

A Model of Work Engagement as a Mediator in Nurse Performance at a Class B Private Hospital in Jakarta

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Keywords:	Abstract
Transactional Leadership; Organizational Commitment; work attachment; Nurse Performance.	Nurses' performance is essential for service quality and patient safety; however, inconsistent rewards, delayed corrective actions, limited professional development, and varying levels of engagement may constrain performance in private hospitals. This study examined the effects of transactional leadership and continuance organizational commitment on nurses' performance, with work engagement as a mediating variable, at a Class B private hospital in Jakarta. A quantitative cross-sectional study was conducted from March to July 2026 among 119 nurses selected through purposive sampling from a population of 170 nurses. Data were collected using a four-point Likert-scale questionnaire and analyzed using descriptive statistics, confirmatory factor analysis, structural equation modeling (SEM) with AMOS, and Sobel tests. Transactional leadership, continuance organizational commitment, and work engagement collectively explained 67.7% of the variance in nurses' performance. Transactional leadership positively affected work engagement ($\beta = 0.434$; $p < 0.001$) and nurses' performance ($\beta = 0.219$; $p = 0.004$). Continuance organizational commitment demonstrated the strongest effects on work engagement ($\beta = 0.642$; $p < 0.001$) and nurses' performance ($\beta = 0.472$; $p < 0.001$), while work engagement positively affected nurses' performance ($\beta = 0.353$; $p < 0.001$). Work engagement partially mediated the relationships between transactional leadership and performance, as well as between continuance organizational commitment and performance. The findings demonstrate that integrated leadership practices, organizational commitment, and employee engagement strategies are essential for improving nurses' performance.

INTRODUCTION

Hospitals are required to provide high-quality, safe, effective, and patient-centered services, with nurses serving as healthcare professionals who have the most intensive interactions with patients throughout the assessment, planning, implementation, evaluation, coordination, and documentation of care. Optimal nurse performance supports appropriate clinical actions, continuity of care, and patient safety, whereas poor performance increases the risk of errors and quality deterioration (Dall'Ora et al., 2022; WHO, 2025). According to Bernardin (2003), performance is assessed through quality, quantity, timeliness, cost-effectiveness, supervisory requirements, and interpersonal impact. Meanwhile, Gibson (1999) stated that performance results from interactions among individual, psychological, and organizational factors, including leadership, organizational commitment, and psychological work conditions.

One relevant organizational factor is transactional leadership, which, according to Bass (1999), emphasizes exchanges between leaders and subordinates through contingent rewards and management-by-exception mechanisms, thereby clarifying responsibilities and encouraging performance (Alsadaan et al., 2023; Specchia et al., 2021; Bellali et al., 2024). The second factor, continuance organizational commitment, describes an individual's attachment based on perceived investments (side bets) and limited employment alternatives (Meyer & Allen, 1991). This commitment encourages retention, although it does not necessarily reflect intrinsic motivation (Callado et al., 2023; Al-Oweidat et al., 2023). The psychological mechanism connecting these organizational factors to performance is work engagement, a positive state characterized by vigor, dedication, and absorption (Schaufeli & Bakker, 2004). According to Job Demands–Resources Theory, work engagement can be enhanced through leadership support, feedback, and role clarity, thereby contributing to improved performance (Mazzetti et al., 2023; Rodwell & Johnson, 2022; Wee & Lai, 2022). Although leadership and organizational commitment have been extensively studied in relation to performance, research simultaneously examining transactional leadership and continuance organizational commitment as predictors of nurse performance through work engagement remains limited, particularly in Indonesian private hospitals, where previous studies have focused more frequently on transformational leadership or affective commitment (Mehrad et al., 2022; Jiatong et al., 2022; Slåtten et al., 2022).

Previous empirical studies have established significant relationships among leadership, organizational commitment, work engagement, and nursing outcomes. Al-Dossary (2022) found that transformational and transactional leadership were positively associated with nurses' work engagement and organizational commitment in Saudi Arabian hospitals. Similarly, a systematic review by Alluhaybi et al. (2023) concluded that positive nurse-manager leadership styles were significantly associated with registered nurses' work engagement and recommended relational leadership behaviors and leadership training to strengthen engagement. In addition, Zhang et al. (2024) demonstrated that caring leadership directly and indirectly predicted nurses' work engagement through professional calling and affective organizational commitment. Collectively, these studies confirm that leadership can create organizational and psychological resources that strengthen nurses' involvement in their work (Amanda et al., 2021).

Research has also provided evidence regarding the outcomes of work engagement. Slåtten et al. (2022) found that nursing professionals' work engagement was positively associated with service quality ($\beta = 0.551$) and job satisfaction ($\beta = 0.883$), while engagement mediated the relationships between organizational culture, collaboration climate, and several work-related outcomes. Rodwell and Johnson (2022) further demonstrated that nurses' perceptions of employment relationships and organizational justice influenced in-role and discretionary performance behaviors, particularly through work engagement. These findings indicate that engagement can transform favorable organizational conditions into improved performance. However, most existing research has focused on transformational, caring, or relational leadership and affective organizational commitment, whereas transactional leadership and continuance commitment have received comparatively less attention as simultaneous predictors of performance through work engagement.

The practical problem identified at the Class B private hospital in Jakarta further reinforces this research gap. A preliminary survey involving 15 nurses indicated that 33.3% perceived rewards as inconsistent, while 26.7% reported that performance deviations were not corrected promptly. Furthermore, 20% perceived insufficient investment in professional experience and development opportunities. Regarding work engagement, 13.3% reported insufficient enthusiasm, and 26.7% felt less proud to be part of the hospital. Performance-related concerns were also identified, with 6.7% of respondents indicating insufficient attentiveness in patient care and 13.3% reporting that they had not performed their duties effectively according to established procedures. Although these preliminary findings cannot be generalized to the entire nursing workforce, they indicate potential weaknesses in reward management, supervisory practices, professional development, engagement, and performance that require systematic empirical investigation.

This study was therefore important because private hospitals must simultaneously maintain patient safety standards, service competitiveness, workforce stability, and operational efficiency. Weaknesses in leadership practices and organizational attachment may reduce work engagement and ultimately affect the quality, timeliness, and effectiveness of nursing services. The novelty of this research lies in developing and testing an integrated structural model that positions work engagement as a mediator between transactional leadership, continuance organizational commitment, and nurse performance in an Indonesian Class B private hospital. Unlike previous studies that predominantly examined transformational leadership or affective commitment, this study specifically focused on leadership based on performance exchanges and commitment based on accumulated investments and employment alternatives. It also examined both direct and indirect relationships to clarify whether organizational conditions influence nurse performance partly by enhancing vigor, dedication, and absorption.

Accordingly, this study aimed to analyze the effects of transactional leadership and continuance organizational commitment on nurse performance, with work engagement serving as an intervening variable at a Class B private hospital in Jakarta. Specifically, it examined the effects of transactional leadership and continuance organizational commitment on work engagement, assessed their direct effects on nurse performance, evaluated the effect of work engagement on nurse performance, and determined the mediating role of work engagement in these relationships. Theoretically, this study contributes to the nursing management and organizational behavior literature by integrating transactional leadership theory, the three-component model of organizational commitment, and the work engagement framework within a single empirical model. Practically, the findings are expected to assist hospital managers in developing fair performance-based reward systems, consistent supervision and feedback mechanisms, relevant competency development programs, transparent career pathways, supportive work environments, and engagement-oriented human resource policies. These strategies may strengthen nurses' sustained contributions and improve the quality, productivity, timeliness, and safety of nursing services.

METHOD

The research employed a quantitative approach with a cross-sectional design and was conducted at a Class B private hospital in Jakarta from March to July 2026. The study population consisted of 170 nurses working in outpatient units, inpatient units, operating

rooms, and emergency departments. The sample size was determined using the Slovin formula with a 5% margin of error, resulting in 119 respondents. Sampling was conducted using purposive sampling based on the criteria of active nurses at the Class B private hospital in Jakarta, holding at least a Diploma III qualification, and having a minimum work experience of one year.

Data were collected through a structured four-point Likert-scale questionnaire, interviews, and documentation studies. Transactional leadership was measured through contingent rewards, management-by-exception (active), and management-by-exception (passive). Continuance organizational commitment was measured through perceived investments (side bets) and employment alternatives. Work engagement was assessed through vigor, dedication, and absorption. Nurse performance was measured through quality, quantity, timeliness, cost-effectiveness, need for supervision, and interpersonal impact.

Descriptive analysis was conducted using frequency distributions, percentages, and the Three Box Method (Munshi, 2014; Barge, 1988). The measurement model was evaluated using confirmatory factor analysis. Indicators were considered valid when the standardized loading factor was ≥ 0.50 , while constructs were considered reliable when Composite Reliability was ≥ 0.70 and Average Variance Extracted was ≥ 0.50 (Ghozali & Latan, 2015; Ghozali, 2011, 2014, 2016; Hair et al., 2018, 2019). The structural model was analyzed using covariance-based Structural Equation Modeling (SEM) with AMOS to examine direct and simultaneous effects (Ghozali, 2014). Model fit was evaluated using GFI, RMSEA, NFI, AGFI, RFI, IFI, CFI, and PGFI indices (Sarstedt et al., 2020; Syahfudin & Ruswanti, 2015). Hypothesis testing was performed using a critical ratio value > 1.96 and a significance level of $p < 0.05$. The indirect effects were tested using the Sobel test (Sobel, 2014), with mediation considered significant when $|z| > 1.96$ and $p < 0.05$. The research framework is presented in Figure 1.

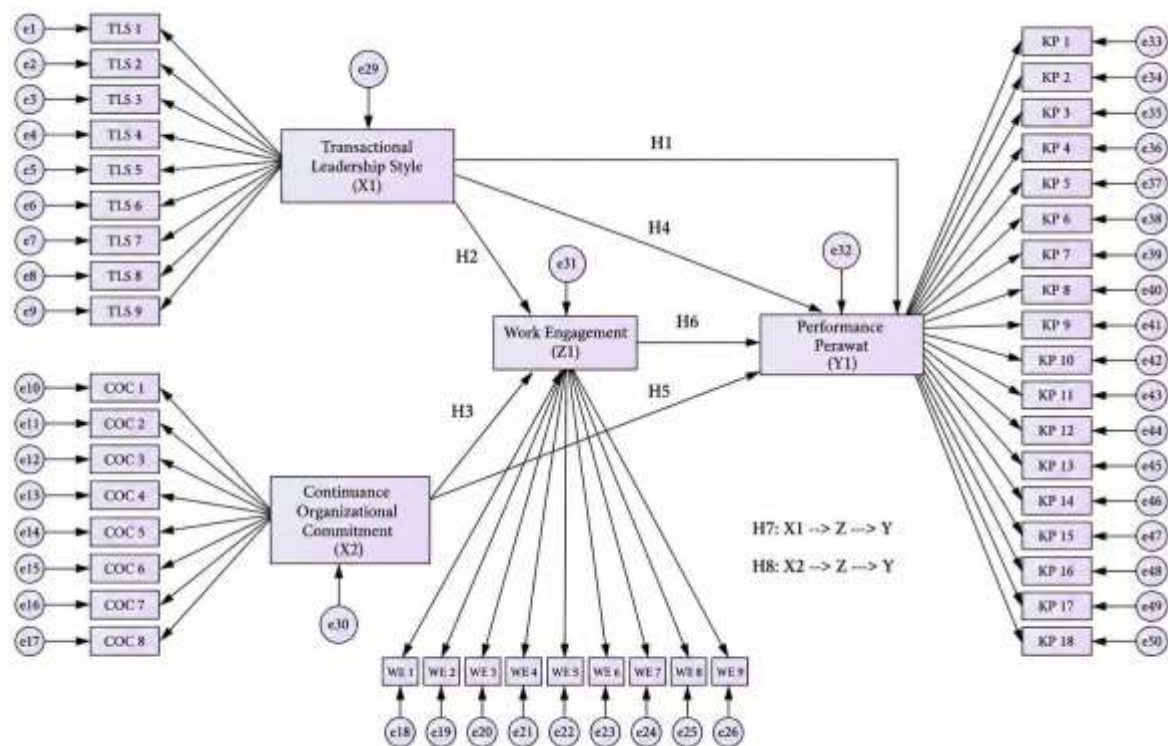


Figure 1. Research Constellation Framework

RESULTS AND DISCUSSION

The study involved 119 nurses. Respondents were dominated by women as many as 110 people (92.4%). The largest age group was 25–35 years old with 57 people (47.9%), followed by 35–45 years old with 42 people (35.3%). The majority of 68 people have a S1 education (57.1%), 79 people (66.4%) have a working period of more than five years, and 67 people work in the Inpatient Unit (56.3%). These characteristics show that respondents are dominated by experienced nurses at productive age and are directly involved in patient services.

The results of the Three Box Method show that all variables are in the high category. The average Transactional Leadership Style index was 94.83, Continuance Organizational Commitment was 93.03, Work Engagement was 93.67, and Nurse Performance was 100.47. The lowest dimension in the Transactional Leadership Style was management by exception-active (93.83), with routine performance monitoring items gaining an index of 92. In the Continuance Organizational Commitment, the investments/side bets dimension is the lowest dimension (92.75). In Work Engagement, vigor obtained the lowest score (89.75), especially the item of working full energy (87). In Nurse Performance, the quality dimension is the lowest dimension (98.50), especially the accuracy of treating patients (98).

Table 1. Recapitulation of the Three-Box Method

Variable	Average index	Categories	Behavior
Transactional Leadership Style	94,83	Height	Targeted to achieve targets
Continuity Organizational Commitment	93,03	Height	Stay in the organization
Work Commitment	93,67	Height	Fully engaged at work
Nurse Performance	100,47	Height	Work productively

Source. Three-Box Method

The results of the analysis showed that all variables in the nurses of the Jakarta Class B Private Hospital were in the high category. Transactional Leadership Style obtained an index of 94.83 which describes work behavior directed at achieving targets, Continuance Organizational Commitment of 93.03 which indicates a tendency to stay in the organization, Work Engagement of 93.67 which reflects full involvement in work, and Nurse Performance of 100.47 which indicates high work productivity.

Stages of Hypothesis Test

Evaluation of Measurement Models

The results of the Confirmatory Factor Analysis (CFA) show that all indicators have a standardized loading factor value above 0.50. These findings indicate that each indicator is capable of representing the measured construct and has met the criteria of convergent validity.

The Composite Reliability value in the variables Transactional Leadership Style, Continuance Organizational Commitment, Work Engagement, and Nurse Performance was 0.989 each; 0,976; 0,980; and 0.992. All of these values exceed the minimum limit of 0.70, so that each construct is declared to have excellent reliability.

The Variance Extracted value for the four variables was 0.907 each; 0,797; 0,843; and 0.872. Since all values are above 0.50, the research construct is stated to be able to adequately explain the variance of the indicators. Thus, the entire construct meets the requirements for validity and reliability and is suitable for use in structural model analysis.

In the initial model, the RMSEA value was 0.085, IFI was 0.899, and CFI was 0.898, indicating that the model had not fully met the compatibility criteria. Modifications are carried out in stages based on Modification Indices which have a theoretical basis through the addition of covariances between measurement errors. After modification, the RMSEA value decreased to 0.079, while IFI and CFI increased to 0.915 and 0.914. These results show that the model has an acceptable level of fit because it has represented the criteria of absolute fit, incremental fit, and parsimonious fit.

Table 2. Model Feasibility Measures

Table of Contents	Results	Remarks
GFI	0,661	Poor Fit
RMSEA	0,079	Good Fit
NFI	0,820	Marginal Fit
AGFI	0,616	Poor Fit
RFI	0,805	Marginal Fit
IFI	0,915	Good Fit
CFI	0,914	Good Fit
PGFI	0,583	Good Fit

Source. AMOS

The results of the evaluation show the suitability of various models. RMSEA, IFI, CFI, and PGFI meet the criteria, while GFI, NFI, AGFI, and RFI have not met the recommended limits. Therefore, the model is considered to have a partial feasibility level and interpretation is carried out taking into account the overall goodness of fit index.

Hypothesis Test

Hypothesis testing was carried out using standardized path coefficients, critical ratios, p-values, and Sobel Test for indirect influence (Sobel 2014). The test results are presented in Figure 2 and Table 3.

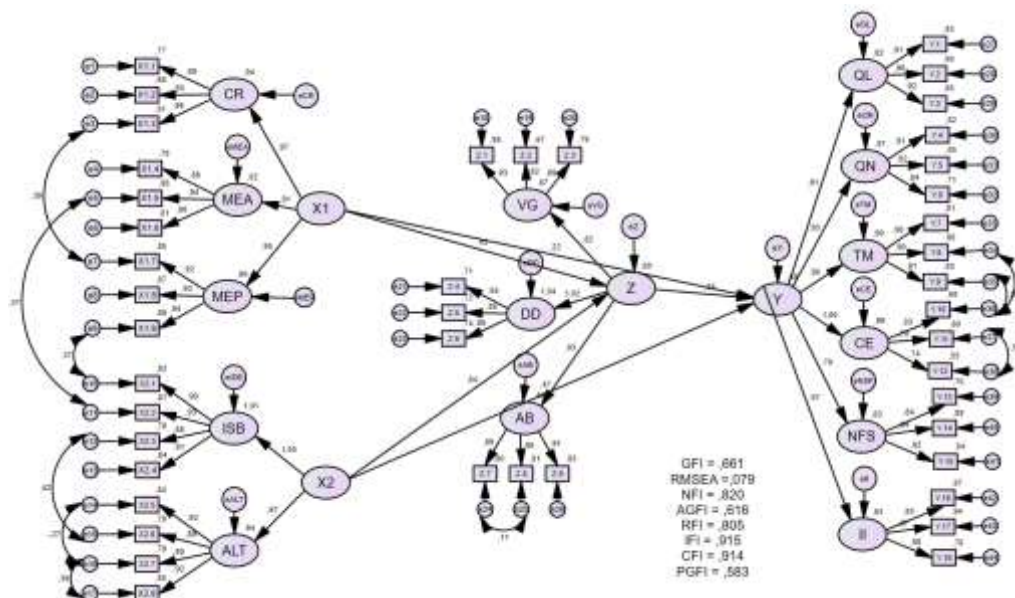


Figure 2. Structural Model Path Diagram

Table 3. Hypothesis Testing Results

Hypotheses	Relationships	Coefficients	Test statistics	p-value	Verdict
H1	X1, X2, Z → Y	R ² = 0.677	F = 80.34 > 2.68	< 0.001	Accepted
H2	X1 → Z	β = 0,434	CR = 5,540	< 0.001	Accepted
H3	X2 → Z	β = 0,642	CR = 7,040	< 0.001	Accepted
H4	X1 → Y	β = 0,219	CR = 2.871	0,004	Accepted
H5	X2 → Y	β = 0,472	CR = 4,858	< 0.001	Accepted
H6	Z → Y	β = 0,353	CR = 3.345	< 0.001	Accepted
H7	X1 → Z → Y	Indirect β = 0.153	Sobel = 3.019	0,002	Accepted; Partial mediation
H8	X2 → Z → Y	Indirect β = 0.227	Sobel = 3.114	0,002	Accepted; Partial mediation

Source. AMOS

Summary of Results: All hypotheses accepted. The strongest influence on Work Engagement came from Continuance Organizational Commitment ($\beta = 0.642$). The largest direct influence on Nurse Performance also came from Continuance Organizational Commitment ($\beta = 0.472$). An R² value of 0.601 indicates that Transactional Leadership Style and Continuance Organizational Commitment explain 60.1% variation in Work Engagement. An R² value of 0.677 indicates that all three predictors explain 67.7% variation in Nurse Performance.

Simultaneous Effects on Nurse Performance

The results of the study showed that Transactional Leadership Style, Continuance Organizational Commitment, and Work Engagement simultaneously had a significant effect on Nurse Performance. These findings confirm that performance is not only the result of an individual's clinical ability, but is also influenced by organizational systems and psychological conditions. Leadership provides direction, standards, oversight, and rewards; a sustained commitment to maintaining the contribution of nurses in the organization; Meanwhile, work attachment converts organizational resources into energy, dedication, and concentration in service. These results are consistent with the theory (Gibson, 1999) about the interaction of organizational, psychological, and individual factors as well as the performance dimension (Bernardin, H. J. 2003).

The magnitude of R² of 0.677 indicates the model's strong explanatory ability. In practice, performance improvement is not enough to be done through technical training alone. Hospitals need to integrate unit leadership governance, transparent rewards, career development, workload management, and support for work attachments. These findings support research showing that leadership, commitment, and work engagement are related to work behavior and the quality of nursing services (Rodwell & Johnson, 2022); (Slåtten et al., 2022) and (Parr et al., 2021)

The better the implementation of the Transactional Leadership Style, the stronger the Continuance Organizational Commitment, and the higher the Work Engagement of the nurses, the higher the Nurse Performance. These three variables together play a role in improving the quality, timeliness, effectiveness, and work productivity of nurses.

The Influence of Transactional Leadership Style on Work Engagement

Transactional Leadership Style had a positive effect on Work Engagement ($\beta = 0.434$). Awarding awards associated with achievements, recognition of performance, consistent

monitoring, and appropriate corrective actions provide clarity regarding work expectations. Such clarity reduces role ambiguity and increases the perception that nurses' efforts are valued, thus reinforcing energy and dedication. These findings support the concept (Bass, 1999) and research linking the leadership style of head nurses to staff attachment (Alluhaybi et al., 2023) and (Al-dossary, 2022).

Although the overall index of leadership is in the high category, regular performance monitoring is the lowest item. This indicates that the quality of transactional leadership is not completely evenly distributed across each unit. Scheduled supervision, brief after-service feedback, and indicator-based follow-up can strengthen the exception-active management function without creating punitive oversight.

The better the implementation of the Transactional Leadership Style through awarding, recognition of performance, consistent monitoring, and appropriate corrective actions, the higher the nurse's Work Engagement. Therefore, Jakarta Class B Private Hospital needs to improve the consistency of supervision and feedback in each unit so that the energy, dedication, and involvement of nurses in work are stronger.

The Effect of Organizational Commitment Continuance on Work Engagement

Continuance Organizational Commitment had a positive effect and became the strongest predictor of Work Engagement ($\beta = 0.642$). Investments in careers, experience, competencies, organizational benefits, and alternative employment considerations can increase nurses' tendencies to maintain their contributions. Nurses who view hospitals as a place of career development have stronger reasons to engage in work. These results are in line with the framework (Meyer, J. P., & Allen, 1991), as well as research showing the relationship between organizational commitment and health worker engagement (Al-Oweidat et al., 2023) and (Haoyan et al., 2023).

However, sustainable commitments that rely solely on high exit costs can result in retention without intrinsic attachments. Therefore, hospitals need to transform organizational investments into valuable work experiences through training, development rotations, competency recognition, and transparent career paths. The strategy allows nurses to survive not only because of the limitations of the alternatives, but also because of seeing real professional prospects.

The stronger the nurse's Organizational Continuance Commitment, the higher the Work Engagement. However, work attachment will be more optimal if nurses survive not only because it is difficult to leave the organization, but also because they receive training, competency recognition, development opportunities, and a clear career path.

The Influence of Transactional Leadership Style on Nurse Performance

Transactional Leadership Style had a positive effect on Nurse Performance ($\beta = 0.219$). Clear standards, awards, monitoring, and correction help nurses align their actions with SOPs and quality targets. In a high-risk service environment, transactional leaders can ensure deviations are identified early and improvements are made consistently. These findings are in line with a study that places leader behavior as a determinant of staff performance and hospital quality (Alsadaan et al., 2023) (Fahlevi et al., 2022).

A smaller coefficient of the influence of commitment suggests that transactional leadership is not the only source of performance. Awards and supervision need to be implemented in a fair, specific, and indicator-based manner so that they are not perceived as

mere administrative control. The head of the room needs to link supervision with clinical coaching, patient safety, and competency development (Guibert-Lacasa & Vázquez-Calatayud, 2022; Nurlina, 2022)

This means that the better the implementation of the Transactional Leadership Style through clear work standards, fair rewards, consistent monitoring, and appropriate corrective actions, the higher the Nurse Performance. However, because the impact is relatively small compared to organizational commitments, performance improvement also needs to be supported by clinical coaching, patient safety, competency development, and other organizational factors.

The Effect of Continuance Organizational Commitment on Nurse Performance

The results showed that Continuance Organizational Commitment had the greatest direct influence on Nurse Performance ($\beta = 0.472$). Nurses who have invested time, experience, and competence are more likely to maintain the quality of their contributions because the success of the organization has to do with career sustainability and the benefits received. The results of the Three Box Method also show that Continuance Organizational Commitment is in the high category. The alternative dimension obtained a higher score, which indicates that the limitations of equivalent work alternatives are one of the considerations nurses have to survive. Meanwhile, the investments/side bets dimension received a relatively lower value, so work experience, competency development, and career opportunities still need to be strengthened so that nurses not only survive because of needs, but also are encouraged to improve their performance.

This finding is in accordance with the theory of Meyer and Allen (1991), who explain that Continuance Organizational Commitment is formed based on the investment that has been made and the work alternatives available. The findings are also in line with Gibson's (1999) theory that organizational and psychological factors influence individual behavior and performance. Research by Gün et al. (2021) and Callado et al. (2023) also shows that organizational commitment is related to improved performance and low willingness of health workers to leave the organization. Therefore, hospitals need to strengthen competency development, appreciation for tenure, organizational benefits, and clear career paths.

This means that the stronger the Continuity Organizational Commitment through professional investment, organizational benefits, work experience, and career sustainability, the higher the performance of nurses in providing nursing services.

The Effect of Work Engagement on Nurse Performance

Work Engagement had a positive effect on Nurse Performance ($\beta = 0.353$). Work energy, dedication, and full involvement help nurses carry out their duties in a focused, responsible, productive, and accordance with service standards. The results of the Three Box Method showed that absorption was the strongest dimension, which illustrates the high concentration of nurses at work. Meanwhile, vigor obtained a relatively lower value, so the energy and work endurance of nurses still need to be increased. These findings are in line with theories (Schaufeli & Bakker, 2004) as well as research showing that work attachment is related to improved performance and quality of nursing services (Slåtten et al., 2022) and (Wee & Lai, 2022).

Increasing Work Engagement needs to be supported through proportional workload management, manpower adequacy, appropriate work schedules, adequate rest time, leadership

support, and a conducive work environment (Shan et al., 2023). These efforts are needed to maintain the energy, dedication, and concentration of nurses in providing safe, effective, and patient-oriented services (Ma et al., 2023)

This means that the higher the Work Engagement through increased work energy, dedication, and full involvement in the work, the higher the Nurse Performance. Conversely, decreased energy, dedication, and work concentration can have an impact on the decrease in the quality, productivity, timeliness, and effectiveness of nursing services.

The Role of Work Engagement in Mediating the Influence of Transactional Leadership Style on Nurse Performance

Work Engagement significantly mediated the influence of Transactional Leadership Style on Nurse Performance, with an indirect influence coefficient of 0.153 and a Sobel value of 3.019 ($p = 0.002$). This shows that transactional leadership not only improves nurse performance directly, but also through increased energy, dedication, and full engagement in the work. The results of the Three Box Method show that contingent rewards are the strongest leadership dimension, while management by exception-active still needs to be strengthened. In the Work Engagement variable, absorption is the highest dimension, while vigor obtains a relatively lower value. These findings are in line with theories (Bass, 1999), (Schaufeli & Bakker, 2004), as well as research on leadership relationships, work attachment, and nurse performance (Alluhaybi et al., 2023) and (Parr et al., 2021).

Increasing the mediating role of Work Engagement needs to be supported through fair rewards, clear work directions, regular monitoring, constructive feedback, and conducive work environment support (Nurlina, 2022). Effective leadership can create work resources that increase nurses' engagement, so they are able to work more passionately, focused, responsible, and in accordance with service standards (Kim et al., 2023)

This means that the more effective the implementation of the Transactional Leadership Style is through appropriate awards, direction, supervision, and feedback, the higher the nurse's Work Engagement, which further improves Nurse Performance. On the other hand, the implementation of less than optimal leadership can reduce work attachment and have an impact on reducing the quality, productivity, and effectiveness of nursing services.

The Role of Work Engagement in Mediating the Influence of Transactional Leadership Style on Nurse Performance

Work Engagement significantly mediated the influence of Continuance Organizational Commitment on Nurse Performance, with an indirect influence coefficient of 0.227 and a Sobel value of 3.114 ($p = 0.002$). This shows that ongoing commitment not only improves nurse performance directly, but also through increased energy, dedication, and full engagement in the work. Nurses who view experience, competence, working hours, organizational benefits, and career opportunities as valuable investments tend to have stronger work attachments so that they are able to provide services optimally.

The mediation role of Work Engagement needs to be strengthened through competency development, appreciation of experience and tenure, transparent career paths, and the provision of professional development opportunities (Guibert-Lacasa & Vázquez-Calatayud, 2022). Hospitals also need to create a supportive work environment for nurses to survive not only because of the limitations of job alternatives, but also because they have a clear attachment, passion, and career prospects. These findings are in line with theories (Guibert-Lacasa &

Vázquez-Calatayud, 2022) and (Schaufeli & Bakker, 2004), as well as research linking organizational commitment, work attachment, and nursing workforce performance.

This means that the stronger the Continuity Organizational Commitment through professional investment, organizational benefits, work experience, and career sustainability, the higher the Nurse's Work Engagement, which further improves Nurse Performance. On the other hand, low commitment and lack of valuable work experience can reduce work attachment and have an impact on reducing the quality, productivity, and effectiveness of nursing services.

CONCLUSION

Based on the results of the study, it can be concluded that transactional leadership, continuance organizational commitment, and work engagement simultaneously had significant effects on nurse performance at a Class B private hospital in Jakarta. Transactional leadership and continuance organizational commitment directly and positively affected work engagement and nurse performance, while work engagement also had a positive effect on nurse performance. Continuance organizational commitment demonstrated the strongest predictive effect on both work engagement and nurse performance. Furthermore, work engagement partially mediated the effects of transactional leadership and continuance organizational commitment on nurse performance. The research model explained 60.1% of the variance in work engagement and 67.7% of the variance in nurse performance. These findings confirm that improving nurse performance requires an integrated approach involving effective transactional leadership, strong organizational commitment, and enhanced work engagement.

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