significantly with loyalty, whereas continuance commitment did not (Table 4). When entered together (R^2 = .187, adjusted R^2 = .169; all VIF ≤ 1.53), only affective (β = .296, p = .003) and normative commitment (β = .188, p = .049) retained independent associations. The commitment composite correlated significantly with compliance (r = .423), responsibility (r = .371), cooperation (r = .347), and belonging (r = .329; all p < .001), but not with interpersonal relations (r = .144, p = .092). Because these scores rest on three to five items each (α = .43–.67 for the commitment components; .46–.89 for the loyalty dimensions), the results are exploratory.

Table 4. Commitment components and employee loyalty (exploratory)

Component	Items	α	*r* with loyalty	*p*	β in joint model	*p*
Affective	5	.58	.404	< .001	.296	.003
Normative	4	.43	.357	< .001	.188	.049
Continuance	3	.67	.100	.244	.007	.933

Note. Inter-component correlations: affective–normative r = .57, affective–continuance r = .23, normative–continuance r = .13.

4. Discussion

Principal Findings and Novelty

Organizational commitment is a significant, positive, and medium-sized predictor of employee loyalty among staff of a faith-based private hospital in West Sumatra. The finding agrees with international meta-analytic evidence that commitment is associated with favorable attendance, performance, and citizenship-type behaviors (Mathieu & Zajac, 1990; Meyer et al., 2002) and with Indonesian studies reporting positive commitment–loyalty relationships (Astuti, 2025; Haris et al., 2022; Hamisah & Nawawi, 2023). Consistent with social exchange reasoning (Blau, 1964;), employees who identify with the hospital and feel indebted to it also report greater compliance, responsibility, cooperation, and belonging. The novelty lies in isolating this relationship in a single-predictor model for a provincial Islamic hospital, showing that its strength is medium rather than dominant, and documenting how it differs by commitment component.

The effect is meaningful but far from exhaustive: commitment accounts for about one-sixth of the variance in loyalty, and roughly 84% remains unexplained. This is expected because loyalty is multiply determined. Meta-analytic work on nurses identifies, alongside commitment, supportive and communicative leadership, rewards and recognition, job control, work–family conflict, and team cohesion as correlates of turnover intentions (Nei et al., 2015), and organizational support shows a moderate association with turnover intention (Galanis et al., 2024). Commitment should therefore be understood as one lever among several.

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Affective, Normative, and Continuance Commitment

The exploratory results mirror the differential pattern documented by Meyer et al. (2002): affective commitment showed the strongest association with loyalty, normative commitment a weaker one, and continuance commitment essentially none. Employees recognized the costs of leaving (continuance $M = 3.62$, the lowest component, as also found in a Chilean hospital; Ross-Pincheira et al., 2023), yet this awareness was unrelated to loyal conduct. That pattern fits the view that continuance commitment reflects a need to stay rather than a willingness to contribute. It is also compatible, although anecdotal, with the strategic compliance reported by the HR head, in which staff adjusted their behavior to stay just below the sanction threshold. Calculative conformity of this kind can sustain minimum rule compliance without the identification and obligation that drive discretionary contribution. Two cautions apply: the component scores are short and of modest reliability, and the high affective–normative correlation ($r = .57$) echoes the long-standing concern about the empirical distinctness of these components (Meyer et al., 2002).

Self-Reported Loyalty and Behavioral Records

The study began from observations of frequent lateness, proxy attendance, and strategic compliance, yet self-reports were uniformly favorable: 92.0% of respondents fell in the high or very high loyalty bands, and mean agreement with "I obey the rules whether or not I am supervised" was 4.36 of 5. Several explanations are plausible and not mutually exclusive. First, self-reports are prone to social desirability and common-method bias (Nederhof, 1985; Podsakoff et al., 2003, 2012), especially when attitudes and conduct are rated in the same questionnaire in a setting where discipline is formally sanctioned. Second, a single late arrival per month is a low bar; only 4.8% of employee-months breached the PKB tolerance, and punctuality is one facet of loyalty_ Third, the proxy-attendance incident and threshold gaming point to instrumental conformity that perception scales do not capture. A practical consequence is that attitude surveys and behavioral records should be triangulated. A methodological consequence is that the high, left-skewed scores restrict variance, which attenuates correlations, so the observed effect is probably a conservative estimate.

Construct Overlap and Measurement

Three measurement issues qualify the interpretation. First, the constructs overlap in content: a commitment item (X9, "This hospital deserves my loyalty") and a loyalty item (Y13, "I want others to know that I will always remain loyal") tap similar attitudes, as do X8 (declining a better outside offer) and Y15 (not passing up a chance to move). Such criterion contamination can inflate the association. Second, the loyalty scale emphasizes compliance and responsibility, which are close to in-role performance and discipline, so the findings speak more to dutiful loyalty than to retention or exit. Third, several items performed weakly, and some may lack construct relevance: willingness to swap days off (Y18) and unwillingness to cover colleagues' work (Y11) may reflect legitimate scheduling and workload boundaries in round-the-clock hospital work rather

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than disloyalty, which is how the low interpersonal-relations scores (M = 3.42) and their null association with commitment (r = .14) should be read.

Theoretical and Practical Implications

Theoretically, the study adds evidence from a Muslim majority, non Western healthcare setting and supports the differential prediction of the three-component model in a faith-based organization, consistent with research linking religiously grounded work ethics to commitment (Yousef, 2001; Ali & Al-Owaihan, 2008). Because the hospital explicitly promotes Islamic values (*JADI* and *Ruhul Islam*), value congruence may be a route to affective commitment, a proposition future work could test directly.

Practically, four actions follow. (1) Invest in identification based commitment through participation in decisions, recognition of contribution, and visible organizational support; Rhoades & Eisenberger, 2002). (2) Redesign sanction rules so that they cannot be gamed, for example with rolling window thresholds, and pair sanctions with support such as shift scheduling that accommodates commuting and childcare. (3) Monitor commitment through periodic pulse surveys combined with attendance and retention (4) Clarify and fairly administer shift swap norms so that day off practices do not erode interpersonal relations. For public administration, the findings underline that workforce stability in private hospitals delivering public health services is part of service quality

5. Conclusion

In a randomly sampled cross-section of 138 employees at Ibnu Sina Islamic Hospital, organizational commitment was a significant and positive predictor of employee loyalty (B = 0.667; β = .402; t[136] = 5.13, p < .001; R^2 = .162; f^2 = .19), robust to alternative standard errors, bootstrapping, exclusion of the influential case, and item purification. Affective and normative, but not continuance, commitment were associated with loyalty, suggesting that identification and felt obligation rather than perceived lock-in sustain loyal conduct. High self-reported loyalty coexisted with attendance problems and instrumental compliance, so hospital managers should complement sanction-based discipline with practices that build affective commitment and should triangulate perceptions with behavioral data.

Several limitations should be acknowledged. The cross sectional, single-source self-report design precludes causal inference and exposes the results to common method and social desirability bias. The sample came from a single hospital, job category was not recorded, and the randomization procedure was not documented in detail. The model contained no covariates, the commitment scale was only moderately reliable, and the instrument was developed locally rather than with validated Meyer Allen scales, which limits comparability. Future research should use time lagged or multi source designs (for example, supervisor ratings and HR attendance and retention data), validated multi item scales with confirmatory factor analysis, structural equation models with mediators such as perceived organizational support and Islamic work ethic, and multi hospital samples comparing faith based, secular private, and public hospitals.

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