



Research Article

Organizational Commitment Matters More than Supervision in Nursing Documentation Compliance

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Abstract: Nursing care documentation is crucial for service quality and patient safety, but incomplete and inconsistent documentation remains a challenge in hospitals. This study focuses on nurses at Medika Lestari Hospital, where documentation compliance is below expectations. The aim is to analyze how organizational commitment and supervision affect nursing care documentation, with work motivation as an intervening variable. A quantitative cross-sectional design with a structural model approach was used, and data were collected via structured questionnaires and analyzed using SEM-PLS. The results show that organizational commitment positively impacts documentation compliance ($\beta = 0.268$; $p = 0.013$), highlighting the importance of nurses' attachment to organizational goals. Supervision, however, has no significant direct effect on documentation ($\beta = 0.220$; $p = 0.109$). Both organizational commitment ($\beta = 0.285$; $p = 0.018$) and supervision ($\beta = 0.382$; $p = 0.000$) significantly influence work motivation, indicating that managerial control and organizational attachment contribute to motivation. However, work motivation does not significantly affect documentation ($\beta = 0.231$; $p = 0.053$) and does not mediate the effects of commitment or supervision on compliance. In conclusion, improvements in documentation are primarily driven by organizational commitment rather than motivational or supervisory factors. Hospital management should focus on enhancing nurses' organizational commitment and aligning supervisory practices with institutional values to improve documentation compliance sustainably.

Keywords: Compliance; Nursing Documentation; Organizational Commitment; Supervision; Work Motivation

1. Introduction

Nursing care documentation is a fundamental component of healthcare service quality and patient safety, as it ensures continuity of care, clinical communication, and legal accountability (WHO, 2017; Potter et al., 2021). In hospital settings, nurses are the primary contributors to patient records, making their compliance with documentation standards critical for organizational performance and risk management (Kamil et al., 2018). Despite the implementation of standardized documentation systems, incomplete and inconsistent nursing documentation remains a persistent problem in many hospitals, suggesting that documentation compliance is influenced not only by technical systems but also by organizational and behavioral factors (Wang et al., 2019).

Previous studies on nursing documentation have predominantly focused on individual-level and technical approaches, such as nurses' knowledge, workload, and the use of electronic medical records (Ammenwerth & Spötl, 2019; Dehghan et al., 2020). While these approaches have demonstrated strengths in improving documentation efficiency, they often fail to produce sustainable compliance when organizational support and leadership practices are weak (Mutshatshi et al., 2018). Other studies have examined supervision and motivational factors, reporting that effective supervision can enhance nurses' motivation and task adherence (Manomenidis et al., 2019). However, empirical findings remain inconsistent regarding whether supervision and motivation directly lead to improved documentation

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behavior (Al-Haroon et al., 2021). In contrast, organizational commitment has been consistently associated with compliance-related behaviors and performance outcomes (Meyer & Allen, 1997; Robbins & Judge, 2020), yet its role in nursing documentation compliance remains underexplored and insufficiently integrated with supervisory and motivational perspectives.

The main research problem addressed in this study is the absence of an integrated explanatory model that clarifies how organizational commitment and supervision interact with work motivation to influence nursing documentation compliance. Existing research tends to examine these variables separately, resulting in fragmented explanations and limited managerial implications (Yuliana & Wardhani, 2020). As a result, hospital management often relies on procedural enforcement or motivational incentives without addressing nurses' deeper organizational attachment and value alignment, which are essential for sustained behavioral compliance.

To address this gap, this study proposes an integrated structural model examining the direct effects of organizational commitment and supervision on nursing documentation compliance, while positioning work motivation as a potential mediating mechanism. The model is grounded in behavioral and organizational theories, including organizational commitment theory (Meyer & Allen, 1997) and motivational perspectives derived from the Theory of Planned Behavior (Ajzen, 1991). A quantitative approach using Structural Equation Modeling–Partial Least Squares (SEM-PLS) is employed to capture both direct and indirect relationships among variables, allowing for a comprehensive assessment of documentation compliance behavior among nurses.

This study offers several contributions. First, it empirically positions organizational commitment as a key driver of nursing documentation compliance rather than a secondary organizational factor. Second, it clarifies the limited mediating role of work motivation, challenging motivation-centered explanations of compliance behavior. Third, it provides actionable insights for hospital management and nursing leaders by emphasizing the importance of strengthening organizational commitment and aligning supervisory practices with institutional values.

2. Literature Review

Theory of Planned Behavior

The Theory of Planned Behavior (TPB), developed by Icek Ajzen and Martin Fishbein, evolved from the Theory of Reasoned Action (TRA) and has been widely applied to explain and predict human behavior across various contexts, including healthcare practice. TPB is grounded in the assumption that individuals are rational decision-makers who systematically process available information before engaging in or avoiding a particular behavior (Ajzen, 2000).

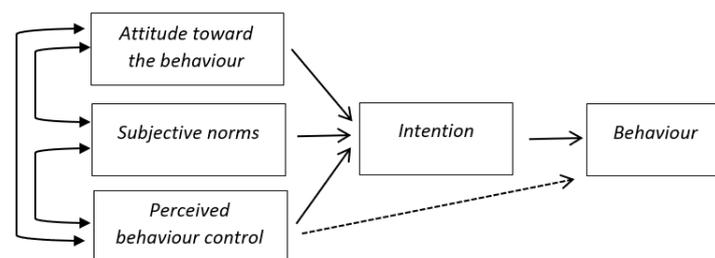


Figure 1. Theory of Planned Behavior

Within the TPB framework, actual behavior is primarily determined by behavioral intention, which reflects an individual's readiness to perform a specific action. Behavioral intention is influenced by three core constructs: attitude toward the behavior, subjective norms, and perceived behavioral control. The stronger the intention, the more likely the behavior will be performed (Ajzen, 2005). In addition, perceived behavioral control may also exert a direct influence on behavior, particularly when individuals perceive sufficient resources and capabilities to act (Ajzen, 2000).

In the context of nursing practice, TPB provides a robust theoretical foundation for understanding compliance-related behaviors such as nursing care documentation. Documentation behavior is not solely a technical task but represents a deliberate action shaped by individual evaluations, social expectations, and perceived control over work conditions.

Attitude Toward the Behavior

Attitude toward the behavior refers to an individual's positive or negative evaluation of performing a particular action, formed through behavioral beliefs regarding expected outcomes and their subjective appraisal. According to TPB, individuals are more likely to

form strong behavioral intentions when they believe that a behavior will produce beneficial outcomes (Ajzen, 1991).

In this study, attitude toward the behavior is conceptually aligned with organizational commitment. Nurses who perceive documentation as meaningful, valuable, and beneficial to patient safety, service quality, and legal protection are more likely to develop a positive attitude toward documenting nursing care. Empirical evidence indicates that nurses with positive attitudes are significantly more compliant with documentation standards (Akhu-Zaheya et al., 2018; Ayele et al., 2021). Furthermore, strengthening professional knowledge and standardizing nursing diagnoses, interventions, and outcomes have been shown to enhance documentation quality (Müller-Staub et al., 2007).

Thus, organizational commitment reflects the attitudinal foundation that shapes nurses' intention to perform nursing care documentation consistently.

Subjective Norms

Subjective norms represent perceived social pressure from significant others regarding whether a behavior should or should not be performed. These norms are formed through normative beliefs about the expectations of influential individuals such as supervisors, peers, or organizational leaders.

In this research, subjective norms are operationalized through supervision. Within nursing organizations, supervisors function as key reference figures who define acceptable professional behavior. Consistent supervision, clear expectations, and reinforcement mechanisms can strengthen normative pressure, thereby shaping nurses' intentions to comply with documentation standards. When supervision emphasizes accountability and professional expectations, nurses are more likely to internalize documentation as a normative obligation (Bunting & de Klerk, 2022).

Perceived Behavioral Control

Perceived behavioral control reflects individuals' perceptions of their ability to perform a behavior, based on access to resources, skills, time, and opportunities, as well as confidence in their own capabilities. Ajzen (1991) emphasized that perceived control is formed through both control beliefs and self-efficacy.

In this study, perceived behavioral control corresponds to work motivation. Nurses who believe they possess adequate competence, institutional support, and time resources are more motivated to perform documentation tasks consistently. Perceived behavioral control is closely related to motivational processes, as self-efficacy influences effort, persistence, and task engagement. Schunk and DiBenedetto (2020) demonstrated that self-efficacy serves as a critical driver of motivation by regulating behavioral initiation and endurance in completing professional tasks.

Accordingly, motivation functions as a psychological mechanism that translates perceived control into consistent documentation behavior.

Nursing Care Documentation

Nursing care documentation represents a systematic and continuous record of the nursing process, encompassing assessment, nursing diagnosis, planning, implementation, and evaluation. It serves as an essential component of professional nursing practice and reflects the quality, safety, and accountability of healthcare services (Potter & Perry, 2005).

Comprehensive documentation across all stages of the nursing process is widely recognized as a key indicator of service quality. Consistent and accurate records enable continuity of care, support clinical decision-making, and reduce the risk of errors in patient management (Doenges et al., 2016). Moreover, documentation functions as formal evidence of nursing actions and constitutes an important element of legal and professional accountability.

From a regulatory and professional perspective, documentation is considered inseparable from nursing practice. The American Nurses Association emphasizes that documentation reflects nurses' responsibility and accountability in delivering care, while the National Council of State Boards of Nursing defines the nursing process as a structured and cyclical method that must be consistently documented to ensure safe and effective care. These standards reinforce the view that documentation is not merely administrative but a professional obligation.

Empirical and conceptual literature consistently identifies five core dimensions of nursing care documentation: assessment, nursing diagnosis, planning, implementation, and evaluation (Potter & Perry, 2005). Each dimension contributes to a coherent clinical narrative that supports patient-centered care. High-quality documentation is characterized by accuracy, completeness, relevance, timeliness, and readability, ensuring that recorded information truly reflects patient conditions and nursing interventions (Carpenito-Moyet, 2009).

Beyond its clinical function, nursing documentation plays a strategic role in healthcare organizations. Well-documented nursing care enhances patient safety, facilitates

interprofessional communication, supports clinical and managerial decision-making, and provides a foundation for quality improvement and nursing audits. Conversely, incomplete or delayed documentation may compromise care continuity and weaken organizational learning mechanisms.

In the context of this study, nursing care documentation is conceptualized as a behavioral outcome, aligning with the Theory of Planned Behavior framework. Compliance with documentation standards reflects not only nurses' technical competence but also their attitudes, perceived expectations, and motivational readiness to perform documentation consistently within organizational constraints.

Organizational Commitment

Organizational commitment refers to an individual's psychological attachment and sense of identification with an organization, reflected in the willingness to align personal values with organizational goals and to remain a member of the organization. According to John P. Meyer and Natalie J. Allen, organizational commitment represents a psychological state that binds individuals to their organization and influences their decision to continue membership (Meyer & Allen, 1997). Similarly, Richard T. Mowday, Richard M. Steers, and Lyman W. Porter conceptualized commitment as the strength of identification, involvement, and loyalty toward an organization (Mowday et al., 1979).

From a behavioral perspective, organizational commitment reflects an attitudinal orientation that shapes how employees interpret and respond to organizational expectations. Employees with high commitment tend to internalize organizational values, demonstrate greater involvement in work activities, and show a strong desire to maintain organizational membership (Robbins & Judge, 2017). This attitudinal alignment is particularly important in healthcare settings, where professional behavior is closely tied to organizational standards and patient safety outcomes.

Multiple theoretical perspectives explain the formation of organizational commitment. Becker's side-bet theory suggests that commitment develops through accumulated investments that increase the perceived cost of leaving the organization (Becker, 1960). Attitudinal commitment theory emphasizes acceptance of organizational goals, willingness to exert effort, and desire to remain (Porter et al., 1974). O'Reilly and Chatman (1986) further distinguished commitment into compliance, identification, and internalization, highlighting varying depths of psychological attachment. Kanter (1968) conceptualized commitment through continuance, cohesion, and control, emphasizing loyalty, emotional bonding, and adherence to organizational norms.

Despite these variations, the three-component model proposed by Meyer and Allen (1997) remains the most widely applied framework in healthcare research. This model distinguishes organizational commitment into affective commitment, reflecting emotional attachment and identification with the organization; continuance commitment, based on perceived costs associated with leaving; and normative commitment, reflecting a sense of moral obligation to remain. These dimensions collectively capture both emotional and rational foundations of employee attachment.

Empirical evidence indicates that organizational commitment contributes to improved performance, reduced turnover intention, and stronger adherence to professional standards (Luthans, 2011). In nursing practice, committed nurses are more likely to demonstrate responsible work behavior, comply with clinical procedures, and engage consistently in non-clinical duties such as documentation.

Within the framework of the Theory of Planned Behavior, organizational commitment in this study is positioned as an attitudinal antecedent that shapes nurses' intention to perform nursing care documentation. Nurses who are emotionally attached to their organization and who internalize its values are more likely to perceive documentation as meaningful and necessary, thereby strengthening their intention to document nursing care comprehensively and accurately.

Supervision

Supervision is a managerial and professional process aimed at ensuring that planned nursing activities are implemented effectively and in accordance with established standards. In nursing management, supervision functions not only as a control mechanism but also as a means of guidance, evaluation, and professional development to support optimal service delivery (Marquis & Huston, 2010). Through supervision, organizations create the conditions, resources, and expectations necessary for nurses to perform their roles effectively and efficiently.

Conceptually, supervision involves monitoring work performance, evaluating how tasks are carried out, and implementing corrective actions when deviations occur (Sullivan, 2017). Beyond evaluative control, supervision also facilitates reflective practice, enabling nurses to critically assess their clinical actions and continuously improve care quality (Pitman, 2011).

This reflective dimension positions supervision as an essential component of professional learning rather than merely an administrative requirement.

The objectives of nursing supervision include maintaining attention to staff and their work environment, ensuring alignment between planning, implementation, and evaluation of care, and enhancing nurses' competencies through orientation, training, mentoring, and continuous guidance (Swansburg, 2013). Effective supervision therefore supports both service quality and staff development.

Several theoretical models have been proposed to explain supervision in healthcare settings. Among these, the Normative–Formative–Restorative Model proposed by Brigid Proctor (1986) is widely applied in nursing. The normative function emphasizes compliance with professional standards, policies, and ethical guidelines to maintain care quality and patient safety. The formative function focuses on education and skill development through feedback, training, and reflective learning. The restorative function addresses emotional and psychological support, helping nurses cope with work-related stress and maintain motivation.

Other supervision frameworks, such as academic supervision models developed within the Royal College of Nursing, as well as administrative, educative, and supportive supervision models (Lynch et al., 2008), similarly emphasize that supervision should integrate control, learning, and emotional support. These models collectively highlight that effective supervision extends beyond technical oversight to include professional growth and well-being.

Within the framework of the Theory of Planned Behavior, supervision in this study is positioned as a representation of subjective norms. Supervisors act as significant referents who define expectations, reinforce professional norms, and apply rewards or corrective measures. When supervisory practices consistently emphasize documentation standards and professional accountability, nurses are more likely to perceive documentation as a normative expectation that should be fulfilled. Consequently, supervision strengthens behavioral intention by shaping perceived social pressure to comply with nursing care documentation standards.

Based on this perspective, supervision is expected to influence both nurses' motivation and their compliance with nursing care documentation.

Work Motivation

Work motivation refers to the internal and external forces that initiate, direct, and sustain individuals' work-related behavior toward achieving specific goals. Motivation explains why individuals exert effort, persist in tasks, and maintain performance over time (Robbins, 2015). In healthcare settings, work motivation is essential in shaping nurses' consistency in performing both clinical and administrative responsibilities.

Classical motivation theories emphasize that motivation arises from the fulfillment of human needs. Abraham Maslow (1943) proposed that individuals are motivated by a hierarchy of needs ranging from physiological and safety needs to social belonging, esteem, and self-actualization. Nurses whose basic and psychological needs are adequately met are more likely to focus on higher-level goals such as professional achievement, responsibility, and quality improvement in care delivery.

From a process perspective, motivation reflects the direction, intensity, and persistence of effort toward work objectives (Robbins, 2015). Motivation functions as a psychological driver that translates perceived needs and expectations into observable work behavior. Frederick Herzberg (1959) further distinguished motivation into two categories: motivator factors (intrinsic), such as achievement, recognition, and responsibility, which promote job satisfaction and performance; and hygiene factors (extrinsic), such as salary, working conditions, and organizational policies, which prevent dissatisfaction but do not necessarily enhance motivation.

Other theoretical perspectives reinforce the role of cognitive evaluation in motivation. Expectancy theory posits that individuals are motivated when they believe that effort will lead to performance and desirable outcomes (Vroom). Goal-setting theory emphasizes that specific and challenging goals enhance motivation when individuals are committed to achieving them (Locke). Collectively, these theories highlight that motivation is shaped by both individual beliefs and organizational conditions.

In nursing practice, motivated nurses tend to demonstrate greater persistence, responsibility, and engagement in professional duties, including documentation. Motivation influences whether nurses perceive documentation as an integral part of professional practice or merely as an administrative burden. Nurses with strong intrinsic motivation are more likely to document accurately and consistently, whereas extrinsic motivation may influence compliance in the short term through supervision, rewards, or organizational pressure.

Within the framework of the Theory of Planned Behavior, work motivation in this study is positioned as a manifestation of perceived behavioral control. Nurses who perceive that they possess adequate competence, time, support, and confidence are more motivated to

perform documentation tasks consistently. Motivation therefore functions as a psychological mechanism that links organizational commitment and supervision to actual documentation behavior.

Research Framework

This study is grounded in the Theory of Planned Behavior (TPB), which explains that behavior is driven by behavioral intention shaped by attitude toward the behavior, subjective norms, and perceived behavioral control. In this framework, organizational commitment represents nurses' attitude toward nursing care documentation, supervision reflects subjective norms through managerial expectations and control, and work motivation represents perceived behavioral control related to nurses' confidence and readiness to perform documentation. Organizational commitment and supervision are hypothesized to directly influence nursing care documentation and indirectly affect documentation behavior through work motivation as an intervening variable. Accordingly, this study examines both direct and mediated relationships among organizational commitment, supervision, work motivation, and nursing care documentation compliance.

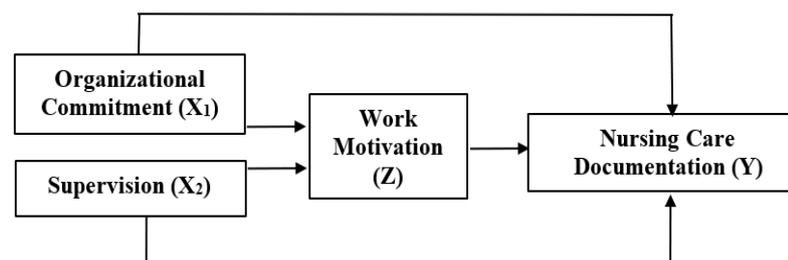


Figure 2. Conceptual Framework

Based on the theoretical framework and empirical evidence discussed in the literature review, the following hypotheses are proposed:

- H₁: Organizational commitment and supervision simultaneously have a significant effect on nursing care documentation through work motivation.
- H₂: Organizational commitment has a significant effect on nursing care documentation.
- H₃: Supervision has a significant effect on nursing care documentation.
- H₄: Organizational commitment has a significant effect on work motivation.
- H₅: Supervision has a significant effect on work motivation.
- H₆: Work motivation has a significant effect on nursing care documentation.
- H₇: Work motivation mediates the relationship between organizational commitment and nursing care documentation.
- H₈: Work motivation mediates the relationship between supervision and nursing care documentation.

3. Research Method

Research Design and Approach

This study employed a quantitative explanatory research design to analyze the causal relationships among organizational commitment, supervision, work motivation, and nursing care documentation. The research framework was developed based on the Theory of Planned Behavior (TPB), which explains behavior through attitudinal, normative, and control-related factors.

The study focused on examining both direct effects and indirect (mediated) effects using a structural modeling approach.

Research Setting and Participants

The study was conducted at Medika Lestari Hospital. The research population consisted of all nurses actively working in inpatient units. A total sampling technique was applied, where all nurses who met the inclusion criteria were selected as respondents. This approach ensured comprehensive representation and minimized sampling bias.

Measurement and Instruments

Data were collected using a **structured self-administered questionnaire** developed from established theories and previous empirical studies. All items were measured using a four-point Likert scale, ranging from 1 (strongly disagree) to 4 (strongly agree).

- a. Organizational Commitment was measured using affective, continuance, and normative dimensions.
- b. Supervision was measured using normative, formative, and restorative functions.
- c. Work Motivation was measured through intrinsic and extrinsic motivation dimensions.

- d. Nursing Care Documentation was measured based on the completeness of documentation across five nursing process stages: assessment, diagnosis, planning, implementation, and evaluation.

Data Analysis Procedure

Data analysis was conducted using Structural Equation Modeling–Partial Least Squares (SEM-PLS) due to its suitability for predictive analysis, mediation testing, and complex models with relatively small sample sizes.

The analysis was performed in the following steps:

- a. Outer Model Evaluation
 - 1) Convergent validity
 - 2) Discriminant validity
 - 3) Composite reliability and Cronbach’s alpha
- b. Inner Model Evaluation
 - 1) Path coefficient analysis
 - 2) Coefficient of determination (R²)
 - 3) Effect size (f²)
 - 4) Hypothesis testing using bootstrapping
- c. Mediation Analysis: Indirect effect testing to examine the mediating role of work motivation

4. Results and Discussion

Dataset and Respondent Characteristics

The dataset was obtained from questionnaires completed by nurses working at Medika Lestari Hospital. Data collection was carried out using a structured questionnaire distributed directly to respondents. All returned questionnaires were checked for completeness before analysis.

Descriptive analysis indicated that the respondents represented various clinical units and levels of experience, providing a comprehensive overview of nursing documentation practices within the hospital.

Table 1. Respondent Characteristics

Characteristics	Category	Freq.(f)	Percentage (%)
Gender	Female	48	75
	Male	16	25
Age	< 25 y.o	4	6,25
	25–34 y.o	30	46,88
	35–44 y.o	20	31,25
	≥ 45 y.o	10	15,62
Education	D3 Nursing	35	54,69
	S1 Ners	29	45,31
Length of Service	< 3 years	16	25
	3–6 years	23	35,93
	7–10 years	15	23,44
	> 10 years	10	15,63

Measurement Model Evaluation (Outer Model)

The measurement model was evaluated to assess construct validity and reliability. Convergent validity was confirmed as all indicator loadings exceeded the threshold of 0.70, and Average Variance Extracted (AVE) values were greater than 0.50. Discriminant validity was established using the Fornell–Larcker criterion, showing that the square root of AVE for each construct exceeded its correlation with other constructs. Reliability was supported by Composite Reliability and Cronbach’s Alpha values exceeding 0.70.

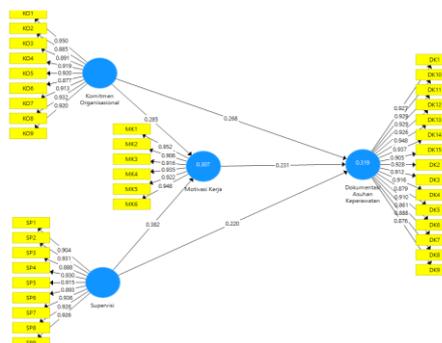


Figure 3. Outer Model

Table 2. Instruments Reliability Test Results

Variable	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
Nursing Care Documentation	0.985	0.987	0.987	0.831
Organizational Commitment	0.975	0.978	0.978	0.832
Work Motivation	0.969	0.979	0.975	0.865
Supervision	0.976	0.98	0.979	0.84

In this study, all constructs: organizational commitment, nursing supervision, work motivation, and nursing care documentation, are specified as reflective constructs, as their indicators are assumed to represent manifestations of the underlying latent variables. Accordingly, the evaluation of the outer model follows the reflective measurement model approach, including assessments of convergent validity, discriminant validity, and construct reliability using outer loadings, Average Variance Extracted (AVE), Composite Reliability, and Cronbach’s Alpha prior to structural model analysis. These results indicate that the measurement model was valid and reliable for further structural analysis.

Structural Model Evaluation (Inner Model)

The structural model was evaluated using path coefficients, coefficient of determination (R²), and effect size (f²).

The R² value for work motivation was R² = 0.307, indicating that organizational commitment and supervision explained a substantial proportion of variance in work motivation. The R² value for nursing care documentation was R² = 0.319, suggesting that organizational commitment, supervision, and work motivation jointly explained documentation behavior.

Table 3. Determination Coefficient Value

Variable	R Square	R Square Adjusted
Nursing Care Documentation	0.319	0.285
Work Motivation	0.307	0.284

Effect size analysis showed that organizational commitment had a moderate effect on documentation, while supervision demonstrated a [small/moderate] effect. Work motivation contributed moderate explanatory power as a mediating variable.

Table 4. F-Square Value

Path	f-square	Description
Organizational Commitment → Work Motivation	0.102	Small
Supervision → Work Motivation	0.183	Moderate
Organizational Commitment → Nursing Care Documentation	0.083	Small
Supervision → Nursing Care Documentation	0.052	Small
Work Motivation → Nursing Care Documentation	0.054	Small

Hypothesis Testing

Hypothesis testing was conducted using the bootstrapping procedure in SmartPLS. The significance of the outer and inner model estimates was assessed using a bootstrapping procedure, as illustrated in Figure 4.

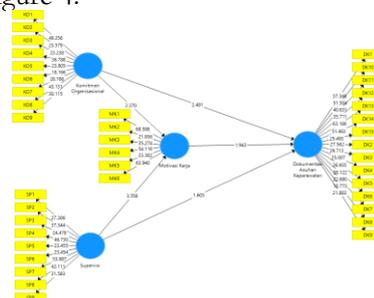


Figure 2. The Bootstrapping Results

The bootstrapping results for the PLS-SEM model. The t-statistics indicate that most indicator loadings and several structural paths are statistically significant (t > 1.96), supporting the adequacy of the measurement model and providing empirical evidence for hypothesis testing.

Table 5. Hypothesis Result

No	Hypothesis	Result	Description
1	There is a simultaneous influence between Organizational Commitment, Supervision, and Work Motivation on Nursing Care Documentation.	R Square = 0,382 F count = 60,99 P value = 0,000	Accepted
2	There is a significant influence between Organizational Commitment and Nursing Care Documentation.	Path Coefficient = 0,268 P value = 0,013	Accepted
3	There is a significant influence between Supervision and Nursing Care Documentation.	Path Coefficient = 0,220 P value = 0,109	Rejected
4	There is a significant influence between Organizational Commitment and Work Motivation.	Path Coefficient = 0,285 P value = 0,018	Accepted
5	There is a significant influence between Supervision and Work Motivation.	Path Coefficient = 0,382 P value = 0,000	Accepted
6	There is a significant influence between Work Motivation and Nursing Care Documentation.	Path Coefficient = 0,231 P value = 0,053	Rejected
7	There is a significant influence between Organizational Commitment through Work Motivation on Nursing Care Documentation.	Indirect Path Coefficient = 0,066 P value = 0,177	Rejected
8	There is a significant influence between Supervision through Work Motivation on Nursing Care Documentation.	Indirect Path Coefficient = 0,088 P value = 0,119	Rejected

5. Comparison

The findings of this study provide both convergent and divergent evidence when compared with previous studies on nursing documentation behavior and organizational factors. Several prior studies have reported that organizational commitment significantly improves compliance with nursing documentation by strengthening nurses' sense of responsibility, professional identity, and attachment to organizational values (Meyer & Allen, 1997; Mowday et al., 1979). The present study confirms this relationship, demonstrating a significant direct effect of organizational commitment on nursing care documentation ($\beta = 0.268$; $p = 0.013$).

In contrast, the role of supervision shows partial inconsistency with earlier findings. While some studies suggest that supervision directly enhances documentation performance through monitoring and feedback mechanisms (Marquis & Huston, 2010; Swansburg, 2013), the present results indicate that supervision does not have a significant direct effect on nursing care documentation ($\beta = 0.220$; $p = 0.109$). However, supervision was found to significantly influence work motivation ($\beta = 0.382$; $p = 0.000$), supporting previous evidence that effective supervision primarily functions as a motivational and supportive mechanism rather than as a direct behavioral driver (Proctor, 1986; Sullivan, 2017).

A key contribution of this study lies in clarifying the non-mediating role of work motivation. Although organizational commitment and supervision significantly increased nurses' work motivation, motivation did not significantly affect nursing care documentation ($\beta = 0.231$; $p = 0.053$), resulting in non-significant indirect effects. This finding contrasts with studies that reported motivation as a mediator in clinical performance outcomes (Herzberg, 1959; Luthans, 2011), but aligns with research suggesting that documentation behavior is more strongly shaped by formal regulations, standard operating procedures, and professional accountability than by individual motivational states.

Compared with existing models grounded in the Theory of Planned Behavior, this study refines the conceptual understanding of documentation compliance by demonstrating that perceived behavioral control, represented by work motivation, does not necessarily translate into documentation behavior when the task is highly standardized and mandatory. Instead, organizational commitment emerges as the dominant explanatory factor. This distinction highlights the contextual specificity of motivation-based models in nursing practice and contributes to the advancement of state-of-the-art knowledge by differentiating between clinical care behaviors and administrative-professional compliance behaviors.

Overall, this study extends previous research by empirically demonstrating that work motivation plays a supportive rather than mediating role in nursing care documentation, thereby offering a more nuanced explanation of how organizational and managerial factors influence documentation compliance.

6. Conclusion

This study examined the effects of organizational commitment and supervision on nursing care documentation, with work motivation positioned as an intervening variable, using a structural equation modeling approach grounded in the Theory of Planned Behavior. The results demonstrate that organizational commitment has a significant and direct effect on nursing care documentation, indicating that nurses who are emotionally and morally attached to their organization are more likely to comply with documentation standards. In contrast, supervision does not directly influence documentation performance, although it significantly enhances nurses' work motivation.

Furthermore, the findings reveal that work motivation does not significantly affect nursing care documentation and does not mediate the relationship between organizational commitment or supervision and documentation behavior. These results suggest that documentation compliance is primarily driven by organizational values, professional responsibility, and formal accountability rather than by individual motivational states. Thus, among the examined variables, organizational commitment emerges as the most influential determinant of nursing care documentation.

The synthesis of these findings supports the research objective of identifying key organizational and managerial factors influencing documentation compliance. While supervision plays an important supportive role by strengthening motivation, it does not independently translate into improved documentation outcomes. This indicates that motivation functions as a complementary psychological condition rather than a behavioral mechanism in the context of standardized and mandatory nursing documentation.

The contribution of this study lies in refining the application of the Theory of Planned Behavior in nursing documentation research by demonstrating that perceived behavioral control, represented by work motivation, may have limited explanatory power for compliance-oriented professional behaviors. These findings provide practical implications for hospital management, suggesting that strengthening organizational commitment through value alignment, leadership support, and professional recognition may be more effective than relying solely on motivational or supervisory interventions.

Several limitations should be acknowledged. This study was conducted in a single hospital setting, which may limit the generalizability of the findings. Additionally, the cross-sectional design does not allow for causal inference over time. Future research is recommended to incorporate longitudinal designs, multi-center samples, and additional variables such as workload, organizational culture, or information system support to further explore determinants of nursing documentation compliance.

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