Advances in Community Services Research

OPEN ACCESS

Volume 4, Issue 2 (2026). 286-303

e-ISSN: 2985-9778

DOI: https://doi.org/10.60079/acsr.v4i2.1070

ACSR | RESEARCH ARTICLE

Job Commitment, Job Satisfaction, and Workload on the Performance of Nurses in the Inpatient Ward at Stella Maris Hospital

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ARTICLE HISTORY

Submitted	:	August 03, 2026
Reviewed	:	August 04, 2026 August 12, 2026
Revised	:	August 26, 2026
Accepted	:	August 28, 2026
Published	:	August 31, 2026

Conflict of Interest Statement:
The author(s) declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

ABSTRACT

Purpose: This study aims to test the hypotheses regarding the positive relationship between job commitment and job satisfaction, as well as the negative relationship between workload and performance among nurses in the inpatient unit at Stella Maris Hospital in Makassar.

Research Method: This quantitative study employed a cross-sectional analytical design. All 120 nurses were selected using a saturation sampling technique. Data were collected using a structured questionnaire and analyzed through descriptive analysis, the Chi-square test, and Spearman's correlation.

Results and Discussion: Job commitment and job satisfaction were positively associated with nurses' performance, whereas workload was negatively associated with performance. Dedication showed the strongest positive association, while physical workload showed the strongest negative association. These findings highlight the importance of a balance between psychological resources, organizational support, and job demands.

Implications: Hospitals need to strengthen recognition, supervision, career development, team relationships, adequate staffing, and a proportional division of labor. Future research is recommended to use a longitudinal design, objective performance data, and multivariate analysis.

Originality: This study integrates work engagement, job satisfaction, and workload to explain nurse performance in the context of a private hospital in Makassar.

Keywords: work engagement; job satisfaction; workload; nurse performance; hospital.

1. Introduction

Hospitals are healthcare institutions that play a strategic role in improving public health. The quality of human resources greatly influences the success of hospital services, particularly nurses—a group of healthcare workers who engage in high-intensity interactions and have extended contact time with patients (Sapulette *et al.,* 2025). Nurses are responsible for providing comprehensive nursing care, from assessment, nursing diagnosis, and planning to implementation and evaluation. Therefore, nurses' performance is a key indicator in determining the quality of care, patient safety, and the effectiveness of healthcare delivery in hospitals (Aisyah *et al.,* 2026). Healthcare workers who are motivated,

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committed to their work, and supported by favorable working conditions are essential for improving the quality of healthcare services. However, high workloads, low job engagement, and job dissatisfaction remain challenges faced by nurses. These conditions have the potential to reduce productivity and quality of care, increase the risk of work-related burnout and service errors, endanger patient safety, and drive up nurse turnover.

Issues regarding nursing workforce resources are also evident in the gap between the demand for and availability of nurses. The State of the World's Nursing Report 2025 indicates that the global nursing workforce increased from 27.9 million in 2018 to 29.8 million in 2023. Despite this growth, the world is projected to still face a shortage of approximately 4.5 million nurses by 2030. This shortage is particularly acute in low- and middle-income countries, including those in Southeast Asia (World Health Organization [WHO], 2025). In Indonesia, the distribution of health workers remains uneven across regions and health care facilities (Thabrany, 2018). Data from the WHO and the Ministry of Health indicate that only about 65% of community health centers (puskesmas) meet the minimum standards for healthcare workforce availability. This disparity results in some healthcare workers, including nurses, having to handle a heavier workload than their ideal capacity allows. At the same time, the prevalence of workforce turnover in Indonesia was reported to reach 20.8% in 2019 (Cinta *et al.,* 2025). This situation poses a challenge for healthcare organizations, as it can disrupt human resource stability, service continuity, and the quality of care patients receive.

A similar issue was identified at Stella Maris Hospital in Makassar, one of the city's major private hospitals with full accreditation. The hospital continues to strive to improve service quality through various quality improvement programs. However, increasingly intense competition in healthcare services requires the hospital to pursue continuous quality improvement in order to meet patients' needs and expectations. Previous research at Stella Maris Hospital in Makassar indicated that aspects of service quality still need improvement. Additionally, nurses' turnover intention remains an issue that requires management's attention. The nurse turnover rate at Stella Maris Hospital in Makassar reached 15.26%, higher than the 10% annual turnover threshold used as a benchmark (Ramadhanti, 2025). This situation indicates issues in human resource management that could affect staff availability, the workload of remaining nurses, organizational performance, and the quality of healthcare services. Hospitals need nurses who are professional, responsive, patient-safety-oriented, highly engaged in their work, experience adequate job satisfaction, and are supported by an appropriate workload distribution.

One factor believed to be associated with improved nursing performance is work engagement. Work engagement is a positive psychological state characterized by vigor, dedication, and absorption in one's work. Nurses with high work engagement tend to have energy and enthusiasm when performing their duties, demonstrate commitment to the organization, and strive to provide optimal patient care. Conversely, low work engagement can lead to decreased productivity, increased absenteeism, and a desire to leave the organization. Salsabila (2022) found that work engagement is positively related to job performance, as individuals who are engaged in their work tend to demonstrate greater vigor, dedication, and absorption. In the context of healthcare, this is particularly important because the quality of nurses' interactions and care is directly linked to patient experience and safety.

The next factor is job satisfaction, which refers to an individual's positive feelings toward their work, shaped by their evaluation of various aspects of the job, such as salary, promotion opportunities, supervision, relationships with coworkers, organizational support, and working conditions. Nurses who are satisfied with their jobs tend to have higher motivation, loyalty, and willingness to provide the best possible care. Conversely, low job satisfaction can reduce productivity, increase absenteeism, and drive

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the desire to change jobs. Tumanggor *et al.,* (2025) demonstrated that nurses with high levels of job satisfaction tend to exhibit greater work motivation and organizational loyalty and are better able to provide optimal care. These findings underscore that improvements in nursing performance depend not only on professional competence but also on nurses' assessments of their work experiences and conditions.

In addition to commitment and job satisfaction, workload is a critical factor in explaining nurses' performance. An excessively high workload can lead to physical, mental, and social exhaustion. Nurses must care for patients with diverse needs, complete nursing documentation, coordinate with other healthcare professionals, and work in a shift system. If these demands are not balanced by adequate staffing levels, time, facilities, and organizational support, nurses may experience work-related stress that reduces concentration, increases the risk of errors, diminishes the quality of care, and triggers dissatisfaction and turnover. Lestari (2025) found that an excessively high workload can cause physical and mental exhaustion, thereby leading to a decline in work quality and nurses' productivity. Conversely, distributing the workload in a manner aligned with nursing staff capacity can help nurses work more effectively and optimally in delivering healthcare services.

These various studies demonstrate that job engagement, job satisfaction, and workload are interrelated with nursing performance. High job engagement and good job satisfaction tend to be associated with more optimal performance, whereas excessive workload can diminish performance quality. Nevertheless, previous studies have tended to examine these three factors separately, yielding findings that are not entirely consistent across hospitals with differing organizational characteristics, service models, and work environments. Studies on job engagement have primarily emphasized positive individual psychological states; research on job satisfaction has focused on nurses' evaluations of their work; while studies on workload have emphasized the physical and psychological demands of the job. This separation of focus has prevented a comprehensive explanation of each factor's relative contribution to nurses' performance.

These empirical and contextual gaps are particularly significant given that Stella Maris Hospital in Makassar still faces a nurse turnover rate of 15.26%. In this study, turnover is not treated as a measured variable but rather as a practical phenomenon that highlights the importance of managing job commitment, job satisfaction, and workload. Turnover can occur not only when nurses have low job commitment and satisfaction or face high workloads, but also when it is exacerbated by the distribution of work among the remaining nurses. A reduction in nursing staff can increase workloads, affect the psychological well-being of remaining staff, and ultimately diminish the quality of nursing care. However, there is currently no adequate empirical explanation of how job commitment, job satisfaction, and workload collectively influence the performance of nurses in the inpatient unit at Stella Maris Hospital in Makassar, nor which factor exerts the most dominant influence. Research integrating these three factors is necessary so that human resource management policies do not focus solely on a single aspect of the job.

Based on this gap, the research questions are: (1) Does job commitment affect the performance of nurses in the inpatient ward at Stella Maris Hospital in Makassar? (2) Does job satisfaction affect the performance of nurses in the inpatient ward at Stella Maris Hospital in Makassar? (3) Does workload affect the performance of nurses in the inpatient ward at Stella Maris Hospital in Makassar? (4) Which factor has the most dominant influence on the performance of nurses in the inpatient ward at Stella Maris Hospital in Makassar? In line with these questions, this study aims to analyze the effects of job commitment, job satisfaction, and workload on nurses' performance and to identify the factor exerting

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the greatest influence. The novelty of this study lies in its empirical, contextual, and integrative nature, specifically by examining these three factors collectively within a single model among nurses in the inpatient ward at Stella Maris Hospital in Makassar, amidst a turnover rate that exceeds the benchmark. The study's findings are expected to expand the empirical evidence regarding the factors that explain nurses' performance and serve as a basis for hospital management in designing strategies to enhance job commitment, job satisfaction, workload management, turnover control, and the continuous improvement of service quality.

The remainder of this paper is organized as follows. Section 2 provides a literature review and hypothesis development. Section 3 presents the research method and design. Section 4 provides the results and discussion. Section 5 presents Concluding Remarks and Recommendations.

2. Literature Review and Hypothesis Development

2.1 Literature Review

2.1.1 *Nurses' Performance*

Nursing performance refers to the behaviors and work outcomes that demonstrate a nurse's ability to meet quality and quantity standards of care through the fulfillment of professional duties. Performance is influenced by internal factors, such as motivation, commitment, and job satisfaction, as well as external factors, including leadership and organizational climate; therefore, improving performance contributes to the quality of patient care (W. Schaufeli, 2021). In the nursing process, performance reflects the application of a nurse's competencies when providing health care. Santiari *et al.,* (2020) found that leadership, work climate, and motivation influence performance, while Damanik (2019) demonstrated a relationship between structure, standards, responsibility, recognition, teamwork, and commitment and nurse performance. Performance is also understood as the work processes and outcomes that support an organization's strategic goals, user satisfaction, and economic contributions (Tumanggor *et al.,* 2025), as well as qualitative and quantitative achievements aligned with employees' responsibilities (Hasriyani *et al.,* 2023). Good performance involves utilizing resources in accordance with standard operating procedures and targets (Taufiq, 2019), meeting job requirements (Kristanti, 2017), and achieving outcomes and rewards that strengthen motivation (Johari *et al.,* 2018). In line with Campbell & Wiernik (2015), performance emphasizes measurable behaviors relevant to organizational goals, not merely results. Its determining factors include individual, psychological, and organizational aspects (Mangkunegara, 2010); abilities, knowledge, job design, personality, motivation, leadership, organizational culture, satisfaction, environment, loyalty, commitment, and discipline (Kasmir, 2023); and individual and organizational environmental conditions.

Performance can be measured in terms of quantity, quality, knowledge, creativity, cooperation, independence, initiative, and reliability (Akob, 2016). Kristanti (2017) summarizes these as output quality, timeliness, attendance, efficiency, and effectiveness in completing tasks. In nursing, performance measurement refers to the accuracy, completeness, and continuity of the five stages of the nursing process: assessment, diagnosis, planning, implementation, and evaluation (Nursalam, 2014). Assessment involves collecting and analyzing patients' biological, psychological, social, and spiritual data; diagnosis determines the response to health problems; planning establishes priorities, goals, and interventions; implementation carries out and documents actions; while evaluation compares the patient's condition with outcome criteria to maintain, modify, or discontinue interventions. Performance evaluation is a

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systematic process for assessing a nurse's success over a specific period using a formal system that measures behavior, job characteristics, and outcomes (Kristanti, 2017). Evaluation results indicate the extent to which organizational criteria are met and serve as the basis for evaluation, competency development, and motivation enhancement (Budiasa, 2021). This assessment aims to improve the quality of human resources by fostering mutual respect, recognizing work performance, providing opportunities to discuss career paths and workload, setting future goals, and identifying development and training needs (Mangkunegara, 2010). In general, performance evaluation also helps organizations anticipate workplace challenges and determine rewards based on each nurse's contributions.

2.1.2 *Employment Relationship*

In the era of globalization, organizations face economic pressures, technological advancements, and the complexities of human resource management, thereby requiring employees who are competent and loyal to the organization's values and vision (Sabuhari & Arilaha, 2025). One form of such loyalty is work engagement. This positive psychological state reflects the importance of work to one's self-identity and an employee's full commitment to achieving organizational goals (Robbins *et al.,* 2017). According to Schaufeli *et al.,* (2006), work engagement comprises vigor, dedication, and absorption. Engaged employees tend to be enthusiastic, at ease, less prone to complaining, and remain motivated when facing challenges. This state enhances productivity, satisfaction, retention, and organizational performance. Engagement also helps individuals cope with complex cognitive and emotional demands, strengthens mental resilience and voluntary effort (Khusanova *et al.,* 2021), and is linked to performance through psychological capital as a mediator. However, Harter *et al.,* (2003) reported that overall engagement declined by two points to 21% in 2024, resulting in a productivity loss of $438 billion. The Job Demands-Resources model explains that job resources, personal resources, social support, and interpersonal relationships shape engagement (Biswal *et al.,* 2025), which, in the case of nurses, supports commitment and optimal care delivery.

Personal and situational factors influence work engagement. Personal factors include demographic and psychological characteristics, while situational factors encompass job characteristics, autonomy, task variety, status, salary, working conditions, feedback, supervision, interpersonal climate, and job security. Supervisors' behavior, camaraderie, trust, support, leadership, and task distribution also strengthen engagement and productivity (Sapta & Jaya, 2021). In the JD-R model, job resources—such as social support, feedback, skills, and learning opportunities—help reduce both physical and psychological demands while promoting achievement, learning, and development (Bakker, 2008). These resources exist at the organizational, interpersonal, and task levels (Ayu *et al.,* 2015), and the salience of job resources underscores the importance of using them when demands increase. Personal resources include positive self-evaluation, support goals, motivation, performance, satisfaction, and career ambition. Engagement becomes stronger when work evokes feelings of meaning, safety, and physical, emotional, and cognitive availability, and aligns with the individual (Luthans & Doh, 2018). The indicators used are vigor, dedication, and absorption (W. B. Schaufeli & Bakker, 2004), although Kahn (2017) highlights the physical, emotional, and cognitive dimensions, while Noe (2021) emphasizes participation, contribution, and cooperation.

Surah At-Taubah, verse 105, also affirms that work must be performed earnestly because it will be observed and accounted for in the hereafter.

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2.1.3 *Job Satisfaction*

Job satisfaction is a pleasant feeling that arises after employees evaluate their work and the results they have achieved. This is an individual experience because satisfaction depends on an individual's values, expectations, and experiences (Hartanti, 2022). Satisfaction describes the happiness or pleasure derived from work (Uzun & Ozdem, 2017); the greater the alignment between job aspects and employee desires, the higher the satisfaction felt, and vice versa (San Lam & O'Higgins, 2012). Job satisfaction reflects a positive or negative evaluation of job characteristics (Pitasari & Perdhana, 2018) and is manifested through an individual's emotional responses and attitudes toward work situations (A. A. Saputra, 2021). According to Spector, job satisfaction indicates the extent to which an individual enjoys their work and is influenced by salary, promotions, supervision, benefits, recognition, work procedures, coworkers, the nature of the job, and communication. Satisfied nurses tend to exhibit higher motivation, commitment, and performance in delivering quality care. Factors contributing to job satisfaction include internal conditions—such as intelligence, ability, age, gender, health, education, length of service and work experience, personality, emotions, perceptions, attitudes, and mindset—as well as job-related factors, such as organizational structure, job title, type of work, supervision, social interactions, and work relationships (Mangkunegara, 2010). These factors can be grouped into individual, job, and organizational characteristics. Satisfaction can also be enhanced through achievement, recognition, challenging work, additional responsibilities, and opportunities for growth and development (Daft, 2010).

Spector (2022) measures job satisfaction through nine dimensions in the Job Satisfaction Survey. First, salary reflects the adequacy, fairness, and appropriateness of compensation relative to workload and responsibilities. Second, promotion indicates fair, transparent, and competency-based opportunities for career advancement. Third, supervision describes a supervisor's ability to guide, support, direct, and evaluate subordinates. Fourth, benefits include additional compensation that supports well-being and a sense of security. Fifth, recognition is appropriate acknowledgment of achievements and contributions through praise, incentives, bonuses, or other forms of appreciation. Sixth, operational procedures relate to clear, simple policies and work processes that support effectiveness. Seventh, coworkers reflect harmonious relationships, cooperation, and interpersonal support. Eighth, the nature of the work includes variety, challenges, meaningfulness, responsibility, a good fit with one's competencies, and opportunities for development. Ninth, communication involves the smooth flow of information, clear instructions, openness, and constructive feedback. Robbins & Judge (2017) simplified these measurements into five key indicators: the job itself, pay, promotion opportunities, supervision, and coworkers. These five indicators assess whether the job is engaging and suited to the employee's abilities, whether compensation is perceived as fair, whether career opportunities are transparently available, whether supervisors provide support, and whether relationships among coworkers are cooperative. Thus, nurses' job satisfaction stems from the alignment between their individual needs and the job conditions they experience.

2.1.4 *Workload*

Workload refers to the total physical, mental, and emotional demands that must be met within a specific period and that affect effectiveness, efficiency, stress, satisfaction, and burnout (Akca & Küçükoğlu, 2020). Vanchapo & MKes (2020) view it as a series of tasks that are systematically measured through job analysis or workload assessment to evaluate the efficiency and effectiveness of both organizations

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and individuals. Workload is determined not only by the number of tasks but also by their complexity, the skills required, uncertainty, and work interactions that underpin employee training and development (Sonnentag *et al.,* 2004). Koesomowidjojo & Mastuti (2017), as cited in Rahman (2022), add the aspects of resource allocation and time required to complete the work. Excessive workload can lead to stress, fatigue, dissatisfaction, illness, reduced quality, absenteeism, and turnover. Hart & Staveland (1988) explain that workload is shaped by the interaction of task demands, the environment, skills, behavior, and workers' perceptions. For nurses, internal factors include age, gender, education, and health status, while external factors include patient volume, staffing shortages, additional tasks, SIMRS, stress, and social issues. Workload is quantitative when the volume and time pressure are excessive, and qualitative when demands exceed nurses' cognitive and technical capabilities.

Workload measurements include effective working hours, educational background, job type, and targets to be achieved (Budiasa *et al.,* 2021), while Setiawan *et al.,* (2015) emphasize working conditions, the use of working time in accordance with SOPs, and organizational targets. The NASA Task Load Index measures six dimensions: mental demands, physical demands, time demands, performance, effort, and frustration (Hart & Staveland, 1988). These six dimensions represent cognitive demands, physical exertion, time pressure, success, energy expended, and emotional response. Based on the nature of these demands, workload consists of physical, mental, and social components (Tarwaka, 2015). For nurses, physical workload arises when moving patients or performing procedures; mental workload occurs when monitoring conditions, calculating doses, setting priorities, and making clinical decisions; while social workload stems from communication and coordination with patients, families, coworkers, and other healthcare professionals. Workload is defined as the ratio between work demands and an individual's mental capacity (Azwar, 2021); thus, activities involving concentration, decision-making, and problem detection form the basis for its assessment (Tillama & Wirawan, 2021). A high mental workload increases the risk of errors (Hartati *et al.,* 2022), stress, dizziness, and loss of focus (Yasmin *et al.,* 2023); therefore, organizations need to distribute it evenly to prevent burnout. This principle aligns with Surah Al-Baqarah, verse 286, which states that Allah does not burden anyone beyond their capacity.

2.2 Hypothesis Development

2.2.1 *The Effect of Job Commitment on Nurses' Performance*

Work engagement is a positive psychological state characterized by vigor, dedication, and absorption (Schaufeli & Bakker, 2004). Nurses with high work engagement tend to devote their energy, attention, and effort optimally to providing nursing care. These conditions help nurses cope with complex job demands, maintain concentration, and complete tasks responsibly. (Riansari *et al.,* 2020) demonstrate that work engagement contributes to improved organizational performance, while Mazzetti *et al.,* (2023) found that individuals with high engagement are better able to cope with job demands both cognitively and emotionally. Work engagement is also associated with mental resilience and a willingness to exert maximum effort in completing tasks (Khusanova *et al.,* 2021). Furthermore, employees who are engaged in their work tend to be more enthusiastic, less prone to complaining, and remain motivated when facing challenges (Khusanova *et al.,* 2021). Based on these findings, the higher a nurse's job engagement, the better their performance in providing nursing care. Therefore, the first hypothesis is formulated as follows:

H1: *Job engagement has a positive and significant effect on nurses' performance.*

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OPEN ACCESS
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2.2.2 *The Effect of Job Satisfaction on Nurses' Performance*

Job satisfaction reflects the positive feelings that arise after an individual evaluates their job and the results they have achieved (Hartanti, 2022). Satisfaction arises when job characteristics align with employees' needs, values, and expectations. Nurses who are satisfied with their salary, promotions, supervision, benefits, recognition, work procedures, coworkers, the nature of their work, and communication tend to exhibit a more positive attitude toward their jobs (Spector, 2022). These conditions can enhance nurses' motivation, commitment, loyalty, and willingness to provide optimal care. Robbins & Judge (2017) emphasize that the job itself, salary, promotion opportunities, supervision, and relationships with coworkers are the primary aspects determining job satisfaction. Tumanggor *et al.,* (2025) also indicate that nurses with high job satisfaction tend to have better motivation and loyalty and can provide care to the fullest extent. Based on this evidence, job satisfaction is expected to encourage nurses to perform their duties more diligently, responsibly, and in accordance with service standards. Thus, the second hypothesis is formulated as follows:

H2: *Job satisfaction has a positive and significant effect on nurses' performance.*

2.2.3 *The Effect of Workload on Nurses' Performance*

Workload refers to the total physical, mental, and emotional demands that an individual must manage within a specific period. In nursing practice, workload can stem from high patient volume, staff shortages, administrative tasks, reliance on information systems, time pressures, the demands of clinical decision-making, and interactions with patients and their families (Ivziku *et al.,* 2024). A manageable workload can help nurses maintain productivity. Conversely, a workload that exceeds their capacity can lead to fatigue, stress, dissatisfaction, and a decline in work quality (F. Saputra & Adetya, 2026). A high mental workload also increases the likelihood of work errors (Hartati *et al.,* 2022), reduces concentration, and causes stress, dizziness, and loss of focus (Yasmin *et al.,* 2023). These conditions can hinder the accuracy of nursing assessment, diagnosis, planning, implementation, and evaluation. Based on these findings, the higher the perceived workload among nurses, the greater the likelihood of a decline in performance. Therefore, the third hypothesis is formulated as follows:

H3: *Workload has a significant negative effect on nurses' performance.*

3. Research Method

This study employed a quantitative cross-sectional analytical design. All variables were measured once during the same period to analyze the relationships among job commitment, job satisfaction, workload, and nurses' performance (Sugiyono, 2021). This design aligns with the study's objectives because it allows for testing both partial and simultaneous relationships among the variables. However, the results are interpreted as statistical associations rather than causal relationships based on temporal sequence. The study was conducted over one month at Stella Maris Hospital in Makassar, encompassing preparation, data collection and processing, analysis, and the compilation of research findings.

The study population and sample consisted of 120 inpatient unit nurses at Stella Maris Hospital in Makassar. The sample was determined using total sampling because all members of the population were accessible. Respondents were required to work as inpatient unit nurses, be actively providing nursing care, be willing to participate, and complete the questionnaire in full. Nurses who were on leave or not actively working, refused to participate, were assigned to non-clinical or administrative units, or

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did not complete the questionnaire were excluded from the analysis. The use of total sampling allowed the study to comprehensively describe the population's conditions without selecting only a portion of its members.

Primary data were collected using a structured questionnaire, while secondary data were derived from the literature, scientific articles, and relevant documents. Before the questionnaire was administered, the researchers explained the study's objectives, the completion procedure, the voluntary nature of participation, and the guarantee of confidentiality regarding respondents' identities and answers. The instrument consisted of 25 items on nurse performance, 30 on job engagement, 15 on job satisfaction, and 30 on workload. Each item was measured using a four-point Likert scale: strongly disagree (1), disagree (2), agree (3), and strongly agree (4). The score ranges were as follows: nursing performance (25–100), job engagement (30–120), job satisfaction (15–60), and workload (30–120). Higher scores indicate higher levels of the construct. Item validity was assessed through item-total correlations with a criterion of $r > 0.36$ (Sugiyono, 2021), while the instrument's reliability was tested using Cronbach's alpha with an acceptance threshold of > 0.60 (Ghozali, 2018).

Table 1. Variables and Measurement

Variables	Code	Indicator	Primary References
Nurses' Performance	KP.1	Nursing Assessment	Nursalam (2021)
	KP.2	Nursing Diagnosis	
	KP.3	Nursing Planning/Interventions	
	KP.4	Nursing Implementation	
	KP.5	Nursing Evaluation	
Job Commitment	WE.1	Vigor	Schaufeli dan Bakker (2004)
	WE.2	Dedication (dedication)	
	WE.3	Engagement (absorption)	
Job Satisfaction	JS.1	The work itself	Robbins dan Judge (2017)
	JS.2	Opportunities for promotion	
	JS.3	Supervision/superiors	
	JS.4	Coworkers	
Workload	BK.1	Physical workload	Tarwaka (2015)
	BK.2	Mental workload	
	BK.3	Social workload	

The data were processed through the stages of editing, coding, scoring, and tabulating. Descriptive analysis was used to present the characteristics of the respondents by age, gender, education, and length of service, and to report the mean, standard deviation, minimum, and maximum values for each variable. Spearman's rank correlation was used to assess the direction and strength of bivariate relationships. Hypothesis testing was conducted using multiple linear regression based on the total scores of each variable. Prior to testing, a normality test of the residuals was performed using the Kolmogorov–Smirnov test, a multicollinearity test based on the tolerance and variance inflation factor values, and a heteroscedasticity test using the Glejser test. Partial effects were tested using the t-test, simultaneous effects using the F-test, and the model's ability to explain variation in nurse performance was assessed using R^2 and Adjusted R^2. The dominant variable was determined based on the largest standardized beta coefficient among the significant predictors. All statistical decisions were made using a significance level of 5% or $p < 0.05$.

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4. Results and Discussion

4.1 Analysis Results

4.1.1 *Respondent Characteristics*

This study involved 120 practicing nurses in the inpatient ward of Stella Maris Hospital in Makassar. All respondents completed the questionnaire in full, so there was no missing data. Because the study used a saturation sampling technique, the respondents' characteristics are representative of the entire study population. The respondents' profiles based on age, gender, highest level of education, employment status, and length of service are presented in Table 2.

Table 2. Respondent Characteristics

Characteristics	Categoris	Frequency (n)	Percentage (%)
Age	<25 years	16	13.3
	26–35 years	47	39.2
	36–44 years	45	37.5
	>45 years	12	10.0
Gender	Male	34	28.3
	Female	86	71.7
Highest level of education	SPK	3	2.5
	Associate's Degree in Nursing	55	45.8
	Bachelor's Degree in Nursing	47	39.2
	Registered Nurse	14	11.7
	Master's Degree in Nursing	1	0.8
Employment status	Civil Servant	31	25.8
	Permanent employee	42	35.0
	Contract employee	41	34.2
	Other	6	5.0
Length of service	<5 years	31	25.8
	5–10 years	45	37.5
	11–15 years	23	19.2
	16–20 years	14	11.7
	>20 years	7	5.8

Source: *Primary data. Number of respondents for each characteristic = 120 people (100%).*

Table 2 shows that the respondents were predominantly in the 26–35 age group, with 47 people (39.2%), followed by the 36–44 age group with 45 people (37.5%). Thus, 76.7% of the respondents were in the 26–44 age range. By gender, the majority of respondents were women, totaling 86 people (71.7%), while men numbered 34 (28.3%). In terms of highest level of education, the group with an Associate's Degree in Nursing (D3) was the largest at 55 people (45.8%), followed by those with a Bachelor's Degree in Nursing (S1) at 47 people (39.2%); together, these two groups accounted for 85.0% of the respondents. Based on employment status, the number of permanent employees—42 people (35.0%)—was nearly equal to that of contract employees—41 people (34.2%)—while civil servants (ASN/PNS) numbered 31 people (25.8%) and those in other categories totaled 6 people (5.0%). In terms of length of service, the 5–10-year group was the largest, comprising 45 people (37.5%), followed by those with less than 5 years of service, totaling 31 people (25.8%). Overall, this profile indicates that the respondents are predominantly female nurses, aged 26–44 years, holding an associate's or bachelor's degree in nursing, and with up to 10 years of service.

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4.1.2 Univariate Analysis

Univariate analysis was used to describe the distribution of each study variable separately without testing the relationships between variables. The variables analyzed included job commitment, job satisfaction, workload, and nurse performance. The scores for each variable were grouped into low, moderate, and high categories. The frequency distributions and percentages for the four variables are summarized in Table 3.

Table 3. Frequency Distribution of Research Variables

Variable	Categoris	Frequency (n)	Percentage (%)
Job Commitment	Low	16	13.3
	Medium	60	50.0
	High	44	36.7
Job Satisfaction	Low	20	16.7
	Medium	54	45.0
	High	46	38.3
Workload	Low	18	15.0
	Medium	59	49.2
	High	43	35.8
Nurses' Performance	Low	25	20.8
	Medium	52	43.3
	High	43	35.8

Source: *Primary data. Number of respondents for each variable = 120 (100%). Differences in the percentages are due to rounding.*

Table 3 shows that the moderate category dominated all variables. For the job commitment variable, 60 nurses (50.0%) fell into the moderate category, 44 nurses (36.7%) into the high category, and 16 nurses (13.3%) into the low category. Job satisfaction was also dominated by the moderate category, with 54 nurses (45.0%), followed by the high category with 46 nurses (38.3%) and the low category with 20 nurses (16.7%). Regarding the workload variable, 59 nurses (49.2%) fell into the moderate category, 43 nurses (35.8%) into the high category, and 18 nurses (15.0%) into the low category. Meanwhile, most nurses' performance fell into the moderate category, with 52 nurses (43.3%), followed by the high category with 43 nurses (35.8%) and the low category with 25 nurses (20.8%). Overall, this distribution indicates that the majority of respondents exhibited moderate levels of job commitment, job satisfaction, workload, and performance. Although the proportion of respondents in the high category for job commitment, job satisfaction, and performance was quite large, there were still respondents with low job commitment and satisfaction, high workloads, and low performance—all of which require attention in the management of nursing resources.

4.1.3 Bivariate Analysis

Bivariate analysis was conducted to examine the relationship between job commitment, job satisfaction, and workload with nurses' performance. Since all variables were categorized as low, moderate, and high, the analysis was performed using the chi-square test with a significance level of 5%. A relationship was considered significant if the p-value was < 0.05. The results of the cross-tabulation and bivariate analysis are presented in Table 4.

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e-ISSN: 2985-9778

Table 4. The Relationship Between Job Commitment, Job Satisfaction, and Workload and Nurses' Performance

Variable	Categoris	Low Performance, n (%)	Moderate Performance, n (%)	High Performance, n (%)	Total, n (%)	p-value
Job Commitment	Low	9 (56.3)	6 (37.5)	1 (6.3)	16 (100)	0.001
	Medium	14 (23.3)	32 (53.3)	14 (23.3)	60 (100)	
	High	2 (4.5)	14 (31.8)	28 (63.6)	44 (100)	
Job Satisfaction	Low	6 (30.0)	13 (65.0)	1 (5.0)	20 (100)	0.044
	Medium	17 (31.5)	21 (38.9)	16 (29.6)	54 (100)	
	High	2 (4.3)	18 (39.1)	26 (56.5)	46 (100)	
Workload	Low	2 (11.1)	5 (27.8)	11 (61.1)	18 (100)	0.007
	Medium	13 (22.0)	24 (40.7)	22 (37.3)	59 (100)	
	High	10 (23.3)	23 (53.5)	10 (23.3)	43 (100)	
Total respondents		25 (20.8)	52 (43.3)	43 (35.8)	120 (100)	

Source: *Primary data.*
Percentages are calculated based on the total for each independent variable category.

Table 4 shows a significant relationship between the three independent variables and nurses' performance. Regarding job commitment, 56.3% of nurses with low job commitment had low performance, while 63.6% of nurses with high job commitment had high performance. The chi-square test yielded a p-value of 0.001, indicating that job commitment is positively associated with nurses' performance. Regarding job satisfaction, the group with low satisfaction most frequently exhibited moderate performance (65.0%), while 56.5% of nurses with high satisfaction had high performance. A p-value of 0.044 indicates a significant relationship between job satisfaction and nurse performance. Meanwhile, 61.1% of nurses with a low workload had high performance, whereas in the high-workload group, only 23.3% had high performance, and the majority had moderate performance (53.5%). A p-value of 0.007 indicates that workload is significantly associated with nurses' performance, with higher workload followed by a decline in performance. Thus, work engagement, job satisfaction, and workload are each significantly associated with nurses' performance.

4.1.4 *Analysis of Relationships by Indicator*

Further analysis was conducted to determine the direction and strength of the relationship between each indicator of job commitment, job satisfaction, and workload and nurses' performance using Spearman's correlation. A relationship was considered significant if the p-value was < 0.05. This analysis assessed each relationship separately; therefore, it did not show simultaneous effects after controlling for other variables.

Table 5 shows that all indicators are significantly associated with nurses' performance. Regarding work engagement, dedication has the strongest positive association with performance (ρ = 0.565; $p < 0.001$), followed by commitment (ρ = 0.542; $p < 0.001$) and enthusiasm (ρ = 0.535; $p < 0.001$). These results indicate that increased dedication, commitment, and enthusiasm are associated with improved nursing performance. Regarding job satisfaction, the strongest positive relationship was shown by the "coworkers" indicator (ρ = 0.455; $p < 0.001$), followed by promotion (ρ = 0.381; $p < 0.001$), supervisors (ρ = 0.334; $p < 0.001$), and the job itself (ρ = 0.289; p = 0.001). Thus, good interpersonal relationships, opportunities for promotion, support from supervisors, and job satisfaction are associated

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with better performance. Conversely, all workload indicators were negatively associated with performance. The strongest negative relationship was found for physical workload (ρ = −0.319; p < 0.001), followed by social workload (ρ = −0.305; p = 0.001) and mental workload (ρ = −0.294; p = 0.001). This means that an increase in physical, social, and mental workload is associated with a tendency toward decreased nurse performance. Overall, dedication is the indicator with the strongest positive relationship, while physical workload shows the strongest negative relationship with nurse performance.

Table 5. The Relationship Between Job Commitment, Job Satisfaction, and Workload and Nurses' Performance

Variable	Indicators	Koefisien ρ	p-value	Direction of the Relationship
Job commitment	Vigor	0.535	<0.001	Positive
	Dedication	0.565	<0.001	Positive
	Absorption	0.542	<0.001	Positive
Job satisfaction	Coworkers	0.455	<0.001	Positive
	Supervisors	0.334	<0.001	Positive
	Promotions	0.381	<0.001	Positive
	The job itself	0.289	0.001	Positive
Workload	Physical strain	−0.319	<0.001	Negative
	Mental strain	−0.294	0.001	Negative
	Social strain	−0.305	0.001	Negative

Source: *Primary data. ρ = Spearman's correlation coefficient.*

4.2 Discussion

4.2.1 *The Effect of Job Commitment on Nurses' Performance*

The research findings indicate that work engagement is positively associated with nurses' performance, thereby supporting the first hypothesis at the empirical level. Nurses who demonstrate greater enthusiasm, dedication, and a sense of purpose in their work tend to carry out the nursing process with greater attention, perseverance, and responsibility. This mechanism makes sense because vigor provides energy and mental resilience, dedication fosters a sense of pride and of the profession's meaningfulness, and absorption helps nurses maintain concentration when providing care. Dedication appears to be the most prominent dimension, indicating that a sense of meaning and commitment to the profession are important drivers of adherence to professional standards. This explanation aligns with the concept proposed by Schaufeli *et al.,* (2002), which defines work engagement as a positive psychological state that fosters perseverance and full involvement in work.

These results are consistent with a study (Aungsuroch *et al.,* 2024), which shows that the work environment, organizational resources, and work-life balance play a role in strengthening nurses' engagement and supporting the quality of care. al-Hello *et al.,* (2026) indicate that organizational interventions aimed at engagement can strengthen nurses' commitment and retention. In the context of Stella Maris Hospital in Makassar, these findings imply that improving performance requires more than technical supervision alone; it also requires meaningful work, recognition of contributions, supervisory support, growth opportunities, and a positive team climate. These strategies can help maintain nurses' energy, concentration, and commitment when facing the demands of patient care. However, because the study used a cross-sectional design, these results describe the associations among variables and do not directly establish a temporal cause-and-effect relationship.

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e-ISSN: 2985-9778

4.2.2 *The Effect of Job Satisfaction on Nurses' Performance*

The research findings indicate that job satisfaction is positively correlated with nurses' performance, thereby supporting the second hypothesis. Satisfaction arises when nurses perceive their work, relationships with coworkers, support from supervisors, and opportunities for promotion as aligning with their needs and expectations. Fair treatment can strengthen motivation, commitment, and the willingness to provide consistent care. This mechanism explains why satisfied nurses tend to be more thorough in their assessments, more systematic in developing care plans, more disciplined in implementing interventions, and more consistent in conducting evaluations and documentation. Colleagues stand out because inpatient care relies on communication, coordination, and team support. These findings align with Spector (1997) and Robbins and Judge (2017), who view job satisfaction as an affective response to various job characteristics that can shape behavior and work quality.

These results are consistent with Aloisio *et al.,* (2021), who identified leadership, work relationships, the work environment, and organizational support as determinants of nurses' job satisfaction. Specchia *et al.,* (2021) also demonstrated that communication, recognition, effective leadership, and a supportive environment foster job satisfaction and the quality of care. Furthermore, Li *et al.,* (2025) emphasize that structural and psychological empowerment provides authority, access to resources, and opportunities for growth that strengthen nurses' job satisfaction. In the context of Stella Maris Hospital in Makassar, these findings direct management's attention toward healthy team relationships, supportive supervision, transparent promotion systems, and meaningful job design. These efforts are more relevant than simply increasing performance demands, as sustainable performance requires a fair and supportive work experience. However, the cross-sectional design limits causal inference; therefore, the relationship between satisfaction and performance should be understood as an interconnection that different organizational conditions may also influence.

4.2.3 *The Effect of Workload on Nurses' Performance*

The research findings indicate that workload is negatively associated with nurses' performance, thereby supporting the third hypothesis. Physical, mental, and social workload that exceeds one's capacity can deplete energy, reduce concentration, and limit the time available to provide comprehensive care. Physical workload is evident in patient mobilization, direct care, documentation, and repetitive activities during working hours. Mental workload stems from clinical decision-making and patient monitoring, while social workload arises from communication with various parties. This explanation aligns with Hart and Staveland (1988), who view workload as the interaction of mental, physical, time, and effort demands, frustration, and performance perceptions, as well as the Job Demands–Resources Theory: excessive demands without adequate resources trigger fatigue and decreased performance (Bakker & Demerouti, 2008).

These findings are consistent with Kurnia *et al.,* (2024), who concluded that high service demands, patient volume, and staffing shortages can hinder the performance of inpatient nurses. Maghsoud *et al.,* (2022) linked excessive workload to fatigue, reduced job satisfaction, and a decline in the quality of care. Cucolo *et al.,* (2024) demonstrated that interprofessional practice and cooperative communication can help reduce workload through effective coordination and task distribution, while Khamdan (2024) emphasized the importance of workload management in high-intensity care settings. For Stella Maris Hospital in Makassar, these findings support an evaluation of the nurse-to-patient ratio, scheduling, task distribution, team support, and streamlining of documentation. Such management

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DOI: https://doi.org/10.60079/acsr.v4i2.1070
OPEN ACCESS
e-ISSN: 2985-9778

must take into account the level of patient dependency, not just the number of patients. Because the study design was cross-sectional, these findings do not prove a cause-and-effect relationship. However, they provide an empirical basis for prioritizing the balance between demands and resources to maintain the quality of care and sustainable nurse performance.

5. Concluding Remarks and Recommendation

The research findings indicate that workload is negatively associated with nurses' performance, thereby supporting the third hypothesis. Physical, mental, and social workload that exceeds one's capacity can deplete energy, reduce concentration, and limit the time available to provide comprehensive care. Physical workload is evident in patient mobilization, direct care, documentation, and repetitive activities during working hours. Mental workload stems from clinical decision-making and patient monitoring, while social workload arises from communication with various parties. This explanation aligns with Hart and Staveland (1988), who view workload as the interaction of mental, physical, time, and effort demands, frustration, and performance perceptions, as well as the Job Demands–Resources Theory: excessive demands without adequate resources trigger fatigue and decreased performance (Bakker & Demerouti, 2008).

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Statement of Use of Generative AI

During the preparation of this work, the author used generative artificial intelligence tools to support the scientific writing process. Grammarly was used to check grammar, refine writing style, and improve clarity in scientific writing. All interpretations, analyses, and conclusions presented in this study are the sole responsibility of the author.

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