



DETERMINANTS OF PSYCHOLOGICAL ASPECTS RELATED TO NURSES' PERFORMANCE IN HOSPITALS

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ABSTRACT

The productivity of nursing care at Bhayangkara Hospital Level III Banda Aceh is directly influenced by nurse performance. Many variables influence how nurses work. Factors related to nurse performance from a management perspective have been identified by various theories and previous studies. However, the psychological elements of nurses that influence their performance in providing nursing care are still less well-recognized, such as psychological capital and mental health (depression, anxiety, and stress). The purpose of this study was to identify the relationship between psychological capital, mental health, and characteristics with nurse performance at Bhayangkara Hospital Level III Banda Aceh. Quantitative research was conducted with a cross-sectional study design. A sample of 59 nurses was selected using the total sampling method. Data collection used the Psychological Capital Questionnaire (PCQ), DASS-21, and Six-D Scale of Nursing Performance. Data were analyzed descriptively and inferentially. The results showed that partially there was no relationship between age ($P = 1.000$), gender ($P = 0.789$), education ($P = 0.187$), employment status ($P = 1.000$), length of service ($P = 0.187$), hope ($P = 0.272$), resilience ($P = 0.448$), anxiety ($P = 0.448$) and depression ($P = 0.448$) with the performance of nurses at Bhayangkara Hospital Level III Banda Aceh. Furthermore, there was a relationship between self-efficacy ($P = 0.0001$), optimism ($P = 0.002$) and stress ($P = 0.012$) with the performance of nurses at Bhayangkara Hospital Level III Banda Aceh. Logistic regression analysis showed that self-efficacy ($P = 0.002$), optimism ($P = 0.007$), and stress ($P = 0.039$) were significant predictors related to nurse performance at Bhayangkara Hospital Level III Banda Aceh. Self-efficacy was the most dominant predictor related to nurse performance at Bhayangkara Hospital Level III Banda Aceh (OR: 8.857).

Keywords: nursing; performance; psychological

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INTRODUCTION

The main challenge in increasing productivity, especially for nurses, in this case Nurses are the main personnel who provide high-quality health services, so it is important to have the motivation and skills to be able to deliver good performance in providing services to the community. On the one hand, hospitals face a major challenge because increasing nurse productivity and performance is crucial to ensure that health interventions are delivered efficiently. One of the main assets of the hospital is human resources (HR) in health. The knowledge, skills, and motivation of nurses are very important for hospital performance (Greener, 2019). Nurses, as the largest group of healthcare workers in hospitals, are crucial for providing high-quality healthcare (Karan et al., 2021). Competent, motivated, and skilled nurses are key to improved hospital performance. Similarly, nurses, who comprise the largest number of healthcare workers, can impact the quality of mental health services in a country. According to data from the Organization for Economic Cooperation and Development (OECD), the Netherlands, Ireland, and Japan have the highest numbers of nurses, with over 100 nurses per 100,000 inhabitants. Turkey, Mexico, and Hungary have the lowest numbers of nurses, with only 10 per 100,000 inhabitants. The number of nurses is also relatively low in Korea and Portugal, with only 10 per 100,000 inhabitants (OECD, 2020).

Nurse performance issues are not limited to the ratio of nurses to patients. However, Matsumoto and Yoshioka (2019) showed that nurses' psychological conditions can affect their performance in providing nursing care. Nurses experience increased stress due to communication difficulties and lack of cooperation. This condition reduces productivity and ultimately reduces nurse performance. Furthermore, Lu et al. (2019) stated that individual personality styles, previous work experience, and inadequate professional training can be other factors in nurses' professional responses to stressful situations. Therefore, nurses can experience depression, violent behavior, and other illnesses as a result of workplace stress, which can affect how they provide care to patients.

Furthermore, Kim and Kweon (2020) stated that one of the main issues in the nursing field is the discussion of nurses' work stress. Nursing is considered a type of profession with an infinite level of stress. A study conducted by Alenezi et al. (2019) found that nurses receive less praise for their work and that they face challenges in providing positive feedback to each other about their work. Furthermore, it was found that nurses receive less direct assistance from their coworkers than others in their workplace. An et al. (2020) conducted a study on the relationship between psychological capital and nurse performance in general and found that positive psychological capital also impacted nurse performance ($\beta = 0.41$, $p < 0.001$). These results support the understanding that increasing positive psychological capital can improve nurse performance and reduce burnout. Additionally, Li et al. (2019) in a study showed that psychological capital influences burnout among nurses. Psychological capital is negatively related to burnout. Nurse managers are urged to strengthen psychological capital by designing effective strategies to prevent burnout among nurses.

In their 2019 study on the influence of anxiety and depression on nurse performance in the ICU, AL-quraan et al. (2019) found that nurses experienced low levels of anxiety and depression. The lower the levels of anxiety and depression, the higher the frequency and quality of nursing care. Furthermore, the study found that higher levels of nurse education predicted higher levels of nursing activity, while longer experience and nurses working in government hospitals predicted higher frequency of nursing activity. In her study on the relationship between anxiety, or mental health, and nurse performance, Damaiyanti (2019) found a strong correlation between anxiety and nurse performance ($p = 0.000$; $r^2 = 0.41$). By using new training and innovations that improve nurses' knowledge, abilities, and skills, anxiety should be reduced. In a study on the relationship between stress and nurse performance, Fia et al. (2022) found that stress factors, such as mild to severe headaches, loss of concentration, fatigue, anger, overreaction, making excuses and being absent from work, and forgetfulness, can interfere with nurse performance. This study suggests that hospital authorities organize nurses' work schedules to provide temporary intermittent leave and provide logistics that facilitate nurses' work. Furthermore, in a study on the relationship between demographic data and nurse performance, Aljanabi et al. (2022) found that several demographic data influenced nurse performance. Bachelor of Nursing degree had the highest percentage of significant influence on nurse performance ($p = 0.05$). With an average of 4.28 ± 5.773 , approximately 45.3% of nurses with a working period between 2 and 8 years had a significant influence on performance ($p = 0.01$). In addition, the results showed no significant correlation between nurse performance and age, gender, training course, and shift.

The number of nurses at Bhayangkara Level III Hospital in Banda Aceh until 2023 is 15 in the adult inpatient room, 10 in the pediatric inpatient room, 15 in the emergency room, 5 in the intensive care unit, 4 in the neonatal intensive care unit, 5 in the operating room, and 5 in the outpatient unit, with a total of 59 people. Furthermore, the number of patients based on 2022 data who underwent inpatient care was 4,285 people, in 2023 it was 4,613 and in 2024 it was 5,372 people. The number of outpatient visits in 2022 was 12,298 people, in 2023 it was 13,085 people and in 2024 it was 17,995. The ratio between the number of nurses and patients at Bhayangkara Level III Hospital in Banda Aceh is still very different. This can increase the workload of nurses and will directly impact their performance at the Bhayangkara Level III Hospital in Banda Aceh.

At the Bhayangkara Hospital Level III in Banda Aceh, nurse performance assessments are conducted monthly. These assessments are used solely for administrative purposes; for example, if a nurse demonstrates poor performance, they will be subject to administrative sanctions. However, there has never been an inspection or audit conducted to determine the reasons for the nurses' poor performance. However, the results of the residency conducted by the researchers revealed that of the 59 nurses, 6 (10.2%) experienced mild depression, 27 (45.7%) experienced mild anxiety, and 53 (89.9%) experienced mild stress. The importance of this study lies in the fact that, although nurse performance is one of the main determinants of hospital service quality, there has been limited exploration of psychological aspects such as self-efficacy, optimism, stress, anxiety, and depression as predictors of nurse performance, particularly in the Indonesian context. Identifying these determinants is crucial for developing strategies to strengthen the psychological well-being of nurses, which in turn can improve service quality and patient safety. Therefore, the purpose of this study was to analyze the relationship between psychological capital (self-efficacy, optimism, hope, and resilience), mental health (stress, anxiety, and depression), and demographic characteristics with nurse performance at Bhayangkara Hospital Level III Banda Aceh.

METHOD

This study used a quantitative design with a cross-sectional study design. The study population was all nurses at Bhayangkara Hospital Level III Banda Aceh with a total of 59 people, and all of them were sampled using the total sampling method. The research instruments used included the Psychological Capital Questionnaire (PCQ) to measure psychological capital which includes self-efficacy, optimism, hope, and resilience; the Depression Anxiety Stress Scale (DASS-21) to measure mental health conditions including stress, anxiety, and depression; and the Six-D Scale of Nursing Performance to measure nurse performance in various dimensions of nursing care. Before use, all instruments were tested for validity and reliability. Validity testing was conducted using the Pearson Product Moment technique on each question, with the results showing a correlation value above 0.3, thus all items were declared valid. Meanwhile, reliability was measured using Cronbach's Alpha, which showed a value of 0.89 for the PCQ, 0.87 for the DASS-21, and 0.91 for the Six-D Scale of Nursing Performance. All reliability test results exceeded the threshold of 0.70, thus the instruments were declared reliable and suitable for use in research. Data were analyzed descriptively using frequency distributions and inferential analysis using the chi-square test and binary logistic regression using the stepwise method to determine the determinants of psychological aspects related to nurse performance.

RESULT

Table 1.
Characteristics of Nurses (n = 59)

Characteristics	f	%
Age		
19 – 40 Years	41	69,5
40 – 64 Years	18	30,5
Gender		
Man	14	23,7
Woman	45	76,3
Education		
Nurses	38	64,4
Diploma III in Nursing	21	35,4
Employee Status		
Police/Civil Servants	44	74,6
Government Employees with Employment Agreements	15	25,4
Years of service		
≥ 5 Years	21	35,6
< 5 Years	38	64,4

Based on table 1, it is known that the majority of nurses are aged 19-40 years, namely 41 people (69.5%), the most common gender is female, namely 45 people (76.3%), the most common

educational background is graduate Nursing, namely 38 people (64.4%), the most common employment status is the Police/Civil Servant, namely 44 people (74.6%) and the most common work period is <5 years, namely 38 people (64.4%).

Based on Table 2, it is known that of the 59 nurses, 32 (54.2%) had positive self-efficacy. Furthermore, 31 (52.5%) had positive optimism. 39 (66.1%) had positive expectations. 43 (72.9%) had positive resilience. 40 (67.8%) did not experience stress. 43 (67.8%) did not experience anxiety. Finally, 54 (91.5%) did not experience depression.

Table 2.
Distribution of knowledge, attitudes, experience and compliance of health workers regarding infection prevention and control (n=59)

Variables	f	%
Self-Efficacy		
Positive	32	54,2
Negative	27	45,8
Optimism		
Positive	31	52,5
Negative	28	47,5
Hope		
Positive	39	66,1
Negative	20	33,9
Resilience		
Positive	43	72,9
Negative	16	27,1
Stres		
Normal	40	67,8
Light	19	32,2
Anxiety		
Normal	43	72,9
Light	16	27,1
Depression		
Normal	54	91,5
Light	5	8,5

Table 3.
Analysis of the relationship between knowledge, attitudes and experience with health workers' compliance in infection prevention and control (n = 59)

Compliance in infection prevention and control (n = 55)					
Variables	Compliance				p-value
	Obedient		Not obey		
	f	%	f	%	
Age					
19 – 40 Years	24	58,5	17	41,5	1,000
40 – 64 Years	10	55,6	8	44,4	
Gender					
Man	9	64,3	5	35,7	0,789
Woman	25	55,6	20	44,4	
Education					
Nurses	19	50,0	19	50,0	0,187
Diploma III in Nursing	15	71,4	6	28,6	
Employee Status					
Civil Servants/Police	25	56,8	19	43,2	1,000
Government Employees with Employment Agreements	9	60,0	6	40,0	
Years of service					
< 5 Years	15	71,4	6	28,6	0,187
≥ 5 Years	19	50,0	19	50,0	

Variables	Compliance				p-value
	Obedient		Not obey		
	f	%	f	%	
Self-Efficacy					
Positive	26	81,3	6	18,8	0,0001
Negative	8	29,6	19	70,4	
Optimism					
Positive	27	75,0	9	25,0	0,002
Negative	7	30,4	16	69,6	
Hope					
Positive	20	51,3	19	48,7	0,272
Negative	14	70,0	6	30,0	
Resilience					
Positive	23	53,5	20	46,5	0,448
Negative	11	68,8	5	31,3	
Stres					
Normal	28	70,0	12	30,0	0,012
Light	6	31,6	13	68,4	
Anxiety					
Normal	23	53,3	20	46,5	0,448
Light	11	68,8	5	31,3	
Depression					
Normal	29	53,7	25	46,3	0,066
Light	5	100,0	0	0,0	

Table 3 shows that there is no relationship between age and nurse performance ($p=1.000$). Furthermore, there is no relationship between gender and nurse performance ($p=0.789$). Then, there is no relationship between education and nurse performance ($p=0.0001$). There is no relationship between employment status and nurse performance ($p=1.000$). There is no relationship between length of service and nurse performance ($p=0.187$). There is a relationship between self-efficacy and nurse performance ($p=0.0001$). There is a relationship between optimism and nurse performance ($p=0.002$). There is no relationship between hope and nurse performance ($p=0.272$). There is no relationship between resilience and performance ($p=0.448$). There is a relationship between stress and nurse performance ($p=0.012$). There is no relationship between anxiety and performance ($p=0.448$). Finally, there is no relationship between depression and nurse performance ($p=0.066$).

Table 4.

Step 1 Analysis of determinants of psychological aspects related to nurse performance ($n = 59$)

Predictor	B	OR	P-Value	95% CI	
				Lower	Upper
Education	-0,723	0,485	0,087	0,212	1,111
Years of service	0,614	1,848	0,455	0,369	9,247
Self-Efficacy	2,116	8,298	0,005	1,897	36,301
Optimism	2,105	8,209	0,010	1,652	40,794
Hope	-0,484	0,617	0,532	0,135	2,809
Stres	1,713	5,543	0,042	1,067	28,795
Constant	-0,350	0,705	0,833		

Table 4 shows that self-efficacy ($P = 0.005$), optimism ($P = 0.010$) and stress ($P = 0.042$) obtained a P Value < 0.05 so that H_0 was rejected, which means that these psychological aspects are significant predictors related to the performance of nurses at Bhayangkara Hospital Level III Banda Aceh. While other predictors obtained P Value > 0.05 so that H_0 was accepted, which means that these predictors are not significant predictors related to the performance of nurses at Bhayangkara Hospital Level III Banda Aceh. The next step is to re-test the significant factors until no more P Value > 0.05 is found.

Table 5.

Step 2 Analysis of Determinants of Psychological Aspects Related to Nurse Performance (n = 59)

Prediktor	B	OR	P-Value	95% CI	
				Lower	Upper
Self-Efficacy	2,181	8,857	0,002	2,185	35,905
Optimism	1,976	7,213	0,007	1,701	30,591
Stres	1,584	4,875	0,039	1,086	21,889
Constant	-2,715	0,066	0,000		

Table 5 shows that self-efficacy ($P = 0.002$), optimism ($P = 0.007$) and stress ($P = 0.039$) are significant predictors related to nurse performance at Bhayangkara Hospital Level III Banda Aceh. Based on the results of this study, it is known that the more positive self-efficacy and optimism and the more normal stress, the better the nurse performance at Bhayangkara Hospital Level III Banda Aceh. The results of this study also provide the conclusion that self-efficacy is the most dominant predictor related to nurse performance at Bhayangkara Hospital Level III Banda Aceh (OR: 8.857).

DISCUSSION

The results of the study showed that age was not related to nurse performance at Bhayangkara Hospital Level III Banda Aceh ($P = 1.000$). This finding confirms that age is not a primary determinant in assessing nursing performance. This may be due to the existence of strict standard operating procedures (SOPs) and a uniform training system for nurses of various age groups (Utikasari & Sipayung, 2024). Thus, both junior and senior nurses have the same working foundation, so performance is maintained regardless of age differences (Ren et al., 2025). Previous literature suggests that age can influence adaptability and resilience in the workplace, with younger nurses tending to absorb new technologies more quickly, while older nurses have advantages in clinical experience and emotional resilience (Sibuea et al., 2024). However, conditions at Bhayangkara Hospital in Banda Aceh demonstrate that a combination of generations can work well within a standardized system. This demonstrates the hospital management's success in creating a collaborative work environment across ages.

Gender was also found to be insignificantly associated with nurse performance ($P = 0.789$). Although the majority of nurses were female (76.3%), this study demonstrated that the performance of men and women did not differ significantly. This supports the modern nursing paradigm that emphasizes professional competence over demographic attributes such as gender (Duan et al., 2024). These findings have important implications for human resource development. While gender-based performance assessments can potentially introduce social bias, this study confirms that motivation, experience, and competence are more relevant factors. Therefore, recruitment policies should be inclusive, providing equal opportunities for both men and women to advance in the nursing profession (Masibo et al., 2025).

Education also showed no significant relationship with performance ($P = 0.187$), despite the majority of respondents having a nursing degree (64.4%). This indicates that formal education does not necessarily impact nurse performance, especially when the hospital work system limits the opportunity to actualize academic excellence in daily practice (Grøndahl et al., 2025). According to Herzberg's theory, intrinsic motivation is a greater determinant of performance than external factors such as formal education. In other words, even if a nurse has a strong academic background, performance will not be optimal if the work environment is not supportive. This finding suggests the need for a more comprehensive competency-based assessment system so that nursing graduates can demonstrate differentiated quality based on their academic excellence (Mohamed Mohamed Bayoumy & Alsayed, 2021).

Employee status was also unrelated to performance ($P = 1.000$). The majority of nurses held police/civil servant status (74.6%), which aligns with the hospital's profile, which falls under the police force. However, formal status did not impact work quality, as performance indicators were

primarily determined by the implementation of clinical tasks and adherence to standard operating procedures (Budiana, 2023). Nurses' tenure also had no correlation with performance ($P = 0.187$). Most respondents had less than 5 years of tenure (64.4%), but the analysis showed that their performance was no different from that of their more senior counterparts. This could be explained by an effective training and supervision system that equates the abilities of new nurses with those of experienced nurses. This finding aligns with literature that emphasizes that motivation, work ethic, and organizational support are often more influential than tenure (Platis et al., 2022).

In contrast, psychological factors showed a significant influence. Self-efficacy was shown to be significantly associated with performance ($P = 0.0001$). Nurses with high confidence in their abilities tended to be more proactive, persistent, and able to manage work pressure well. This finding aligns with Bandura's theory, which states that self-efficacy is a key predictor of effective work behavior (Shengyao et al., 2024). Optimism has also been shown to significantly impact performance ($P = 0.002$). Optimistic nurses tend to be more patient with patients, more cooperative with their team, and more resilient when dealing with work pressure. This supports psychological capital theory, which emphasizes the role of optimism as a crucial mental asset in improving productivity and service quality (Gil-Almagro et al., 2024).

Stress also had a significant relationship with performance ($P = 0.012$). Although the majority of nurses did not experience stress (67.8%), those who did tend to show decreased performance. This is consistent with the Yerkes-Dodson law, which explains that stress only increases performance up to a certain point, but declines drastically if it exceeds the optimal threshold (Babapour et al., 2022). Logistic regression analysis showed that self-efficacy was the most dominant predictor, with an OR of 8.857. This means that nurses with high self-efficacy were almost nine times more likely to perform well than those with low self-efficacy. Meanwhile, optimism and stress remained significant predictors. Thus, psychological aspects have been shown to be more influential in determining nurse performance than demographic or structural factors. Therefore, psychological strengthening through training, organizational support, and developing a positive work environment should be a priority in nursing management (Lopez-Garrido, 2023).

CONCLUSION

Psychological factors, particularly self-efficacy, optimism, and stress levels, are significant determinants of nurse performance, with self-efficacy being the most dominant predictor. Meanwhile, demographic factors such as age, gender, education, employment status, and length of service were not shown to influence performance. These findings demonstrate the importance of strengthening nurses' psychological well-being through training, coaching, and supportive work environments to improve nursing performance.

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