

ISSN 2354-8428  
e-ISSN 2598-8727

JURNAL KEPERAWATAN

# KOMPREHENSIF

COMPREHENSIVE NURSING JOURNAL

**Published by :**

Vol. 10 No. 2, April 2024

**Sekolah Tinggi Ilmu Keperawatan  
PPNI Jawa Barat**



JURNAL KEPERAWATAN KOMPREHENSIF	VOL. 10	NO. 2	Bandung April 2024	ISSN 2354-8428	e-ISSN 2598-8727
------------------------------------	---------	-------	--------------------------	-------------------	---------------------



## Research Article

# The Effectiveness of I-CARE-based Self-Efficacy Nurses Training for the Development of Organizational Commitment at Panti Rapih Hospital Yogyakarta

Martha Sihaloho<sup>1\*</sup> | Wilhelmus Hary Susilo<sup>2</sup> | Blacius Dedi<sup>3</sup>

<sup>1</sup>Sekolah Tinggi Ilmu  
Kesehatan Sint Carolus

<sup>2</sup>Universitas Persada  
Indonesia

<sup>3</sup>Universitas Karya Husada  
Semarang

### \*contact

jacquelinecb15@gmail.com

Received : 16/01/2024

Revised : 25/04/2024

Accepted : 28/04/2024

Online : 30/04/2024

Published : 30/04/2024

### Abstract

**Aims:** This research aims to analyze the effectiveness of I-CARE-based self-efficacy nurses training for the development of organizational commitment at Panti Rapih Hospital Yogyakarta.

**Methods:** The research has been designed as a quasi-experiment one group pretest and posttest. The respondents are 143 nurses, mostly from D3 (associate degree) in Nursing (82.5%), female (88.1%), and young adult age or generation X (48.8%). Most of them have also been working for 6-15 years (51.8%). Ordinal regression discrimination test and SEM Smart PLS.4 with path analysis were also conducted. The data is analyzed by using software SPSS.25 and Wilcoxon pretest and posttest on I-CARE-based self-efficacy training and organizational commitment.

**Results:** I-CARE-based self-efficacy has been found "high" (55.9%). Nurses' organizational commitment is "high" (77.6%), "average" (18.2%) and "low" (4.2%). It is also found that I-CARE-based self-efficacy does not have a significant relation with organizational commitment, which P value is >0.005. The variables like age, gender and length of working have also been insignificant to the enhancement of organizational commitment, which P value is >0.005. The level of education gives a significant influence to organizational commitment, which P value is 0.02 (<0.005). The enhancement of education level will reinforce organizational commitment.

**Conclusion:** I-CARE-based self-efficacy training is effective in enhancing organizational commitment, but for significant impact, it should be supported by a higher level of education. This research recommends increasing formal education levels to enhance staff organizational commitment.

### Keywords:

**Assurance, Compassion, Embrace Innovation-Based Self-Efficacy Training, Organizational Commitment Integrity, Respect**

## INTRODUCTION

Self-efficacy is very important for developing the quality of a nurse because he/she has high self-confidence on his/her ability (1). To build self-efficacy can also encourage someone to work on self-development, to face all difficulties, to enhance his/her performance and to do

his/her responsibilities well (2). Many factors influence someone's self-efficacy, such as experience, knowledge, employee tenure, motivation, level of education and gender (3). Related to organizational commitment, many researches also has proven that self-efficacy has positive and significant influence (4). Therefore, if it is enhanced through education, training,

career path development, and innovative opportunity, self-efficacy can strengthen the commitment of a nurse to organization (5-7).

The improvement of self-efficacy, which gives positive impact to organizational commitment, is suitable with I-CARE (Integrity, Compassion, Assurance, Respect, and Embrace innovation) values echoed by the Congregation of the Sisters of Carolus Borromeus (8) and written on the Guiding Principles of Carolus Borromeus (GPCB) for the hospitals under CB connection. Therefore, I-CARE can also become the base for nurses' self-efficacy improvement training. Besides, along with Calista Roy, a nursing expert, human's conscience enhancement, which is included in self-efficacy, can integrate him/her with environment. In nursing context, the integration can even improve a patient's health and quality of life (9). Thus, not only enhancing organizational commitment, the improvement of I-CARE-based self-efficacy also helps nurses, which are required to adapt with a dynamic environment (10). Similarly, this research can contribute especially in motivating nurses to improve their self-qualities and to encourage the management of hospital in facilitating self-improvement program for the nurses to strengthen organizational commitment (11).

The research hypothesis can be formulated as follows:

- H1: There are differences in I-CARE-based self-efficacy before and after the intervention in the form of I-CARE-based self-efficacy training.
- H2: There are differences in organizational commitment before and after the intervention in the form of organizational commitment training.
- H3: There are impacts of I-CARE-based self-efficacy, age, gender, level of education, and employee tenure to organizational commitment.

## METHODS

This was quasi-experimental research with one group pre-test and post-test research design without control group. The treatment outcomes was known by comparing the results before and after intervention or treatment (12). The research was carried out at Panti Rapih Hospital Yogyakarta in June - July 2023. The sample in this study was 143 out of 296 nurses in the inpatient wards, determined proportionally by using stratified random sampling technic. The selected nurses had to attend a 500-hour I-CARE-based offline training and accompaniment.

### Instrument

Data collection was conducted by distributing questionnaires or instruments. The first part of the instrument was used to identify the characteristics of nurses based on range of age, gender, level of education and employment tenure. The respondents were asked to choose the answers based on the condition when they filled in the questionnaires.

The second part of the instrument consisted of I-CARE-based self-efficacy variables of nurses, which was divided into five parts. The third part of the instrument contained three parts of organizational commitment variables.

### Procedure

The steps for the research were arranged as follows:

1. The researcher consulted experts related to self-efficacy and I-CARE.
2. The researcher conducted a validity test for the research instruments at Sint Carolus Hospital.
3. After receiving the letter of approval from the President Director of Panti Rapih Hospital, the researcher coordinated with the Director of Nursing and the Head of Human Resources, Nursing and Training Department.

4. The researcher presented the research process to the President Director, the Director of Nursing, the Director of Human Resource and the Head of Human Resources, Nursing and Training Department.
5. The researcher coordinated with the Head of Inpatient Ward and the head of the room related to the research dan its process.
6. The researcher explained the aims, benefits, and methods of data collection, and presented informed consent to the respondents by using a soft-copy document.
7. The researcher conducted a pre-test to respondents by using Google docs.
8. The researcher checked the validity of the data given by respondents.
9. The researcher coordinated with the Head of Human Resources, Nursing and Training Department and the head of the room related to I-CARE based self-efficacy training.
10. The researcher held the I-CARE based self-efficacy training with the Head of Human Resources, Nursing and Training Department and all respondents.
11. The researcher accompanied all respondents in development process of I-CARE based self-efficacy and organizational commitment with the head of the room. In the accompaniment, the researcher gave treatments related to the obstacles of self-efficacy and self-evaluation to I-CARE found during the training. The meeting was held once a week. Each meeting took 30 – 45 minutes. The accompaniment was conducted for 5-6 weeks with the head of unit of every respondent.
12. The researcher collected post intervention data by using a questionnaire related to I-CARE based self-efficacy and organizational commitment.
13. The researcher processed the data and wrote a report based on the data.

### Research Ethics

This research was declared to be ethical appropriate by the Health Research and Development Ethics Committee of STIK Sint Carolus under the reference number 046/KEPPKSTIKSC/V/2023 and by the Ethics and Law Committee of Panti Rapih Hospital under the reference number 35/SKEPK-KKE/V/2023.

## RESULTS

### Univariate Descriptive Statistic Analysis

Variable: Gender

**Table 1. Frequency Distribution of Gender Respondents at Panti Rapih Hospital, Year: 2023, n = 143**

No	Gender Characteristic	N	(%)
1	Female	126	88,1 %
2	Male	17	11,9 %
		143	100 %

Most respondents were female (88.1%).

Variable: Age

**Table 2. Frequency Distribution of Age Respondents at Panti Rapih Hospital, Year: 2023, n = 143**

No	Age Characteristics	N	(%)
1	>17- 25	6	4,2 %
2	<b>26-35</b>	<b>70</b>	<b>48.8 %</b>
3	36-45	42	29.3%
4	46-55	25	17,5%
		143	100 %

Most respondent were 26-35 years old (48.8%).

*Variable: Level of Education*

**Table 3. Frequency Distribution of Level of Education Respondents at Panti Rapih Hospital, Year: 2023, n = 143.**

No	Level of Education Characteristics	N	(%)
1	<b>Nursing Diploma</b>	<b>118</b>	<b>82.5</b>
2	Nurse	25	17.5
		143	100

Most respondents were nurses from vocational program or Nursing Diploma (82,51%).

*Variable: Employment Tenure*

**Table 4. Frequency Distribution of Employment Tenure Respondent at Panti Rapih Hospital, Year: 2023, n = 143**

No	Employment Tenure Characteristics	n	(%)
1	2 - 5	9	6,3
2	<b>6 - 10</b>	<b>37</b>	<b>25,9</b>
3	<b>11 - 15</b>	<b>37</b>	<b>25,9</b>
4	16 - 20	31	21,7
5	21 - 25	21	14,7
6	>26	8	5,6
		143	100

There were similarities of amount between the respondents who have been working for 6-10 years and 11-15 years (25,9% for each).

*Variable: I-CARE-based Self-efficacy*

**Table 5. Frequency Distribution of I-CARE-based Self-efficacy Respondent at Panti Rapih Hospital, Year: 2023, n = 143**

No	I-CARE-based Self-efficacy	Before Training		After Training	
		N	%	N	%
1	Low	48	33.6	23	16.1
2	Medium	<b>88</b>	<b>61.5</b>	40	28.0
3	High	7	4.9	<b>80</b>	<b>55.9</b>

**Table 6. Frequency Distribution of Integrity-based Self-efficacy Respondent at Panti Rapih Hospital, Year: 2023, n= 143**

No	Integrity-based Self-efficacy	Before Training		After Training	
		N	%	N	%
1	High	11	7.7	<b>120</b>	<b>83.9</b>
2	Medium	<b>87</b>	<b>60.8</b>	10	7,0
3	Low	45	31.5	13	9.1

**Table 7. Frequency Distribution of Compassion-based Self-efficacy Respondent at Panti Rapih Hospital, Year: 2023, n= 143**

No	Compassion-based Self-efficacy	Before Training		After Training	
		N	%	N	%
1	High	15	10.5	<b>120</b>	<b>83.91</b>
2	Medium	63	44.1	11	7.7
3	Low	<b>65</b>	<b>45.5</b>	12	8.4

**Table 8. Frequency Distribution of Assurance-based Self-efficacy Respondent at Panti Rapih Hospital Year: 2023 n= 143**

No	Assurance-based Self-efficacy	Before Training		After Training	
		N	%	n	%
1	High	5	3.5	<b>120</b>	<b>83.91</b>
2	Medium	50	35	15	10.5
3	Low	<b>88</b>	<b>61.5</b>	8	5.6

**Table 9. Frequency Distribution of Respect-based Self-efficacy Respondent at Panti Rapih Hospital, Year: 2023, n= 143**

No	Respect-based Self-efficacy	Before Training		After Training	
		N	%	n	%
1	High	7	4.9	<b>121</b>	<b>84.6</b>
2	Medium	<b>98</b>	<b>68.5</b>	8	5.6
3	Low	38	26.6	14	9.8

**Table 10. Frequency Distribution of Embrace Innovation-based Self-efficacy Respondent at Panti Rapih Hospital, Year: 2023, n= 143**

No	Embrace Innovation-based Self-efficacy	Before Training		After Training	
		n	%	n	%
1	High	6	4.2	<b>119</b>	<b>83.2</b>
2	Medium	<b>97</b>	<b>67.8</b>	9	6.3
3	Low	40	28	15	10.5

Before intervention it was found that most respondents (61.5%) had medium level of I-CARE-based self-efficacy (Table 5). After intervention, most respondents (55.9%) had high level of I-CARE-based self-efficacy. From Table 6 to 10, it was found that before intervention, most respondents (68.5%) had medium level of Respect-based self-efficacy (Table 9). After intervention, most respondent (84.6%) had high level of self-efficacy on the same aspect (Table 9).

Variable: *Organizational Commitment*

**Table 11. Frequency Distribution of Organizational Commitment Respondents at Panti Rapih Hospital, Year: 2023, n = 143**

No	Organizational Commitment	Before Training		After Training	
		n	%	n	%
1	Low	62	43.4	6	4.2
2	Medium	<b>76</b>	<b>53.1</b>	26	18.2
3	High	5	3.5	<b>111</b>	<b>77.6</b>

Before training, most respondents (53.1%) had medium level of organizational commitment (Table 11). After intervention, most respondents (77.6%) had high level of organizational commitment.

Non-Parametric Test of Two Paired Different Statistics Analysis

*Wilcoxon Test*

**Table 12. Wilcoxon Test Result on the Changes of Implementation of I-CARE-based Self-efficacy and Organizational Commitment Before and After Training.**

Variable	Ranks	N	Mean Rank	Sum of Ranks	P-value
I-CARE-based Self-efficacy	Negative Ranks	17	41.50	705.5	0.000
	Positive Ranks	90	56.36	5072.5	
	Ties	36			
	Total	143			
Organizational Commitment	Negative Ranks	4	37.5	150	0.000
	Positive Ranks	118	62.31	7353	
	Ties	21			
	Total	143			

Table 12 shows that, related to variable "I-CARE-based self-efficacy", 90 respondents experienced improvement (positive ranks) from pre-test to post-test after the intervention. The mean rank was 56.36 while the sum of ranks was 5072.5. Besides, 17 respondents got lowered scores (*negative ranks*). The negative mean rank was 41.50 and the sum of ranks was 705.5. Besides, 36 respondents experience neither improvement or deterioration (*ties*).

Related to organizational commitment, 118 respondents got higher scores after training. The positive mean rank was 62.31 while the sum of ranks was 7353. Only four respondents got lower score. The negative mean rank was 37.5 and the sum of ranks was 150. There were also 21 respondents who did not experience any improvement or deterioration of post-test score compared to pre-test.

**Table 13. Result Analysis of Wilcoxon Test on the Differences of I-CARE-based Self-efficacy and Organizational Commitment Before and After Intervention**

No	Variable	Z Value	Asymp Sig. (2-tailed)
1	Post SE Integrity – Pre SE-Integrity	-10.445	.000
2	Post SE Compassion – Pre SE-Compassion	-9.815	.000
3	Post SE Assurance – Pre SE-Assurance	-11.239	.000
4	Post SE Respect – Pre SE-Respect	-11.507	.000
5	Post SE Embrace Innovation – Pre SE-Embrace Innovation	-11.071	.000
6	Post OC Affective – Pre OC-Affective	-9.672	.000
7	Post OC Sustainable – Pre OC-Sustainable	-10.449	.000
8	Post KO Normative – Pre OC-Normative	-10.388	.000
9	Post SE I-CARE based – Pre SE-I-CARE-based	-7.210	.000
10	Post Organizational Commitment – Pre-Organizational Commitment	-9.543	.000

Wilcoxon Test result above shows the differences before and after intervention to nurses who attended the I-CARE based self-efficacy and organizational commitment training, which is stated by P-value: 0.000 ( $<0.05$ ). The result becomes an evidence both for H1 (“There are differences in I-CARE-based self-efficacy before and after the intervention in the form of I-CARE-based self-efficacy training”) and H2 (“There are differences in organizational commitment before and after the intervention in the form of organizational commitment training”).

#### Multivariate Test

##### Parallel Line Test

**Table 14. Parallel Line Test on Self-efficacy Training Compared to the Improvement of Organizational Commitment**

Model	Test of Parallel Lines			
	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	85.059			
General	73.246	11.814	10	.298

The result of *parallel line test* on Table 14 describes the influence of independent variable (I-CARE-based self-efficacy, age, gender, employment tenure, level of education) to the improvement of organizational commitment. The declining scores of -2 Log Likelihood and P-value 0.298 ( $>0.05$ ) show that I-CARE-based self-efficacy training, age, gender, employment

tenure dan level education simultaneously influence organizational commitment. The result becomes the proof for H3 (“There are impacts of I-CARE-based self-efficacy, age, gender, level of education, and employee tenure to organizational commitment”).

*SEM Smart PLS Test*

*Inner Model Evaluation*

**Table 15. Inner Model and Outer Model with Path Coefficient**

Variable	Indicator	Path Coefficient	Information
SEI	X5	1.098	Difficult to achieve work target
	X7	1.074	Hesitantly admit a mistake in front of a leader
	X2	1.038	Hesitantly do a job which previously never been done
SEC	X9	1,110	Serve someone selflessly for hospital progress
	X14	1.009	Not objective and emotional when facing problems
	X10	1.004	Not optimize all self-potential to participate in the hospital
SEA	X23	1.026	Difficult to explain problems to other employees and leader
	X22	1,000	Hesitantly give solution for every problem in the hospital
SER	X25	1.044	Difficult to become a friend for patients and working partners
	X29	1.029	Believe that hospital will give a chance for self-improvement
	X24	1,010	Think positively to the hospital.
SEE	X35	1.067	Give up if the ideas and thoughts are not considered by others
	X36	1.056	Follow the changes corresponding to ideas



Variable	Indicator	Path Coefficient	Information
	X34	1.009	Difficult to work beyond the hospital standards.
KOA	Y5	1.095	Still feel apart from the hospital
	Y4	1.084	Not easily create a bond with other organization such as Panti Rapih Hospital
	Y6	1.033	No emotional bond with Panti Rapih Hospital
	Y8	1.011	Do not have a strong sense of belonging to Panti Rapih Hospital
KOB	Y16	1.067	Need sacrifice to leave Panti Rapih Hospital because there is no other comparable organization
	Y19	1.064	To change job is unethical behavior
	Y13	1.042	To work at Panti Rapih Hospital is desirable and necessary
	Y12	1.028	Frequently experience disruption if leaving the hospital
KON	Y22	1.139	Believe in loyalty to one organization
	Y19	1.099	Move from an organization to another organization is unethical
	Y20	1.055	Have a moral obligation to stay at Panti Rapih Hospital and it is important to be faithful

It is found on Table 15 that, related to enhancing Integrity-based self-efficacy, respondents experienced some obstacles, such as difficult to achieve work target, hesitantly admitting a mistake in front of a leader, and having low self-confidence in working on a job which previously never been done. Respondents realized that these obstacles would hamper the quality of service.

Related to improving Compassion-based self-efficacy, some obstacles were found, such as biasedly and emotionally facing problems and not utilizing self-potential optimally.

Related to improving Assurance-based self-efficacy, the obstacles were the difficulties in explaining problems to the superior and the hesitation in uttering solutions for solving problems. The enhancement of Embrace innovation-based self-efficacy found obstacles in giving up when someone's idea or thought is not considered by others, following changes when corresponding to someone's ideas, and experiencing difficulties to work beyond standard.

Meanwhile, the improvement of Respect-based self-efficacy reached the highest score. The supporting factors were respondents had the capacity for collaboration and respect, the trust that the hospital would give a chance for self-development, and the positive thought to the organization. Nevertheless, there were respondents who could not be good friends for patients and partners.

**Table 16. SPSS.25 Multivariate Test Result  
Ordinal Logistic Regression and SEM Smart PLS Inner Model**

Independent Variable	P-value SEM Smart PLS	P-value SPSS.25
I-CARE-based Self-efficacy (X1)	0.344	0.646
Age (X2)	0.921	0.851
Level Education (X3)	0.000	0,025
Employment tenure (X4)	0.358	0.226
Gender (X5)	0.315	0.670

## DISCUSSION

Organizational commitment is indicated by perseverance and faithfulness, signed by the concern to participate as a member and the awareness for being responsible through working optimally (13,14). According to Calista Roy, organizational commitment also demands the ability to adapt, which is accommodated by nursing. Even, a nurse's capacity to adapt can also improve his/her health and quality of life, in addition to create him/her a professional nurse.

In the process of I-CARE-based self-efficacy training, the respondents were invited to know and evaluate the capacities on adaptation and organizational commitment by understanding and assessing their I-CARE-based self-efficacy. They were accompanied to recognize the obstacle factors for self-efficacy and to see their strengths and weaknesses in implementing I-CARE values (15,16). Nurses' understanding on I-CARE-based self-efficacy for improving organizational commitment was marked by the escalation

>20% of post-test training score compared with pre-test. Wilcoxon test results also shows the difference between before and after intervention with P value  $0.000 < 0.005$ . That has proven that nurses are capable to adjust themselves to stimuli namely intervention, particularly nurses with high level of education (17,18).

Nurses' capacity building by using I-CARE-based self-efficacy training for enhancing organizational commitment is very relevant. I-CARE-based self-efficacy intervention has a research model which is appropriate for predicting nurses' commitment to organization (19,20). The positive influence of the improvement of I-CARE based self-efficacy to organizational commitment, even though it is insignificant, can contribute in enhancing a nurse's self-confidence, qualified service, and active participation in achieving organization's aim (21,22).

## CONCLUSION

I-CARE-based self-efficacy training gives positive, but insignificant, impacts to

organizational commitment because the posttest was conducted after six weeks intervention. If it is conducted in sufficient time, a nurse will know his/her positive inner self more, think wider and understand more. Thus, his/her I-CARE-based self-efficacy will go up and eventually increase organizational commitment. A nurse's Assurance-based self-efficacy has to be strengthened through human resource development program from the organization in order to increase the commitment to organization. Therefore, in designing development program for nurses, managers can include the program for enhancing self-efficacy and organizational commitment. Besides, a head of room must create a plan and to give a particular time for accompanying his/her staff to develop organizational commitment.

## REFERENCES

1. Purwandari R, Afandi AT, Amini DA, Ardiana A, Kurniawan DE. The Overview of Self-Efficacy Among Nursing Students. *Babali Nursing Research*. 2023;4(1):100-8.
2. Çetin F, Aşkun D. The effect of occupational self-efficacy on work performance through intrinsic work motivation. *Management Research Review*. 2018;41(2):186-201.
3. Alavi A, Bahrami M, Zargham-Boroujeni A, Yousefy A. Pediatric nursesâ perception of factors associated with caring self-effi cacy: A qualitative content analysis. *Iranian Journal of Nursing and Midwifery Research*. 2015;20(2):232-8.
4. Abidin MIZ, Pangtukuran Y, Maria S. Pengaruh Kepuasan Kerja, Lingkungan Kerja Dan Efikasi Diri Terhadap Komitmen Organisasi Di Rumah Sakit Smc Samarinda. *Jurnal Ekonomi dan keuangan*. 2016;13(1):1-10.
5. Nurhaliza MW, Nurhaliza MW. Hubungan antara Efikasi Diri dengan Kesiapan untuk Berubah pada Karyawan PT X. *Character: Jurnal Penelitian Psikologi*. 2022;9(4):12-22.
6. Lubis AS, Zuhrah A, Harahap M, Ginting NGB, Hutajulu SA, Agustina D. Literature Review: Peningkatan Jumlah dan Pendayagunaan Tenaga Kesehatan di Indonesia. *Jurnal Pendidikan dan Konseling (JPDK)*. 2023;5(1):2167-74.
7. Diel MM, Kristina TN, Nurmalia D. Intervensi Untuk Meningkatkan Self Efficacy Perawat: Literature Review. *Jurnal Surya Muda*. 2022;4(2):181-95.
8. Hermino A. Peran Dosen Keperawatan Sebagai Role Model Pendidikan Kesehatan Berbasis Karakter. *Dinamika Kesehatan: Jurnal Kebidanan Dan Keperawatan*. 2020;11(1):1-18.
9. Alligood MR. *Pakar teori keperawatan dan karya mereka*. Edisi Indo) Singapore. 2017;
10. Soudagar S, Rambod M, Beheshtipour N. Factors associated with nurses' self-efficacy in clinical setting in Iran, 2013. *Iran J Nurs Midwifery Res*. 2015;20(2):226-31.
11. Bulfone G, Vellone E, Maurici M, Macale L, Alvaro R. Academic self-efficacy in Bachelor-level nursing students: Development and validation of a new instrument. *J Adv Nurs*. 2020;76(1):398-408.
12. Adiputra D. *Metodologi Penelitian Kesehatan*. Ronal Watrianthos & Janner Simarmata, editor. Yayasan Kita Menulis; 2021.
13. Maria S, Lestari D, Rochaida E, Darma DC, Rahmawati HR. Self-efficacy, organizational commitment, and employee performance—from public office. *Cactus Tourism Journal*. 2021;1(3):6-15.
14. Pertiwi PK, Mulyana OP. Perbedaan Komitmen Organisasi Ditinjau Dari Jenis Kelamin Dan Status Pernikahan Pada Perawat Rumah Sakit "X"

- Gresik. *Jurnal Penelitian Psikologi*. 1985;6:1–6.
15. Kazemnejad Matak L, Mohebi S, Moradi Z, Safaeipor R. The evaluation of research self-efficacy and relative factors in students of medical sciences in Qom Azad University 2016. *Qom University of Medical Sciences Journal*. 2017;11(8):76–84.
  16. Mannethodi K, Hassan N, Kunjavara J, Pitiquen EE, Joy G, Al-Lenjawi B. Research Self-Efficacy and Research-Related Behavior Among Nurses in Qatar: A Cross-Sectional Study. *Florence Nightingale J Nurs*. 2023;31(3):138.
  17. Qurbani D, Solihin D. Peningkatan komitmen organisasi melalui penguatan efikasi diri dan kualitas kehidupan kerja. *Jurnal Bisnis Dan Manajemen*. 2021;8(2):223–32.
  18. Hanafi C, Sanosra A. Pengaruh motivasi kerja, iklim organisasi terhadap komitmen organisasi dan kinerja dosen pendidikan guru pendidikan anak usia dini ikip PGRI jember. *Jurnal Sains Manajemen Dan Bisnis Indonesia*. 2018;8(1).
  19. Orgambídez A, Borrego Y, Vázquez-Aguado O. Self-efficacy and organizational commitment among Spanish nurses: the role of work engagement. *Int Nurs Rev*. 2019;66(3):381–8.
  20. Santos A, Chambel MJ, Castanheira F. Relational job characteristics and nurses' affective organizational commitment: The mediating role of work engagement. *J Adv Nurs*. 2016;72(2):294–305.
  21. Cerasoli CP, Alliger GM, Donsbach JS, Mathieu JE, Tannenbaum SI, Orvis KA. Antecedents and outcomes of informal learning behaviors: A meta-analysis. *J Bus Psychol*. 2018;33:203–30.
  22. Yoon DY, Han S hyun, Sung M, Cho J. Informal learning, organizational commitment and self-efficacy: A study of a structural equation model exploring mediation. *Journal of Workplace Learning*. 2018;30(8):640–57.

