

# Determinants of Organisational Commitment on Nurse's Performance

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The role of organisational commitment is significant to improve the quality of nurse performance to achieve high patient satisfaction. This study aimed to identify the determinants of organisational commitment on nurse's performance. The research method used was a descriptive-analytic design with a cross-sectional approach. The population was clinical nurses in four hospitals in South Kalimantan, Indonesia. The total sample was 105 respondents obtained by purposive sampling. Independent variables were organisational characteristics, nurse's characteristics, job characteristics, work experience characteristics, and beliefs. The dependent variable was the nurse's performance. The data was obtained by questionnaire and analysed by logistic regression. The results showed that organisational characteristics ( $T = 3.776$ ;  $p = 0.000$ ) and beliefs ( $T = 2.030$ ;  $p = 0.045$ ) have a significant correlation with the nurse's performance. This research concluded that good nurse performance can be improved through strengthening organisational characteristics namely: reward; management by objectives (MBO); selection; training and development; leadership; and organisational structure. As well it can be improved through beliefs namely: perception of vulnerability and seriousness; benefits: resistance; and self-efficacy.

**Key words:** *Organisational commitments, beliefs, patient satisfaction, nurses, performance.*

## Introduction

A lack of client satisfaction is found in hospital services. The results of studies in the United Kingdom (UK) at 46 hospitals show the client's perception of satisfaction with services is closely related to the performance of nurses and the hospital's lack of working environment (Melese, Gebrehiwot, Bisetegnè, & Habte, 2014; Reichard, Savage, & Eckel, 2015).

Preliminary study data in two hospitals in South Kalimantan, Indonesia showed client satisfaction with the lack of nurse's performance. Another study in Iran showed that nurse's performance in hospitals was significantly related to organisational commitment (T., Y., D., & D., 2014; Zalalem, Fekadu, & Tesfaye, 2018). Organisational commitment has a positive and significant effect on employee performance by 0.67 (44.89%) (Moyo, 2019). Lack of working conditions including inadequate staff and high workloads are a considerable threat to the quality and performance of nurses so that the impact on client satisfaction is low (T. et al., 2014).

Nurses recognise the responsibility of providing quality services to patients, institutions, ethics, laws and professional standards, as well as how their performance contributes to the assessment of health services and client satisfaction (National Commission on Correctional Health Care, 2017). Organisational commitment needs to be built by the organisation, both externally and internally, but to date, many hospitals that still see performance improvement activities are only centred on increasing cost needs, not adding value to building organisational commitment (Moradi, Mohamed, & Yahya, 2018).

The impact of low-performance nurses is an increase in hospital expenses, reaching to more than 5% of the annual hospital operating costs (Trihastuti, Nursalam, & Qur'aniati, 2016). This includes overtime costs, recruitment costs and induction costs or costs during productivity decrease until the organisation reaches the same level of productivity as the previous condition (Kurtzman et al., 2011; Noor, Agianto, Nursalam, & Setiawan, 2019). Increased organisational expenses and less effective quality of client care adds to the loss of the organisation (Edelstein, 2015; Moradi et al., 2018). Another negative impact that can occur is a decrease in customer loyalty that is influenced by customer perceptions about service quality (Bian, Haque, Wok, & Tarofder, 2019; Şimşek, 2014). Based on the explanation above, the researchers were interested in conducting a study about determinants of organisational commitment on nurse's performance.

## **Literature Review**

Organisational commitment is the level of trust and acceptance of workers towards the goals of the organisation and a desire to remain in the organisation which is finally reflected in the attendance and entry statistics of workers leaving the organisation. Commitment in organising is a psychological construct that is a characteristic of the relationship between members of the organisation and its organisation, and has implications for the individual's decision to continue his membership in the organisation. An employee sided with an organisation and its objectives, and intends to maintain its membership in the organisation (Grande, Shea, & Armstrong, 2013; Lu, Lin, Wu, Hsieh, & Chang, 2002; Mudaim, 2014).

Attitude commitment focuses on the process of how a person starts thinking about relationships in the organisation or determines his attitude towards the organisation. This can be considered as a mindset where the individual thinks about the extent of the value of their own goals in accordance with the organisation where they are. Attitude commitment involves measurement of commitment and other variables that are considered to be the cause or consequences of commitment. Behavioural commitment is related to the process by which individuals feel attached to a particular organisation and how they cope with each problem encountered. Behavioural commitment is seeing members as individuals who are committed to certain behaviours, and not just as an entity. The attitude or behaviour that develops is a consequence of a commitment to behaviour. The purpose of this behavioural commitment is to determine what conditions make an individual committed to their organisation (Berberoglu, 2015; Tran, Nguyen, Dang, & Ton, 2018).

Performance is the result of an action or implementation of the tasks of someone in an organisation within a certain period of time. To be able to produce good performance someone has the ability, willingness, effort and support from the environment. Performance involves three important components, namely objectives, measures and assessments. Firstly the objectives that will influence behaviour while working in the organisation. Secondly measures to find out how the achievement of performance is measured quantitatively and qualitatively and thirdly the assessments are carried out regularly to ensure the implementation of tasks in accordance with the processes and goals of the performance of each employee where each task implementation is oriented towards the objectives to be achieved. Performance, derived from the word job performance, can be interpreted as a combination of work results both in quality and quantity achieved by someone in accordance with the burden of tasks and responsibilities given. A description of the results of a job performed both in quality and quantity in an organisation. Performance can be seen both individually and in groups in an organisation. Understanding performance is the result of actions in accordance with the duties, functions and indicators used on a job within a certain period (Estes, 2013; Werner, Skira, & Konetzka, 2016).

## **Methodology**

### ***Research Design***

The study design was descriptive-analytic with cross-sectional approach. The study explained organisational factors, nurse characteristics, job characteristics, work experience characteristics and beliefs related to nurse performance.

### ***Participant Sampling***

The population in this study were nurses in four hospitals in South Kalimantan, Indonesia. The sample size of 105 respondents was determined by nonprobability sampling with purposive sampling. Inclusion criteria were 1) nurses who have worked for at least one year; 2) a minimum of Diploma Three (D3) Nursing; and 3) permanent hospital status. Exclusion criteria were nurses who at the time of the study were on leave or absent due to illness. Independent variables were organisational characteristics, nurse's characteristics, job characteristics, work experience characteristics, and beliefs. The dependent variable was the nurse's performance.

### ***Setting and Location***

The study was conducted from August to October 2019 at four Hospitals in South Kalimantan, Indonesia. The researchers introduced themselves and explained the benefits, goals and approval procedures by referring to the Informed Consent form. After the respondent signs the Informed Consent form, the respondent is declared willing to take part in the study. Furthermore, the researchers gave the questionnaires to the respondents including organisational characteristics, nurse characteristics, job characteristics, work experience characteristics, beliefs, and nurse performance.

### ***Measurement***

Organisational characteristics consist of a reward system instrument made up of five questions with five categorising answers. The MBO goal setting instrument consists of five questions, the selection instrument consists of three questions, the training and development instrument consists of five questions, the leadership instrument consists of five questions and the organisational structure instrument consists of three questions. The results of the validity and reliability test were Cronbach's alpha 0.932 and Composite Reliability 0.940 (valid > 0.6; reliable > 0.7).

The nurse characteristics variable consists of knowledge instruments with 15 questions. The skill consists of 12 statements. The motivation consists of five statements and the value and norm instrument consists of four statements. The attitude consists of six statements. The results of the validity and reliability test were Cronbach's alpha 0.968 and Composite Reliability 0.970 (valid > 0.6; reliable > 0.7).

The job characteristics variable consists of an objective performance questionnaire with four statements, a feedback consisting of two statements, a correction with three statements, a job design consisting of four statements, and a work schedule consisting of four statements. The

results of the validity and reliability test were Cronbach's alpha 0.956 and Composite Reliability 0.961 (valid > 0.6; reliable > 0.7).

The work experience variable consists of three statements and training experience instruments. The results of the validity and reliability test were Cronbach's alpha 0.915 and Composite Reliability 0.931 (valid > 0.6; reliable > 0.7).

The belief variable consists of perception of vulnerability and seriousness made up of eight statements, the perceived usefulness consists of six statements, the perception of obstacles consists of seven statements, and perception of self-efficacy consists of five statements. The results of the validity and reliability test were Cronbach's alpha 0.978 and Composite Reliability 0.979 (valid > 0.6; reliable > 0.7).

The nurse performance variable consists of quantity, quality, work knowledge, collaboration, reliable, initiative, and attitude instruments. The results of the validity and reliability test were Cronbach's alpha 0.977 and Composite Reliability 0.979 (valid > 0.6; reliable > 0.7).

### ***Data Analysis***

Data analysis in this study used descriptive analysis by calculating the mean (standard) and standard deviation to obtain a description of the characteristics of respondents and a description of variables. Inferential analysis using Logistic Regression with probability was  $< \alpha$  (5%).

### ***Ethical Considerations***

The Ethical Commission approved this study in Faculty of Nursing, Universitas Airlangga, East Java, Surabaya, Indonesia with No. 1761-KEPK on August 29, 2019.

### **Results and Findings**

Table 1 explained that the majority gender of the respondents were women in the age range of 21-40 years. Most respondents were married and the majority of education was a D3 of Nursing. Most of the respondents were contract employees. The majority of respondents had worked for 1-10 years, with an income of IDR 1.5-2.5 million.

Table 2 showed that organisational characteristics have a positive and significant effect on nurse performance, so the better the organisational characteristics, the higher the nurse's performance will be. Confidence has a positive and significant effect on nurse performance, so the higher the confidence, the higher the nurse's performance will be. However, there was

no significant relationship between nurse characteristics, job characteristics, and work experience characteristics with nurse performance.

**Table 1:** Respondent characteristic (n=105)

Category	n	%
Gender		
Male	33	31.4
Female	72	68.6
Age		
21-40 years	93	88.6
41-60 years	12	11.4
Marital Status		
Not yet married	17	16.2
Married	87	82.9
Widow/widower	1	1.0
Education		
D3 of Nursing	66	62.9
D4 of Nursing	1	1.0
Bachelor of Nursing	38	36.2
Staffing		
Civil servant	51	48.6
Honourer	1	1.0
Contract	53	50.5
Length of works		
1-10 years	72	68.6
11-20 years	28	26.7
21-30 years	5	4.8
Income		
IDR > 5 million	8	7.6
IDR > 3.5-5 million	22	21
IDR > 2.5-3.5 million	24	22.9
IDR > 1.5-2.5 million	26	24.8
IDR < 1.5 million	25	23.8

\*IDR: Indonesian Rupiah; D3: Diploma Three; D4: Diploma Four

**Table 2:** Determinants of organisational commitment on nurse performance.

Variables	Coefficient	T	p*
Organisational characteristics	0.409	3.776	0.000
Nurse's characteristics	0.278	1.883	0.063
Job characteristics	0.136	0.838	0.404
Work experience characteristics	0.119	0.743	0.459
Beliefs	0.199	2.030	0.045

\*significant at level 95%

The results of this study indicate that organisational characteristics can significantly influence nurse performance. Good organisational characteristics can increase the ability of nurses in providing nursing care (Beal & Riley, 2019) and improvement in service quality in hospitals (Chamberlain et al., 2017; Liu et al., 2018). Nurses have a good sense of ownership with the organisation and feel protected or have a legal umbrella that can protect nurses in providing nursing care actions (van den Berg, A Landeweerd, Tummers, & van Merode, 2006), and the legality of nurses in providing actions (Shin & Shin, 2019). In addition, with good characteristics, nurses will have confidence and feel protected, so that the quality of nursing care will increase and patient satisfaction will also increase (Lyman, Cowan, & Hoyt, 2018). With strong organisational characteristics, it is easy for nurses to build organisational culture (Haller, Berends, & Skillin, 2018).

Characteristics of nurses include knowledge, skills, motivation, attitudes, and values and norms. Characteristics of mature or good nurses can easily increase nurses' confidence in providing nursing care (Labrague et al., 2020). With the characteristics of good nurses, you can find evidence-based practice in solving problems experienced by patients (Labrague et al., 2020). In addition, nurses can become more confident when becoming a preceptor in guiding students in hospitals (Arrue, Zarandona, & Hoyos Cillero, 2018; Yılmaz & Kaya, 2010). However, the results showed that organisational characteristics were not significantly related to nurse performance. This can be influenced by a lack of knowledge as evidenced that the majority of nurses' education is only a D3 Nursing and 1 - 10 years of work. Less experience also greatly affects the performance of nurses and the quality of nursing care provided.

Job characteristics include performance objectives, the presence of feedback, correction of a problem, job design and nurse work schedule. Job characteristics that suit individual nurses can make nurses more developed in hard and soft skills to provide good nursing care (White, Aiken, Sloane, & McHugh, 2019). In addition, with the characteristics of a good nurse, nurses that can develop a career in accordance with the work and specificity in nursing then nurses will have a good psychological (Backhaus et al., 2017). Job characteristics that match nurses can increase nurses' confidence in providing nursing care and can increase patient

satisfaction (Viselita, Handiyani, & Pujasari, 2019). The results showed that job characteristics were not related to nurse performance. A high workload can reduce the ability of nurses in providing nursing care so that the performance of nurses is less than optimal. In addition, scheduling nurse performance that is not appropriate can also reduce nurse performance.

The work experience characteristics consisted of nurses' work and training experiences. Nurses with long-standing work experience are certainly different from new nurses who work with a history of work experience that is still lacking. Work experience greatly influences skills and abilities in providing nursing care (Cho et al., 2019; Weldetsadik et al., 2019). In addition, the length of experience of nurses work can increase nurses trust which can improve the quality of nursing care (Al-Awamreh & Suliman, 2019). The study conducted by Ryskina, Lam, & Jung, 2019 stated that nurses can be more loyal in organisational development based on experience while working and findings based on evidence-based practice. However, this study shows that the characteristics of work experience have nothing to do with nurse performance. This can be caused by several things such as the education level of nurses, the majority of which is D3 Nursing education. Even though nurses may have been working for a long time, if it is not accompanied by an increase in knowledge, then the optimal performance of nurses and good quality nursing care cannot be achieved.

The results of this study indicate that the beliefs held by nurses can significantly influence nurses' performance. Nurses who have good confidence in the quality of nursing care provided (Christmals & Armstrong, 2019). Nurses can be more confident because they already have the knowledge, skills, motivation, and a good attitude (van Wezel, Zwerts-Verhelst, Sturm, & van Hoof, 2016). The study conducted by Bakhshi, Sharma, & Kumar, 2011 mentioned that nurses with good faith can overcome and resolve problems in the hospital (Mistry et al., 2018).

## **Conclusions**

Nurse performance is strongly influenced by organisational characteristics. Good organisational characteristics can increase the ability of nurses in providing nursing care and improvement in service quality in hospitals. Nurse performance is also influenced by beliefs, they can be more confident because they already have the knowledge, skills, motivation, and a good attitude. So that nurse performance can be improved through strengthening organisational characteristics (reward, MBO, selection, training and development, leadership and organisational structure) and beliefs (perception of vulnerability and seriousness, benefits, resistance, and self-efficacy).



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## REFERENCES

- Al-Awamreh, K., & Suliman, M. (2019). Patients' satisfaction with the quality of nursing care in thalassemia units. *Applied Nursing Research*, 47, 46–51. <https://doi.org/https://doi.org/10.1016/j.apnr.2019.05.007>
- Arrue, M., Zarandona, J., & Hoyos Cillero, I. (2018). Nursing students' alternative beliefs regarding care for patients suffering from depression. *Nurse Education in Practice*, 29, 185–190. <https://doi.org/https://doi.org/10.1016/j.nepr.2018.01.006>
- Backhaus, R., Rossum, E. van, Verbeek, H., Halfens, R. J. G., Tan, F. E. S., Capezuti, E., & Hamers, J. P. H. (2017). Work environment characteristics associated with quality of care in Dutch nursing homes: A cross-sectional study. *International Journal of Nursing Studies*, 66, 15–22. <https://doi.org/https://doi.org/10.1016/j.ijnurstu.2016.12.001>
- Bakhshi, A., Sharma, A. D., & Kumar, K. (2011). Organisational Commitment as predictor of Organisational Citizenship Behavior. *European Journal of Business and Management*, 3(4), 78–87.
- Beal, J. A., & Riley, J. M. (2019). Best organisational practices that foster scholarly nursing practice in Magnet® hospitals. *Journal of Professional Nursing*, 35(3), 187–194. <https://doi.org/https://doi.org/10.1016/j.profnurs.2019.01.001>
- Berberoglu, A. (2015). Organisational Commitment and Perceived Organisational Performance Among Health Care Professionals: Empirical Evidence From A Private Hospital in Northern Cyprus. *Journal of Economics and Behavioural Studies*, 7(1(J)), 64–71. [https://doi.org/10.22610/jeps.v7i1\(j\).563](https://doi.org/10.22610/jeps.v7i1(j).563)
- Bian, L. K., Haque, A., Wok, S., & Tarofder, A. K. (2019). The effect of customer satisfaction on customer loyalty in the motor industry. *Opcion*, 35(Special Issue 21), 947–963.
- Chamberlain, S. A., Gruneir, A., Hoben, M., Squires, J. E., Cummings, G. G., & Estabrooks, C. A. (2017). Influence of organisational context on nursing home staff burnout: A cross-sectional survey of care aides in Western Canada. *International Journal of Nursing Studies*, 71, 60–69. <https://doi.org/https://doi.org/10.1016/j.ijnurstu.2017.02.024>
- Cho, E., Lee, K., Min, D., Chang, S. J., Kim, J., & Kim, H. (2019). Development and Validation of the Nursing Home Care-related Quality of Life Scale. *Journal of the American Medical Directors Association*, 20(11), 1412-1418.e1. <https://doi.org/https://doi.org/10.1016/j.jamda.2019.05.002>



- Christmals, C. Dela, & Armstrong, S. J. (2019). The essence, opportunities and threats to Advanced Practice Nursing in Sub-Saharan Africa: A scoping review. *Heliyon*, 5(10), e02531. <https://doi.org/https://doi.org/10.1016/j.heliyon.2019.e02531>
- Edelstein, T. (2015). *Nursing pay-for-performance: A way to increase quality? Nursing Pay-for-Performance: A Way to Increase Quality?*
- Estes, B. C. (2013). Abusive Supervision and Nursing Performance. *Nursing Forum*, 48(1), 3–16. <https://doi.org/10.1111/nuf.12004>
- Grande, D., Shea, J. A., & Armstrong, K. (2013). Perceived Community Commitment of Hospitals. *INQUIRY: The Journal of Health Care Organisation, Provision, and Financing*, 50(4), 312–321. <https://doi.org/10.1177/0046958013516585>
- Haller, K., Berends, W., & Skillin, P. (2018). Organisational Culture and Nursing Practice: The Magnet Recognition Program as A Framework for Positive Change. *Revista Médica Clínica Las Condes*, 29(3), 328–335. <https://doi.org/https://doi.org/10.1016/j.rmcl.2018.03.005>
- Kurtzman, E. T., O’Leary, D., Sheingold, B. H., Devers, K. J., Dawson, E. M., & Johnson, J. E. (2011). Performance-based payment incentives increase burden and blame for hospital nurses. *Health Affairs*, 30(2), 211–218. <https://doi.org/10.1377/hlthaff.2010.0573>
- Labrague, L. J., McEnroe-Petitte, D., D’Souza, M. S., Cecily, H. S. J., Edet, O. B., Ibebuikwe, J. E., & Venkatesan, L. (2020). Capability beliefs and the intention to adopt evidence-based practices in the future among nursing students: An international study. *Journal of Professional Nursing*. <https://doi.org/https://doi.org/10.1016/j.profnurs.2020.01.006>
- Liu, X., Zheng, J., Liu, K., Baggs, J. G., Liu, J., Wu, Y., & You, L. (2018). Hospital nursing organisational factors, nursing care left undone, and nurse burnout as predictors of patient safety: A structural equation modeling analysis. *International Journal of Nursing Studies*, 86, 82–89. <https://doi.org/https://doi.org/10.1016/j.ijnurstu.2018.05.005>
- Lu, K. Y., Lin, P. L., Wu, C. M., Hsieh, Y. L., & Chang, Y. Y. (2002). The relationships among turnover intentions, professional commitment, and job satisfaction of hospital nurses. *Journal of Professional Nursing*, 18(4), 214–219. <https://doi.org/10.1053/jpnu.2002.127573>



- Lyman, B., Cowan, L. A., & Hoyt, H. C. (2018). Organisational learning in a college of nursing: A learning history. *Nurse Education Today*, 61, 134–139. <https://doi.org/https://doi.org/10.1016/j.nedt.2017.11.004>
- Melese, T., Gebrehiwot, Y., Bisetegna, D., & Habte, D. (2014). Assessment of client satisfaction in labor and delivery services at a maternity referral hospital in Ethiopia. *Pan African Medical Journal*, 17. <https://doi.org/10.11604/pamj.2014.17.76.3189>
- Mistry, B., Balhara, K. S., Hinson, J. S., Anton, X., Othman, I. Y., E'nouz, M. A. L., ... De Ramirez, S. S. (2018). Nursing Perceptions of the Emergency Severity Index as a Triage Tool in the United Arab Emirates: A Qualitative Analysis. *Journal of Emergency Nursing*, 44(4), 360–367. <https://doi.org/https://doi.org/10.1016/j.jen.2017.10.012>
- Moradi, L., Mohamed, I., & Yahya, Y. (2018). The effect of organisational commitment and e-training on e-tourism job performance. *International Journal on Advanced Science, Engineering and Information Technology*, 8(6), 2286–2293. <https://doi.org/10.18517/ijaseit.8.6.6665>
- Moyo, N. (2019). Testing the Effect of Employee Engagement, Transformational Leadership and Organisational Communication on Organisational Commitment. *GATR Journal of Management and Marketing Review*, 4(4), 270–287. [https://doi.org/10.35609/jmmr.2019.4.4\(6\)](https://doi.org/10.35609/jmmr.2019.4.4(6))
- Mudaim, M. (2014). Role Perception of Career Development and Support Organisation to Organisation Commitment (Research Nurse on Health Services Agency Regional Hospital “Mardi Waluyo” Blitar East Java). *Guidena: Jurnal Ilmu Pendidikan, Psikologi, Bimbingan Dan Konseling*, 4(1), 1. <https://doi.org/10.24127/gdn.v4i1.363>
- National Commission on Correctional Health Care. (2017). Ethical and Legal Issues | National Commission on Correctional Health Care.
- Noor, S., Agianto, Nursalam, & Setiawan, H. (2019). Clinical supervision training to increase nurses' work performance in hospitals. *Indian Journal of Public Health Research and Development*, 10(8), 2751–2755. <https://doi.org/10.5958/0976-5506.2019.02287.3>
- Reichard, J. S., Savage, S., & Eckel, S. F. (2015). Pharmacy-initiated transitions of care services: An opportunity to impact patient satisfaction. *Hospital Pharmacy*, 50(10), 911–917. <https://doi.org/10.1310/hpj5010-911>

- Ryskina, K. L., Lam, C., & Jung, H.-Y. (2019). Association Between Clinician Specialization in Nursing Home Care and Nursing Home Clinical Quality Scores. *Journal of the American Medical Directors Association*, 20(8), 1007-1012.e2. <https://doi.org/https://doi.org/10.1016/j.jamda.2018.12.017>
- Shin, J. H., & Shin, I.-S. (2019). The effect of registered nurses on nursing home residents' outcomes, controlling for organisational and health care market factors. *Geriatric Nursing*, 40(3), 296–301. <https://doi.org/https://doi.org/10.1016/j.gerinurse.2018.11.004>
- Şimşek, G. G. (2014). Understanding the antecedents of customer loyalty by applying structural equation modeling. In *Handbook of Research on Developing Sustainable Value in Economics, Finance, and Marketing* (pp. 420–445). <https://doi.org/10.4018/978-1-4666-6635-1.ch025>
- T., M., Y., G., D., B., & D., H. (2014). Assessment of client satisfaction in labor and delivery services at a maternity referral hospital in Ethiopia. *Pan African Medical Journal*, 17.
- Tran, K. T., Nguyen, P. V, Dang, T. T. U., & Ton, T. N. B. (2018). The Impacts of the High-Quality Workplace Relationships on Job Performance. *Behavioural Sciences (Basel, Switzerland)*, 8(12), 20. <https://doi.org/10.3390/bs8120109>
- Trihastuti, E., Nursalam, N., & Qur'aniati, N. (2016). LEADERSHIP, MOTIVATION, AND WORK LOAD ON NURSES PERFORMANCE IN DOCUMENTING NURSE CARE. *INDONESIAN NURSING JOURNAL OF EDUCATION AND CLINIC (INJEC)*, 1(1), 90. <https://doi.org/10.24990/injec.v1i1.93>
- van den Berg, T. I. J., A Landeweerd, J., Tummers, G. E. R., & van Merode, G. G. (2006). A comparative study of organisational characteristics, work characteristics and nurses' psychological work reactions in a hospital and nursing home setting. *International Journal of Nursing Studies*, 43(4), 491–505. <https://doi.org/https://doi.org/10.1016/j.ijnurstu.2005.06.007>
- van Wezel, C., Zwerts-Verhelst, E. L. M., Sturm, J., & van Hoof, J. (2016). An explorative study of the beliefs of staff of psychogeriatric nursing homes regarding the use of dynamic lighting systems. *Technology in Society*, 47, 60–65. <https://doi.org/https://doi.org/10.1016/j.techsoc.2016.09.001>
- Viselita, F., Handiyani, H., & Pujasari, H. (2019). Quality level of nursing work life and improvement interventions: Systematic review. *Enfermeria Clinica*.



- Weldetsadik, A. Y., Gishu, T., Tekleab, A. M., Mekonnen Asfaw, Y., Girma Legesse, T., & Demas, T. (2019). Quality of nursing care and nurses' working environment in Ethiopia: Nurses' and physicians' perception. *International Journal of Africa Nursing Sciences*, *10*, 131–135. <https://doi.org/https://doi.org/10.1016/j.ijans.2019.03.002>
- Werner, R. M., Skira, M., & Konetzka, R. T. (2016). An Evaluation of Performance Thresholds in Nursing Home Pay-for-Performance. *Health Services Research*, *51*(6), 2282–2304. <https://doi.org/10.1111/1475-6773.12467>
- White, E. M., Aiken, L. H., Sloane, D. M., & McHugh, M. D. (2019). Nursing home work environment, care quality, registered nurse burnout and job dissatisfaction. *Geriatric Nursing*. <https://doi.org/https://doi.org/10.1016/j.gerinurse.2019.08.007>
- Yilmaz, A., & Kaya, H. (2010). Relationship between nursing students' epistemological beliefs and locus of control. *Nurse Education Today*, *30*(7), 680–686. <https://doi.org/https://doi.org/10.1016/j.nedt.2010.01.005>
- Zalalem, K. B., Fekadu, A. J., & Tesfaye, D. W. (2018). Client satisfaction among private wing and regular health care services at Nekemte Referral Hospital, East Wollega Zone, Oromia regional state, Western Ethiopia: A comparative cross-sectional study, 2016. *Journal of Public Health and Epidemiology*, *10*(2), 43–61. <https://doi.org/10.5897/jphe2017.0979>