

The Influence of Organizational Commitment, Effective Communication, and the Work Environment on the Caring Behavior of Inpatient Nurses at Annisa Hospital, Cikarang

Sashenna Rahmadiyanto¹, Abdul Aziz¹, Haidar Istiqlal²

¹Annisa Hospital Cikarang

¹Poltekkes Kemenkes Jakarta III

²Respati University Indonesia

¹Sasenarahma@gmail.com

¹az.mandiri@yahoo.com

ABSTRACT

Nurses' caring behavior in providing nursing care to patients plays a crucial role in enhancing the quality of nursing services and ensuring patient safety, which in turn contributes to patient recovery. However, in practice, the delivery of high-quality nursing services is still hindered by the prevalence of non-caring behaviors in patient care. Therefore, concrete measures are required to reduce such behaviors by strengthening organizational commitment, effective communication, and the work environment, thereby fostering caring behavior among nurses. This study aimed to examine the influence of organizational commitment, effective communication, and the work environment on nurses' caring behavior. A non-experimental, cross-sectional research design was employed. The analysis focused on measuring the extent to which independent variables affect the dependent variable. Data were analyzed using Multiple Linear Regression with the assistance of statistical software. Data collection was conducted through questionnaires distributed to inpatient nurses at Annisa Hospital Cikarang. The study population consisted of 95 nurses, with a final sample of 49 respondents. The statistical analysis was carried out using SPSS Version 24.0. The findings revealed that: (1) organizational commitment significantly influenced caring behavior ($t = -2.751$, $p = 0.009 < 0.05$); (2) effective communication significantly influenced caring behavior ($t = 2.181$, $p = 0.034 < 0.05$); (3) the work environment significantly influenced caring behavior ($t = 3.365$, $p = 0.002 < 0.05$); and (4) organizational commitment, effective communication, and the work environment collectively had a significant effect on caring behavior ($F = 91.364$, $p = 0.000 < 0.05$). In conclusion, organizational commitment, effective communication, and the work environment together account for 85.9% of the variance in nurses' caring behavior, while the remaining 14.1% is explained by other factors not examined in this study. It is therefore recommended that reinforcement strategies be implemented to strengthen nurses' caring behavior, particularly in inpatient care settings, by enhancing organizational commitment, improving communication effectiveness, and optimizing the work environment to foster positive caring practices.

Keywords:

caring behavior, organizational commitment, effective communication, work environment

INTRODUCTION

Caring is central to nursing practice, and its importance has become even more pronounced amidst the current turbulence within healthcare services. Increasing demands, pressures, and strict time constraints within healthcare environments limit the space for caring practices, creating challenges not only for nurses but also for other healthcare professionals and patients themselves (Watson, as cited in Potter & Perry, 2006).

According to Kozier (2010), caring is often regarded by many nurses as a fundamental aspect of nursing. Caring fosters self-actualization, supports individual growth, upholds dignity, and reduces distress. Furthermore, caring creates meaningful bonds and positive relationships between nurses and patients. Caring is not merely a means to an end, but rather a goal in itself. Thus, caring represents a dynamic essence

in nursing practice, expressed through behaviors that help, support, and demonstrate concern for patients. Caring constitutes the foundation of professional nursing practice, with the primary aim of improving the quality of nursing services and ensuring patient satisfaction.

Larson (1984, as cited in Watson, 2002) identified six dimensions of caring within the nursing practice environment, namely readiness and willingness, explanation and facilitation, comfort, anticipatory actions, building a trusting relationship, and patient guidance and supervision.

- a. Readiness and willingness:** The readiness and willingness of nurses are essential for fostering open relationships between nurses and patients, respecting emotions, and facilitating meaningful interactions among nurses, patients, and families. Manifestations of caring behavior include allowing patients to express their feelings, showing acceptance, expressing willingness to help patients address their problems, encouraging patients to share their expectations, and actively listening (Desianora et al., 2019).
- b. Explanation and facilitation:** Problem-solving in nursing care can be achieved through an approach based on explanation and facilitation. This refers to a nurse's ability to provide clear explanations related to patient care, decision-making, and health education for patients and their families. As noted by Desianora et al. (2019), caring behavior is demonstrated when nurses create a supportive environment for health education tailored to patients' needs, provide reassurance of their willingness to share information, assist patients in decision-making through scientific approaches, safeguard patients from harmful practices, and act as mediators between patients and other healthcare professionals.
- c. Comfort:** Meeting patients' basic needs requires attention to comfort. Nurses must be able to ensure physical, emotional, and psychological comfort. According to Desianora et al. (2019), caring behavior in this dimension is manifested when nurses genuinely assist patients with their activities of daily living (ADL), respect patients' privacy, and demonstrate respect and appreciation for their dignity.
- d. Anticipatory actions:** Anticipation is a critical element of caring behavior. It involves preventive measures and proactive responses to undesirable changes in patients' conditions. Desianora et al. (2019) note that caring behaviors in this area include patience, calmness, empathy, accompanying patients, placing oneself in the patient's position, sharing in patients' suffering, and interpreting patient behavior to identify psychological needs.
- e. Building a trusting relationship:** Caring requires the establishment of a trusting relationship, which reflects the nurse's ability to build interpersonal connections, demonstrate responsibility, and interpret patients' conditions appropriately. Manifestations of caring behavior include being physically present, showing honesty, being empathetic toward patients' feelings, and communicating in a calm tone and manner (Desianora et al., 2019).
- f. Patient guidance and supervision:** Nurses also play a role in creating both physical and non-physical environments that provide support, prevention, and healing. This requires recognizing internal and external environmental influences on patients' health. Caring behaviors in this dimension include promoting togetherness and harmony by respecting patients' spiritual needs, providing a clean and orderly environment, and conducting home visits following discharge (Desianora et al., 2019).

Organizational commitment is defined as the bond between an individual and the organization in which they work, characterized by acceptance of and belief in organizational values and goals. Individuals who are highly committed demonstrate a willingness to dedicate themselves, act earnestly in advancing organizational interests, align themselves with organizational objectives, and maintain their membership in the organization (Robbins & Judge, 2008; Permatasari, 2018).

According to Utaminingsih (2014, as cited in Desi, 2024), organizational commitment is a key factor in the study of organizational behavior and management, particularly in relation to the interaction between individuals and organizations. Organizational commitment refers to a strong acceptance by individuals, encompassing loyalty, job involvement, and identification with the organization's values and goals, as well as the willingness and determination to remain with the organization (Busro, 2018). Based on these definitions, organizational commitment can be understood as the belief in and acceptance of organizational values that motivates individuals to maintain membership and exert significant effort toward the achievement of organizational objectives.

Organizational commitment consists of several dimensions, each with distinct characteristics. Meyer and Allen (1991, as cited in Desi, 2024) describe organizational commitment as multidimensional, comprising affective commitment, continuance commitment, and normative commitment.

a. Affective Commitment

Affective commitment reflects the emotional attachment of individuals to identify with and become involved in their organizations (Shaleh, 2018). Individuals with strong affective commitment feel a close emotional bond with their organization, motivating them to make meaningful contributions (Busro, 2018). Such individuals continue working within the organization because of their emotional connection, characterized by a sense of love for the organization. Affective commitment is considered a key determinant of dedication and loyalty (Yusuf & Syarif, 2018). Employees with high affective commitment typically exhibit high performance, positive attitudes at work, and a strong desire to remain with the organization (Starnes & Truhon, 2006). Thus, affective commitment can be summarized as the emotional attachment and involvement of individuals in sustaining their membership within the organization. Indicators of affective commitment include satisfaction in career development within the organization, feeling like a part of the organization, sharing in the organization's problems, and pride in discussing the organization with others (Allen & Meyer, as cited in Desi, 2024).

b. Continuance Commitment

Continuance commitment is based on the perceived costs and benefits of remaining in the organization (Shaleh, 2018). Individuals make their best efforts when appropriately rewarded (Starnes & Truhon, 2006). According to Robbins and Timothy (2008), the perceived economic value of staying in an organization is often greater than that of leaving it. Employees may remain committed because of financial incentives, fear of economic loss, or the negative impact that resignation may have on their families. In essence, individuals with strong continuance commitment stay within the organization for personal benefit. Indicators of continuance commitment include feeling reluctant to leave the organization, perceiving no alternatives, experiencing loss if they resign, and believing the organization aligns with their expectations and desires (Allen & Meyer, as cited in Desi, 2024).

c. Normative Commitment

Normative commitment is characterized by a sense of obligation to remain in the organization, often arising from a belief that leaving would be morally or socially inappropriate (Permatasari, 2018; Shaleh, 2018). This dimension generates feelings of responsibility and duty to reciprocate the benefits received from the organization. Employees with high normative commitment remain because they perceive it as the right thing to do (Busro, 2018). Normative commitment can be measured through indicators such as reluctance to transfer to another organization, loyalty, a sense of compatibility with the organization, and awareness that many outside the organization remain unemployed (Allen & Meyer, as cited in Desi, 2024).

Communication is a multidimensional, multifactorial, dynamic, and complex process that is closely linked to the environment and individual experiences (Fleischer et al., 2009). Effective communication is a key element in delivering high-quality nursing care, leading to improved patient satisfaction and outcomes (Ratna Sari et al., 2021). Communication between nurses and patients' families is an essential component of nursing practice. The ability of healthcare professionals to communicate effectively reduces anxiety, guilt, pain, and symptoms, while enhancing caring behavior, patient acceptance, compliance, and cooperation. Furthermore, it improves patients' physiological and functional status and supports health education (Moslehpoor et al., 2022).

Hospital services, being multidisciplinary, often risk overlapping interventions, interprofessional conflicts, and delays in care delivery. Previous studies have shown that while nurses are trained to build effective communication, not all of them implement these strategies consistently in clinical settings, leading to misunderstandings among healthcare teams, particularly in hospital contexts. Patients of various ages frequently require complex health services that demand effective communication, especially regarding mobility, sensory, cognitive needs, and language barriers during hospitalization (Prasanti et al., 2017).

Hospitalization can be stressful and unpleasant for patients and their families. Effective communication is therefore vital, as patients often perceive their interactions with nurses as the key to their overall care experience (Fleischer et al., 2009). Through communication, nurses become familiar with patient needs, thereby enabling the provision of high-quality healthcare. Patients with communication disabilities are three times more likely to experience medical or clinical complications compared to others (Burgess et al., 2020).

The first step in addressing communication issues between healthcare professionals (physicians, nurses, etc.) and patients is mutual awareness of communication barriers. Establishing effective relationships requires a shared understanding between both parties (Maame Kissiwa Amoah et al., 2018).

One structured tool for improving communication is the Situation-Background-Assessment-Recommendation (SBAR) framework, designed to reduce communication-related errors and enhance caring behavior. SBAR improves clarity in nurse communication, thereby strengthening caring practices, service quality, and patient safety. In Korea, SBAR has gained significant attention, prompting regulatory calls to ensure accurate communication among healthcare professionals. Several studies have highlighted SBAR as an essential competency for patient safety in healthcare systems (Andreasen et al., 2022).

According to Mardiana (2005), the work environment refers to the setting in which employees perform their daily tasks. It is crucial for managers and organizations to ensure that employees feel comfortable, safe, and focused while carrying out their

duties. Nitisemito (2008) describes the work environment as everything surrounding employees that may affect their ability to perform their tasks, such as cleanliness, ambiance, or background music.

Both internal and external factors within an organization can influence its progress. Therefore, organizations must anticipate and manage these factors, as the work environment plays a decisive role in determining employee performance and quality of work. Sedarmayanti (2009) defines the work environment as the totality of tools, equipment, surroundings, work methods, and organizational arrangements that shape individual and group performance.

METHOD

This study employed a quantitative research design using logistic regression analysis with a descriptive-analytic approach through a cross-sectional design. The cross-sectional method was chosen because no intervention was conducted, and data collection was carried out only once. In this design, cross-tabulation was performed between the dependent variable (caring behavior) and the independent variables (organizational commitment, effective communication, and work environment). Measurements of all variables were conducted simultaneously, and the correlations between them were then analyzed.

The target population of this study consisted of all nurses working in the inpatient care unit of Annisa Hospital Cikarang, totaling 95 nurses. Based on sampling calculations, the study sample comprised 49 nurses employed in the inpatient care unit of Annisa Hospital. These participants were selected because their daily responsibilities involve providing direct health care services to patients utilizing the hospital's health facilities.

RESULTS AND DISCUSSION

1. Results of t-Test in Multiple Linear Regression

The t-test was conducted to determine whether each independent variable individually (partially) affects the dependent variable. The results of the t-test are presented in Table 1.

Table 1. Results of t-Test in Multiple Linear Regression

Model	t	Sig.
(Constant)	2.114	0.040
Organizational Commitment	2.751	0.009
Effective Communication	2.181	0.034
Work Environment	3.365	0.002

Source: SPSS Data Processing, 2025

The findings indicate that:

- Organizational Commitment has a positive and significant effect on Caring Behavior ($t = 2.751$, $p = 0.009 < 0.05$).
- Effective Communication has a positive and significant effect on Caring Behavior ($t = 2.181$, $p = 0.034 < 0.05$).
- Work Environment has a positive and significant effect on Caring Behavior ($t = 3.365$, $p = 0.002 < 0.05$).

2. Results of F-Test in Multiple Linear Regression

The F-test was conducted to examine whether all independent variables jointly (simultaneously) influence the dependent variable. The results are presented in Table 2.

Table 2. Results of F-Test in Multiple Linear Regression

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	1547.977	3	515.992	91.364	0.000
Residual	254.145	45	5.648		
Total	1802.122	48			

Source: SPSS Data Processing, 2025

The F-test results show that the calculated F-value is 91.364 with a p-value of 0.000 (< 0.05). This indicates that Organizational Commitment, Effective Communication, and Work Environment simultaneously exert a significant influence on Caring Behavior.

3. Standardized Coefficients Beta Analysis

The magnitude of each independent variable's influence is shown in Table 3.

Table 3. Standardized Coefficients Beta of Each Variable

Variable	Standardized Coefficients Beta
Organizational Commitment	0.216
Effective Communication	0.313
Work Environment	0.467

Source: SPSS Data Processing, 2025

The results indicate that the Work Environment variable has the strongest effect ($\beta = 0.467$) compared to the other independent variables. Therefore, the Work Environment is the most dominant factor influencing Caring Behavior.

4. Effect of Organizational Commitment on Caring Behavior

The results reveal that Organizational Commitment has a significant positive effect on Caring Behavior ($t = 2.751$, $p = 0.009 < 0.05$). This finding is consistent with Desi (2024), who reported a significant effect of organizational commitment on nurses' caring behavior ($p = 0.022$). Similarly, Evi (2019) found that organizational commitment significantly influenced the implementation of caring behavior among inpatient nurses at Rumah Sakit Tingkat III Baladhika Husada Jember ($p = 0.001$; $r = 0.457$).

According to Arbabisarjou et al. (2016), organizations require employees who perform their duties with love, enthusiasm, and strong organizational commitment to achieve their objectives. Therefore, hospitals should strengthen nurses' organizational commitment to enhance caring behavior.

This study suggests that nurses with high organizational commitment are three times more likely to demonstrate caring behavior compared to those with low commitment. Conversely, neglecting employee commitment may increase resource costs and result in instability within the workforce, negatively impacting organizational performance and caring behavior.

5. Effect of Effective Communication on Caring Behavior

The findings demonstrate that Effective Communication has a significant positive effect on Caring Behavior ($t = 2.181$, $p = 0.034 < 0.05$). This result aligns with Hany (2025), who found a significant relationship ($p = 0.032$), with 71% of nurses practicing effective communication. Anillis (2024) also confirmed this relationship ($p = 0.001$).

According to Carl Rogers, as cited in Musliha & Fatmawati (2010), effective communication must be based on trust and respect. Nurses should understand patients' values, recognize both physical and psychological needs, and build

therapeutic relationships. Effective communication not only enhances cooperation but also improves patients' ability to cope with health challenges.

The researcher assumes that strengthening effective communication is crucial to improving caring behavior. Hospitals must foster communication grounded in trust, respect, and empathy to enhance patient-centered care.

6. Effect of Work Environment on Caring Behavior

The results show that the **Work Environment** significantly influences Caring Behavior ($t = 3.365$, $p = 0.002 < 0.05$). This finding is consistent with Anillis (2024), who reported a significant effect of work environment on caring behavior ($p = 0.002$), and Wahyuni (2022), who demonstrated that dimensions of the work environment were strongly correlated with nurses' caring behavior.

According to Sihombing (2004), the work environment encompasses both physical (e.g., equipment, temperature, noise, cleanliness, safety) and non-physical factors (e.g., relationships between superiors and subordinates). A supportive environment creates comfort and focus, while poor conditions reduce performance and caring behavior.

The researcher concludes that a positive work environment fosters discipline, creativity, collaboration, and higher productivity, which in turn enhances caring behavior among nurses.

7. Simultaneous Effect of Organizational Commitment, Effective Communication, and Work Environment

The simultaneous regression analysis indicates that Organizational Commitment, Effective Communication, and Work Environment collectively exert a significant influence on Caring Behavior ($F = 91.364$, $p = 0.000 < 0.05$), with an R^2 value of 0.859. This means that 85.9% of Caring Behavior is explained by the three independent variables, while the remaining 14.1% is influenced by other factors not examined in this study.

The most dominant predictor of Caring Behavior is the Work Environment ($\beta = 0.467$). Other factors beyond the model, such as knowledge, motivation, job satisfaction, organizational culture, work experience, and education, may also influence nurses' caring behavior, as supported by various studies (Watson, 2008; Lu et al., 2012; Cummings et al., 2010; Scott-Findlay & Estabrooks, 2006; Ericsson, 2006; McCance et al., 2013).

In summary, enhancing organizational commitment, effective communication, and work environment are essential strategies for hospitals to promote caring behavior among nurses.

CONCLUSION

The hypothesis testing in this study provides valuable insights into the factors influencing nurses' caring behavior in the inpatient ward of RS. Annisa Cikarang. The analysis emphasizes the role of organizational commitment, effective communication, and work environment as key determinants in shaping and strengthening caring practices in nursing services. The following points outline the main findings:

1. Organizational Commitment and Caring Behavior: The study identified a significant influence of organizational commitment on nurses' caring behavior. This aligns with organizational commitment theory, which suggests that strong commitment fosters attachment and motivation among individuals. In nursing practice, organizational commitment motivates nurses to consistently provide

quality care. Strengthening organizational commitment is therefore essential to enhance caring behavior.

2. **Effective Communication and Caring Behavior:** The findings indicate a significant impact of effective communication on nurses' caring behavior. Supported by communication theory, effective communication improves understanding of patient needs and enables delivery of high-quality care. Nurses must therefore foster effective communication with patients and colleagues to strengthen caring practices.
3. **Work Environment and Caring Behavior:** The results also demonstrate that the work environment significantly affects nurses' caring behavior. In line with work environment theory, a supportive and positive atmosphere motivates nurses and enhances their willingness to provide optimal care. Hospitals should thus create conducive working conditions to promote caring behavior.
4. **Simultaneous Influence of Organizational Commitment, Effective Communication, and Work Environment:** Collectively, these three variables explain 85.9% of the variance in nurses' caring behavior, highlighting their critical role in shaping professional nursing practices. This finding confirms that both internal and external organizational factors jointly influence behavioral outcomes.

This study concludes that nurses' caring behavior is significantly shaped by organizational commitment, effective communication, and work environment. Both individually and collectively, these factors demonstrate a powerful impact on the quality of patient care. Hospitals seeking to improve nursing services must pay careful attention to these elements as strategic levers for strengthening caring behavior among their staff.

Recommendations

1. **Strengthen Organizational Commitment:** Hospitals should design programs and policies that foster loyalty, motivation, and a sense of belonging among nurses, including recognition systems, career development, and fair reward mechanisms.
2. **Promote Effective Communication:** Continuous training in communication skills should be provided to enhance nurse-patient and inter-professional communication, ensuring that patient needs are well-understood and met with empathy.
3. **Enhance the Work Environment:** Hospital management should build a supportive, safe, and collaborative work environment that encourages teamwork, reduces stress, and motivates nurses to perform at their best.
4. **Integrative Strategy:** A comprehensive approach that simultaneously addresses organizational commitment, communication effectiveness, and work environment should be implemented to maximize the impact on caring behavior and improve patient outcomes.

Reference

Achua, C. F., & Lussier, R. N. (2010). *Effective leadership* (4th ed.). Canada: South-Western Cengage Learning.

Aamodt, M. G. (2007). *Industrial organizational psychology: An applied approach* (5th ed., p. 363). USA: Thomson Wadsworth.

Andrews, L. W., Daniels, P., & Hall, A. G. (1996). Peran zat peduli perilaku: Membandingkan lima alat untuk menentukan persepsi. *Ostomy/Wound Management*, 42(1), 28–30.

Aryandi, E. (2015). Hubungan lingkungan kerja dengan tingkat kinerja perawat di unit kegawatdaruratan Rumah Sakit PKU Muhammadiyah Yogyakarta.

Ayala, R. A., & Calvo, M. J. (2017). Cultural adaptation and validation of the Caring Behaviors Assessment tool in Chile. *Nursing and Health Sciences*, 19(4), 459–466. <https://doi.org/10.1111/nhs.12364>

Azwar, S. (2011). *Sikap manusia: Teori dan pengukurannya*. Yogyakarta: Pustaka Pelajar.

Brilowski, G. A., & Wendler, M. C. (2004). An evolutionary concept analysis of palliative care. *Journal of Palliative Care & Medicine*, 2(6), 641–650. <https://doi.org/10.4172/2165-7386.1000127>

Colquitt, J. A., Lepine, J. A., & Wesson, M. J. (2009). *Organizational behavior: Improving performance and commitment in the workplace*. New York: McGraw-Hill Irwin.

Cummings, G. G., et al. (2010). The effects of transformational leadership on nurse job satisfaction and patient satisfaction. *Journal of Nursing Administration*, 40(10), 432–438.

Edvardsson, D., Mahoney, A. M., Hardy, J., McGillion, T., McLean, A., Pearce, F., ... Watt, E. (2015). Psychometric performance of the English six-item Caring Behaviours Inventory in an acute care context. *Journal of Clinical Nursing*, 24(17–18), 2538–2544. <https://doi.org/10.1111/jocn.12849>

Ericsson, K. A. (2006). The influence of experience and deliberate practice on the development of superior expert performance. In *The Cambridge Handbook of Expertise and Expert Performance* (pp. 683–703). Cambridge University Press.

Finfgeld-Connett, D. (2008). Qualitative comparison and synthesis of nursing presence and caring. *Journal of Nursing Scholarship*, 40(2), 121–128.

Gibson, J. L., Ivancevich, J. M., Donnelly, J. H., & Konopaske, R. (2006). *Organizations: Behavior, structure, processes*. New York: McGraw-Hill/Irwin.

George, J. M., & Jones, G. R. (2012). *Understanding and managing organizational behavior* (6th ed.). New York: Pearson Education, Inc.

Griffin, B. A. (1983). A philosophical analysis of caring in nursing. *Journal of Advanced Nursing*, 8(1), 23–32.

Hidayat, A. A. (2008). *Metode penelitian keperawatan dan teknik analisis data*. Jakarta: Salemba Medika.

Husna, A. R., Sumarliyah, E., & Tipo, A. (2009). Hubungan komunikasi terapeutik perawat dengan kepuasan pasien dalam pelayanan keperawatan di Rumah Sakit Siti Khodijah Sepanjang. *Jurnal Keperawatan*, 2(1), 42–50.

Haig, K. M., Sutton, S., & Whittington, J. (2006). SBAR: A shared mental model for improving communication between clinicians. *Joint Commission Journal on Quality and Patient Safety*, 32(3), 167–175.

Ivancevich, J. M., Konopaske, R., & Matteson, M. T. (2008). *Organizational behavior and management* (8th ed.). New York: McGraw-Hill Irwin.

Kreitner, R., & Kinicki, A. (2007). *Organizational behavior* (7th ed.). New York: McGraw-Hill Irwin.

Kreitner, R., & Kinicki, A. (2008). *Organizational behavior* (8th ed.). New York: McGraw-Hill Irwin.

Kozier, B. (2010). *Buku ajar praktik keperawatan klinis* (5th ed.). Jakarta: EGC.

Luthans, F. (2008). *Organizational behavior* (11th ed.). New York: McGraw-Hill/Irwin.

Lu, H., et al. (2012). Job satisfaction and its related factors among nurses in China. *Journal of Nursing Management*, 20(3), 346–355.

Mullins, L. J. (2010). *Management and organizational behavior* (9th ed.). London: Pearson Education.

Marquis, B. L., & Huston, C. J. (2010). *Kepemimpinan dan manajemen keperawatan: Teori & aplikasi* (4th ed.). Jakarta: EGC.

Marriner, T. (2009). *Nursing theorists and their work*. (A. Komara, Trans.). Jakarta: Gramedia Pustaka.

Mathis, R. L., & Jackson, J. H. (2006). *Human resource management: Manajemen sumber daya manusia* (D. Angelia, Trans.). Jakarta: Salemba Empat.

Mobley, W. H. (2011). *Pergantian karyawan: Sebab, akibat dan pengendaliannya* (N. Imam, Trans.). Jakarta: Pustaka Binaman Pressindo.

Mondy, R. W. (2008). *Manajemen sumber daya manusia*. Jakarta: Erlangga.

Morrison, & Paul. (2009). *Caring and communicating: Hubungan interpersonal dalam keperawatan* (2nd ed.). Jakarta: EGC.

McMullen, S. H., & McMullen, W. F. (2009). The relationship between nurse experience and caring behaviors. *Journal of Nursing Administration*, 39(10), 442–448.

McGilton, K. S., et al. (2013). The relationship between organizational culture and nurse-sensitive outcomes in long-term care. *Journal of Nursing Administration*, 43(10), 538–544.

McCance, T. V., et al. (2013). Caring, person-centredness and practice development: An evaluation of an educational programme. *Journal of Nursing Management*, 21(1), 89–99.

Notoatmojo, S. (2012). *Metodologi penelitian kesehatan* (Edisi revisi). Jakarta: Rineka Cipta.

Nursalam. (2015). *Manajemen keperawatan: Aplikasi dalam praktik keperawatan profesional* (Edisi 5). Jakarta: Salemba Medika.

Nursalam. (2014). *Konsep dan penerapan metodologi penelitian ilmu keperawatan*. Jakarta: Salemba Medika.

Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Robbins, S. P., & Judge, T. A. (2011). *Organizational behavior* (14th ed.). New Jersey: Pearson Education International.

Robbins, S. P. (2008). *Perilaku organisasi*. Jakarta: Salemba Empat.

Schermerhorn, J. R., Osborn, R. N., Uhl-Bien, M., & Hunt, J. G. (2012). *Organizational behavior* (12th ed.). New Jersey: John Wiley & Sons.

Sugiyono. (2009). *Metode penelitian bisnis: Pendekatan kuantitatif, kualitatif dan R&D*. Bandung: Alfabeta.

Swanson, K. M. (1991). Empirical development of a middle range theory of caring. *Nursing Research*, 40(3), 161–166.

Watson, J. (2008). *Nursing: The philosophy and science of caring*. University Press of Colorado.