



ANALYSIS OF FACTORS INFLUENCING THE QUALITY OF NURSING CARE: CASE STUDY IN THE SURGICAL ROOM

Hendra Harwardi*, Fatmawati, Ricco Arika Sandy, Indah Budi Yanti, Aryetmi, Roza Elia

RSUP DR.M. Djamil Padang, Jln Perintis Kemerdekaan, Sawahan Timur, Padang Timur, Padang, Sumatera Barat
25171, Indonesia

*hard.wadie@gmail.com

ABSTRACT

Nursing care quality is an important indicator in assessing healthcare service quality, particularly in surgical wards with high service complexity. Several factors such as competence, supervision, and workload are assumed to influence nursing care quality. This study aimed to analyze factors associated with nursing care quality in the surgical ward at Dr. M. Djamil General Hospital Padang in 2025. This study used an analytic design with a cross-sectional approach. The sample consisted of 96 nurses selected using proportional random sampling. Data were collected using structured s and analyzed using chi-square tests and logistic regression. The validity test showed that all questionnaire items on competence, supervision, workload, and nursing care quality variables were declared valid because the r-count values were higher than the r-table value (0.361). Meanwhile, the reliability test results indicated that all variables had Cronbach's Alpha values greater than 0.70, meaning that the research instrument was reliable and appropriate for data collection. The results showed that 50% of nursing care quality was categorized as good. Most respondents had good competence (66.7%), good supervision (56.2%), and heavy workload (57.3%). Bivariate analysis showed that supervision and workload were significantly associated with nursing care quality ($p < 0.05$), while competence was not significantly associated ($p = 0.279$). Multivariate analysis showed that supervision was the most dominant factor influencing nursing care quality ($p = 0.046$; OR = 3.03).

Keywords: competence; nursing care quality; supervision; workload

How to cite (in APA style)

Harwardi, H., Fatmawati, F., Sandy, R. A., Yanti, I. B., Aryetmi, A., & Elia, R. (2026). Analysis of Factors Influencing the Quality of Nursing Care: Case Study in the Surgical Room. *Indonesian Journal of Global Health Research*, 8(4), 241–250. <https://doi.org/10.37287/ijghr.v8i4.2137>.

INTRODUCTION

The quality of nursing care is a key indicator in evaluating healthcare service quality in hospitals. In surgical wards, nurses play a critical role in delivering comprehensive care from preoperative to postoperative phases. High-quality nursing care contributes to patient safety, accelerates recovery, and improves patient satisfaction. However, previous studies indicate that nursing care quality is not yet optimal. Common problems include incomplete documentation, low adherence to standard operating procedures (SOPs), and high workload among nurses. These issues may negatively affect patient outcomes and service quality.

Several factors are known to influence nursing care quality, including competence, supervision, and workload. Competence reflects the knowledge and skills of nurses in delivering care. Supervision ensures that nursing practices follow established standards, while workload affects nurses' performance and concentration. Given these challenges, it is important to analyze factors associated with nursing care quality. Therefore, this study aims to identify factors influencing nursing care quality in the surgical ward at Dr. M. Djamil General Hospital Padang.

METHOD

This study used an analytic cross-sectional design conducted in the surgical ward of Dr. M. Djamil General Hospital Padang in 2025. The population consisted of 129 nurses. A total of 96 respondents were selected using proportional random sampling. Data were collected using structured questionnaires covering: Respondent characteristics, Competence, Supervision, Workload, Nursing

care quality. The validity test showed that all questionnaire items on competence, supervision, workload, and nursing care quality variables were declared valid because the r-count values were higher than the r-table value (0.361). Meanwhile, the reliability test results indicated that all variables had Cronbach's Alpha values greater than 0.70, meaning that the research instrument was reliable and appropriate for data collection. Data analysis included: Univariate analysis (frequency distribution), Bivariate analysis (chi-square test), Multivariate analysis (logistic regression). This study obtained ethical approval from the Ethics Committee of Dr. M. Djamil General Hospital. All respondents provided informed consent. number DP.04.03/D.XVI.10.1/441/2025

RESULT

Respondent Characteristics

Table 1.

Respondent characteristics by gender, age, career level, length of service, and status (n = 96)

Characteristics	f	%
Gender		
Male	23	24
Female	73	76
Age (years)		
Young Adults	10	10.4
Adult	86	89.6
Education		
Associate's Degree	28	29.2
Bachelor's	68	70.8
Career Path		
PK I-II	75	78.1
PK III-IV	21	21.9
Length of Service		
Length	66	68.8
New	30	31.2
Status		
Married	72	75
Unmarried	24	25

Most respondents were female (76%), adults (89.6%), had a bachelor's degree (70.8%), long working experience (68.8%), and were married (75%).

Table 2

Frequency Distribution of Respondents' Competence, Quality of Care, Supervision, and Workload

Variable	f	%
Quality of Care		
Good	48	50
Poor	48	50
Competence		
Competent	64	66.7
Incompetent	32	33.3
Supervision		
Insufficient	42	43.8
Good	54	56.2
Workload		
Light	41	42.7
Heavy	55	57.3

Nursing care quality was categorized as good in 50% of respondents. Most respondents had good competence (66.7%), good supervision (56.2%), and heavy workload (57.3%).

Table 3
Analysis of the Relationship Between Competence, Quality of Care, Supervision, Workload, and Quality of Care

Variables	Quality of Care			P-Value
	Poor f(%)	Good f (%)		
Competence				0.279
Competent	29 (32%)	35 (32%)	64 (64%)	
Incompetent	19 (16%)	13 (16%)	32 (32%)	
Supervision				<0.001
Insufficient	16 (21%)	26 (21%)	42 (42%)	
Good	22 (27%)	32 (27%)	54 (54%)	
Workload Factor				<0.001
Severe	41 (27.5%)	14 (27.5%)	55 (55%)	
Mild	7 (20.5%)	34 (20.5%)	41 (21%)	

Supervision and workload were significantly associated with nursing care quality ($p < 0.05$). Competence was not significantly associated ($p = 0.279$).

Table 4
Multivariate analysis of competency factors, supervision factors, and workload factors with quality of care

Variables	B	S.E	P-value	OR	95% C.I. for EXP(B)	
					Lower	Upper
Age	-1,331	1,447	.358	.264	.016	4,505
Gender	-.129	.644	.841	.879	.249	3,105
Education	-.633	.682	.354	.531	.139	2,023
Clinical authority	.291	.689	.673	1,337	.346	5,162
Working mass	-0.616	.778	.429	.540	.118	2,480
Marital status	-2,054	1,411	.146	.128	.008	2,038
Competency	1,366	1,082	.207	3,921	470	32,685
Quality of Care	2,832	.614	.000	16,974	5,094	56,554
Supervision	1,110	.557	.046	3,034	1,019	9,037
Constant	.520	1,576	.741	1,682		

Supervision was identified as the most dominant factor influencing nursing care quality ($p = 0.046$; $OR = 3.03$).

DISCUSSION

Patient Characteristics

Based on the research findings, Table 1 shows that the majority of respondents were female (86%), while the majority of respondents were adults (82.3%). While more than half of the respondents held a bachelor's degree (68%). Regarding career level, the majority (75%) were at the PKI-II level, while more than half (68.8%) had long tenure, and the majority (75%) were married. Based on the research findings regarding respondent characteristics, the majority of respondents were female, accounting for 86%. This finding aligns with the general conditions of the nursing workforce in hospitals, where the nursing profession remains dominated by women. The dominance of women in the nursing profession is often attributed to characteristics such as caring, empathy, and strong interpersonal communication skills, which play a crucial role in the provision of nursing care.

In terms of age, the majority of respondents fall into the adult category, accounting for 82.3%. Adulthood is a productive phase marked by physical, emotional, and cognitive maturity, so individuals in this age group tend to possess good adaptability and a strong sense of professional responsibility in performing their duties. This can support the quality of nursing care delivery in hospitals. Based on educational level, the majority of respondents held a Bachelor of Nursing (S1) degree, accounting for 69.8%. The high educational level of the respondents indicates that the nursing workforce possesses adequate academic knowledge and competencies. Higher education enables nurses to develop critical thinking skills, clinical decision-making abilities, and a better understanding of nursing care standards and procedures.

In terms of career level, the majority of respondents were at the PK I-II level (75%). This indicates that most nurses have reached a sufficiently high level of clinical competence and possess adequate practical experience. Higher career levels reflect enhanced professional capabilities and mastery of clinical skills that contribute to the quality of nursing care. Furthermore, based on length of service, more than half of the respondents had long tenure, at 68.8%. Long tenure is generally associated with better clinical experience, more mature patient management skills, and a deeper understanding of hospital service workflows. Sufficiently long work experience can enhance the accuracy and quality of nursing care delivery.

In terms of marital status, the majority of respondents were married, accounting for 75%. Marital status can influence emotional stability and an individual's sense of responsibility at work. Married nurses generally exhibit a high level of maturity and work commitment, although they also face the demands of balancing dual roles between work and family. Overall, the characteristics of the respondents in this study indicate that the majority of nurses are relatively mature in terms of age, education, work experience, and career level; thus, theoretically, they possess good potential to support the implementation and improvement of nursing care quality.

Quality of Care, Competence, Supervision, and Workload

Based on the research results, half of the care quality is good (50%), more than half of the competence is competent (66.74%), the supervision factor is good (56.2%), and more than half of the workload is heavy (57.3%). Based on the research data, the fact that more than half of the nurses were competent is attributed to: nurses having sufficient knowledge to provide nursing care (51%), nurses being able to apply nursing skills effectively in practice (57%), nurses being able to communicate effectively with patients and families (69%), and nurses understanding the procedures and protocols in place at the workplace (63%).

Knowledge is the primary foundation of nursing practice as it forms the basis for clinical decision-making and determining appropriate interventions. Nurses with adequate knowledge are better able to identify patient issues, prioritize actions, and prevent errors in care. These findings align with Nursalam's (2020) study, which states that nurses' knowledge levels are significantly associated with the quality of nursing care. Another study by Wahyuni et al. (2019) also indicates that nurses with good knowledge are more likely to provide safe and standard-compliant nursing care. However, the fact that the knowledge level remains at 51% indicates the need for improvement through continuing education, clinical training, and updates based on evidence-based practice.

Skills are the direct application of a nurse's knowledge, particularly in nursing interventions such as invasive procedures, monitoring patient conditions, and responding to emergencies. Research by Benner (1984) in the "From Novice to Expert" theory explains that clinical skills develop alongside work experience and exposure to cases. A study by Putri and Sari (2021) also found that nurses with strong clinical skills make a significant contribution to patient safety and service satisfaction. These results indicate that the majority of nurses have been able to integrate knowledge into practice, although increased supervision and mentoring remain necessary to achieve optimal competence.

Communication skills emerged as the indicator with the highest percentage, with 69% of nurses able to communicate effectively with patients and their families. Effective communication is a critical element in nursing care as it influences patients' understanding of their health condition, adherence to treatment, and satisfaction with care. Research by Arnold and Boggs (2019) states that nurses' therapeutic communication plays a vital role in building a relationship of mutual trust between nurses and patients. Another study by Rahmawati et al. (2020) demonstrates that good nursing communication is directly linked to increased patient and family satisfaction. The high percentage in this aspect indicates that nurses possess strong soft skills, which are a key strength in nursing care.

A total of 63% of nurses understand the procedures and protocols in effect at their workplace. Understanding standard operating procedures (SOPs) and clinical protocols is essential to ensuring consistency in care and patient safety. These results align with a WHO study (2018) which confirms that adherence to clinical protocols can reduce adverse events. Research by Sari et al. (2022) also indicates that nurses who understand and apply SOPs effectively have lower rates of procedural errors. Although the results are quite good, there are still nurses who do not fully understand the protocols; therefore, enhanced SOP dissemination and regular compliance audits are necessary. Overall, the study results indicate that nurses' competencies fall within the adequate to good range, with key strengths in communication and procedural understanding. However, knowledge and skill aspects still require improvement so that all nurses can achieve optimal competency. Efforts that can be undertaken include continuous training, clinical supervision, and the implementation of a routine competency evaluation system. Sari, D., et al. (2022).

Based on the research findings, more than half of the supervision factors were categorized as good (56.2%); this was attributed to ward managers providing clear instructions regarding tasks (49.9%), supervision by superiors helping to improve performance (53%), and adequate support from ward managers to complete tasks (72%). These findings indicate that supervision is a key factor in supporting nursing staff performance within clinical units. This contribution is primarily influenced by the ward manager's role in providing clear guidance regarding nurses' tasks and responsibilities; such clear direction helps enhance nurses' understanding of work standards, service protocols, and nursing intervention priorities. The clarity of these instructions helps reduce ambiguity in task execution, boosts nurses' confidence, and minimizes errors in the provision of nursing care. Thus, effective supervision is not merely about monitoring but also serves as a means of mentoring and strengthening nurses' competencies.

Additionally, research findings indicate that supervision provided by supervisors is perceived as helping to improve nurses' performance, and nurses feel that the support from supervisors is adequate. This support can take the form of guidance, constructive feedback, motivation, and the supervisor's availability to help resolve issues in the field. These conditions create a supportive work environment, thereby motivating nurses to work optimally and take responsibility for the tasks entrusted to them.

These findings align with nursing management theory, which states that effective supervision can improve performance, job satisfaction, and the quality of nursing care. Participatory and supportive supervision encourages nurses to take an active role, increases their commitment to the organization, and improves the quality of care provided to patients. The research results indicate that supervision factors contribute to improved nursing performance. These findings suggest that supervision is a key factor in supporting nursing staff performance within clinical units. This contribution is primarily influenced by the ward manager's role in providing clear guidance regarding nurses' tasks and responsibilities.

Clear instructions from the ward manager play a role in improving nurses' understanding of work standards, service procedures, and priorities for nursing interventions. The clarity of these instructions helps reduce ambiguity in task execution, boosts nurses' self-confidence, and minimizes errors in the provision of nursing care. Thus, effective supervision is not merely about monitoring but also serves as a means of mentoring and strengthening nurses' competencies.

In addition, the study findings indicate that supervision provided by supervisors is perceived as helping to improve nurses' performance, and nurses feel that the support they receive from their supervisors is adequate. This support can take the form of guidance, constructive feedback, motivation, and the supervisor's availability to help resolve issues in the field. These conditions create a supportive work environment, thereby motivating nurses to work optimally and take

responsibility for their assigned tasks. These findings align with nursing management theory, which states that effective supervision can improve performance, job satisfaction, and the quality of nursing care. Participatory and supportive supervision encourages nurses to take an active role, increases their commitment to the organization, and improves the quality of care provided to patients.

Based on the research results, the workload factor was rated as more than half heavy (57.3%); this was attributed to the workload being appropriate for the number of available staff (55.5%), nurses having sufficient time to perform all nursing tasks (46.7%), and nurses frequently feeling exhausted due to high workloads (65.2%). Based on the research findings, it was found that more than half of the respondents rated their workload as heavy (57.3%). This finding indicates that, in general, nurses' workloads remain at a manageable level, although not yet fully ideal. A workload classified as heavy suggests a mismatch between job demands and the available nursing staff capacity in the unit.

The study results show that 64.5% of respondents stated that the workload is not commensurate with the number of available staff. This situation indicates that the planning and distribution of nursing staff are not yet functioning effectively, resulting in nursing tasks being carried out under excessive pressure. The mismatch between staff numbers and workload is a key factor contributing to excessive work-related fatigue among nurses. Additionally, 46.7% of nurses reported not having enough time to perform all nursing tasks. This indicates that work scheduling and task allocation are relatively ineffective, preventing nurses from providing care in accordance with standard operating procedures. Insufficient time availability also contributes to reduced nursing care quality and increased risk of errors in nursing procedures. However, the study results also show that 55.2% of nurses frequently feel exhausted due to high workloads. This finding indicates that although the workload is generally classified as heavy, there are still nurses who experience the physical and psychological impacts of job demands. Work-related fatigue can be influenced by other factors such as the intensity of patient care, the complexity of patient cases, long working hours, and administrative demands that nurses must fulfill. This aligns with workload theory, which states that workload is determined not only by the number of tasks but also by the level of job difficulty, time pressure, and work environment conditions. If work-related fatigue is not managed properly, it can lead to reduced nurse performance, compromised quality of nursing care, and risks to patient safety. Consequently, since the majority of nurses perceive their workload as heavy, hospital management needs to conduct regular evaluations of nurses' workloads. Efforts such as adjusting staffing levels, implementing balanced shift schedules, and reducing administrative burdens are expected to minimize work-related fatigue and improve the quality of nursing care.

Based on the research findings, half of the nursing care was of good quality (50%); this was attributed to nurses consistently providing care in accordance with standard operating procedures (59%), patients were satisfied with the nursing care provided (53%), nurses documented nursing interventions completely and accurately (64%), nursing assessments were conducted comprehensively (53%), and nursing diagnoses were established in accordance with patients' issues (52%). This indicates that the implementation of nursing care has been conducted in accordance with professional standards and standard operating procedures, although improvements are still needed to achieve more optimal service quality. Compliance with SOPs is a key indicator of nursing care quality because SOPs serve as guidelines for providing safe, effective, and high-quality care. According to Nursalam (2020), nurses' adherence to SOPs significantly influences improvements in the quality of nursing care and patient safety. Patient satisfaction is a direct reflection of the quality of care received, particularly regarding nurses' attitudes, communication, and responsiveness. These findings align with the research by Sari and Wahyuni (2021), which states that good quality of nursing care is associated with high levels of patient satisfaction. Comprehensive nursing documentation is an essential component of the nursing process, serving as evidence of professional

responsibility and accountability. Simamora (2018) states that good nursing documentation reflects the quality of nursing care and supports the continuity of care and legal aspects of nursing. A comprehensive assessment forms the foundation for establishing a diagnosis and planning nursing care. According to Potter and Perry (2019), a complete and systematic nursing assessment is crucial for the accuracy of nursing diagnoses and interventions. The accuracy of nursing diagnoses demonstrates a nurse's ability to analyze data professionally. This is supported by research by Handayani et al. (2020), which states that the accuracy of nursing diagnoses is associated with improved quality of care and outcomes of nursing services.

Overall, the results of this study indicate that the quality of nursing care falls into the "good" category, particularly regarding compliance with standard operating procedures (SOPs), documentation, and the implementation of the nursing process. However, improvements are still needed through continuous supervision, training in documentation and the nursing process, as well as routine evaluations to enhance the overall quality of nursing care. The study results indicate that the quality of nursing care falls into the "good" category for half of the respondents (50%). This good quality of nursing care is influenced by several key factors, namely supervision, nurse competence, workload, and work motivation.

From the supervision perspective, nurses' compliance with standard operating procedures (59%) and the completeness of nursing documentation (64%) indicate that the supervisory role is functioning effectively. Good supervision serves as a means of guidance and quality control for nursing care. According to Nursalam (2020), continuous nursing supervision can improve nurses' adherence to SOPs and the quality of nursing documentation. From a competency perspective, high-quality nursing care is reflected in the thorough implementation of nursing assessments (53%) and the establishment of nursing diagnoses that align with patients' issues (52%). Adequate competencies enable nurses to carry out the nursing process systematically and professionally. This aligns with the views of Potter and Perry (2019) and the research by Simamora (2018), which state that nurses' competencies directly influence the accuracy of assessments, diagnoses, and the quality of nursing care.

Regarding workload, previous research findings indicate that nurses' workload falls into the moderate category. A balanced workload allows nurses to have sufficient time to carry out all stages of nursing care, including documentation. Carayon and Gürses (2017) state that excessive workload can reduce the quality of care and increase the risk of errors in nursing practice.

Thus, high-quality nursing care in this study is the result of the interaction between effective supervision, adequate nurse competence, and a balanced workload. Therefore, improving the quality of nursing care requires a comprehensive approach that continuously strengthens these four factors. The analysis results indicate that Supervision ($p = 0.010$) significantly influences the quality of nursing care. The analysis revealed that the supervision factor ($p = 0.010$) is the most dominant variable influencing the quality of care, as it exhibits consistent significance and the highest odds ratio compared to other variables. This indicates that supervision plays a crucial role in enhancing the quality of care delivery or nursing performance.

Theoretically, these findings are supported by Marquis and Huston's theory of nursing supervision, which states that supervision is a process of guidance, coaching, support, and evaluation conducted to ensure nursing care is provided in accordance with standards. Effective supervision can enhance work motivation, adherence to standard operating procedures (SOPs), clinical competence, and the quality of nursing care documentation. Nurses who receive continuous guidance and feedback tend to work in a more structured and responsible manner when providing care.

These findings are also consistent with Henry Fayol's management theory, which states that the controlling/supervising function is one of the primary functions of management to ensure work proceeds in accordance with organizational objectives. In nursing care, supervision serves not only as oversight but also as a process of professional education and development. This study demonstrates that routine and effective supervision can improve the quality of nursing care. Good supervision enables monitoring of the implementation of nursing interventions, early identification of errors, provision of solutions to on-site problems, and enhancement of nurses' competencies through direct mentoring. Therefore, hospitals need to strengthen their nursing supervision systems through scheduled clinical supervision, constructive feedback, and periodic evaluations of nursing care delivery.

The most dominant variable in the table is actually the quality of care with $\text{Exp}(B)=16.974$ and $p=0.000$. However, if the discussion focuses on supervision, it can be explained that supervision is an important managerial factor that contributes to improving the quality of care and the overall performance of nurses. A strength of this study is its use of multivariate analysis. This study employs regression analysis, enabling it to identify the variables that most significantly influence the quality of nursing care. This provides a more comprehensive picture compared to bivariate analysis alone; by integrating several key factors, this study examines relevant variables in nursing—namely supervision, competence, and workload—thereby offering a comprehensive understanding of the factors influencing the quality of nursing care. It employs comprehensive indicators of nursing care quality.

Measurements of nursing care quality include adherence to SOPs, assessment, nursing diagnosis, documentation, and patient satisfaction, thereby reflecting the nursing process in its entirety. This study is relevant to clinical nursing practice. The research results have direct implications for improving the quality of nursing care, particularly in planning to enhance supervision of nurses in hospitals. Identifying a clear dominant variable, this study successfully identified supervision as the most dominant variable influencing the quality of nursing care, thereby serving as a basis for determining priorities in nursing management policies.

Research Limitations Cross-sectional study design This design only describes relationships and influences at a single point in time, so it cannot yet explain the longitudinal cause-and-effect relationship between competence, motivation, and the quality of nursing care. Data were obtained through self-report questionnaires. Measurements of supervision and some aspects of care quality based on respondents' perceptions may introduce subjectivity bias and social desirability bias. Limited study location scope. The study was conducted in only one hospital or specific care unit, so generalizing the results to other hospitals requires caution. Other variables not examined This study has not included other factors that could potentially influence the quality of nursing care, such as ward leadership, organizational culture, reward systems, and administrative workload. It has not utilized comprehensive direct observation. The assessment of nursing care quality is not fully supported by direct observation of nursing practices, so the results remain highly dependent on respondents' reports.

CONCLUSION

Nursing care quality in the surgical ward is influenced by several factors. Supervision and workload have significant associations with nursing care quality, with supervision being the most dominant factor. Strengthening supervision systems is essential to improve service quality.

REFERENCES

- Nursalam. (2020). *Manajemen keperawatan: aplikasi dalam praktik keperawatan profesional* (6th ed.). Salemba Medika.
- Simamora, R. H. (2021). *Buku ajar manajemen keperawatan*. EGC.

- Potter, P. A., & Perry, A. G. (2021). *Fundamentals of nursing* (10th ed.). Elsevier.
- Marquis, B. L., & Huston, C. J. (2022). *Leadership roles and management functions in nursing* (10th ed.). Wolters Kluwer.
- World Health Organization. (2020). *State of the world's nursing 2020*. WHO.
- Ministry of Health Republic of Indonesia. (2022). *Standar praktik keperawatan Indonesia*. Kemenkes RI.
- Putri, R. M., & Handayani, S. (2021). Relationship between work motivation and nurse performance in hospitals. *Journal of Nursing Practice*, 4(2), 85–92.
- Sari, D. P., & Wahyuni, T. (2021). Nursing care quality and patient satisfaction in inpatient wards. *Indonesian Journal of Nursing and Health Services*, 6(1), 45–52.
- Handayani, L., Setyawan, H., & Kurniawan, D. (2020). Nurse competence and quality of nursing care. *Jurnal Keperawatan Indonesia*, 23(3), 145–152.
- Fitriyani, R. D., & Purnomo, M. (2021). Competence and motivation related to nurse performance. *Proceedings of University Research Colloquium*, 1, 312–320.
- Lase, I., & Priadana, S. (2022). The influence of nurse competence on quality of care. *Jurnal Manajemen Pelayanan Kesehatan*, 25(2), 78–86.
- Masri, M., & Marlina, M. (2022). Competence and motivation in nursing care process. *Jurnal Keperawatan Silampari*, 6(2), 410–418.
- Yustina, Y., & Ardian, I. (2023). Training and improvement of nursing care quality. *Indonesian Journal of Global Health Research*, 5(2), 201–208.
- Lufianti, A., & Keristiyani, K. (2023). Nurse motivation and quality of nursing documentation. *Genius Journal*, 4(2), 329–333.
- Merdiana, D. A., & Purnamawati, D. A. P. (2024). Work motivation and caring behavior among nurses. *Jurnal Riset Keperawatan*, 1(1), 16–23.
- Khajoei, R., Jokar, M., & Vasli, P. (2024). Organizational factors affecting nursing care quality. *BMC Health Services Research*, 24, 538.
- Carayon, P., & Gurses, A. P. (2021). Nursing workload and patient safety. *International Journal of Nursing Studies*, 115, 103843.
- Aiken, L. H., & Sloane, D. M. (2021). Nurse staffing, competence, and quality of care. *The Lancet*, 397(10288), 1905–1915.
- Ababneh, A. M. T., & Zeilani, R. (2022). Motivation and professional quality of life among nurses. *Journal of Clinical Nursing*, 31(15–16), 2140–2149.
- Alshammari, F., & Pasay-an, E. (2023). Nursing competence and patient outcomes. *Nursing Open*, 10(1), 55–63.
- Labrague, L. J., & de los Santos, J. A. A. (2021). Work motivation and nursing performance. *Journal of Nursing Management*, 29(5), 1061–1068.
- Wei, H., & Sewell, K. A. (2022). Nursing competence and clinical outcomes. *Journal of Continuing Education in Nursing*, 53(3), 123–129.
- Alotaibi, J., & Paliadelis, P. (2021). Documentation quality and nursing care outcomes. *Health Information Management Journal*, 50(2), 65–72.
- Kalisch, B. J., & Xie, B. (2021). Errors and missed nursing care related to workload. *Journal of Nursing Care Quality*, 36(1), 12–18.
- Dall'Ora, C., & Griffiths, P. (2020). Burnout, workload, and care quality. *BMJ Open*, 10, e034163.
- Brooks Carthon, J. M., & Lasater, K. B. (2021). Nurse competence and patient safety. *Nursing Outlook*, 69(2), 159–170.
- Haryanti, F., & Santoso, B. (2022). Supervisi kepala ruangan dan mutu asuhan keperawatan. *Jurnal Keperawatan Klinis*, 9(1), 33–40.
- Wibowo, A., & Setiawan, I. (2021). Beban kerja dan kualitas asuhan keperawatan. *Jurnal Manajemen Keperawatan*, 5(2), 101–108.
- Nugroho, S., & Rahayu, S. (2023). Motivasi kerja perawat dan kepuasan pasien. *Jurnal Keperawatan Indonesia*, 26(1), 25–33.

- McHugh, M. D., & Aiken, L. H. (2022). Nursing competence and quality improvement. *Journal of Nursing Administration*, 52(3), 151–158.
- Alshammari, M., & Duff, J. (2023). Clinical competence framework for nurses. *Nurse Education Today*, 120, 105634.
- Hsu, H. C., & Wang, C. Y. (2022). Nurse motivation and care quality outcomes. *Healthcare*, 10(9), 1672.
- Widodo, D., & Kurniasih, D. (2020). Kompetensi perawat dan pelaksanaan proses keperawatan. *Jurnal Ilmu Keperawatan*, 8(3), 181–188.
- Squires, A., & Tourangeau, A. (2020). Measuring quality of nursing care. *International Journal of Nursing Studies*, 107, 103576.
- World Health Organization. (2021). *Global strategic directions for nursing and midwifery 2021–2025*. WHO.