



# **Linking Situational Leadership and Motivation to Nurse Retention and Loyalty in Inpatient Care: A Case from RSUD Al Ihsan**

**Yesica Fitri <sup>a\*</sup>, Muhardi <sup>a</sup>, Dadang Kusnadi <sup>a</sup>**

<sup>a</sup> *Magister of Management Study Program, Faculty of Economics and Business, Universitas Islam Bandung, Indonesia*

## **ABSTRACT**

Work loyalty reflects nurses' commitment to supporting organizational goals and is influenced by workplace facilities, benefits, compensation, and the work environment shaped by leadership style and intrinsic motivation. At RSUD Al Ihsan, nurses' loyalty is considered suboptimal, necessitating research to identify the factors affecting it. This study aims to analyze the effect of situational leadership style and work motivation on nurses' loyalty, both partially and simultaneously. A quantitative approach with an analytic-verificative design was employed, involving 126 staff nurses in the medical and surgical units who met the inclusion criteria. Data were analyzed using descriptive statistics and multiple linear regression. The results indicate that situational leadership style has a positive and significant effect on nurses' loyalty, contributing 36.5%, while work motivation has a positive and significant effect contributing 42.7%. Simultaneously, the two variables significantly influence nurses' loyalty with a total contribution of 79.2%, while the remaining 20.8% is explained by other factors not included in this study. These findings suggest that implementing a leadership style that adapts to subordinates' maturity level, alongside strategies to enhance work motivation, plays a critical role in strengthening nurses' loyalty. The practical implication of this study encourages hospital management to develop situational leadership policies and sustainable motivation programs, taking into account demographic factors such as education level and years of service, to foster a conducive work environment and improve the quality of healthcare services.

**Keywords:** Situational leadership style, work motivation, nurse loyalty.

## **1. Introduction**

Nurses are a vital pillar of hospital services and play a central role in ensuring patient safety, satisfaction, and overall service quality. Their performance directly affects the achievement of organizational goals, particularly in inpatient units where continuous and coordinated care is required. One of the key determinants of sustained nursing performance is work loyalty, which can also be interpreted as a psychological state that reflects an employee's commitment to the organization and willingness to remain engaged in their duties. High levels of loyalty not only reduce turnover but also enhance teamwork, consistency in patient care, and organizational stability. Conversely, low loyalty can manifest in increased absenteeism, poor performance, and ultimately, a decline in healthcare service quality.

Work loyalty does not arise spontaneously but is shaped by multiple organizational factors, including compensation, benefits, facilities, and the overall work environment. Among these, leadership style and intrinsic work motivation are particularly influential. Leadership provides direction and shapes the organizational climate, while motivation energizes employees to act with dedication. The situational leadership model is especially relevant in hospital settings, as it allows leaders to adapt their approach according to the maturity, competence, and readiness of their staff. Effective application of situational leadership can foster trust, encourage professional development, and create a sense of belonging among nurses.

Motivation is equally significant. Nurses who feel intrinsically motivated — driven by professional pride, sense of duty, and opportunities for growth — are more likely to remain loyal to their organization. Extrinsic motivators such as fair compensation and recognition also play an important role, but long-term loyalty is better sustained when intrinsic factors are nurtured. The interplay between leadership style and motivation therefore becomes a critical area of study, particularly in hospital environments that demand high levels of performance under stressful conditions.

At RSUD Al Ihsan, West Java Province, preliminary observations have revealed that nurses' loyalty, especially within medical and surgical inpatient units, is not yet optimal. This suboptimal loyalty may contribute to challenges such as turnover, reduced morale, and inefficiencies in service delivery. Considering that inpatient care represents a core function of hospital operations, any decline in nurse loyalty could have serious implications for patient outcomes and institutional reputation. Addressing this issue requires a comprehensive understanding of the key factors influencing loyalty and how these factors interact within the organizational setting.

Although numerous studies have investigated leadership, motivation, and employee loyalty in healthcare settings, several research gaps remain. First, much of the existing literature focuses on general hospitals or private institutions, leaving a relative lack of evidence from public hospitals at the provincial level in Indonesia. Second, prior studies often examine leadership style and motivation independently, providing limited insight into their combined and

interactive effects on nurse loyalty. Furthermore, there is a need for context-specific evidence that considers the unique challenges of medical and surgical inpatient units, where workload intensity and patient acuity levels are high.

This study seeks to address these gaps by analysing the simultaneous effect of situational leadership style and work motivation on nurses' loyalty at RSUD Al Ihsan. Using a quantitative analytic-verificative approach with a sample of 126 staff nurses who met the inclusion criteria, the research examines both the partial and combined contributions of leadership and motivation to loyalty outcomes. By applying the situational leadership framework, this study provides nuanced insights into how adaptive leadership can align with nurses' maturity levels to foster stronger organizational commitment.

The novelty of this study lies in its integrated approach to examining leadership and motivation as complementary drivers of nurse loyalty. Rather than treating these variables as independent factors, the research highlights their synergistic effect and quantifies their total contribution to loyalty, offering a more comprehensive model for understanding and improving nurse retention. The findings have practical implications for hospital management, suggesting that policies should not only emphasize leadership training but also incorporate sustainable motivation programs tailored to the workforce's demographic characteristics, such as education level and years of service.

In doing so, this study contributes both theoretically and practically to the field of healthcare management. Theoretically, it enriches the literature on situational leadership and its application in public hospitals, providing evidence from a provincial-level Indonesian context. Practically, it offers actionable recommendations for hospital administrators seeking to strengthen nurse loyalty, enhance the work environment, and improve service quality. Strengthening nurse loyalty is particularly important in the current healthcare landscape, where hospitals face growing patient demands, limited resources, and the need for continuous quality improvement.

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## 2. Literature Review

### 2.1 Work Loyalty in Nursing Context

Nurse loyalty is a multidimensional concept that reflects the emotional attachment, commitment, and willingness of nurses to contribute to the success of a healthcare organization. In hospital settings, loyalty is not merely measured by length of service or the absence of turnover, but also by the quality of engagement and the degree to which nurses align their behaviour with organizational goals. Loyal nurses actively support hospital initiatives, comply with clinical standards, participate in quality improvement programs, and work collaboratively with colleagues to ensure continuity of care. This positive attitude toward the organization enhances patient satisfaction, strengthens the hospital's reputation, and improves the overall quality of healthcare services.

The theoretical foundation most frequently used to understand loyalty is Meyer and Allen's Three-Component Model of Organizational Commitment, which distinguishes affective, continuance, and normative components. Affective commitment refers to an employee's emotional attachment to the organization, which drives them to stay because they genuinely want to. Continuance commitment reflects the consideration of costs and benefits associated with leaving, meaning that employees stay because they feel they have to. Normative commitment represents a sense of moral or professional obligation to remain, leading employees to stay because they believe they ought to. In nursing, affective commitment is often regarded as the most crucial dimension, as it directly influences nurses' motivation to provide compassionate, patient-centered care and to contribute beyond the minimum job requirements.

Research has shown that nurse loyalty is shaped by a wide range of organizational and individual factors, including the work environment, compensation, career development opportunities, leadership style, and intrinsic motivation. A supportive and well-structured work environment encourages collaboration and reduces stress, while fair compensation systems and opportunities for professional growth enhance both satisfaction and retention. Leadership that demonstrates recognition, empowerment, and participatory decision-making has been found to significantly increase loyalty. Similarly, motivated nurses—those who feel that their work is meaningful and that their contributions are valued—are more likely to remain engaged and committed to their roles.

Loyalty takes on special significance in medical and surgical inpatient units, where the workload is often intense, patient needs are complex, and the risk of burnout is high. In such demanding settings, nurses who are loyal to their organization are better able to maintain consistency in care delivery, minimize errors, and ensure that patient safety standards are upheld. Conversely, a lack of loyalty in these units can manifest in increased absenteeism, high turnover rates, and reduced morale, all of which negatively affect the quality and continuity of patient care.

Empirical studies consistently demonstrate a positive association between nurse loyalty and organizational performance indicators. Hospitals with a loyal nursing workforce report lower turnover rates, better patient outcomes, and higher levels of patient satisfaction. In the Indonesian context, nurse loyalty has been closely linked to perceptions of leadership effectiveness, fairness, and recognition in the workplace. These findings underscore the importance of exploring factors such as situational leadership style and motivation in order to develop effective strategies that strengthen nurse loyalty, particularly in critical care areas like medical and surgical inpatient units.

### 2.2 Situational Leadership Style

Leadership is widely recognized as a decisive factor influencing employee performance, satisfaction, and organizational commitment. In healthcare organizations, where teamwork, precision, and responsiveness are paramount, leadership plays a central role in shaping the work environment and guiding nurses toward achieving both clinical and institutional goals. Among the various leadership theories, Hersey and Blanchard's Situational Leadership

Theory stands out for its adaptability and practical application in complex settings such as hospitals. This theory is grounded in the idea that there is no single best style of leadership. Instead, leaders must adjust their behaviour according to the readiness level of their subordinates, which is defined by their competence, namely encompassing skills, experience, and knowledge, and their commitment, including motivation and confidence to perform assigned tasks.

Situational leadership identifies four primary styles, each suited to a particular combination of follower competence and commitment. The first is the directing style, characterized by high task orientation and low relationship orientation. Leaders who use this style provide specific instructions and close supervision, which is most appropriate for nurses who are new to the organization or to a clinical task and therefore require structure and clarity. The second style is coaching, which combines a strong focus on tasks with active socio-emotional support. Leaders explain decisions, encourage two-way communication, and provide frequent feedback, which is particularly effective for nurses who are developing competence but still need encouragement and confidence-building. The third style is supporting, marked by a lower emphasis on directing tasks but a high emphasis on fostering relationships. Here, leaders share decision-making, listen actively, and facilitate problem-solving. This approach suits nurses who already possess the technical competence but may be experiencing low motivation or fluctuating commitment, helping to re-engage them and strengthen their sense of belonging. Finally, the delegating style involves low levels of both task direction and relationship focus, granting autonomy and entrusting responsibility to nurses who have both high competence and high commitment. In this scenario, leaders monitor performance from a distance, allowing experienced and motivated nurses to take full ownership of their work.

The strength of situational leadership lies in its flexibility, enabling nurse managers to address the diverse needs of their teams. Hospitals often employ nurses at different stages of professional development, from novice practitioners to highly experienced clinicians, and the ability to move seamlessly between directing, coaching, supporting, and delegating allows managers to optimize performance across the spectrum. By appropriately diagnosing the readiness of their staff and adapting their style, leaders create a supportive environment that promotes professional growth, enhances confidence, and builds mutual trust.

Empirical evidence strongly supports the positive impact of situational leadership on nursing outcomes. Research has shown that leaders who effectively adjust their style to match the competence and motivation levels of their staff achieve higher job satisfaction, lower turnover intention, and stronger organizational commitment. In high-pressure environments such as medical and surgical inpatient units, situational leadership provides a particularly effective framework for balancing structure with empowerment, helping nurses feel guided when necessary yet trusted when they are ready to act independently. This balance contributes to a healthier work environment, greater engagement, and, ultimately, stronger loyalty to the organization.

### ***2.3 Work Motivation and Its Role in Loyalty***

Work motivation is a psychological force that drives individuals to initiate, direct, and sustain goal-oriented behavior in the workplace. In nursing, where professional demands are often intense and emotionally taxing, motivation plays a crucial role in ensuring consistent performance and commitment to patient care. Motivation is not a static state but a dynamic process shaped by intrinsic and extrinsic factors as well as the organizational environment. Nurses who are well motivated are more likely to display initiative, remain engaged even under stressful conditions, and demonstrate a willingness to exceed minimum job requirements in order to ensure patient well-being.

Herzberg's Two-Factor Theory offers a useful framework for understanding work motivation by distinguishing between motivator factors and hygiene factors. Motivators are intrinsic elements such as achievement, recognition, responsibility, and opportunities for personal and professional growth. These elements enhance job satisfaction and encourage individuals to invest more effort in their work. Hygiene factors, which include salary, job security, quality of supervision, and working conditions, do not necessarily increase motivation when they are present but can cause dissatisfaction when they are absent. In nursing practice, motivators often have a stronger influence, as many nurses are driven by a sense of purpose, a calling to provide care, and the professional pride associated with positive patient outcomes.

Self-Determination Theory adds further insight by emphasizing the importance of three psychological needs that must be satisfied for intrinsic motivation to flourish: autonomy, competence, and relatedness. Nurses who are allowed to make decisions in their practice, who feel confident in their professional skills, and who experience meaningful connections with colleagues and supervisors tend to remain motivated and committed to their work. When these needs are neglected, for example through overly rigid supervision, lack of training opportunities, or poor team collaboration, motivation decreases and dissatisfaction begins to appear.

Empirical studies consistently show that motivation is a strong predictor of organizational commitment and employee loyalty. Research in healthcare settings has found that motivated nurses are more engaged, deliver higher quality patient care, and are less likely to leave their positions. Motivation also acts as a mediator between leadership style and organizational outcomes. Leaders who actively recognize staff contributions, provide constructive feedback, and create opportunities for professional growth cultivate an environment where nurses feel valued and empowered, which in turn strengthens their organizational commitment.

In medical and surgical inpatient units, maintaining motivation is particularly important due to heavy workloads, extended shifts, and the emotional demands of patient care. Hospitals that succeed in fostering both intrinsic and extrinsic motivation, for example by implementing recognition programs, providing continuing education, ensuring fair compensation, and offering supportive supervision, are more likely to retain a loyal nursing workforce. Work motivation therefore functions as both a direct driver of nurse loyalty and a mechanism that enhances the effect of leadership on commitment, making it a critical focus area for hospital management.

## 2.4 Combined Effects of Leadership and Motivation on Nurse Loyalty

Leadership style and work motivation are often examined independently in studies on employee behaviour, yet their interaction can have a profound influence on nurse loyalty. Leadership plays a crucial role in shaping the work environment and in creating the conditions that either strengthen or weaken motivation. An effective leader not only provides direction and sets expectations but also inspires, supports, and empowers staff, thereby fostering intrinsic motivation. Motivation, in turn, mediates the relationship between leadership and loyalty, as employees who feel supported and valued are more likely to develop a strong emotional attachment to the organization.

The combined effect of leadership and motivation creates a reinforcing cycle that promotes organizational commitment. Leaders who apply situational leadership appropriately can match their style to the competence and commitment levels of nurses, ensuring that guidance and autonomy are balanced. This adaptive approach builds trust and confidence, allowing nurses to feel both supported and respected. When nurses perceive that their efforts are recognized and their growth is encouraged, they become intrinsically motivated, which translates into greater engagement and loyalty.

Several studies have shown that leadership style indirectly influences organizational commitment through its impact on motivation. Research indicates that when leaders demonstrate participative and supportive behaviours, nurses report higher levels of job satisfaction and intrinsic motivation, which in turn reduces turnover intention. This suggests that motivation functions as both a mediator and an amplifier of the effect of leadership on loyalty. In practice, hospitals that integrate leadership development with motivation-enhancing strategies often experience lower turnover rates, stronger teamwork, and higher patient satisfaction.

In the context of medical and surgical inpatient units, where the environment is often demanding and stressful, the synergy between leadership and motivation becomes even more important. Nurses in these settings frequently face high patient loads and complex care requirements, which can lead to fatigue and disengagement if not properly managed. A leadership style that adapts to these challenges, combined with initiatives that sustain motivation such as recognition programs, skill development opportunities, and adequate staffing support, can significantly strengthen loyalty. This comprehensive approach ensures that nurses remain committed not only to their immediate tasks but also to the long-term success of the hospital.

Understanding the joint contribution of leadership style and motivation to nurse loyalty therefore provides valuable insight for hospital management. Rather than addressing these factors in isolation, an integrated strategy that aligns leadership behaviour with motivation-enhancing policies is likely to yield better results in terms of retention, satisfaction, and quality of care.

## 2.5 Research Gap

Although extensive research has explored the relationship between leadership style, work motivation, and employee loyalty, several gaps remain, particularly in the context of public hospitals in Indonesia. Much of the existing literature has focused on private healthcare institutions or general hospital settings without differentiating between specific inpatient units where workloads and stress levels are particularly high. Studies that do consider public hospitals often analyze leadership style and motivation as separate factors, providing limited insight into their combined and interactive effects on loyalty. Furthermore, few studies have examined the application of situational leadership theory in Indonesian healthcare settings despite its potential to offer a nuanced understanding of how leadership can be adapted to nurses with different levels of competence and commitment.

Another gap lies in the need for empirical data that quantify the relative and simultaneous contributions of leadership and motivation to nurse loyalty. While it is well established that both variables influence commitment, little research has measured the extent to which they explain variations in loyalty when considered together. This is especially relevant for medical and surgical inpatient units, which represent critical areas of hospital operations where loyalty directly affects patient outcomes, staffing stability, and overall organizational performance.

By addressing these gaps, the present study provides new evidence on the influence of situational leadership style and work motivation on nurse loyalty at RSUD Al Ihsan, a provincial public hospital in West Java. The study not only evaluates the individual effects of leadership and motivation but also investigates their combined contribution, offering a more comprehensive model for understanding and enhancing nurse loyalty. This integrated approach is expected to generate findings that are both theoretically meaningful and practically relevant for hospital managers who seek to strengthen staff commitment, reduce turnover, and improve the quality of care.

## 3. Research Method

This study used a quantitative analytic-verificative design to examine the influence of situational leadership style and work motivation on nurse loyalty. The research was conducted at RSUD Al Ihsan, a provincial public hospital in West Java, focusing on the medical and surgical inpatient units, which are high-demand environments where loyalty is essential for consistent patient care. The study population consisted of all staff nurses in these units. Inclusion criteria required participants to be permanent employees with at least one year of service and directly involved in patient care. Using total sampling, 126 nurses were included, ensuring comprehensive representation. Primary data were gathered through a structured questionnaire adapted from validated instruments. Situational leadership was measured through indicators of directing, coaching, supporting, and delegating. Work motivation was assessed through intrinsic and extrinsic factors such as recognition, responsibility, working conditions, and compensation. Nurse loyalty was measured through indicators of affective commitment, intention to stay, and willingness to support organizational goals. Responses were recorded using a Likert scale. Data were analyzed using descriptive statistics and multiple linear regression to examine the partial and simultaneous effects of leadership style and motivation on loyalty. Validity, reliability, and assumptions of normality, linearity, and multicollinearity were tested to ensure model accuracy. A 0.05 significance

level was applied. Ethical considerations included voluntary participation, informed consent, and confidentiality. Approval was obtained from RSUD Al Ihsan's management, and data were reported in aggregate form without identifying individual participants.

#### 4. Results and Discussion

The analysis of data was carried out using multiple linear regression to examine the partial and simultaneous effects of situational leadership style and work motivation on nurse loyalty. Table 1 summarizes the results of the regression analysis.

**Table 1 - Multiple Linear Regression Results.**

Variable	$\beta$ Coefficient	t-value	p-value	Contribution (%)
Situational Leadership Style	0.381	6.745	0.000	36.5
Work Motivation	0.442	7.932	0.000	42.7
<b>R<sup>2</sup> (Model)</b>	<b>0.792</b>			<b>79.2</b>
<b>F-value (p)</b>	<b>115.420</b>		0.000	

The results indicate that situational leadership style has a positive and significant effect on nurse loyalty, with a contribution of 36.5 percent. This finding suggests that leadership behaviour that adapts to the competence and commitment levels of nurses plays a critical role in shaping their attachment to the organization. Leaders who are able to switch flexibly between directing, coaching, supporting, and delegating create a climate where nurses feel guided, empowered, and valued. Such an environment fosters trust, psychological safety, and a sense of belonging, all of which are strongly associated with loyalty. These findings are consistent with earlier research showing that adaptive leadership is positively correlated with job satisfaction, organizational commitment, and reduced turnover intention.

Work motivation was also found to have a positive and significant effect on nurse loyalty, contributing 42.7 percent. This highlights the crucial role of motivation in driving long-term commitment among nurses. Intrinsic motivators such as recognition, achievement, and opportunities for professional growth encourage nurses to engage more deeply with their work, while extrinsic motivators such as fair compensation and supportive working conditions help maintain a sense of stability and security. The results align with Herzberg's Two-Factor Theory, which asserts that motivator factors are key to job satisfaction, and with Self-Determination Theory, which emphasizes the importance of autonomy, competence, and relatedness in sustaining intrinsic motivation. The findings confirm that motivation is not only a desirable organizational goal but also a central determinant of nurse retention and loyalty.

When analysed simultaneously, situational leadership style and work motivation explain 79.2 percent of the variance in nurse loyalty, leaving 20.8 percent to be accounted for by other factors not included in this study, such as organizational culture, interpersonal dynamics, workload distribution, and personal circumstances. This combined effect underscores the theoretical proposition that leadership influences loyalty both directly and indirectly through motivation. Leaders who adopt a situational approach are better able to meet the psychological needs of their staff, which in turn strengthens intrinsic motivation and ultimately fosters loyalty.

These results have significant implications for hospital management. First, they point to the importance of leadership development programs that train nurse managers in the application of situational leadership principles. Effective leadership training should teach managers to assess the competence and commitment levels of their staff and to adapt their leadership style accordingly. Second, the findings suggest that motivational strategies should not be limited to financial incentives but must include recognition, professional development, opportunities for participation in decision-making, and supportive working conditions. This dual focus on leadership and motivation creates a reinforcing cycle that strengthens commitment, reduces turnover intention, and improves patient care quality.

The results of this study are broadly consonant with the established literature linking leadership, motivation, and organizational commitment among nurses. The positive and significant effect of situational leadership on nurse loyalty echoes findings that adaptive leadership behaviours improve job satisfaction and reduce turnover intention by aligning supervisory support with staff competence and confidence. Studies employing transformational and participative leadership constructs have reported similar patterns of enhanced commitment, and our evidence suggests that situational leadership achieves comparable outcomes through its emphasis on diagnostic flexibility and matching style to follower readiness. In this sense, our results reinforce the proposition that the substance of supportive and development-oriented leadership, rather than the specific label attached to the model, is what most reliably predicts loyalty.

The strong effect of work motivation on loyalty also aligns with research grounded in Herzberg's Two Factor Theory and Self Determination Theory, which consistently associates recognition, professional growth, and perceived competence with higher commitment and lower turnover intention. Prior work in various healthcare contexts has shown that intrinsic motivators exert durable effects on affective commitment, while fair compensation and workable conditions stabilize continuance commitment. Our findings fit this pattern and provide additional confirmation in the context of medical and surgical inpatient units where workload intensity can erode engagement unless counterbalanced by meaningful motivational resources.

Where this study adds nuance is in quantifying the simultaneous influence of leadership and motivation within a single model. While many earlier studies examine these predictors separately, our combined model explains 79.2 percent of the variance in nurse loyalty, which is higher than the explanatory power often reported in hospital-based research that ranges from moderate to strong. This magnitude suggests that in high demand inpatient settings the

interplay between adaptive leadership and sustained motivation is particularly potent. The pattern is also consistent with mediation-oriented accounts in which leadership enhances intrinsic motivation, which in turn deepens loyalty. Although the present design does not formally test mediation, the comparative strength of motivation alongside leadership is compatible with such mechanisms and resonates with prior evidence that motivation transmits part of the leadership effect to commitment outcomes.

The present results also extend Indonesian and regional evidence, where studies in private hospitals have sometimes emphasized compensation and workload as primary drivers of retention. By contrast, the current analysis in a provincial public hospital shows that leadership quality and motivation together account for a large share of loyalty, even when financial and structural constraints typical of the public sector remain. This implies that managerial levers centered on leader capability and motivational climate can yield meaningful gains even in resource constrained environments, a conclusion that complements rather than contradicts prior findings on the importance of staffing ratios and remuneration.

Methodologically, the use of total sampling within the target units, validated measures, and multiple regression aligns with common quantitative approaches in the literature, enabling a direct comparison of effect sizes. At the same time, differences in analytic techniques across studies, such as the use of structural equation modelling, multilevel designs, or longitudinal data, may yield more granular estimates of direct and indirect effects than those reported here. Compared with cross sectional studies that report lower overall model fit, our higher explanatory power may reflect the specificity of the sample to medical and surgical units, where the relevance of situational leadership and motivation is pronounced, or the close alignment between the constructs measured and the daily realities of inpatient care.

Not all prior studies converge completely with our results. Some reports highlight the dominant role of external rewards or organizational policies over leadership behavior, particularly in settings experiencing acute staffing shortages. Others note that transformational leadership sometimes outperforms situational leadership on outcomes like innovation climate. The present findings do not negate those observations but indicate that within the focal context, the adaptive matching of leadership style to staff readiness, combined with deliberate support for intrinsic motivation, is strongly associated with loyalty. Differences across studies likely reflect variation in institutional context, unit type, labour market pressures, and measurement choices.

Taken together, the comparison suggests three points. First, our results corroborate the robust association between supportive, adaptive leadership and nurse loyalty documented internationally. Second, they align with a large body of evidence that intrinsic and extrinsic motivation are foundational to sustained commitment. Third, by estimating the joint contribution of leadership and motivation in a public hospital's inpatient units, this study helps reconcile strands of the literature by showing that integrated managerial strategies can produce loyalty outcomes at least as strong as those observed in more resource advantaged settings. These convergences strengthen confidence in practical recommendations that pair leadership development with motivation building initiatives while also indicating fruitful directions for future research, including formal tests of mediation, multilevel analyses that isolate unit and organizational effects, and longitudinal designs that track loyalty over time.

In sum, the results confirm that situational leadership style and work motivation are two of the most influential factors in building nurse loyalty. The combined contribution of nearly eighty percent suggests that focusing on these variables can yield substantial improvements in workforce stability and service quality. Hospital management is therefore encouraged to adopt an integrated approach that links leadership development with motivation enhancement programs in order to create a supportive and empowering work environment.

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## 5. Conclusion

This study investigated the influence of situational leadership style and work motivation on nurse loyalty in the medical and surgical inpatient units of RSUD Al Ihsan, West Java. The findings demonstrate that both variables have positive and significant effects, with work motivation exerting a slightly stronger influence than leadership style. Together, situational leadership and motivation explain 79.2 percent of the variance in nurse loyalty, confirming that these two factors are central determinants of commitment and retention in a high-demand hospital environment.

Theoretically, the results strengthen the empirical basis of situational leadership theory in healthcare settings, particularly within Indonesian public hospitals. The findings also affirm Herzberg's Two-Factor Theory and Self-Determination Theory by showing that intrinsic and extrinsic motivators play a critical role in sustaining nurse loyalty. By quantifying the simultaneous contributions of leadership and motivation, this study offers a more comprehensive model of how managerial behavior and motivational climate jointly shape organizational commitment.

Practically, the results underscore the importance of integrated strategies that focus on both leadership development and motivation enhancement. Hospital management should equip nurse managers with the skills to apply situational leadership effectively, enabling them to adjust their approach based on the competence and commitment levels of their staff. Simultaneously, efforts to maintain and enhance nurse motivation should include recognition programs, opportunities for professional growth, fair and transparent compensation policies, and improvements to the work environment. Such measures will strengthen nurse loyalty, reduce turnover, and ensure the continuity and quality of patient care.

Future research should expand the model by incorporating other factors that may influence loyalty, such as organizational culture, workload distribution, and job satisfaction, and should consider employing longitudinal or multilevel designs to explore causal relationships more deeply. Comparative studies across different types of hospitals, including private institutions and rural facilities, would also enhance understanding of how context shapes the interplay between leadership, motivation, and loyalty.

In conclusion, this study confirms that adaptive leadership and sustained motivation are key pillars of workforce stability in healthcare. By prioritizing these factors, hospital administrators can foster a loyal and engaged nursing workforce that contributes directly to improved organizational performance and patient outcomes.

## References

- Al-Malki, M., FitzGerald, G., & Clark, M. (2018). Nursing turnover in Saudi Arabia: An integrative review. *Journal of Nursing Management*, 26(5), 526–533. <https://doi.org/10.1111/jonm.12570>
- Brewer, C. S., Kovner, C., Greene, W., Cheng, Y., & Whatley, C. (2016). Predictors of actual nurse turnover in a national sample of United States hospitals. *Journal of Nursing Scholarship*, 44(1), 48–56. <https://doi.org/10.1111/j.1547-5069.2011.01399.x>
- Chaudhry, I. S., & Javed, H. (2012). Impact of transactional and laissez-faire leadership styles on motivation. *International Journal of Business and Social Science*, 3(7), 258–264.
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227–268. [https://doi.org/10.1207/S15327965PLI1104\\_01](https://doi.org/10.1207/S15327965PLI1104_01)
- Duffield, C., Roche, M., Homer, C., Buchan, J., & Dimitrelis, S. (2011). A comparative review of nurse turnover rates and costs across countries. *Journal of Advanced Nursing*, 70(12), 2703–2712. <https://doi.org/10.1111/j.1365-2648.2011.05746.x>
- Ganta, V. C. (2014). Motivation in the workplace to improve the employee performance. *International Journal of Engineering Technology, Management and Applied Sciences*, 2(6), 221–230.
- Hayes, L. J., O’Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., Laschinger, H. K. S., & North, N. (2012). Nurse turnover: A literature review – An update. *International Journal of Nursing Studies*, 49(7), 887–905. <https://doi.org/10.1016/j.ijnurstu.2011.10.001>
- Hersey, P., & Blanchard, K. H. (1988). *Management of organizational behavior: Utilizing human resources* (5th ed.). Englewood Cliffs, NJ: Prentice Hall.
- Herzberg, F. (1966). *Work and the nature of man*. Cleveland, OH: World Publishing Company.
- Ibrahim, N. A., et al. (2020). The impact of situational leadership on job satisfaction and organizational commitment in healthcare organizations. *International Journal of Health Care Quality Assurance*, 33(8), 647–657. <https://doi.org/10.1108/IJHCQA-05-2019-0105>
- Laschinger, H., Wong, C., McMillan, K., & Sturm, M. (2015). The influence of authentic leadership and empowerment on newly graduated nurses’ experiences of workplace bullying, burnout, and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies*, 52(6), 1080–1090. <https://doi.org/10.1016/j.ijnurstu.2015.02.001>
- Meyer, J. P., Allen, N. J., & Smith, C. A. (1993). Commitment to organizations and occupations: Extension and test of a three-component conceptualization. *Journal of Applied Psychology*, 78(4), 538–551. <https://doi.org/10.1037/0021-9010.78.4.538>
- Meyer, J. P., Stanley, D. J., Herscovitch, L., & Topolnysky, L. (2002). Affective, continuance, and normative commitment to the organization: A meta-analysis of antecedents, correlates, and consequences. *Journal of Vocational Behavior*, 61(1), 20–52. <https://doi.org/10.1006/jvbe.2001.1842>
- Northouse, P. G. (2021). *Leadership: Theory and practice* (9th ed.). Thousand Oaks, CA: SAGE Publications.
- Putra, I. G. P., & Suana, W. (2021). The role of work motivation and job satisfaction on nurses’ organizational commitment in Bali. *Jurnal Keperawatan*, 12(2), 105–113.
- Saleem, Q., et al. (2019). Leadership styles, work motivation and employee loyalty: Mediating role of motivation. *Journal of Business and Social Review in Emerging Economies*, 5(1), 39–50. <https://doi.org/10.26710/jbsee.v5i1.645>
- Sulistiyani, P., & Rosidah, L. (2019). The influence of perception of leadership and procedural justice on nurse job satisfaction and loyalty in public hospital. *Jurnal Manajemen dan Pelayanan Farmasi*, 5(1), 27–36. <https://doi.org/10.22146/jmpf.37135>
- Tappen, R. M. (2022). *Nursing leadership and management: Theories, processes, and practice* (7th ed.). Philadelphia, PA: F.A. Davis Company.
- Wong, C. A., & Cummings, G. G. (2007). The relationship between nursing leadership and patient outcomes: A systematic review. *Journal of Nursing Management*, 15(5), 508–521. <https://doi.org/10.1111/j.1365-2834.2007.00723.x>