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## Analysis of Nurses' Work Motivation on Nurses' Caring Behavior Based on Jean Watson's Theory in East Java Hospital Indonesia

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### Abstract

**Introduction:** *Caring behavior is central to high-quality nursing care and patient satisfaction. However, its implementation is often challenged by variations in nurses' work motivation. Understanding this relationship is essential for improving service quality. This study examined the association between nurses' work motivation and caring behavior based on Jean Watson's Theory of Human Caring in a hospital in East Java, Indonesia.*

**Methodology:** *A correlational cross-sectional design was employed. Using purposive sampling, 72 nurses were recruited in September–November 2024. Work motivation was measured using a questionnaire adapted from Herzberg's Two-Factor Motivation Theory, while caring behavior was assessed using the Caring Behaviors Inventory (CBI-24). Data were analyzed using descriptive statistics and Spearman's rho correlation with a significance level of  $p < 0.05$ .*

**Result:** *Most respondents demonstrated high work motivation (76.4%), while the majority exhibited a moderate level of caring behavior (83.3%). Spearman's rho analysis revealed a significant positive relationship between nurses' work motivation and caring behavior ( $r = 0.473$ ,  $p = 0.042$ ).*

**Conclusion:** *Higher work motivation is significantly associated with better caring behavior among nurses. Strategies to enhance nurses' intrinsic and extrinsic motivation are recommended to strengthen caring practices, improve service quality, and increase patient satisfaction.*

**Keywords:** *Nurse Work Motivation, Nurse Caring Behavior*

## 1. Introduction

Caring is a fundamental component of nursing practice and a key determinant of patient satisfaction and recovery. Patients receiving hospital care expect not only technical competence but also empathy, attention, and supportive interactions from nurses (Altun, 2025). In nursing practice, caring is expressed through behaviors such as providing comfort, demonstrating compassion and empathy, fostering trust, maintaining a supportive presence, protecting patients' dignity, and showing a genuine readiness to help (Karlsson & Pennbrant, 2020). Nurses are expected to consistently demonstrate caring behavior in all aspects of patient care, as the therapeutic relationship between health care providers and patients plays a crucial role in influencing patient satisfaction and recovery outcomes (Aly et al., 2020).

Caring behavior is not always exhibited in clinical settings, despite its essential significance in nursing practice (Atta et al., 2024). As a medical facility in the Pasuruan area, Mitra Sehat Medika Pandaan Pasuruan Hospital keeps raising the standard of nursing care. However, because of advancements in medical research and technology, nursing practice has grown more task-oriented, much as in many public and private hospitals. This change has led to a greater emphasis on pharmaceutical and technical solutions, which frequently restrict nurses' ability to provide holistic care, engage in therapeutic conversation, and listen to patients' emotional needs. The incorporation of compassionate conduct is still necessary to guarantee patient-centered nursing practice and the best possible care results, since inpatient care entails a significant delegation of medical duties from doctors to nurses (Mutiarasari et al., 2021).

Previous study has shown that nurses' compassionate behavior varies between hospital environments and is impacted by both organizational and individual factors. According to research on the connection between nurses' work motivation and compassionate conduct, there are still gaps in caring behaviors, such as inadequate attention to patients' psychological needs and a lack of therapeutic communication (Atta et al., 2024).

In nursing, caring behavior is a fundamental professional value that is influenced by both personal and professional circumstances. According to Demur, Mahmud, & Yeni, (2019) investigation into the relationship between workload, motivation, and caring behavior shows only 53.8% of nurses showed appropriate caring behavior. According to their data, the workload of nurses exceeded the ideal productive time norm of 80%, especially in the morning (99.03%), afternoon (97.37%), and night shifts (78.73%). Excessive workload was substantially linked to lower caring performance, despite the fact that 57.5% of nurses expressed high motivation to engage in caring behaviors. In order to promote caring behaviors, the study also found that motivation is a crucial factor of caring behavior, highlighting the necessity of enhancing both professional motivation and organizational support.

Similar circumstances seem to exist in a private hospital in East Java, Indonesia, which is consistent with other empirical research showing the adverse effects of excessive workload and motivational factors on nurses' caring behavior. Caring is a basic professional value in nursing practice, yet some nurses exhibit caring behaviors when providing nursing care, therefore its consistent application is still difficult.

The complaints from patients frequently highlight deficiencies in nurses' communication and interpersonal interactions, including ineffective communication, inappropriate vocal intonation, perceived unfriendliness, lack of respect, limited attentiveness, and insufficient explanation during nursing care delivery, all of which contribute to patient dissatisfaction. A preliminary assessment conducted among approximately 30 inpatient ward nurses further revealed variability in caring behavior, with only 50% (n = 15) demonstrating good caring behavior, 33.3% (n = 10) exhibiting moderate caring behavior, and 16.7% (n = 5) displaying low caring behavior. Collectively, these findings suggest a gap between the expected standards of caring-based nursing practice and its implementation in clinical settings, potentially influenced by workload pressures and motivational dynamics, thereby underscoring the need for further investigation into factors affecting nurses' caring behavior.

According to Gibson (2009) performance model, organizational, psychological, and individual factors interact to influence employee performance. Abilities, skills, and demographic traits including age, gender, duration of service, and level of education are examples of individual factors. Organizational aspects include resources, leadership, organizational structure, incentive systems, and workload, whereas psychological factors include perceptions, attitudes, personality, learning, and motivation. According to this theory, one important psychological factor affecting nurses' compassionate behavior is motivation. In line with this perspective, Masfi and Sukartini (n.d.) contend that improving caring behavior necessitates intrinsic motivation that pushes nurses to regularly exercise caring. Therefore, organizational methods targeted at enhancing nurses' compassionate behavior should concentrate on boosting job motivation, especially by paying attention to nurses' welfare and reward systems. It is anticipated that increased wellbeing will boost motivation, which in turn makes it easier to consistently provide compassionate nursing care.

Based on the background, this study aims to examine the relationship between nurses' work motivation and their caring behavior at a private hospital in East Java, Indonesia, guided by Jean Watson's Theory of Human Caring.

## **2. Literature Review**

### **2.1 Motivation**

Nurses' compassionate behavior is mostly determined by their motivation, which also affects their dedication to and involvement in patient care. According to Maslow's hierarchy of needs, people are motivated to satisfy dominating wants at a particular moment, and unfulfilled psychological or basic needs may prevent the manifestation of higher-order actions. When nurses' basic needs are sufficiently satisfied, compassionate behavior in nursing practice is more likely to be consistently displayed and demonstrates higher-level professional dedication. Therefore, to improve motivation and maintain compassionate nursing practice, organizational support that attends to the basic and psychological needs of nurses is crucial (Aly et al., 2020). According to Ayudia et al. (2020), motivation is a condition or energy that propels workers toward the accomplishment of company objectives. According to Aly et al. (2020), Stoner and Freeman define motivation as a managerial process that aims to influence human

behavior based on an understanding of the elements that inspire action. There are three types of motivation: extrinsic motivation, which comes from outside sources; intrinsic motivation, which comes from within the person; and urgent motivation, which arises in reaction to urgent or high-pressure circumstances and demands quick action.

The relationship between needs, urges, and goals must be considered in order to comprehend motivation. When a person has a physiological or psychological weakness, needs arise. Goals are the conclusion or result of the motivational process, signifying the end of the motivation cycle, whereas drives are the directed force or effort intended to fulfill these demands.

### **Motivation Theory**

The motivation theories that have been put forward are as follows: Two Factor Motivation Theory Model, Herzberg's Two Factor Theory or often referred to as the Motivator-Hygiene Theory is a Motivation Theory put forward by an American Psychologist named Frederick Herzberg regarding the variables that are considered desirable to achieve goals and bad conditions that must be avoided. It is called the Two Factor Theory because this theory basically consists of two factors that influence a person's motivation in working, the two factors are the Motivator factor and the Hygiene factor. Frederick Herzberg put forward a series of conditions,

the first of which is the motivator factor and the second series of conditions, namely the hygiene factor, can influence a person's job satisfaction in their work. Factors that act as motivators for employees, namely those that are able to satisfy and encourage people to work better, consist of: Achievement (successful implementation of performance), Recognition (recognition or appreciation), The work itself (work itself), Responsibility (responsibility), Advancement (development). Hygiene factors that can cause dissatisfaction to employees according to Herzberg include Company policy and administration (policy and administration), Technical supervisor (supervision), Interpersonal Supervision (interpersonal relationships), Working condition (working conditions), Wages (salary or wages).

Herzberg's Two-Factor Theory, also known as the Motivation-Hygiene Theory, emphasizes the role of individual employee needs in shaping work motivation. Developed by Frederick Herzberg, the theory has stimulated extensive research on occupational motivation and remains widely applied by managers to create motivating work environments. The theory is grounded in the distinction between intrinsic factors that promote job satisfaction and extrinsic factors that prevent job dissatisfaction, highlighting the different roles these needs play in influencing employee motivation and performance (Herzberg et al., 1959). Intrinsic needs (or motivators) are growth, advancement, responsibility, the work itself, recognition, and achievement. Extrinsic needs (or hygiene factors) are security, status, relationships with subordinates, personal life, relationships with coworkers, pay, working conditions, and relationships with superiors, supervision, company policies, and administration. It is possible for an employee to be intrinsically satisfied but not extrinsically satisfied.

For example, a nurse may be satisfied with her responsibilities and a recent promotion, but at the same time regret her coworkers' unwillingness to be part of a team. That is, the

nurse is satisfied with her job but dissatisfied with her interpersonal relationships in the workplace. In order to be motivated, employees must feel satisfied both extrinsically and intrinsically. Herzberg points out that many human resource consultants focus on facts that satisfy extrinsic needs, such as compensation and interpersonal relationships. On the other hand, job enrichment should not be overlooked. It can increase motivation and thus job satisfaction. For example, a nurse manager can send a staff nurse to attend training in a new procedure, thereby increasing the staff nurse's knowledge and allowing her to grow in her position.

## **2.2 Caring Behavior**

Caring is fundamental to nursing practice and is increasingly critical within the complex and time-pressured context of contemporary healthcare. Nurses and patients engage in caring interactions amid escalating demands and limited time, which challenge the consistent delivery of compassionate care (Karlsson & Pennbrant, 2020). Guided by Watson's Theory of Human Caring, caring is understood as a relational and transactional process grounded in clinical experience and philosophical values related to personhood, health, and healing. This nurse–patient relationship is essential in safeguarding human dignity and enhancing patients' capacity for healing (Karlsson & Pennbrant, 2020). This theory emphasizes the interpersonal relationship between nurse and client. The theory of human caring developed by Watson revolves around ten carative factors as a framework to give shape and focus to the nursing phenomenon. In Jean Watson's nursing perspective, humans are believed to be a person as a whole, as a fully functional integrated self. Jean Watson defines health as a condition of wholeness and harmony between body, mind, and soul, this relates to the level of conformity between the perceived self and the realized self.

Factors that influence nurse caring.

Caring behavior can be influenced by many factors. According to (Al-Shamaly, 2022) caring behavior in their study was determined by workload factors, nurse motivation and stress. Factors that influence caring behavior are: Nurse workload, Work environment, Knowledge and training. According to (Gibson) factors that influence performance, namely 1) Individual factors are grouped into abilities and skills, background and demographics including Education, length of service, social status, family, age, marital status, gender and ethnicity 2) Psychological factors consist of perception, attitude, personality, learning/knowledge and motivation. 3) Organizational factors include resources, leadership, structure, rewards and workload.

Caring behavior of nurses according to Jean Watson Caring behavior is formulated by Caring behavior is formulated by (Karlsson & Pennbrant, 2020) into ten carative factors which are re-presented as clinical caritas processes which provide direction for nurses in implementing caring behavior (Karlsson & Pennbrant, 2020) namely: Forming a Humanistic and altruistic value system, instilling faith and hope, cultivating sensitivity to oneself and others, developing a relationship of mutual trust and help, increasing acceptance of expression of feelings, using a systematic problem-solving caring process, improving the learning process, providing a supportive, protective and corrective physical, mental, social and spiritual environment, assisting with the gratification of

human needs, appreciating existential, phenomenological and spiritual forces.

### **3. Methodology**

#### **3.1 Research Design**

The design of this research is a correlational analytical study with a cross-sectional approach.

#### **3.2 Research Variables**

The independent variable of this study is the work motivation of nurses at East Java Hospital. The dependent variable in this study is the caring behavior of nurses at East Java Hospital.

#### **3.3 Sample and Sampling Technique**

This study employed a non-probability purposive sampling technique. The target population comprised all registered nurses working at East Java Hospital (N = 83). Nurses who met the predefined inclusion criteria were recruited, resulting in a final sample of 72 participants. Purposive sampling was chosen to ensure that only nurses with relevant educational qualifications and clinical exposure in selected units were included in the study.

#### **3.4 Location and time of the study**

The time of this research was conducted from September to November 2024. The place of this research was conducted at the Inpatient Unit, Emergency Unit, Perina Unit and Outpatient Unit of East Java Hospital.

#### **3.5 Data Collection and Collection Procedures**

Data collection in this study, the research instrument used a questionnaire with a Likert scale. The instrument used in this study was a questionnaire. Questionnaire on nurse motivation (Frederick Herzberg's Two Factors Motivation Theory Model).

#### **3.6 Research Instruments**

Data in this study were collected using a structured questionnaire, which consisted of three components: nursing characteristics, work motivation, and caring behavior.

##### **3.6.1 Nurse Characteristics Questionnaire**

Nurse characteristics assessed included education level, years of service, age, gender, marital status, and social status of nurses at RS Mitra Sehat Medika Pandaan.

##### **3.6.2 Nurse Work Motivation Questionnaire**

Work motivation was measured using a 73-item questionnaire adapted from Herzberg's Two-Factor Motivation Theory. The questionnaire assessed six dimensions: Achievement (Items 1–10), Recognition (Items 11–25), The Work Itself (Items 26–37), Responsibility (Items 38–47), Advancement (Items 48–58), and Development of Individual Potential (Possibility of Growth) (Items 59–73).

##### **3.6.3 Nurse Caring Behavior Questionnaire**

Caring behavior was measured using the Caring Behaviors Inventory (CBI-24),

developed based on Watson's Theory of Human Caring. The instrument evaluates four aspects of caring, incorporating ten carative factors, and uses a four-point Likert scale to reflect the extent of caring behaviors as perceived by nurses. The CBI-24 contains 41 items and has been validated for use in inpatient care settings (Watson, 2012).

### **3.7 Validity and Reliability Testing**

#### **3.7.1 Validity Test**

Validity refers to the extent to which an instrument accurately measures the construct it is intended to assess. In this study, validity testing was conducted to ensure that the questionnaires used met established measurement standards.

##### **i) Work Motivation**

The work motivation questionnaire, adapted from Herzberg's Two-Factor Motivation Theory, underwent a validity assessment. The item-total correlation (R) values ranged from 0.258 to 0.762. All items exceeded the critical R value at a 5% significance level, indicating that the questionnaire items were valid and suitable for data collection.

##### **ii) Nurse Caring Behavior**

Nurses' caring behavior was measured using the Caring Behaviors Inventory (CBI-24) developed by Jean Watson. Validity testing produced R-values ranging from 0.267 to 0.637. All items were above the critical R value at a 5% significance level, confirming that the instrument was valid and appropriate for assessing nurses' caring behaviors in this study.

#### **3.7.2 Reliability Test**

Reliability refers to the consistency and stability of an instrument in measuring a construct across repeated observations. In this study, reliability testing was conducted to ensure the dependability of the questionnaires used.

##### **i) Work motivation**

The work motivation questionnaire, adapted from Herzberg's Two-Factor Motivation Theory, demonstrated acceptable internal consistency. Reliability testing using Cronbach's Alpha yielded a coefficient of 0.748, exceeding the acceptable threshold of  $\alpha > 0.60$ , indicating that the instrument was reliable for measuring nurses' work motivation.

##### **ii) Nurse caring behavior**

The reliability of the nurses' caring behavior questionnaire, measured using the Caring Behaviors Inventory (CBI-24) developed by Jean Watson, was also assessed using Cronbach's Alpha. The analysis produced an alpha coefficient of 0.736, which surpassed the acceptable reliability criterion of  $\alpha > 0.60$ , confirming that the instrument was reliable for assessing nurses' caring behaviors.

### **3.8 Data Analysis Techniques**

Data analysis using SPSS with Univariate Statistical Test using frequency distribution analysis, Bivariate Statistical Test using Spearman Correlation Statistical Test with p value  $< 0.05$ ).

### 3.9 Research Ethics

#### i) Informed Consent (Consent Form)

It is a method of obtaining consent between the researcher and the respondents by providing a consent form. The researcher approaches and explains the purpose and objectives of the research being conducted. If the respondents agree to participate in the research, they must sign the consent form. If the respondents do not wish to participate, the researcher will not force them and will continue to respect their rights. Out of 72 respondents, all agreed; none refused to become research respondents, and all have signed the consent form to participate.

#### ii) Research Ethics Review

Regarding Research Ethics Review, a Research Ethics Review has been conducted by the Health Research Ethics Committee of the Maluku Husada College of Health Sciences with number: RK.186/KEPK/STIK/VIII/2024 on August 23, 2024

### 4.0 Results

#### 4.1 General Data

**Table 1 Frequency Distribution of Characteristic Data Based on Age, Gender, Education, Length of Service, Social Status and Marital Status at East Java Hospital.**

Variable	Frequency	Percentage %
<b>Age</b>		
20-30 years	54	75%
31-40 years	18	25%
<b>Gender</b>		
Male	21	29,2%
Female	51	70,8%
<b>Education</b>		
D3 Nursing	47	65,3%
S1+Ners	25	34,7%
<b>Length of Service</b>		
<1 years	23	31,9%
1-3 years	20	27,8%
4-5 years	10	13,9%
>5 years	19	26,4%
<b>Social Status</b>		
Permanent	11	15,3%
Contract	61	84,7%
<b>Marital Status</b>		
Married	44	61,1%
Unmarried	27	37,5%
Widower	1	1,4%

Source: Primary Data (2024)

Based on table 1 above, it can be seen that the age of the respondents is mostly 20-30 years old as many as 54 people (75%) and a small part is 31-40 years old as many as 18 people (25%). For the gender of the respondents, most are women as many as 51 people (70.8%) and a small part is men as many as 21 people (29.2%), and in

terms of education, most of the respondents are D3 Nursing as many as 47 people (65.3%) and a small part is S1 + Ners as many as 25 people (34.7%). Meanwhile, for the length of service of the respondents, most of them were <1 year as many as 23 people (31.9%), 1-3 years as many as 20 people (27.8%), >5 years as many as 19 people (26.4%) and a small part was 4-5 years as many as 10 people (13.9%), for the social status of the respondents, most of them were contract employees as many as 61 people (84.7%) and a small part were permanent employees as many as 11 people (15.3%). And the last is the marital status of the respondents, most of them were married as many as 44 people (61.1%), those who were not married as many as 27 people (37.5%) and a small part were widowers/widows as many as 1 person (1.4%).

#### 4.2 Special Data

**Table 2 Frequency Distribution of Independent Variable Data on Nurses' Work Motivation Nurses' Caring Behavior at East Java Hospital.**

Variable	Frequency	Percentage %
<b>Motivation</b>		
High	55	76,4%
Medium	17	23,6%
<b>Caring Behavior</b>		
Good	12	16,7%
Enough	60	83,3%

Source: Primary Data (2024)

Based on table 2 above, it can be seen that the majority of respondents' workload is low workload as many as 48 people (66.7%), medium workload as many as 18 people (25%) and a small part of high workload as many as 6 people (8.3%). For respondent motivation, most are high motivation as many as 55 people (76.4%) and a small part of medium motivation as many as 17 people (23.6%). While for respondent personality, most are good personality as many as 35 people (48.6%) and less personality as many as 31 people (43.1%) and a small part of sufficient personality as many as 6 people (8.3%). And for respondent caring behavior, most are sufficient caring behavior as many as 60 people (783.3%) and a small part of good caring behavior as many as 12 people (16.7%).

**Table 3 Results of Cross-tabulation of Data on the Relationship between Nurses' Work Motivation and Nurses' Caring Behavior at East Java Hospital**

		Caring Behavior		Total
		Good	Enough	
	Count	10	45	55
High	% within Motivasi	18,2%	81,8%	100,0%
	% of Total	13,9%	62,5%	76,4%
	Count	2	15	17
Motivation Medium	% within Motivasi	11,8%	88,2%	100,0%
	% of Total	2,8%	20,8%	23,6%
	Count	12	60	72
Total	% within Motivasi	16,7%	83,3%	100,0%
	% of Total	16,7%	83,3%	100,0%

Source: Primary Data (2024)

Based on table 3 above, it shows that the majority of respondents, 55 people (76.4%) have high motivation, where of the 55 respondents, 45 people (62.5%) behave in a fairly caring manner and 10 people (13.9%) behave in a good caring manner.

**Table 4 Results of Spearman's rho Bivariate Statistical Test of the Relationship between Nurses' Work Motivation and Nurses' Caring Behavior at East Java Hospital**

		Workload	Motivation	Persoanlity	Caring Behavior
Motivation	Correlation Coefficient	,176	1,000	,276*	,473*
	Sig. (2-tailed)	,138	.	,019	<b>,042</b>
	N	72	72	72	72
Caring Behavior	Correlation Coefficient	,343*	,473*	,288*	1,000
	Sig. (2-tailed)	,032	,042	,014	.
	N	72	72	72	72

\*Correlation is significant at the 0.05 level (2-tailed).

Source: Primary Data (2024)

Based on table 4 above, it shows that there is a relationship between nurses' work motivation and nurses' caring behavior at East Java Hospital ( $p\text{-value} = 0.042 < \alpha = 0.05$ )

## **5.0 Discussion**

### **5.1 Nurses Work Motivation**

The analysis in Table 2 indicates that most respondents exhibited a high level of motivation, while a smaller proportion reported moderate motivation. Furthermore, Table 4 demonstrates a significant positive relationship between nurses' motivation and their caring behaviors at Mitra Sehat Medika Pandaan Hospital. These findings align with established theories of work motivation, which suggest that higher levels of motivation enhance employee performance and productivity, ultimately improving the quality of care provided to patients (Asmuji, 2012). A nurse's high work motivation will affect their performance with the assumption that the higher the motivation, the better the performance, thereby increasing productivity, in this case, nurses provide services with caring behavior.

The analysis revealed that many respondents exhibited high levels of motivation, with a smaller proportion demonstrating moderate motivation. Furthermore, the findings indicate a significant positive relationship between nurses' motivation and their caring behaviors at Mitra Sehat Medika Pandaan Hospital. These results are consistent with established work motivation theories, which assert that higher motivation enhances employee performance and productivity, ultimately improving the quality of care provided to patients (Herzberg et al., 1959). Similarly, Gibson suggests that nurses with a high need for achievement exhibit superior performance compared to those with moderate or low achievement motivation, while moderate levels of achievement and affiliation motivation correspond to moderate performance. These findings highlight the critical role of both intrinsic and extrinsic motivational factors in fostering nurses' caring behaviors and optimizing clinical performance.

These findings are further supported by previous studies. Demur, Mahmud, and Yeni (2022) reported that many nurses demonstrated high motivation and exhibited caring behaviors, with a significant association between motivation and caring behavior ( $p = 0.018$ ). Similarly, Laksono (2024) found that nurses with high motivation were more likely to display caring behaviors, and the relationship between motivation and caring behavior was statistically significant ( $p = 0.002$ ). These studies reinforce the conclusion that motivation plays a crucial role in influencing nurses' caring behaviors in clinical practice. Additionally, Yuliana (2020) reported that most nurses demonstrated moderate motivation while exhibiting good caring behaviors, indicating a significant relationship between work motivation and caring behavior. According to Gibson, Ivancevich, and Donnelly (2012), motivation is an internal drive that prompts individuals to act, arising from a perceived gap between desired and current needs.

Similarly, Siti (2024) found that nurses in the Class III inpatient ward at

Bhayangkara Tk I Pusdokkes POLRI Hospital generally displayed good levels of work motivation and caring behavior, further supporting the conclusion that motivation is positively associated with nurses' caring behaviors in clinical practice. Puspita and Hidayah (2022) reported that most nurses demonstrated good motivation and exhibited effective caring behaviors, indicating a significant relationship between performance motivation and caring behavior. The findings at RS Mitra Sehat Medika align with these results, with most nurses displaying high and favorable levels of motivation. Analysis of the motivation questionnaire revealed that the highest scores were related to individual potential development, reflecting opportunities for personal growth. At RS Mitra Sehat Medika, nurses with demonstrated competencies are encouraged to participate in training programs and workshops, which serve to enhance their skills, knowledge, and overall professional development.

In addition, nurses are also given the opportunity and ease to continue their education from a Diploma III to a bachelor's degree. Nurses who have good leadership qualities, assessed through several leadership indicators, regardless of age or seniority, will be given the opportunity to become a leader in a certain unit. This way, nurses feel motivated at work because they feel valued and given opportunities, with the hope that they can perform well, especially by demonstrating caring behavior towards patients in their service. Furthermore, nurses who work well will be given rewards to motivate them to work even better. Conversely, if there are nurses who do not perform well and commit mistakes They will be given punishment, with the hope that they will also be motivated to change and work better than before. From the explanation above, it can be concluded that motivation is one of the factors that influence caring behavior toward patients.

This is in accordance with existing theories and is also relevant to several studies that have been conducted, which show a relationship between nurses' motivation and caring behavior. Motivation at work is an important factor. A job will be carried out well when someone has a genuine desire to complete their work. Their work will be carried out according to the motivation they have during working. A person with less responsibility will affect the motivation they have, which will result in their work behavior being inadequate or unsatisfactory. The first action a nurse takes when meeting a patient for the first time is showing care. A good nurse tends to be oriented towards the patient's recovery, which shows that caring behavior is very important for a nurse. Nurses with good motivation and who assist well in the patient's healing process are likely to perform their duties according to their intentions and work as expected.

## **5.2 Caring Behavior**

As shown in Table 3, many respondents exhibited moderate levels of caring behavior, with a smaller proportion demonstrating good caring behavior. Table 4 indicates that workload, motivation, and personality are significantly associated with nurses' caring behavior at RS Mitra Sehat Medika. Among these variables, motivation exerted the strongest influence, followed by personality, while workload

had the least impact. These findings align with Watson's Theory of Human Caring, which conceptualizes caring as a relational and transactional process between the caregiver and the patient. Such interactions are essential for preserving patient dignity and supporting the patient's capacity for healing.

According to Watson (Theory of Human Caring), caring is conceptualized as a relational process between the nurse and the recipient of care, essential for promoting and protecting the patient's well-being and influencing their capacity for recovery. The Theory of Human Caring emphasizes the interpersonal relationship between the nurse and the patient and is structured around ten carative factors, which provide a framework for understanding and guiding nursing practice. Nurses' ability to demonstrate caring behavior is influenced by multiple factors. Burtson and Stichler (2010) identified workload, motivation, and stress as key determinants of caring behavior. Additionally, Gibson (2012) categorized factors affecting performance into three domains: (1) individual factors, including abilities, background, and experience; (2) psychological factors, encompassing perception, personality, attitude, learning, and motivation; and (3) organizational factors, such as available resources, leadership, reward systems, job design, and workload, which indirectly influence performance and caring behavior.

Permana and Nuramalia (2023) investigated the relationship between attitude, personality, and motivation with nurses' caring behavior at RSUD Subang. Their analysis revealed that attitude and motivation were highly significant ( $p = 0.000$ ), while personality was also significant ( $p = 0.011$ ), indicating that these factors collectively influence caring behavior. Attitude and motivation were identified as the most influential factors, highlighting the importance of providing training programs to enhance nurses' motivation, attitudes, and personality to improve caring behaviors. Similarly, a study by Ayatulloh et al. (2024) examined determinants of caring behavior among emergency nurses and found significant influences of individual personality ( $p = 0.047$ ), psychological motivation ( $p = 0.045$ ), organizational workload ( $p = 0.018$ ), and organizational rewards ( $p = 0.021$ ). Notably, organizational workload had the highest odds ratio ( $\text{Exp}(B) = 26.150$ ), indicating that nurses' perceived workload substantially increases the likelihood of affecting their caring behavior. These findings collectively underscore the combined role of personal, psychological, and organizational factors in shaping nurses' caring practices.

Individual personality, psychological motivation, and organizational factors such as workload and rewards significantly influence the caring behavior of emergency nurses, with organizational workload emerging as the most dominant factor. The findings at RS Mitra Sehat Medika are consistent with previous studies examining the relationships between workload, motivation, and personality with nurses' caring behaviors. Although few studies have simultaneously investigated all three variables, existing research generally supports these associations. At RS Mitra Sehat Medika, a private hospital that emphasizes comprehensive patient care, nurses' caring behaviors are prioritized, highlighting the critical role of both individual and organizational factors in delivering high-quality nursing care.

Caring behavior is a critical component of nursing practice, reflecting nurses' commitment to addressing the physical, emotional, and psychological needs of patients. This behavior is influenced by multiple factors, including workload, motivation, and individual personality. High workloads can substantially affect nurses' ability to provide optimal care; excessive tasks, limited time per patient, and sustained work pressure may diminish the demonstration of caring behaviors. Such imbalances often lead to physical and mental fatigue, which can compromise the quality of nurse–patient interactions and overall patient care.

In summary, motivation is a key determinant of nurses' caring behavior. Highly motivated nurses are more likely to consistently demonstrate caring practices in patient care, as motivation enables them to overcome work-related challenges and maintain focus on patients' needs despite workplace pressures. In addition, nurses' personality traits influence their caring behavior. Those who are empathetic, patient, and possess strong interpersonal skills are better able to establish meaningful connections with patients. Conversely, nurses who are less patient or prone to stress may find it more difficult to consistently exhibit caring behaviors.

## **6.0 Conclusion**

At East Java Hospital, most nurses exhibit high levels of work motivation, reflecting satisfaction with the work environment, managerial support, and recognition of their contributions. This high motivation is a critical factor in promoting optimal healthcare quality, particularly in relation to nurses' caring behavior toward patients. While most nurses demonstrate caring behavior at a moderate level, this indicates an ongoing effort to provide attention and empathy in their nursing duties. Analysis further indicates a significant relationship between work motivation and caring behavior, with higher motivation positively influencing nurses' ability to deliver empathetic, patient-centered care. Conversely, lower levels of motivation may impede the consistent demonstration of caring behavior.

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