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# Why Nurses Excel: The Role of Work Environment and Motivation

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**Abstract**

**Purpose:** This study investigates the effect of work environment on nursing performance, with work motivation as a mediating variable. It focuses on nurses working in public health centers (Puskesmas) in Batam, Indonesia.

**Methodology/approach:** A cross-sectional survey was conducted involving 136 nurses using a structured questionnaire. The data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 3.0.

**Results/findings:** The results revealed that the work environment had no direct effect on nursing performance. However, it showed a significant indirect effect through work motivation. Motivation was found to fully mediate the relationship between the work environment and nurse performance.

**Conclusions:** A supportive work environment contributes to nursing performance only when it enhances work motivation. Motivation serves as the primary driver in translating organizational support into effective job behavior, particularly in the public healthcare context.

**Limitations:** This study emphasizes the psychological mechanism through which work environment affects performance, supporting the integration of motivational strategies in nurse management. It offers practical implications for improving performance in primary care institutions by focusing on internal motivational factors.

**Contribution:** The cross-sectional design limits the ability to draw causal inferences. The reliance on self-reported data may introduce bias, and the findings are specific to Puskesmas in Batam, thus limiting generalizability to other regions or healthcare settings.

**Keywords:** *COVID-19, Motivation, Nursing Performance, Work Environment*

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## 1. Introduction

The nursing work environment significantly shapes motivation and performance, especially under crisis conditions such as the COVID-19 pandemic. Research has identified key workplace factors—like teamwork, leadership support, resource adequacy, and psychological safety—as critical determinants of nurse performance and retention (Alharbi, Alharbi, Bahari, Alshamlani, & Tumala, 2024). Further research found out that supportive work climates enhance nursing outcomes, whereas poor resource availability and communication contribute to lower quality care and increased burnout. Moreover, large-scale studies in Ethiopia reinforce this condition. Kassahun et al. (2022) found that nurses

reporting poor leadership and low autonomy experienced significantly reduced motivation. Similarly, Nsibandze, Downing, Poggenpoel, and Myburgh (2021) confirmed that environmental factors such as staffing levels and supervisory support were critical in shaping nurse motivation.

The work environment plays a critical role in shaping the psychological readiness and performance of nurses, particularly in primary care and high-stress settings. A supportive environment—characterized by adequate leadership, teamwork, professional autonomy, and sufficient resources—enables healthcare workers to deliver quality services while maintaining their own well-being. Kohnen et al. (2023) demonstrated that perceived clinical job resources such as autonomy and peer support significantly increased nurses' practice. Similarly, Szilvassy and Širok (2022) found that nurses in primary healthcare settings showed higher job satisfaction and engagement when supported by clear communication structure and responsive leadership.

Beyond external support, work motivation is an essential psychological mechanism that channels environmental influences into behaviour. Rooted in self-determination theory, motivation—especially intrinsic motivation—enables healthcare professional to navigate demanding workloads with energy and resilience. Ni, Wen, Xu, He, and You (2023) found that the nursing practice environment positively influences motivation and work engagement through the fulfilment of basic psychological needs, including autonomy, competence, and relatedness. These motivational factors were found to be critical in sustaining job performance, especially when structural conditions are suboptimal (Prakoso & Budiono, 2025).

In Indonesian context, empirical studies also support the structural influence of work environment and motivation on job performance. A study by Tamtomo and Murti (2024) on nurses in a public hospital found that both work motivation and work environment were strong predictors of nursing performance, indicating that inner drive and external support must align for optimal outcomes. However, despite growing evidence, research examining the mediating role of motivation in the relationship between work environment and job performance among community health nurses remains limited. This study aims to fill that gap by proposing and testing a mediated structural model using PLS-SEM, based on data collected from nurses in Indonesia *Puskesmas(Firdaus, Salim, & Saputra, 2020)*.

## 2. Literature Review

### *2.1 Work Environment*

A work environment that empowers nurses through structural resources, autonomy, and supportive leadership has been shown to significantly enhance both motivation and performance. Sukmono, Lestari, and Rahmawati (2024) conducted a cross-sectional study among 116 Indonesian nurses and found that structural empowerment—comprising access to resources, information, and supportive leadership—had a direct positive effect on both motivation and nursing performance in patient safety. This quasi-quantitative evidence underscores the link between a well-equipped environment and nurses' psychological readiness to deliver safe, high-quality care.

Complementary evidence form hospital settings in Jordan demonstrates that structurally empowered work environment—those offering shared decision-making and adequate autonomy—are associated with significantly higher nurse performance scores (Wafa'a, Alhurani, Alhalal, Al-Dwaikat, & Al-Faouri, 2020). Sukmono et al. (2024) corroborate this by showing that empowerment enhances both motivation and objective performance outcomes, further highlighting the importance of environmental structures. In Turkey, Sarıköse and Göktepe (2022) used the PES-NWI measure and found a significant positive correlation between work environment quality and nursing job performance. Furthermore, regression analysis confirmed that environmental dimensions explained 59% of performance variance, reinforcing the central role of supportive environments.

In the Indonesian public sector context, Wijaya and Susanty (2017) emphasized the importance of both psychological dimensions of the work environment in shaping employee performance. Their study at a a regional government office revealed that lighting, ventilation, comfort, and the relational climate

between employees and superiors significantly improved task execution accountability. Although not conducted in a healthcare setting, the structural elements identified—such as workspace adequacy and managerial support parallel the needs of nurses in clinical environments, where high-quality care depends on mental focus and organizational clarity (Wijaya & Susanty, 2017).

Similarly, Supit (2019) examined how the work environment and job stress influence performance in a government infrastructure office. The study found that work environment factors significantly and positively predicted job performance while stress showed a mediating influence. These findings suggest that a well-maintained work environment does not only support task effectiveness but also mitigates psychological barriers to performance. This supports the argument that in settings such as *Puskesmas*—where resources may be limited—a structure, safe, and communicative environment can serve as a buffer against occupational stress and improve nursing outcomes (Supit, 2019).

### *2.2 Motivation*

Motivation functions as a critical mechanism bridging external pressures and nursing performance. A study by Utami, Ginting, and Chiuman (2024) found that both intrinsic (recognition, achievement, competence) and extrinsic motivators (salary, organizational policies) were significantly related to nursing performance, with extrinsic factors showing a slightly stronger effect. This highlights how motivation—both from within and driven by external conditions—energizes nurses to perform consistently and effectively. Further reinforcing this, Kurniawati, Fikaris, Eryani, Rohendi, and Wahyudi (2023) found that motivation had a direct positive influence on nursing performance, even after accounting for the negative impacts of workload and burnout. Their study emphasizes motivation's buffering role which helps sustain performance despite adverse conditions, making motivation essential for frontline nurses under pressure.

A broader study in Makassar by Rosyidawati, Noor, and Zulkifli (2020) indicated that work motivation, alongside workload and job satisfaction, significantly predicted nurse performance in inpatient settings. Their findings underscore motivation's central role in enabling nurses to meet quality standards and deliver patient-centered care. In other studies, Efendy and Puspita (2023) found that higher levels of work motivation were significantly associated with better nursing documentation performance. This indicates that motivation not only enhances nurses' general performance, but also supports critical clinical processes like accurate and timely record-keeping, which are essential for patient safety and continuity of care.

Moreover, Kohnen et al. (2023) conducted a large-scale cross-sectional study in Belgium among 1279 frontline nurses and found that job resources such as autonomy, performance feedback, and opportunities for growth were strongly and positively associated with intrinsic motivation, and work engagement, which in turn correlated with higher levels of nursing performance and lower burnout. The study, grounded in the Job Demands-Resources model, demonstrated that intrinsic motivation mediated the effect of job resources on engagement, highlighting that motivation truly acts as a psychological pathway by which environmental factors translate into enhanced nursing practice.

These empirical findings consistently highlight that motivation—particularly when nurtured through supportive environments and aligned with individual values—plays a pivotal role in enhancing nursing performance. Whether through intrinsic satisfaction or extrinsic incentives, motivation serves not only as a personal drive but also as a critical psychological mechanism that enables nurses to translate knowledge and skills into consistent, high-quality care delivery.

### *2.3 Nursing Performance*

A systematic review of 15 studies conducted in hospital inpatient settings by Kurnia et al. (2024) confirmed that high workload negatively impacts nurse performance, with 14 of 15 articles reporting performance declines tied to workload overload. This evidence highlights that excessive patient loads, inadequate staffing, and administrative duties significantly impede the quality and consistency of nursing care. In other study, Subih, Al-Amer, Bani Saleh, and Thultheen (2024) identified secondary

traumatic stress as a strong negative predictor of nursing performance. Additional factors like overtime and chronic health issues further decreased performance, suggesting that emotional burden must be managed to sustain effective practice.

Yulia, Suroso, Etlidawati, and Linggardini (2024) found that job satisfaction, work culture, workload, supervision, and experience all had significant relationships with nursing performance in terms of adherence to the model. This reveals the multidimensional nature of nursing performance, shaped by both personal and organizational culture elements. A systematic review by Alsadaan et al. (2023) highlighted that nurse leaders' behaviours—directly and indirectly improve nursing staff performance, acknowledging six motivational factors including autonomy and relatedness. This underscores that managerial style is instrumental in enabling or constraining nurse performance(Indrati & Berlianto, 2025).

During the COVID-19 pandemic, Cha and Lee (2024) found that nurses' self-efficacy and positive attitudes towards disease management explained 43% of the variance in nursing performance. The study confirmed that performance is influenced by psychological readiness, not just skills or knowledge. In Egypt, Elhabashy, Moriyama, Mahmoud, and Eysa (2024) evaluated the effect of an evidence-based nursing practice training program on ICU nurses' competencies. The study showed that nurses in the intervention group experienced a significant increase in competency across multiple post-intervention time points compared to controls, indicating sustained improvements in clinical skills. These results provide strong experimental evidence that structured, evidence-based training can enhance observable nursing performance in acute care settings (Irwansyah & Yudharsa, 2025).

These studies collectively emphasizes that nursing performance is a multifaced construct shaped by clinical competence, psychological readiness, leadership support, and organizational context. Understanding the diverse antecedents of performance not only highlights the complexity of nursing work but also provides a theoretical basis for examining how motivational and environmental factors interact to influence nurses' effectiveness in delivering quality care(Putri, 2023).

### *2.4 Relationship Between Variables and Hy*

The relationship between Work Environment, Motivation, and Nursing Performance is theoretically grounded and empirically supported. According to the Job Demands–Resources (JD-R) model, the work environment serves as a job resource that shapes psychological conditions such as engagement and motivation, which ultimately influence performance outcomes (Bakker & Demerouti, 2017). In nursing, a positive work environment—characterized by adequate staffing, collaborative relationships, strong leadership, and clear expectations—can significantly enhance nurses' ability to provide effective and safe care.

Empirical evidence confirms this pathway. A study by Wang et al. (2024) found that new nurses who experienced supportive practice environments reported more favorable patient safety attitudes, with job stress acting as a key mediator. Similarly, Fan et al. (2024) demonstrated that leadership and organizational support improved job embeddedness and reduced presenteeism, both of which are linked to better performance and retention. In primary care, Jarrar et al. (2021) found that improvements in practice environment directly enhanced nurse-reported quality and safety, with person-centeredness serving as a partial mediator.

Motivation plays a critical mediating role in this relationship. According to Self-Determination Theory (Deci & Ryan, 2000) , individuals are most likely to perform well when their psychological needs for autonomy, competence, and relatedness are fulfilled. A supportive work environment can satisfy these needs and foster intrinsic motivation—particularly important in emotionally demanding fields like nursing. Motivated nurses tend to invest greater effort, maintain consistent care quality, and exhibit professional resilience.

Supporting this, Kohnen et al. (2023) showed that work resources such as autonomy, performance feedback, and opportunities for growth significantly predicted intrinsic motivation and work engagement among 1,729 nurses across Belgium. These motivational states, in turn, were positively associated with lower burnout and better nursing outcomes. Their findings empirically support the notion that motivation acts as a bridge between the work environment and job performance. Furthermore, Jarrar et al. (2021) found that person-centered care partially mediated the relationship between work environment and safety outcomes, suggesting that a similar mediating mechanism involving motivation may apply to performance outcomes. When the organizational climate facilitates motivation, performance improvements are more likely to occur not only directly, but also psychologically through enhanced commitment, self-efficacy, and engagement.

Based on these theoretical and empirical foundations, this study proposes the following hypotheses:
**H1**: Work Environment has a significant direct effect on Nursing Performance.
**H2**: Work Environment has a significant effect on Motivation.
**H3**: Motivation has a significant effect on Nursing Performance.
**H4**: Motivation mediates the relationship between Work Environment and Nursing Performance.

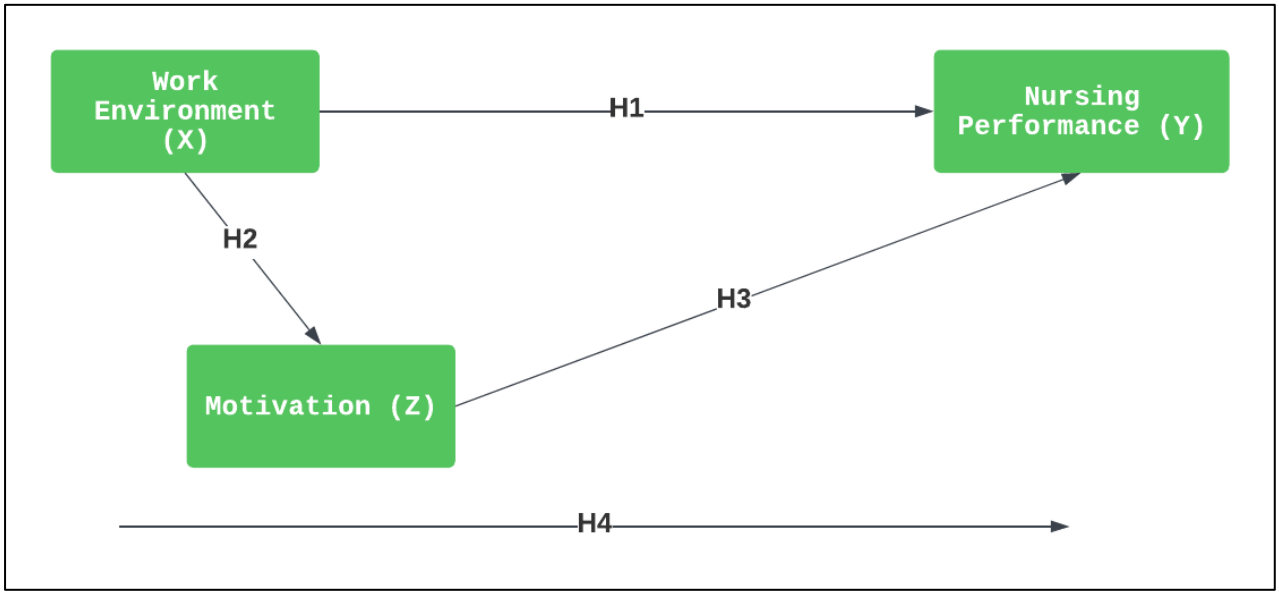


Figure 1. Conceptual Framework

## 3. Methodology

This study employed a quantitative, cross-sectional design to examine the relationship between work environment, work motivation, and nursing performance among nurses working in public health centers (Puskesmas) in Batam City, Indonesia. The research was conducted within the positivist paradigm, utilizing a deductive approach to test theoretically derived hypotheses using empirical data. The analytical method used was Partial Least Squares Structural Equation Modeling (PLS-SEM), as it is suitable for predictive modeling and theory development involving complex variable relationships and latent constructs.

The study population consisted of 146 nurses from 39 Puskesmas across 21 sub-districts in Batam. A census sampling technique was applied, allowing all members of the target population to participate. From this population, 136 complete and valid responses were collected and analysed. Data collection was carried out using a structured questionnaire composed of three main constructs: work environment, motivation, and nursing performance. Each item was measured on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The work environment constructs originally consisted of 15 items, with 13 indicators retained after validity testing. A pilot study was conducted on 30 nurses outside the sample to assess the clarity and consistency of the instruments. Indicators with outer

loadings below 0.5 were removed, while those between 0.5 and 0.7 were retained if supported by theoretical justification and overall model fit.

The population of this study comprises nurses working in *Puskesmas* (community health centers) in Batam City, Indonesia. These healthcare professionals have been directly involved in patient care during the COVID-19 pandemic, facing high workloads, emotional pressure, and limited resources. A purposive sampling technique was employed, targeting nurses who had at least one year of professional experience and were actively engaged in service delivery during the pandemic period. A total of 137 respondents were selected to participate in this study. The sample size meets the recommended minimum for Structural Equation Modeling–Partial Least Squares (SEM–PLS) analysis, which requires at least 10 times the number of indicators for the most complex construct in the model.

Data analysis was performed using SmartPLS 3.0, following a two-step modeling approach. In the first step, the measurement model was assessed for reliability and validity through outer loadings, Average Variance Extracted (AVE), Composite Reliability, and Cronbach's Alpha. Discriminant validity was examined using the Fornell–Larcker criterion. In the second step, the structural model was evaluated by analyzing path coefficients, $R^2$ values, and the significance of direct and indirect effects using a bootstrapping procedure with 5,000 subsamples. A significance level of $p < 0.05$ was used to determine the statistical relevance of each path in the model.

## 4. Results and discussion

This section presents and discusses the findings of the structural equation modeling analysis using SmartPLS 3.0. The evaluation was conducted in two phases: first, assessing the measurement model to validate construct reliability and validity; and second, evaluating the structural model to test the relationships among variables and the mediating role of motivation.

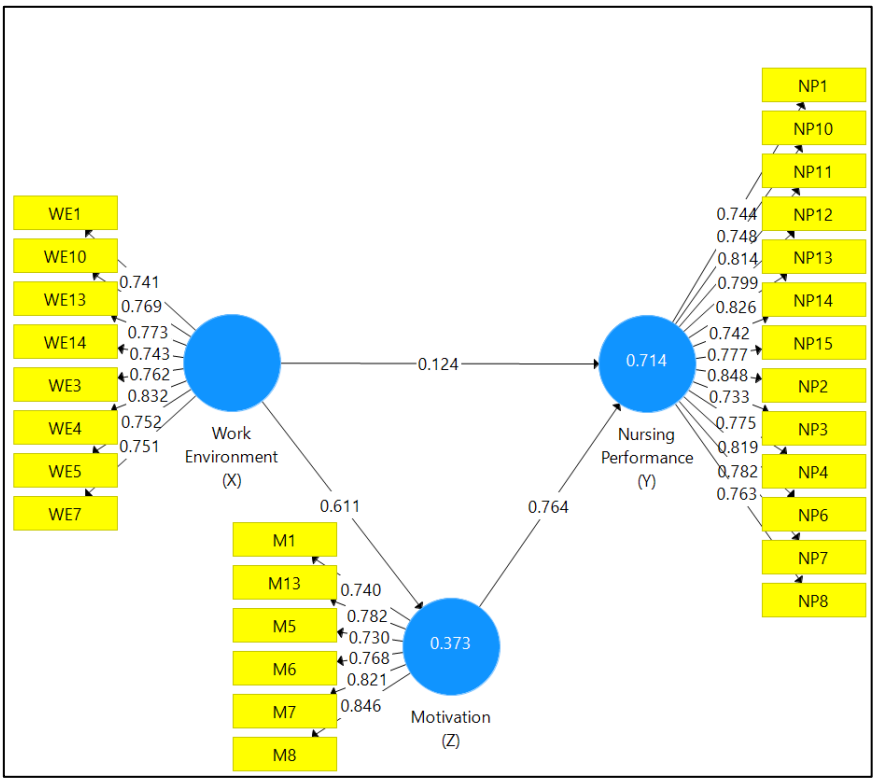


Figure 2. Loading Factor Path Diagram

Table 1. Loading Factor Outer Model

| Variable | Indicator | Outer Loading | Criterion | Information |
|---|---|---|---|---|
| **Work Environment (X)** | WE1 | 0.741 | >0.7 | Valid |
| | WE3 | 0.762 | | Valid |
| | WE4 | 0.832 | | Valid |
| | WE5 | 0.752 | | Valid |
| | WE7 | 0.751 | | Valid |
| | WE10 | 0.769 | | Valid |
| | WE13 | 0.773 | | Valid |
| | WE14 | 0.743 | | |
| **Motivation (Z)** | M1 | 0.740 | >0.7 | Valid |
| | M5 | 0.730 | | Valid |
| | M6 | 0.768 | | Valid |
| | M7 | 0.821 | | Valid |
| | M8 | 0.846 | | Valid |
| | M13 | 0.782 | | Valid |
| **Nursing Performance (Y)** | NP1 | 0.744 | >0.7 | Valid |
| | NP2 | 0.848 | | Valid |
| | NP3 | 0.733 | | Valid |
| | NP4 | 0.775 | | Valid |
| | NP6 | 0.819 | | Valid |
| | NP7 | 0.782 | | Valid |
| | NP8 | 0.763 | | Valid |
| | NP10 | 0.748 | | Valid |
| | NP11 | 0.814 | | Valid |
| | NP12 | 0.799 | | Valid |
| | NP13 | 0.826 | | Valid |
| | NP14 | 0.742 | | Valid |
| | NP15 | 0.777 | | Valid |

Source: Output SmartPLS 3

The measurement model was tested to ensure that each construct met the required psychometric standards. As depicted in Figure 2 and Table 1, all retained indicators for Work Environment, Motivation, and Nursing Performance demonstrated outer loadings above 0.70, indicating satisfactory indicator reliability. A total of 7 indicators were retained for Work Environment, 6 for Motivation, and 13 for Nursing Performance. The exclusion of low-loading indicators improved model fit and construct clarity.

Table 2. Construct Reliability and Validity

| Variable | Cronbach's Alpha | rho_A | Composite Reliability | Average Variance Extracted (AVE) |
|---|---|---|---|---|
| **Work Environment (X)** | 0.900 | 0.904 | 0.919 | 0.587 |
| **Nursing Performance (Y)** | 0.947 | 0.948 | 0.954 | 0.613 |
| **Motivation (Z)** | 0.872 | 0.876 | 0.904 | 0.612 |

Source: Output SmartPLS 3

As shown in Table 2, all constructs met the reliability criteria, with Cronbach's Alpha and Composite Reliability (CR) values above 0.70 and AVE values exceeding 0.50. These findings confirm that the constructs are internally consistent and exhibit convergent validity. For instance, Work Environment had a CR of 0.919 and AVE of 0.587, while Nursing Performance had the highest reliability (CR = 0.954, AVE = 0.613). These results are consistent with recommendations by Hair, Risher, Sarstedt, and Ringle (2019), supporting the robustness of the measurement model.

Table 3. Fornell-Lacker Criterion

| Variable | Z | Y | X |
|---|---|---|---|
| **Motivation (Z)** | 0.782 | | |
| **Nursing Performance (Y)** | **0.840** | **0.783** | |
| **Work Environment (Z)** | 0.611 | 0.591 | **0.766** |

Source: Output SmartPLS 3

The Fornell–Larcker test indicated that discriminant validity was mostly achieved, with AVE values for each construct being higher than their squared inter-construct correlations. An exception was noted for Nursing Performance, whose AVE (0.613) was slightly lower than its correlation with Motivation. However, based on Franke and Sarstedt (2019), such minor violations can be accepted when supported by theoretical justification, which applies in this case given the conceptual distinctiveness between motivation and performance. The HTMT also shows value between Motivation and Nursing Performance exceeded the 0.90 threshold, indicating a potential threat to discriminant validity. Nevertheless, since the constructs are conceptually different and the model was theoretically grounded, this issue was considered acceptable with caution, and noted as a limitation.

Table 4. Hypothesis Testing

| | Original Sample (O) | Sample Mean (M) | Standard Deviation (STDEV) | T Statistics (\|O/STDEV\|) | P Values |
|---|---|---|---|---|---|
| **X → Y** | 0.124 | 0.130 | 0.073 | 1.692 | **0.091** |
| **X → Z** | 0.611 | 0.618 | 0.068 | 9.043 | **0.000** |
| **Z → Y** | 0.764 | 0.760 | 0.062 | 12.354 | **0.000** |
| **X → Z → Y** | 0.467 | 0.469 | 0.061 | 7.653 | **0.000** |

The structural model results are illustrated in Figure 2. As expected, Work Environment had a strong and significant effect on Motivation ($\beta = 0.611$, $p < 0.001$), and Motivation had a strong, significant effect on Nursing Performance ($\beta = 0.764$, $p < 0.001$). However, the direct effect of Work Environment on Nursing Performance was not statistically significant ($\beta = 0.124$, $p = 0.091$). These findings indicate that while the work environment influences performance, it does so indirectly through motivation, rather than directly.

The indirect effect from Work Environment to Nursing Performance via Motivation was statistically significant ($\beta = 0.467$, $p < 0.001$), confirming that motivation fully mediates the relationship. These findings align with the Job Demands–Resources (JD-R) model (Bakker & Demerouti, 2017), which posits that job resources (such as work environment) influence performance primarily through motivational pathways. Likewise, the results support Self-Determination Theory (Deci & Ryan, 2000), indicating that when work environments fulfil nurses' psychological needs for autonomy, competence, and relatedness, their intrinsic motivation increases—leading to enhanced job performance.

Similar findings were observed by Kohnen et al. (2023), who showed that work resources were positively associated with intrinsic motivation and performance among European nurses. In line with this, the full mediation effect observed in the present study emphasizes that improving the work environment alone may not directly elevate performance unless it is accompanied by motivational enhancement. Thus, the results suggest that strategic interventions aiming to boost nursing performance should prioritize both environmental improvements (e.g., staffing adequacy, leadership support, teamwork) and motivation-building efforts (e.g., recognition, autonomy, professional development). The mediating role of motivation highlights its function as a psychological bridge translating structural support into effective clinical behaviours.

## 5. Conclusion

This study investigated the relationship between work environment and nursing performance, with work motivation as a mediating variable, among nurses working in public health centers. Using a PLS-SEM approach, the findings revealed that the work environment does not directly influence nursing performance, but rather exerts its effect indirectly through motivation. In other words, motivation serves as a full mediator in the relationship between environmental conditions and performance outcomes.

Practically, this suggests that improving nurses' performance in primary care settings requires not only structural improvements—such as adequate staffing, supportive leadership, and clear communication—but also targeted efforts to enhance motivational factors. Hospital and health center administrators should therefore develop strategies that cultivate meaningful recognition, professional growth, and psychological safety to promote sustained engagement and high performance.

Although the study offers robust findings, some limitations must be acknowledged. The HTMT ratio between motivation and performance exceeded the recommended threshold, raising questions about potential construct overlap. Moreover, the use of cross-sectional data limits the ability to infer causal relationships. Future research should consider longitudinal designs and incorporate additional variables such as burnout, job satisfaction, or leadership style to enrich the explanatory power of the model. In conclusion, motivation plays a critical psychological role in transforming environmental support into effective nursing performance. This insight provides valuable implications for healthcare leaders and policymakers seeking to strengthen the nursing workforce in community-based healthcare systems.

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