

THE EFFECT OF TRANSFER TRAINING AND QUALITY OF WORK LIFE ON NURSING PERFORMANCE WITH ORGANIZATIONAL COMMITMENT AS A INTERVENING VARIABLE STUDI OF NURSING AT SULTAN AGUNG ISLAMIC HOSPITAL

Muhammad Ricza Irhamni¹ Edy Rahardja²
Wahid Hasyim University¹, Diponegoro University², Indonesia
ricza@unwahas.ac.id¹, edy.soerjo2707@gmail.com²

Abstract

The purpose of this study is to analyze and explain the effect of training transfer and quality of work life on nurse performance with organizational commitment as an intervening variable (study of nurses in RSI Sultan Agung). The population of this study is all nurses of RSI Sultan Agung, the sampling technique used is simple random sampling, collection data using a questionnaire with criteria of respondents which has married and ever followed in training in last then 7 months. Taken data as many 71 questionnaires, and which can be used as many 68 questionnaires. Data processing and analysis using SEM (structural equation modeling) with PLS (partial least square) technique. The results of this study found that the transfer of training has a significant positive effect on nurse performance; quality of work life has a significant positive effect on nurse performance; transfer training has a significant positive effect on organizational commitment; quality of work life has a significant positive effect on organizational commitment; and organizational commitment has not significant effect on nurse performance. The findings are discussed in the light of previous evidence, and the implications can be used for the company.

Keywords: *Transfer Training, Quality of Work Life, Organizational Commitment, Nurse Performance, Nurses*

INTRODUCTION

Stakeholders all over the world continue to face challenges in managing nurses in the health sector effectively, so nurses can provide high quality services or performance in serving the needs of a patient or consumer (Curson & Baldauf, 2010). In a system of health nurses that is always developing, the health nursing profession is always encouraged to update their knowledge and maintain clinical competence, so there is a need for a training process for nursing staff (Norman, Shannon, & Marrin, 2004).

In this case, learning in training alone can be said not enough to judge the success of the training. The most important thing in this case is the positive transfer of training, the transfer of training is a major factor where training affects organizational results and improvement in organizational performance (Saks & Burke-Smalley, 2014).

In addition to training that is used as an aspect of performance improvement, there are also other aspects to increase employee loyalty and performance (Flinkman, Leino-Kilpi, & Salanterä, 2010). One aspect that can be used as loyalty and performance is the quality of work life (Leiter & Maslach, 2009; Mosadeghrad, Ferlie, & Rosenberg, 2014; Vagharseyyedin, Vanaki, & Mohammadi, 2011).

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Discussion of the factors of quality of work life and the problems contained in previous studies have not gotten consistent results, especially research on nurses (Brooks & Anderson, 2004; Hsu & Kernohan, 2006; Vagharseyyedin et al., 2011). Based on this, there needs to be a review of the quality of work life for employees, especially nurses (Y. Lee, 2015). In addition to the transfer of training and quality of work life, there are variables that are thought to mediate work loyalty and performance, namely organizational commitment (D. Lee, Singhapakdi, & Sirgy, 2008).

Commitment greatly influences nurses' decisions to maintain performance and membership in the organization, this is because commitment and performance have an active relationship in the organization where individuals are willing to give something more than themselves to achieve organizational success (Arini, 2019).

The relationship between training transfer and nurse performance was analyzed in this study. This is as expressed by Turab & Casimir (2015) which concludes the training transfer variable has a significant positive effect in accordance with the expected contribution. However, the results of these studies contradict the research by Piyali Ghosh, Ragini Chauhan (2015) which clarifies that the influence of supervisor support on transfers is contextual and nothing can be said affirmatively on the relationship, meaning that there is no significant relationship on the training transfer variable.

And the relationship between quality of work life with nurse performance was also analyzed in this study. This is as said by Y. Lee (2015) which has suggested that the quality of work life has a significant influence on nurse performance and can predict intention to leave to nurses. And these results also contradict those made by Kelbiso, Belay, & Woldie (2017) which states that 67.2% of nurses are not satisfied with the quality of their work life, meaning that there are still insignificant results, between the variable quality of work life with the performance of nurses.

From this gap, it can be seen that in the study between the training transfer variable and the quality of work life, there is still conflicting evidence with nurse performance variables.

Thus, based on the description above, this research focuses on the transfer of training, the quality of work life and its effect on nurse performance by adding organizational commitment as mediation.

LITERATURE REVIEW

NURSE PERFORMANCE

The performance of a nurse can be seen from the work of the nurse herself. However, performance can also be seen in terms of the nurse's behavior (Armstrong, 1996). According to Kenney, J. & Reid (1986) states that the performance of nurses can be measured by the standardization of work set in an organization. Nurses' performance depends on the willingness and openness of nurses in carrying out their work duties and responsibilities, with the willingness and openness of nurses to perform their duties and responsibilities in carrying out their work, this can increase nurse productivity which leads to performance (Sabaa, 2001).

In Fitzpatrick, While, & Roberts (1997) stated that testing instruments used to measure nurse performance are: (1) Providing psychological, social and physical needs to patients by using a multidisciplinary approach to planning and providing care, (2) Maintenance management independently and organizes workloads, (3)

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Paying attention to patient safety by complying with regulations, in accordance with policy directions and research findings, (4) Pay attention to the patient's physical care needs for hygiene with sensitivity and encourage patient participation in care, (5) Paying attention to the patient's activities according to their current and potential health conditions, (6) Provide safe intravenous (infusion) fluids by communicating and informing patients, (7) Effective communication about patients, supported by patient participation in the evaluation process, (8) Paying attention to the patient's food intake in accordance with the patient's illness.

ORGANIZATIONAL COMMITMENT

Organizational commitment can be said to be the relative strength found in the identification of employees with their involvement in a particular organization (Porter, Mowday, & Steers, 1979; Meyer & Herscovitch, 2001). Organizational commitment can be interpreted as the totality of normative activities to act with efforts to fulfill the goals and interests or vision and mission of the organization (Weiner, 1982; Meyer & Herscovitch, 2001).

In the early 1990s Allen dan Meyer explain again about organizational commitment, namely psychological circumstances that bind individuals to the organization (to minimize the turnover that occurs) and arrange three components of the conceptualization of organizational commitment (J. E. Meyer, Allen, & Gellatly, 1990). According to L. W Porter & Smith (1970) defining organizational commitment is an individual's involvement in a relatively good organization. There are three factors associated with measuring organizational commitment (L. W Porter & Smith, 1970) namely as follows: (1) Strong belief and implementation of the goals and values of the organization, (2) Willingness to direct considerable effort on behalf of the organization, (3) A strong desire to maintain membership in the organization.

TRANSFER OF TRAINING

Holton, Bates, & Ruona (2012) defines transfer of training as the extent to which knowledge, skills and attitudes learned in work-related training are applied to subsequent work and maintenance over a period of time. Over the past few years, researchers have been able to show that the transfer of training is complex and involves many factors that can influence (Holton, Bates, & Ruona, 2012).

Survey data suggest about 40% of trainees who fail to transfer training to be immediately retrained, 70% of trainees will transfer their training for one year after a periodic training program, and ultimately only 50% of successful trainees result in organizational or organizational improvement. individual (Burke & Hutchins, 2007).

Turab & Casimir (2015) develop items for training relevance and move training based on a review of the training literature. All items used to measure these variables are adapted from the concept model proposed by Bock & Kim (2002). And items to measure the transfer of training that have been developed Turab & Casimir (2015) these are: (1) Using new attitudes, skills and knowledge in work as much as possible, (2) Using attitudes, skills and new knowledge whenever an employee is attempting, (3) Using attitudes, skills and new knowledge to help other employees in the organization, (4) Using attitudes, skills and new knowledge to increase organizational effectiveness, (5) Using attitudes, skills and new knowledge to help improve the performance of colleagues, (6) Intend to practice new attitudes, skills and knowledge to anyone if it is good for the organization.

QUALITY OF WORK LIFE

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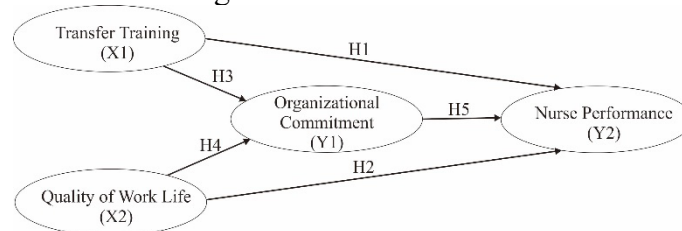
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According to Xu Yingzidan Van Der Heijden (2005) define others from the quality of work life or the quality of internal services as they refer, by describing the concept of quality of work life as a quality work environment that contributes to employee satisfaction which can be assessed using the feelings employees have towards their work, coworkers, and organization or company. In addition, the way people treat others and communicate with each other, as well as their attitude towards one employee to another is a focus of quality work life. Lee (2015) developed the Chinese version of the quality of life for nurses, using a demographic questionnaire for individuals and workers (nurses) related to these variables which was used to collect data for the purpose of this study. Scale developed by Lee (2015) stated these items are: (1) A supportive environment with job security and professional recognition, (2) Division of tasks and workloads, (3) Life balance at home, (4) Head nurse's leadership style, (5) Teamwork and communication, (6) Concern for patients and other nursing staff, (7) An environment of mutual respect and autonomy.

RESEARCH CONCEPTUAL MODEL

According to previous literature reviews, the variables in this study can be linked and presented in Figure 1. In this model, nurse performance is the dependent variable, and uses the transfer of training and quality of work life as independent variables (Ford, Baldwin, & Prasad, 2018; Govaerts, Kyndt&Dochy, 2018; Indah., Yusuf, 2017; Ma et al., 2018; Turab& Casimir, 2015; Sayadi, Rajaeepour, Abedini, &Gholami, 2017; Hermawati, 2017; Hosmani, Shambhushankar, & R., Bindurani, 2014; Lee, 2015; Basher Rubel&Kee, 2014; Thakre, 2017; Yim, Penny, Sow, & Joanne, 2013). In this model also proposes organizational commitment as an intervening variable (Sulasmi 2016; Quratulain et al., 2016).

Figure 1. Research Model



HYPOTHESIS

TRANSFER TRAINING AND NURSE PERFORMANCE

Previous studies regarding training transfer on employee performance or nurse performance, found that transfer training has a significant positive impact or effect on employee performance or nurse performance (Ford, Baldwin, & Prasad, 2018; Govaerts, Kyndt&Dochy, 2018; Indah., Yusuf, 2017; Ma et al., 2018; Turab& Casimir, 2015; Sayadi, Rajaeepour, Abedini, &Gholami, 2017).

H1 : Transfer training has a positive effect on nurse performance

QUALITY OF WORK LIFE AND NURSE PERFORMANCE

Previous studies regarding the quality of work life on employee performance or the performance of nurses, found that the quality of work life has an impact or a positive and significant effect on employee performance variables or nurse performance (Hermawati, 2017; Hosmani, Shambhushankar, & R., Bindurani, 2014; Lee, 2015; Basher Rubel&Kee, 2014; Thakre, 2017; Yim, Penny, Sow, & Joanne, 2013).

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H2 : Quality of work life has a positive effect on nurse performance

TRANSFER TRAINING AND ORGANIZATIONAL COMMITMENT

Previous studies regarding the transfer of training on nurse organizational commitment, there are interrelated results between the transfer of training with organizational commitment to employees or nurses. These results are mutually influential and there are also interrelating or mediating with each other, this is according to research that has been conducted by Ismail (2016) dan Simosi (2012).

H3 : Transfer training has a positive effect on organizational commitment

QUALITY OF WORK LIFE AND ORGANIZATIONAL COMMITMENT

Previous studies regarding the quality of work life of the variable organizational commitment of employees, there are interrelated results between the quality of work life with organizational commitment to employees or nurses. These results are mutually influential and obtain positive and significant results, this is in accordance with the results of research conducted by Eren&Hisar (2016); Farid, Izadi, Ismail, & Alipour (2014); dan Nayak (2015).

H4 : Quality of work life has a positive effect on organizational commitment

ORGANIZATIONAL COMMITMENT AND NURSE PERFORMANCE

Previous studies regarding organizational commitment to nurse or employee performance variables, there are interrelated results between organizational commitment and the performance of nurses or employees. These results are mutually influential and obtain positive and significant results, this is in accordance with the results of research conducted by Sulasmi (2016), and Quratulain et al., (2016).

H5 : Organizational commitment has a positive effect on nurse performance

RESEARCH METHODS

The sample in this study amounted to 71 nurses from the entire target population, namely nurses at RSI Sultan Agung. The sampling technique used by researchers in this study is the Simple Random Sampling Probability Sampling technique. Data were collected using a questionnaire distributed to nurses who had been determined as many as 71 questionnaires, but the questionnaire returned and could be processed as many as 68 questionnaires. The statistical test tool used in this study was PLS (Partial Least Square). The number of questionnaires in this study are as follows:

1. Transfer of training is measured using 5 indicator items from Turab& Casimir (2015)
2. Quality of work life is measured using 5 indicator items from Lee (2015)
3. Nurse performance is measured using 5 indicator items from Fitzpatrick, While, & Roberts (1997)
4. Organizational commitment is measured using 5 indicator items from L. W Porter & Smith (1970)

Scale 7 (1: strongly disagree; 2: disagree; 3: somewhat disagree; 4: neutral; 5: somewhat agree; 6: agree; 7: strongly agree) is used to measure all items in this study.

DISCUSSION

DESCRIPTIVE DATA

Descriptive data describe the conditions and conditions of respondents in this study as additional information to understand the results of the study. Descriptive data can be seen through the characteristics of respondents in Table 1 below:

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Table 1. Characteristics of Respondents

Characteristics of Respondents	Frequence	Percentage
Gender		
Men	25	36,76 %
Woman	43	63,23 %
Marital Status		
Married	64	94,11 %
Single	4	5,88 %
Last education		
D3	41	60,29 %
D4	0	0,0 %
S1	14	20,58 %
S2 / Profession	13	19,11 %
Length of work		
1 – 3 Years	12	17,64 %
4 – 6 Years	21	30,88 %
7 – 10 Years	20	29,41 %
> 10 Years	15	22,05 %
Last Training		
1 – 6 Month	48	70,58 %
7 – 12 Month	9	13,23 %
> 1 Year	11	16,17 %

Source: Data Processed (2019)

RELATIONSHIP BERWEEN VARIABLES

In Table 2 explains the relationship between variables to determine the extent to which the relationships between these variables are interrelated and to find out the proposed hypothesis is accepted or rejected.

Table 2. Relationship Between Variables

Hypothesis	Path coefficient	Value of Profitability	Direct Indirect Effect
Transfer training effect on nurse performance	0,394	P<0,01	0,349
Quality of work life effect on nurse performance	0,417	P<0,01	0,320
Transfer training effect on organizational commitment	0,248	P<0,01	-
Quality of work life effect on organizational commitment	0,528	P<0,01	-
Organizational commitment has no effect on nurse performance	-0,184	P=0,01	-

Source: Data processing with PLS, 2019

From Table 2 it can be seen that the variable transfer of training and quality of work life has a significant effect on nurses' performance as well as organizational

commitment variables. This can be seen from the path coefficient which has a positive value, with a profitability value of $p < 0.01$. While organizational commitment variable does not significantly influence nurse performance, it can be seen from the path coefficient that has a negative value, and profitability value $p = 0.01$.

EFFECT OF TRAINING TRANSFER ON NURSE PERFORMANCE

The effect of training transfer on nurse performance obtained a coefficient of 0.394 with $p < 0.01$, because the coefficient is positive so it can be said that training transfer has a positive and significant effect on nurse performance.

This condition also gives meaning that the hypothesis: "Transfer of training has a positive effect on nurse performance" is accepted.

In the context of nurse research, there are also researchers who say that training transfer has a positive and significant relationship to nurse performance. The research was conducted by Sayadi et al. (2017) where the results of the study showed that the transfer of training had a positive effect on the performance of nurses at Iranian medical science universities, the study was conducted using 346 samples and using the regression method. Based on these results it can be said that with an increase in the transfer of good training, the nurse's performance will also improve as well.

EFFECT OF QUALITY OF WORK LIFE ON NURSE PERFORMANCE

On the effect of quality of work life on nurse performance obtained a coefficient of 0.417 with $p < 0.01$, because the coefficient is positive so it can be said that the quality of work life has a positive and significant effect on nurse performance. This condition also gives meaning that the hypothesis: "Quality of work life has a positive effect on nurse performance" is acceptable.

In the context of research on nurse objects there are also researchers who say that the quality of work life has an influence on nurse performance, the research was conducted by Thakre et al. (2017) which the results of the study indicate that the quality of work life has a positive and significant effect on the performance of nurses, using a sample of 100 nurses and using regression methods as well as improving data processing using ANOVA. Based on the results of this study and the conformity with the results of this study it can be said that by increasing the quality of a good work life for nurses, it will be able to improve the performance of nurses at Sultan Agung Islamic Hospital.

EFFECT OF TRAINING TRANSFER ON ORGANIZATIONAL COMMITMENT

The influence of training transfer on organizational commitment has a coefficient of 0.248 with $p < 0.01$. In these results the coefficient is positive which means that the transfer of training has a positive and significant effect on organizational commitment at the Sultan Agung Islamic Hospital. This also means that the proposed hypothesis: "Transfer of training has a positive effect on organizational commitment" is acceptable.

As for the other results in the context of transfer training, more in-depth research results are in accordance with the research conducted by Simosi (2012) which the results of the study indicate that the transfer of training is interrelated with organizational commitment. Using 251 samples of new employees found in service companies, and using samples of various ages, the analysis was carried out with the SEM (Structural Equation Model) method which in the research results showed that the transfer of training had positive and significant results on organizational

commitment. Based on the results of this research and its compatibility with this study, it can be meaningful that with a good transfer of training or with an increase in transfer of training the organizational commitment will also increase.

EFFECT OF QUALITY OF WORK LIFE ON ORGANIZATIONAL COMMITMENT

On the influence of the relationship between the variable quality of work life with the variable organizational commitment has a coefficient of 0.528 with $p < 0.01$. In these results the coefficient is positive which means that the quality of work life has a positive and significant impact on organizational commitment. This also means that the proposed hypothesis: "Quality of work life has a positive effect on organizational commitment" can be accepted.

As for the other results in the nurse's context, this study has the same results as the research conducted by Eren&Hisar (2016) which where the results of the study indicate that the quality of work life is interrelated with organizational commitment. Using 163 nurses as a sample in the study, the final results showed that the quality of work life had a positive and significant effect on organizational commitment. Based on the results of this study and its suitability with this research it can be meaningful that with a good quality of work life or with an increase in the quality of work life it can also increase organizational commitment in the Sultan Agung Islamic Hospital.

EFFECT OF ORGANIZATIONAL COMMITMENT ON NURSE PERFORMANCE

On the effect of organizational commitment on nurse performance obtained a coefficient of -0.184 with $p < 0.01$, because the coefficient is negative so it can be said that organizational commitment does not have a significant effect on nurse performance. This condition also means that the hypothesis: "Organizational commitment has a positive effect on nurses' performance" cannot be accepted or rejected.

In this context, organizational commitment variable does not have a significant relationship to nurse performance because organizational commitment is a variable that has the character as "attitude" (Almodarresi&Hajmalek, 2015). Attitudes themselves are evaluative statements about objects, people or events. This reflects one's feelings towards something (Robbins, 1989). In research conducted by Almodarresi&Hajmalek (2015) obtain results that organizational commitment has no influence. This states that with an increase in organizational commitment it may not necessarily be able to improve the performance of nurses at Sultan Agung Hospital. To realize an organizational commitment can affect nurse performance well, it is necessary to find many collaborated factors. In addition, the work of nurses themselves must also be structured and well-oriented, commitment cannot be turned into performance. In general, bureaucracy or company more often oriented to the completion of tasks and job responsibilities, not oriented toward controlling performance. Therefore, companies or bureaucracies that use such systems cannot use commitment as a measure of accurate performance (Almodarresi&Hajmalek, 2015).

CONCLUSION

From the results of this study, it can be concluded that in an effort to improve the performance of nurses in Sultan Agung Islamic Hospital, it can be pursued by

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maintaining and increasing the transfer of training that is already running. This can be seen from how among nurses are able to provide feedback from the results of the training and can implement an understanding of the training obtained, so that it will facilitate nurses in doing the task and can help other nurses. Another thing that needs to be maintained and improved is the level of quality of work life for nurses at Sultan Agung Islamic Hospital. This can be seen from the security at the hospital, the attitude of mutual respect between nurses at the hospital, and many more

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