
Analysis of the Influence of Organizational and Work Environment Factors on Nurses' Performance through the Implementation of the Professional Nursing Practice Model as a Mediating Variable at Mimika Regency Hospital

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Abstract

Improving the quality of nursing services in hospitals is strongly influenced by the implementation of the Professional Nursing Practice Model (PNPM). However, the implementation of PNPM in Indonesian hospitals, including Mimika Regency Hospital, still faces challenges. Organizational factors such as management support and policies, as well as work environment factors such as workload and facilities, are believed to influence both PNPM implementation and nurses' performance. This study aimed to analyze the effect of organizational and work environment factors on nurses' performance through the implementation of PNPM as a mediating variable in the inpatient wards of Mimika Regency Hospital. A quantitative approach with a cross-sectional design was employed. The population included all nurses working in inpatient wards, with a total sampling technique resulting in 124 respondents. Data were analyzed using Structural Equation Modeling–Partial Least Squares (SE M-PLS).

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The results showed that organizational factors had a positive and significant effect on PNPM implementation (path coefficient = 0.656; $p = 0.000$). Work environment factors did not significantly affect PNPM but positively influenced nurses' performance (path coefficient = 0.192; $p = 0.008$). PNPM significantly affected nurses' performance (path coefficient = 0.683; $p = 0.000$) and mediated the relationship between organizational factors and nurses' performance (indirect effect = 0.449; $p = 0.000$). However, PNPM did not mediate the relationship between work environment factors and nurses' performance (indirect effect = 0.022; $p = 0.391$).

Keywords: organizational factors; work environment; nurses' performance; PNPM.

1. Introduction

The Professional Nursing Practice Model (PNPM) is a nursing service system that integrates professional values, organizational structure, and nursing processes to improve the quality of patient-centered care. Its main objective is to create a practice environment that supports nurses in delivering effective, efficient, and professionally accountable care. This approach includes *team nursing*, collaboration, and a clear division of roles according to competencies [1]. Through this system, nurses are expected to work synergistically and prioritize patient safety and satisfaction. Healthcare services in Indonesia are undergoing continuous transformation in response to growing public demands for quality and safe care. Nurses play a central role as the frontline providers who interact directly with patients 24 hours a day. Thus, improving the quality of nursing services has become a strategic agenda in the national health reform [2]. However, the implementation of PNPM in many hospitals remains suboptimal, which affects service quality, patient satisfaction, and nurses' job satisfaction. Previous studies have identified key barriers to PNPM implementation, including organizational unpreparedness, limited training, and inadequate supervision [3]. Other contributing factors such as weak leadership, high workload, and insufficient recognition of performance also hinder effective implementation. These findings highlight the importance of strengthening organizational and work environment factors to support successful PNPM application. Mimika Regency Hospital began implementing team-based PNPM in 2023 within its inpatient wards, supported by 128 nurses with educational backgrounds ranging from diploma to master's degrees in nursing. The nursing workforce, however, remains dominated by diploma graduates, posing challenges in leadership and nursing management competencies. Although the hospital's 2024 Public Satisfaction Index (IKM) scored 88.2 (good category), challenges persist, including delays in 36.4% of nursing services and 11 patient safety incidents reported in inpatient units. These conditions are consistent with prior research emphasizing the importance of leadership and organizational design in improving nurses' performance through structured PNPM implementation [4, 5]. Therefore, this study aims to analyze the influence of organizational and work environment factors on nurses' performance, with PNPM serving as a mediating variable in the inpatient wards of Mimika Regency Hospital. The findings are expected to provide a stronger basis for enhancing PNPM implementation, ultimately improving nursing service quality and patient safety.

2. Method

This study employed a quantitative research design with an analytical observational approach aimed at analyzing organizational and work environment factors that influence nurses' performance in implementing the Professional

Nursing Practice Model (PNPM) at Mimika Regency Hospital. An explanatory research framework with a cross-sectional design was adopted, enabling the assessment of causal relationships among independent variables (organizational factors and work environment), the mediating variable (PNPM implementation), and the dependent variable (nurses' performance) at a single point in time. Data were analyzed using Structural Equation Modeling–Partial Least Squares (SEM-PLS), which is suitable for testing complex models with latent variables and both direct and indirect effects. The study population comprised all 124 nurses working in the inpatient wards of Mimika Regency Hospital, all of whom were directly involved in PNPM implementation since 2023. A saturation sampling technique was applied, whereby the entire population was included as research participants. Data collection employed a structured questionnaire based on theoretical indicators for each variable. Items were measured using a five-point Likert scale ranging from “strongly disagree” to “strongly agree.” Prior to distribution, the questionnaire underwent validity and reliability testing through a pilot study involving 30 nurses at a partner hospital. All items were found valid and reliable, with Cronbach's Alpha values exceeding 0.90. Primary data were obtained from the questionnaire, while secondary data were collected through hospital documents, including quality reports and PNPM implementation records. Validity was assessed using Pearson Product Moment correlation, and reliability through Cronbach's Alpha. Data analysis followed the SEM-PLS procedure, involving measurement model testing (convergent and discriminant validity, composite reliability) and structural model testing (R^2 , effect size, path coefficients, and bootstrapping) to evaluate the relationships among variables and the mediating role of PNPM in improving nurses' performance.

3. Results

The research findings were obtained based on the analysis of path coefficients and specific indirect effects using the Structural Equation Modeling - Partial Least Squares (SEM-PLS) approach. The decision to accept or reject a hypothesis was determined by a t-statistic value ≥ 1.96 and a p-value ≤ 0.05 . The results are presented as follows:

Table 1: Summary of Hypothesis Testing (SEM-PLS)

Hypothesis / Path	Path Coefficient	t-Statistic	p-Value	Decision
H1: X1 → Z (Organizational factors → PNPM implementation)	0.656	6.415	0.000	Accepted (significant)
H2: X2 → Z (Work environment → PNPM implementation)	0.032	0.278	0.390	Rejected (not significant)
H3: X1 → Y (Organizational factors → Nurse performance)	0.050	0.551	0.291	Rejected (not significant)
H4: X2 → Y (Work environment → Nurse performance)	0.192	2.398	0.008	Accepted (significant)
H5: Z → Y (PNPM implementation → Nurse performance)	0.683	9.309	0.000	Accepted (significant)
H6: X1 → Z → Y (Mediating effect of PNPM on X1 → Y)	0.449	5.438	0.000	Accepted (significant)
H7: X2 → Z → Y (Mediating effect of PNPM on X2 → Y)	0.022	0.276	0.391	Rejected (not significant)

Table 1 presents the results of the hypothesis testing using the SEM-PLS approach. The findings indicate that:

1. Organizational factors (X1) positively affect PNPM (Z). This hypothesis was accepted, with a coefficient of 0.656, *t-statistic* of 6.415, and *p-value* of 0.000. This finding indicates that organizational factors, such as management support, policies, and supervision, significantly influence the implementation of the Professional Nursing Practice Model (PNPM). Stronger organizational structures and policies lead to higher levels of PNPM implementation among nurses in the inpatient wards of Mimika Regency Hospital.
2. Work environment (X2) positively affects PNPM (Z). This hypothesis was rejected, with a coefficient of 0.032, *t-statistic* of 0.278, and *p-value* of 0.390. This suggests that the work environment does not significantly influence PNPM implementation. Although theoretically important, in this context, the work environment did not have a consistent or significant impact on PNPM adoption.
3. Organizational factors (X1) positively affect nurse performance (Y). This hypothesis was rejected, with a coefficient of 0.050, *t-statistic* of 0.551, and *p-value* of 0.291. Thus, organizational factors did not directly influence nurse performance. This result highlights that organizational aspects may require an intermediary, such as PNPM, to have a meaningful impact on performance improvement.
4. Work environment (X2) positively affects nurse performance (Y). This hypothesis was accepted, with a coefficient of 0.192, *t-statistic* of 2.398, and *p-value* of 0.008. This demonstrates that a favorable work environment—such as manageable workloads, adequate facilities, and positive professional relationships—significantly contributes to improved nurse performance.
5. PNPM (Z) positively affects nurse performance (Y). This hypothesis was accepted, with a coefficient of 0.683, *t-statistic* of 9.309, and *p-value* of 0.000. The result confirms that effective PNPM implementation directly enhances nurse performance, particularly in service quality, documentation, and timeliness of nursing care delivery.

6. PNPM mediates the relationship between organizational factors (X1) and nurse performance (Y). This hypothesis was accepted, with an indirect effect coefficient of 0.449, *t-statistic* of 5.438, and *p-value* of 0.000. This indicates that PNPM is a significant mediator that bridges the impact of organizational factors on nurse performance. In other words, organizational factors only have a meaningful effect on performance when mediated by PNPM implementation.
7. PNPM mediates the relationship between work environment (X2) and nurse performance (Y). This hypothesis was rejected, with an indirect effect coefficient of 0.022, *t-statistic* of 0.276, and *p-value* of 0.391. The finding indicates that PNPM does not serve as a mediator in the relationship between the work environment and nurse performance. The effect of the work environment on performance is more direct, rather than through PNPM implementation.

These findings indicate that organizational factors significantly influence the implementation of the Professional Nursing Practice Model (PNPM), while the work environment has a direct effect on nurse performance but not through PNPM. Furthermore, PNPM significantly mediates the relationship between organizational factors and nurse performance, but not between the work environment and nurse performance.

4. Discussion

This section discusses the findings of the study on the influence of organizational factors and work environment on nurses' performance through the implementation of the Professional Nursing Practice Model (PNPM/MPKP) at Mimika Regency Hospital. The discussion is structured thematically to compare empirical results with relevant theories and previous studies, thereby providing a deeper understanding of the causal relationships among the studied variables. Furthermore, this section emphasizes both the direct and indirect effects revealed by the analysis and highlights their implications for nursing management and professional practice in hospital settings. To ensure clarity and focus, the discussion is organized into several subsections as follows:

1.4. The Influence of Organizational Factors on the Implementation of PNPM

This study revealed that organizational factors, including managerial support, supervision, and hospital policies, had a positive and significant influence on the implementation of the Professional Nursing Practice Model (PNPM). The statistical analysis showed a strong path coefficient, confirming that organizational structures and systems provide a critical foundation for the successful application of professional nursing models in daily practice. The results emphasize that nurses are more likely to adopt and adhere to PNPM standards when the organization actively provides direction, resources, and supportive frameworks. These findings are consistent with Nawawi's (2014) organizational theory, which views organizations as dynamic systems where structures, processes, and policies interact to achieve goals [6]. Hasanah & Maharani (2022) also found that managerial support in the form of facilities, training, and clear policies significantly enhances nurses' compliance with PNPM standards [7]. Furthermore, Nursalam (2014) highlighted that continuous supervision and systematic policies encourage nurses to implement professional nursing practices more effectively [8]. Thus, the evidence supports the theoretical stance that organizational input is central in enabling structured professional models like PNPM.

From a practical perspective, the implication is that hospital management must not only serve as facilitators but also as active drivers of PNPM implementation. Managers should ensure clear role distribution, effective delegation, and coordinated supervision, as emphasized by Hasibuan (2013)[9]. By establishing policies and workflows aligned with PNPM, hospitals can create a professional environment where accountability, quality, and consistency in nursing services are systematically achieved. This underscores the need for organizational intervention as a core strategy in sustaining professional nursing practices.

2.4. The Influence of Work Environment Factors on the Implementation of PNPM

The results of this study showed that work environment factors had a positive but not statistically significant influence on the implementation of PNPM. Although the direction of the relationship aligned with theoretical expectations, the effect size was insufficient to demonstrate significance. This suggests that while work environment conditions may support PNPM, they alone are not strong enough predictors of successful implementation without reinforcement from organizational and managerial structures.

The findings diverge slightly from Sedarmayanti (2019), who emphasized the importance of a well-organized and comfortable work environment in improving productivity [10]. Mangkunegara (2017) also stated that both physical aspects such as lighting and facilities, and non-physical aspects such as interpersonal relations, play critical roles in shaping performance [11]. However, this study indicates that variability in workload distribution, availability of facilities, and individual perceptions of the work environment may explain the lack of statistical significance in the relationship with PNPM implementation.

Practically, this highlights the need for hospital management to prioritize improvements in specific elements of the work environment to strengthen PNPM implementation. Addressing workload imbalances, ensuring adequate facilities, and fostering collaborative team relationships can enhance the likelihood of PNPM adoption. While the work environment may not act as a direct determinant, optimizing it can provide a supportive context that enables nurses to engage more effectively with professional practice models.

3.4. The Influence of Organizational Factors on Nurse Performance

The study demonstrated that organizational factors did not directly influence nurse performance, as the relationship was statistically insignificant. This indicates that managerial support, policies, and supervisory mechanisms cannot directly translate into improved performance outcomes without being operationalized through PNPM. Thus, organizational factors act more as enabling conditions rather than direct performance drivers.

This result supports the notion presented by Nursalam (2014), that organizational systems often require structured models to effectively channel their impact into practice [12]. Similar findings by Bannepadang and his colleagues. (2023) emphasized that organizational inputs, while necessary, may not directly enhance individual performance unless mediated through operational models such as PNPM [13]. Therefore, the study reinforces the theoretical argument that organizational influence is indirect and must be mediated through professional practice frameworks.

From a managerial perspective, this suggests that policies and organizational support must be deliberately

integrated with structured models like PNPM to achieve tangible performance improvements. Hospital administrators should not rely solely on policy enforcement but should focus on embedding these policies into the daily practices of nurses through standardized frameworks. This integrated approach ensures that organizational resources and direction are effectively translated into measurable service outcomes.

4.4. The Influence of Work Environment Factors on Nurse Performance

Unlike organizational factors, the study revealed that work environment factors had a direct and significant impact on nurse performance. The results showed that when nurses experience supportive working conditions—such as balanced workloads, adequate facilities, and positive team relationships—their performance improves significantly. This indicates that the work environment serves as an independent determinant of nursing effectiveness.

This finding aligns with Sedarmayanti (2019), who highlighted the importance of physical and psychological workplace comfort in driving productivity [10]. Mangkunegara (2017) further emphasized that non-physical aspects such as harmonious interpersonal relationships contribute equally to work performance [10]. In the context of nursing, studies by Saputri and his colleagues. (2022) confirmed that a balanced workload and supportive facilities directly enhance professional accountability and performance in PNPM-based services [14].

Practically, this underscores the importance for hospital management to invest in both physical infrastructure and non-physical aspects of the work environment. By optimizing nurse-patient ratios, ensuring availability of medical equipment, and cultivating positive workplace culture, hospitals can create conditions that directly foster improved nursing performance. Unlike organizational policies, these changes do not require mediation but directly translate into service quality outcomes.

5.4. The Influence of PNPM on Nurse Performance

The study confirmed that PNPM had a strong and significant influence on nurse performance. The analysis demonstrated that nurses working under structured PNPM frameworks exhibited higher levels of service quality, improved documentation, and greater adherence to timeliness in care delivery. This finding validates the effectiveness of PNPM as a critical driver of professional nursing practice.

These results are consistent with prior studies highlighting the role of PNPM in establishing accountability and professionalism within nursing services. Pitriani and his colleagues. (2023) emphasized that PNPM enhances both technical and interpersonal aspects of nursing performance [15]. Moreover, Nursalam (2014) argued that structured models such as PNPM provide clear role differentiation and systematic workflows, which collectively improve the consistency of care delivery [12]. From a practical standpoint, this suggests that hospitals should institutionalize PNPM as a standard operating model to ensure consistent and measurable performance improvements. Training programs, supervision, and monitoring systems aligned with PNPM principles are essential in sustaining high-quality nursing outcomes. By embedding PNPM into organizational culture, hospitals can achieve long-term gains in patient satisfaction and service reliability.

6.4. The Mediating Role of PNPM in the Relationship between Organizational Factors and Nurse Performance

The findings demonstrated that PNPM played a significant mediating role between organizational factors and nurse performance. Organizational support, policies, and supervision only translated into improved performance when operationalized through PNPM. This underscores the importance of PNPM as the mechanism that connects organizational inputs to tangible outcomes in nursing practice.

Theoretically, this aligns with the explanatory model of organizational influence described by Nawawi (2014), which argues that organizational systems require operational frameworks to deliver results [6]. Empirical evidence from Hasanah & Maharani (2022) also supports this finding, showing that managerial support impacts nursing performance indirectly through structured professional practice models [7]. Thus, the study adds weight to the argument that PNPM serves as a strategic mediator in transforming organizational structures into effective practice.

In practice, this indicates that hospital leaders should prioritize strengthening PNPM implementation as a means of translating organizational policies into performance improvements. Without PNPM, organizational investments in facilities, policies, or supervision may not yield optimal performance outcomes. Hence, focusing on PNPM as a mediating tool represents a critical strategy for maximizing the effectiveness of organizational resources.

7.4. The Mediating Role of PNPM in the Relationship between Work Environment and Nurse Performance

Unlike organizational factors, the mediating role of PNPM in the relationship between the work environment and nurse performance was not significant. The study revealed that the work environment influenced nurse performance directly, without requiring mediation through PNPM. This suggests that environmental conditions provide immediate and independent contributions to performance outcomes.

This finding partially diverges from Saputri and his colleagues. (2022), who found correlations between work environment and PNPM adoption [14]. However, it supports Sedarmayanti's (2019) view that work environment elements directly influence performance by shaping physical and psychological comfort [10]. In this case, PNPM did not enhance or alter the impact of the work environment, implying that nurses respond to environmental conditions independently of structured practice models.

The practical implication is that hospital administrators should treat environmental improvements as a standalone strategy for enhancing nursing performance. Investments in balanced workloads, adequate infrastructure, and supportive interpersonal environments directly elevate nursing effectiveness without requiring mediation through PNPM. This means that strengthening the work environment is as essential as institutionalizing PNPM, with both strategies functioning in complementary but distinct ways.

5. Conclusion

Based on the results of this study regarding the influence of organizational factors and work environment on the implementation of the Professional Nursing Practice Model (PNPM/MPKP) and nurses' performance in the

inpatient wards of Mimika Regency Hospital, the following conclusions can be drawn:

- a. Organizational factors, including management support, supervision, and hospital policies, have a positive and significant effect on the implementation of PNPM. The path coefficient for this relationship is 0.656 (t-statistic = 6.415, p-value = 0.000). This indicates that the stronger the organizational factors, the higher the level of PNPM implementation by nurses.
- b. Work environment factors, including workload and availability of nursing facilities, do not show a significant effect on PNPM implementation, although they directly affect nurses' performance. The path coefficient for this relationship is 0.032 (t-statistic = 0.278, p-value = 0.390), suggesting that while the work environment influences performance, its effect on PNPM implementation is not significant.
- c. Organizational factors do not have a significant direct effect on nurses' performance. The path coefficient for this relationship is 0.050 (t-statistic = 0.551, p-value = 0.291), indicating that improvements in organizational factors do not automatically enhance performance unless mediated by another system or approach.
- d. Work environment factors have a positive and significant effect on nurses' performance. The path coefficient for this relationship is 0.192 (t-statistic = 2.398, p-value = 0.008), showing that a supportive work environment, such as adequate facilities and balanced workload, enables nurses to perform their duties optimally.
- e. PNPM implementation has a positive and significant effect on nurses' performance. The path coefficient for this relationship is 0.683 (t-statistic = 9.309, p-value = 0.000), indicating that effective PNPM implementation improves nurses' work quality, including timeliness and adherence to standards.
- f. PNPM significantly mediates the relationship between organizational factors and nurses' performance. The indirect effect of organizational factors on performance mediated by PNPM is 0.449 (t-statistic = 5.438, p-value = 0.000), demonstrating that organizational support contributes to improved performance when directed through the PNPM system.
- g. PNPM does not significantly mediate the relationship between work environment and nurses' performance. The indirect effect of the work environment on performance mediated by PNPM is 0.022 (t-statistic = 0.276, p-value = 0.391), which is not significant. This suggests that the work environment influences performance more directly, rather than through PNPM implementation.

6. Recommendations

Based on the conclusions above, the following recommendations are proposed:

- a. **For Hospital Management.** It is necessary to strengthen support for the implementation of the Professional Nursing Practice Model (PNPM/MPKP) through the formulation of more supportive policies, structured supervision, and the provision of regular training programs to enable nurses to fully implement PNPM effectively.
- b. **For Nursing Administrators.** Attention should be given to work environment aspects that directly affect nurses' performance, such as workload distribution and the provision of adequate facilities, so that nurses can carry out their duties without unnecessary obstacles.
- c. **For the Local Government of Mimika Regency.** The local government should take a strategic role in

strengthening the healthcare service system in hospitals, particularly in nursing services, through supportive policies, adequate budget allocation and resources, human resource development, as well as an integrated monitoring system to improve nurses' performance and the overall quality of healthcare services in Mimika Regency.

- d. **For Future Researchers.** It is recommended to expand the scope of research to other hospitals or to include additional variables, such as leadership or work motivation, to explore other factors that may influence PNPM implementation and nurses' performance more comprehensively.

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