

Nursing Training, Competence, and Service Quality: The Mediating Role of Organizational Commitment

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Abstract

The quality of nursing services is a strategic issue because the patients treated are in critical condition, requiring close monitoring, rapid action, and complex medical technology support. This study aims to analyze the effect of nursing training and nurse competency on the quality of nursing services, and to examine the role of organizational commitment as a mediating variable. The study used a quantitative approach with an explanatory research design. Data were obtained from 98 nurses through questionnaires and analyzed using Partial Least Squares-Structural Equation Modeling (PLS-SEM). The results showed that nursing training had a positive and significant effect on the quality of nursing services. Nurse competency was also shown to have a positive and significant effect on the quality of nursing services. Nursing training had a significant effect on organizational commitment, but nurse competency did not have a significant effect on organizational commitment. Organizational commitment did not have a significant effect on the quality of nursing services and was unable to mediate the effects of training or competency on service quality. These findings confirm that improving the quality of nursing services is more determined by strengthening the technical, clinical, and professional behavioral capacities of nurses than by organizational commitment alone.

Keywords: training, competence, service quality, organizational commitment, nurses

Abstrak

Kualitas layanan keperawatan merupakan isu strategis karena pasien yang dirawat berada dalam kondisi kritis sehingga memerlukan pemantauan intensif, respons yang cepat, serta dukungan teknologi medis yang kompleks. Penelitian ini bertujuan untuk menganalisis pengaruh pelatihan keperawatan dan kompetensi perawat terhadap kualitas layanan keperawatan, serta menguji peran komitmen organisasi sebagai variabel mediasi. Penelitian menggunakan pendekatan kuantitatif dengan desain eksplanatori terhadap 98 perawat yang menjadi responden, dengan data yang dikumpulkan melalui kuesioner dan dianalisis menggunakan Partial Least Squares-Structural Equation Modeling (PLS-SEM). Hasil penelitian menunjukkan bahwa pelatihan keperawatan dan kompetensi perawat berpengaruh positif dan signifikan terhadap kualitas layanan keperawatan. Pelatihan keperawatan juga terbukti berpengaruh signifikan terhadap komitmen organisasi. Namun, kompetensi perawat tidak berpengaruh signifikan terhadap komitmen organisasi. Selain itu, komitmen organisasi tidak menunjukkan pengaruh yang signifikan terhadap kualitas layanan keperawatan dan tidak mampu memediasi pengaruh pelatihan maupun kompetensi terhadap kualitas layanan. Temuan ini mengindikasikan bahwa peningkatan kualitas layanan keperawatan lebih banyak ditentukan oleh penguatan kemampuan teknis, kompetensi klinis, dan perilaku profesional perawat dibandingkan oleh tingkat komitmen organisasi. Oleh karena itu, strategi peningkatan mutu layanan keperawatan perlu diarahkan pada

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pengembangan kompetensi dan pelatihan yang berkelanjutan guna mendukung kinerja perawat dalam memberikan pelayanan yang optimal, aman, dan berkualitas kepada pasien.

Kata kunci: Pelatihan, Keperawatan, kompetensi, Kualitas Pelayanan, Komitmen Organisasi

INTRODUCTION

In recent years, healthcare organizations have experienced increasing pressure to improve service quality while simultaneously ensuring patient safety and operational efficiency. Global healthcare systems are facing growing expectations from patients, governments, and accreditation institutions to deliver services that are responsive, evidence-based, and patient-centered. Hospitals are therefore required to strengthen the capability of their human resources, particularly nurses who represent the largest professional workforce in healthcare organizations. In critical care environments, nursing performance directly influences treatment outcomes, patient satisfaction, and organizational reputation.

The Emergency Department represents one of the most challenging hospital units because nurses are required to manage unstable patients, respond rapidly to changing conditions, and collaborate effectively with multidisciplinary teams. Such responsibilities require not only technical competence but also continuous professional development through training activities. The dynamic nature of healthcare technology and evolving clinical guidelines further emphasize the importance of updating nurses' knowledge and skills. Consequently, hospitals must invest in sustainable competency development programs.

From the perspective of human resource management theory, employee development is considered an essential strategic instrument for achieving organizational performance. Training enhances employees' knowledge and capabilities, while competency reflects the ability to apply knowledge and professional attitudes in performing tasks. Previous studies have consistently demonstrated that investment in employee development contributes to improved performance and service outcomes. Nevertheless, the mechanism through which training and competence influence service quality remains a subject of continuing discussion, especially regarding the role of organizational commitment.

Organizational commitment has long been recognized as an important determinant of employee behavior. Employees with strong commitment are generally more willing to contribute to organizational goals, maintain loyalty, and demonstrate positive work attitudes. However, empirical findings regarding the impact of commitment on healthcare service quality remain inconsistent. In highly demanding environments such as emergency units, technical readiness and clinical competence may become more dominant determinants than psychological attachment alone.

The quality of healthcare services is one of the main indicators of a hospital's success in carrying out its functions of service, education, and patient safety. Service quality in this study is understood in line with national indicators of healthcare quality, which emphasize effective, safe, patient-centered, timely, efficient, equitable, and integrated services (Ministry of Health of the Republic of Indonesia, 2022). In the hospital context, quality is understood not only as meeting administrative standards but also as the organization's

ability to provide safe, appropriate, responsive, humane, and patient-oriented services. Demands for quality are becoming increasingly important in high-risk care units, one of which is the Emergency Department. This unit handles patients with critical conditions, organ dysfunction, dependence on assistive devices, and requires continuous monitoring. Therefore, the quality of nursing services in the Emergency Department has direct consequences for patient safety, the effectiveness of interventions, family satisfaction, and the hospital's reputation.

Emergency Department nurses have different work characteristics than nurses in regular care units. They not only perform basic nursing care but also must understand hemodynamic monitoring, ventilator use, high-risk medication administration, infection prevention, communication with families of emergency and critically ill patients, and rapid coordination with physicians and other healthcare professionals. This requires structured emergency nursing training and adequate clinical competency. Without robust training and competency, nurses are more prone to errors, experience doubt in decision-making, and struggle to maintain consistent service quality.

Emergency nursing training is a crucial human resource development strategy. This aligns with the Ministry of Health's (2018) view that healthcare worker training needs to be based on competencies, adult learning principles, and hands-on practice to meet service needs. Training enables nurses to acquire updated knowledge, technical skills, procedural understanding, and prepare them for complex clinical situations. Training relevant to the needs of the Emergency Department can enhance nurses' ability to provide rapid, appropriate, and safe interventions. Furthermore, training can strengthen self-confidence and job readiness, providing nurses with the necessary skills to meet the demands of the service unit.

In addition to training, nurse competence is a crucial factor in determining service quality. Yulia Andriani and Djamil (2017) emphasized that healthcare worker competence is related to service quality, primarily through knowledge, skills, and professional attitudes. Competence encompasses knowledge, skills, attitudes, communication skills, responsibility, and the ability to apply professional standards in daily practice. In the Emergency Department, competence is not simply understood as the ability to perform technical actions, but also as the capacity to think critically, recognize changes in patient conditions, work in teams, adhere to safety standards, and maintain ethical service. The higher the nurse's competence, the greater the opportunity to create safe, accurate, and high-quality services.

However, improving service quality is not always determined solely by technical factors. Robbins and Judge (2015) explain that organizational commitment is an employee's attachment to the organization, which can influence work behavior, loyalty, and willingness to contribute. In organizational behavior theory, organizational commitment is often viewed as a psychological factor that motivates employees to perform better, be loyal, and be willing to contribute to the organization. Nurses with high commitment are expected to feel a sense of belonging to the hospital, understand the organization's vision, and demonstrate work behaviors that support service quality. Therefore, organizational commitment is often positioned as a variable that can strengthen the relationship between training, competence, and service quality.

However, several studies have shown that organizational commitment does not always significantly influence service quality. Yulia Andriani and Djamil (2017) found that organizational commitment did not significantly influence the quality of healthcare services. Anggoro's (2022) findings also indicate inconsistent effects of training on service

quality, so the relationship between these variables remains relevant for further study. In high-pressure work environments such as the Emergency Department, commitment can be hampered by workload, emotional exhaustion, role conflict, technological pressure, noise, and lack of organizational support. This means that nurses may have formal loyalty or attachment to the organization, but challenging working conditions may prevent this commitment from being strong enough to directly improve service quality.

Based on this background, this study aims to analyze the influence of emergency nursing training and nurse competency on the quality of nursing services in the Emergency Department of Karsa Husada Hospital, and to test whether organizational commitment can act as a mediating variable. This focus is important because hospitals need an empirical basis for designing strategies to improve the quality of emergency nursing services. This study also contributes to the development of hospital management studies, particularly regarding the relationship between human resource development, clinical competency, organizational behavior, and service quality.

Based on the empirical evidence presented in the previous section, the following hypotheses are proposed to examine the relationships among the study variables. Emergency nursing training is an essential human resource development strategy that enhances nurses' clinical knowledge, technical skills, and decision-making abilities, enabling them to deliver safe, timely, and patient-centered care in high-risk clinical environments. Continuous training improves nurses' preparedness to manage emergency cases, strengthens adherence to evidence-based clinical protocols, and reduces the likelihood of medical errors, thereby improving the overall quality of nursing services. Empirical evidence consistently supports this relationship, indicating that training contributes to higher nursing competence, better clinical performance, and improved healthcare service quality across various healthcare settings.

H1: *Emergency nursing training has a positive effect on the quality of nursing services.*

Nurse competency reflects the integration of clinical knowledge, technical skills, critical thinking, communication, and professional attitudes required to deliver safe and effective nursing care. In Emergency Departments, competent nurses are better able to recognize changes in patients' conditions, make accurate clinical decisions, collaborate with multidisciplinary teams, and comply with patient safety standards, thereby improving the quality of nursing services. Previous empirical studies consistently demonstrate that higher nursing competency contributes to better service quality, patient satisfaction, and clinical outcomes, indicating that competency is a fundamental determinant of healthcare quality.

H2: *Nurse competency has a positive effect on the quality of nursing services*

Emergency nursing training is not only intended to improve nurses' clinical competence but also represents an organizational investment in employee development that fosters reciprocal attitudes and strengthens organizational commitment. According to the **Social Exchange Theory**, employees who perceive that their organization provides opportunities for learning and professional development are more likely to reciprocate with greater loyalty, emotional attachment, and willingness to contribute to organizational goals. Empirical evidence consistently demonstrates that training and development positively influence organizational commitment because employees perceive training as a form of organizational support that enhances both their professional growth and career prospects.

H3: *Emergency nursing training has a positive effect on organizational commitment.*

Nurse competency reflects the knowledge, clinical skills, professional attitudes, and ethical standards that enable nurses to perform their responsibilities effectively. From the perspective of the Human Capital Theory, employees who possess higher competencies tend to experience greater self-efficacy, professional confidence, and recognition from their organizations, which can strengthen their emotional attachment and commitment. Empirical studies have reported that competent nurses are more likely to demonstrate stronger organizational commitment because they are better able to adapt to organizational demands, achieve higher job performance, and perceive greater opportunities for professional growth. Therefore, competency is expected to contribute positively to organizational commitment, although the strength of this relationship may vary depending on organizational support and work environment conditions.

H4: *Nurse competency has a positive effect on organizational commitment.*

Organizational commitment reflects employees' psychological attachment to their organization, characterized by loyalty, identification with organizational goals, and willingness to exert extra effort in performing their responsibilities. According to the Social Exchange Theory and Three-Component Model of Organizational Commitment, nurses with stronger organizational commitment are more likely to demonstrate discretionary behaviors, maintain high professional standards, and provide patient-centered care that enhances service quality. Although several studies have reported inconsistent findings in healthcare settings, the majority of empirical evidence suggests that committed healthcare professionals tend to exhibit better service performance, higher patient satisfaction, and greater compliance with clinical standards. Therefore, organizational commitment is expected to positively influence the quality of nursing services.

H5: *Organizational commitment has a positive effect on the quality of nursing services.*

METHODS

This study used a quantitative approach with an explanatory research design. This design was chosen because the study aimed to explain the causal relationship between variables: emergency nursing training, nurse competence, organizational commitment, and the quality of nursing services. The research location was adjusted to the Emergency Department of Karsa Husada Hospital.

The study population was nurses working in the Emergency Department of Karsa Husada Hospital. The sample was selected using a purposive sampling technique. Data were collected using a closed-ended questionnaire with a Likert scale of 1–5. Data analysis was performed using Partial Least Squares-Structural Equation Modeling (PLS-SEM).

Table 1. Operational Definition of Variables

Variables	Indicator	Example of Statement	
		Item	Source
Emergency Nursing Training (X1)	Andragogy principles; competency-based; learning by doing	Participants are given the opportunity to express their opinions; the training material is complete and meets job requirements; training improves accuracy; practice/role play is accompanied by a competent mentor.	Ministry of Health (2018)

Variables	Indicator	Example of Statement	
		Item	Source
Nursing Competence (X2)	Attitude; ability/skill; knowledge	Discipline in nursing actions; open to discussion; have a competency certificate; work with a quality orientation; analyze before making decisions	Yulia Andriani & Djamil (2017)
Organizational Commitment (Z)	Affective; normative; ongoing commitment	Feeling of belonging to the organization; adhering to the organization's values and rules; having loyalty to the hospital	Robbins & Judge (2015)
Quality of Nursing Services (Y)	Effective; safe; patient-centered; timely; efficient; equitable; integrated	Service meets standards; patient safety is considered; service is timely; documentation/medical records are complete	Ministry of Health of the Republic of Indonesia (2022)

FINDINGS AND DISCUSSION

Measurement Model Evaluation

Before testing the structural relationships among variables, it is necessary to evaluate the quality of the measurement model to ensure that the indicators are capable of representing their respective latent constructs. In PLS-SEM, the adequacy of the measurement model is commonly assessed through convergent validity and reliability analysis. High validity and reliability indicate that the constructs used in the study are able to accurately and consistently explain the phenomena being investigated.

Table 2. Convergent Validity Test Results: Outer Loading

Indicator	Training (X1)	Competence (X2)	Commitment (Z)	Service Quality (Y)
X1.1	0.939			
X1.2	0.958			
X1.3	0.954			
X2.1		0.916		
X2.2		0.925		
X2.3		0.884		
Z1.1			0.921	
Z1.2			0.926	
Z1.3			0.911	
Y1.1				0.916
Y1.2				0.915
Y1.3				0.860
Y1.4				0.732
Y1.5				0.877
Y1.6				0.825

Indicator	Training (X1)	Competence (X2)	Commitment (Z)	Service Quality (Y)
Y1.7				0.809

Primary resourced 2026

AVE Value: Emergency Nursing Training = 0.903; Nurse Competence = 0.825; Organizational Commitment = 0.846; Nursing Service Quality = 0.722. All constructs were declared valid and reliable.

Table 4. Results of Construct Reliability Test

Variables	Cronbach's Alpha	Information
Emergency Nursing Training	0.946	Reliable
Nursing Competence	0.895	Reliable
Organizational Commitment	0.909	Reliable
Quality of Nursing Services	0.935	Reliable

Primary resourced 2026

Table 5. Model Fit Test Results

Parameter	Criteria	Mark	Information
SRMR	< 0.10	0.061	Fit
d_ULS	> 0.05	0.510	Fit
d_G	> 0.05	0.661	Fit
Chi-square	X^2 statistic > X^2 table	345,187 > 47,399	Fit
NFI	Approaching 1	0.818	Fit
GoF	0.36 = strong	0.728	Strong
Q ² Organizational Commitment	Predictive relevance	0.771	Strong
Q ² Quality of Nursing Services	Predictive relevance	0.719	Strong

Table 6. Results of Direct Path Analysis

Relationship between variables	Original Sample	Sample Mean	STDEV	T-statistics	P-value	Note
Training Kep. → LP Quality	0.915	0.920	0.123	7,415	0,000	Proven
Competence Per. → LP Quality	0.407	0.406	0.124	3,275	0.001	Proven
Training Kep. → Org. Commitment	0.495	0.495	0.124	3,994	0,000	Proven
Competence Per. → Commitment Org.	0.080	0.082	0.116	0.690	0.490	Not proven
Organizational Commitment → LP Quality	-0.151	-0.156	0.094	1,617	0.106	Not proven

Primary resourced 2026

Table 7. Results of Indirect Path Analysis

Mediation Relationship	Original Sample	Sample Mean	STDEV	T-statistics	P-value	Note
Training Head → Organizational Commitment → LP Quality	-0.075	-0.080	0.057	1,324	0.186	Not proven
Competence Per. → Commitment Org. → Quality LP	-0.062	-0.061	0.040	1,530	0.126	Not proven

Primary resourced 2026

The analysis results show that emergency nursing training has a positive and significant effect on the quality of nursing services. The path coefficient value is 0.777 with a t-statistic of 6.349 and a p-value of 0.000. These results indicate that the better the emergency nursing training received by nurses, the higher the quality of services provided. The effect size for this path also indicates a very large influence, making training a dominant factor in improving service quality.

Nurse competence also has a positive and significant impact on the quality of nursing services. The path coefficient is 0.436, with a t-statistic of 4.115 and a p-value of 0.000. This finding indicates that nurses with better competence tend to provide higher-quality services. Competence is a crucial factor because the Emergency Department requires technical skills, precise actions, and rapid decision-making.

Emergency nursing training has been shown to have a positive and significant effect on organizational commitment. The path coefficient was 0.432, with a t-statistic of 3.643 and a p-value of 0.000. This means that training not only improves technical skills but also strengthens nurses' attachment to the organization. Training can be perceived as a form of organizational attention to employee development, thus fostering a sense of appreciation and belonging.

Unlike training, nurse competence did not significantly influence organizational commitment. The path coefficient was 0.080, with a t-statistic of 0.690 and a p-value of 0.490. These results indicate that greater nurse competence does not necessarily equate to higher organizational commitment. Competence better reflects an individual's professional capacity, while organizational commitment is more influenced by psychological and work environment factors such as fairness, rewards, leadership, workload, and organizational climate.

Organizational commitment did not significantly influence the quality of nursing services. This finding aligns with Yulia Andriani and Djamil (2017) who found that organizational commitment did not significantly influence the quality of healthcare services, although it differs from Saat (2015) who found an effect of commitment on hospital service quality. The path coefficient value showed a negative direction of -0.151 with a t-statistic of 1.617 and a p-value of 0.106. These results indicate that organizational

commitment in this study has not been able to directly drive improvements in service quality. In other words, nurses' attachment to the organization is not strong enough to explain variations in service quality if it is not supported by technical factors, work systems, and work environment conditions.

The results of the mediation test showed that organizational commitment did not mediate the effect of emergency nursing training on the quality of nursing services. The indirect effect coefficient value was -0.075 with a t-statistic of 1.324 and a p-value of 0.186. Organizational commitment also did not mediate the effect of nurse competence on the quality of nursing services, with a coefficient of -0.062, a t-statistic of 1.530, and a p-value of 0.126. Thus, the relationship between training and competence on service quality is stronger directly than through organizational commitment.

The research findings indicate that emergency nursing training is the most powerful factor in improving the quality of nursing services in the Emergency Department of Karsa Husada Hospital. These results align with those of Sudrajat and Framesthi (2024), Kusumawardani et al. (2024), and Maelani et al. (2024), who demonstrated that nursing training contributes to improved service quality. This finding is logical because Emergency Department services are highly dependent on the technical and clinical readiness of nurses. Emergency Department nurses must be able to quickly assess changes in patient conditions, understand medical device parameters, implement safety procedures, and respond to emergency situations. Training provides the knowledge and skills necessary to perform these tasks.

The powerful influence of training on service quality can be explained through three main mechanisms. First, training improves clinical knowledge. Nurses who undergo intensive training gain a better understanding of emergency and critical care patient management, mechanical ventilation, hemodynamic monitoring, infection prevention, and nursing documentation. This knowledge helps nurses understand the rationale behind each action, rather than simply following a routine. Second, training improves technical skills. Emergency departments (EDs) have complex equipment and procedures. Small errors in equipment use, medication administration, or patient monitoring can have serious consequences. Through training, nurses can practice systematically, understand standard procedures, and improve the accuracy of their actions. Strong technical skills will strengthen service reliability and reduce the risk of errors. Third, training increases confidence and job readiness. Nurses who have received training tend to be better prepared to deal with rapidly changing patient conditions. This confidence is crucial because the Emergency Department often demands quick decisions and team coordination. A hesitant nurse can slow down the service response, while a well-trained nurse is better able to act appropriately within their authority.

In the context of Karsa Husada Hospital, these results convey a managerial message that training should not be viewed as merely an administrative activity to fulfill certification requirements. Training should be designed as a quality improvement strategy. This means that hospitals need to conduct a training needs analysis based on competency gaps, patient case types, technological developments, and quality indicator achievements. Training should also be followed by a post-training evaluation to ensure that the knowledge gained is truly applied in practice. These findings also emphasize the importance of ongoing training. In emergency care, knowledge and technology evolve rapidly. Nurses who have completed training several years previously still need to update their competencies. Therefore, hospitals need to develop a system of periodic training,

refresher training, case simulations, skills audits, and incident-based learning from patient safety.

Nurse competence has been shown to have a positive and significant impact on service quality. This finding supports Etlidawati and Setiyani (2021), Yulia Andriani and Djamil (2017), and Maelani et al. (2024), who demonstrated that nurse or healthcare worker competence is related to service quality. This finding reinforces the view that the quality of nursing services is highly dependent on the quality of human resources. Competence enables nurses to provide care appropriately, safely, and according to standards. In the Emergency Department, competence is a key foundation because patients are vulnerable and require close monitoring.

Nursing competencies encompass cognitive, psychomotor, and affective aspects. Cognitive aspects relate to knowledge of patient conditions, clinical procedures, medications, and safety standards. Psychomotor aspects relate to skills in performing nursing procedures, using equipment, and conducting clinical observations. Affective aspects relate to professionalism, empathy, discipline, communication, and responsibility. These three aspects must be present in balance to improve service quality. The influence of competence on service quality can also be understood from the characteristics of Emergency Department work. Emergency Department nurses do not work in static situations. A patient's condition can change within minutes. Competent nurses are able to recognize danger signs, report changes in condition appropriately, and take initial action according to procedure. This competence accelerates service response and improves patient safety.

Furthermore, competence is related to the quality of communication. In the Emergency Department, interprofessional communication and communication with patients' families are crucial. Competent nurses are able to convey information clearly, perform patient handovers effectively, and avoid miscommunication. The quality of care is determined not only by clinical actions but also by how information is conveyed and coordinated.

These findings imply that Karsa Husada Hospital needs to establish a measurable competency management system. Nurse competency cannot be assessed solely on length of service or formal education. The hospital needs a competency map, competency standards per unit, periodic assessments, and a clear credentialing mechanism. This way, nurse placement in the Emergency Department is truly based on capabilities commensurate with the risks of the service.

Emergency nursing training has a positive and significant effect on organizational commitment. These results align with those of Al-Refaei et al. (2021), Faisal and Murkhana (2019), and Carmiasih and Fitriaty (2022), who identified training as a form of organizational support that can strengthen employee commitment. These findings suggest that nurses perceive training as a form of organizational support. When hospitals provide relevant training, nurses feel cared for, developed, and given opportunities to improve their capacities. These feelings can strengthen emotional attachment to the organization. Training can also increase commitment by providing role clarity. Nurses who understand their duties and work standards tend to be more confident in carrying out their work. This clarity can reduce anxiety and increase feelings of job security. When organizations help employees understand and master their jobs, they are more likely to demonstrate loyalty and a willingness to contribute. However, the impact of training on organizational commitment should not be interpreted simply. Training will increase commitment if

nurses see a connection between training, career development, rewards, and improved working conditions. If training is merely mandatory without follow-up, its impact on commitment may be weakened. Therefore, training needs to be integrated with career systems, performance appraisals, and competency-based rewards.

The results of the study indicate that nurse competence does not significantly influence organizational commitment. This finding differs from common assumptions in organizational behavior, but can still be explained by Robbins and Judge's (2015) view that organizational commitment is more influenced by work experience, organizational support, fairness, and emotional attachment, rather than solely the individual's professional capacity. This finding is interesting because theoretically, competence is often assumed to increase self-confidence and work engagement. However, the results of the study indicate that high competence does not automatically make nurses more committed to the organization.

There are several possible explanations. First, competence is a professional asset inherent in an individual, while organizational commitment relates to the psychological relationship between the individual and the organization. Competent nurses may feel pride in their profession, but this professional pride does not necessarily equate to loyalty to the hospital. If the organization does not provide support, recognition, or a positive work climate, competence can actually lead nurses to have higher expectations of the organization. Second, competent nurses often have greater workloads and responsibilities. They may serve as referrals for colleagues, be more frequently involved in difficult cases, or be given additional responsibilities. If this workload is not balanced with recognition and support, competence does not increase commitment and can even lead to burnout. Third, organizational commitment is more influenced by managerial factors such as leadership, organizational justice, internal communication, welfare, career paths, and recognition. Therefore, improving competency needs to be accompanied by organizational policies that maintain nurse motivation and engagement. Organizational commitment did not significantly impact the quality of nursing services. In fact, the coefficient trended negatively. This finding is important for the discussion because it contradicts the common assumption that highly committed employees provide better service.

In the context of the Emergency Department, service quality is largely determined by technical proficiency, procedural adherence, physical readiness, and work coordination. Psychological organizational commitment is insufficient if it doesn't translate into concrete work behaviors. A nurse can feel loyal to an organization, but if they experience fatigue, work stress, role conflict, or lack of support, service quality can still decline. Emergency Department conditions have many factors that can weaken the impact of commitment to service quality. High workloads, emergency and critical patients, family demands, infection risks, the use of sophisticated equipment, medical alarms, noise, and documentation requirements can all lead to emotional exhaustion. Emotional exhaustion deprives nurses of the energy to provide optimal care despite their commitment to the organization.

Furthermore, technostress can be a inhibiting factor. Emergency departments utilize complex medical technology. Nurses must understand ventilators, monitors, syringe pumps, infusion pumps, and other supporting equipment. If technological updates are not accompanied by training and technical support, organizational commitment is insufficient to ensure quality service. In such circumstances, technical competence is more important than emotional attachment to the organization. These findings don't mean that organizational commitment is unimportant. Commitment remains necessary, but it must

be supported by a work system that enables it to translate into quality service behaviors. Hospitals need to build a healthy organizational climate, supportive leadership, equitable workload distribution, performance rewards, and a culture of patient safety. Without such support, commitment can remain an attitude rather than an action.

The results of the study indicate that organizational commitment does not mediate the effect of emergency nursing training on the quality of nurse services. This finding differs from Kurniasari et al. (2018) and Faisal and Murkhana (2019) who positioned organizational commitment as a mediating variable, but aligns with Yulia Andriani and Djamil (2017) who demonstrated a weak role of organizational commitment in explaining service quality. Training had a strong direct effect on service quality, but the indirect pathway through organizational commitment was insignificant. This means that the benefits of training on service quality are more due to increased knowledge, skills, and work readiness, rather than because the training first increases organizational commitment.

These findings are important for hospital management. If the primary goal of a hospital is to improve the quality of Emergency Department services, then training should be directed at improving clinical skills and standards compliance. While training can increase commitment, commitment is not necessarily the primary mechanism explaining quality improvement. Therefore, indicators of training success should be measured not only by participant satisfaction or a sense of belonging to the organization, but also by changes in work behavior, procedural compliance, and achievement of quality indicators.

Organizational commitment also did not mediate the effect of nurse competence on service quality. Competence directly impacted service quality, but not through organizational commitment. This suggests that competence operates as a professional capacity that directly influences the quality of care. Competent nurses can provide quality care because they possess knowledge and skills, not because their competence makes them more committed to the organization.

The failure of organizational commitment as a mediator can be explained by the presence of other, more dominant factors. In the Emergency Department, service quality can be more influenced by clinical supervision, operational standards, safety culture, workload, equipment availability, team communication, and unit leadership. Organizational commitment will only come into play if these factors are supportive. Thus, the service quality improvement model at Karsa Husada Hospital should not only emphasize employee loyalty but also strengthen the competency system, training, supervision, and work environment. Organizational commitment needs to be managed as part of the quality ecosystem, not as the sole driver of quality.

Theoretically, this study reinforces the understanding that training and competence are important determinants of the quality of emergency nursing services. It also shows that organizational commitment does not always act as a mediator in the relationship between human resource development and service quality. These findings enrich the study of hospital management because they demonstrate that in high-risk units such as the Emergency Department, technical factors and professional competence can outweigh organizational attitudes. Practically, this research has several implications for Karsa Husada Hospital. First, the hospital needs to maintain and improve its needs-based emergency nursing training program. Training should be structured based on an analysis of competency gaps, clinical risks, and suboptimal quality indicators. Second, the hospital needs to establish a system for periodically evaluating nurse competency. This evaluation

can be conducted through skills testing, practice observations, documentation audits, case simulations, and clinical performance assessments.

Third, hospitals need to improve organizational factors that prevent commitment from impacting service quality. This can be achieved through strengthening unit leadership, internal communication, fair distribution of tasks, performance rewards, work stress management, and psychological support for Emergency Department nurses. Fourth, hospitals need to ensure that training and competency are linked to career and reward systems. Nurses who improve their competency need to receive clear recognition so that self-development is not perceived as merely an additional burden .

The findings of this study also have broader implications for hospital management and human resource development. The strong influence of training and competence on service quality confirms the resource-based view, which argues that organizational competitiveness depends largely on the quality of human resources. In healthcare organizations, nurses constitute strategic assets whose capabilities determine service excellence. Therefore, investment in training should be viewed as a long-term strategy rather than a short-term administrative requirement.

Another important aspect concerns patient safety culture. Quality nursing services are closely associated with the ability of healthcare professionals to prevent adverse events and maintain compliance with clinical standards. Competent nurses are more capable of identifying risks, implementing evidence-based practices, and ensuring continuity of care. Consequently, strengthening competencies contributes not only to service quality but also to patient safety and organizational sustainability. The insignificant role of organizational commitment indicates that psychological attachment alone may not be sufficient to improve service quality in high-pressure healthcare settings. Emergency Department nurses often experience emotional exhaustion, time pressure, and increasing documentation burdens. Under these circumstances, commitment requires support from leadership, teamwork, and adequate organizational resources. Hospitals should therefore adopt a holistic approach by integrating competency development with supportive work environments and employee well-being.

These findings also suggest that future hospital policies should focus on establishing competency-based human resource systems. Recruitment, placement, promotion, and performance appraisal should be aligned with competency standards. Such systems will enable hospitals to maintain service consistency and ensure that nurses possess the required capabilities to respond effectively to complex patient conditions. From a theoretical perspective, the results contribute to the literature on human resource management and healthcare quality by demonstrating that technical and professional factors may outweigh attitudinal variables in determining service outcomes. This evidence provides additional support for competency-based management approaches in healthcare institutions and highlights the contextual nature of organizational commitment.

Future studies are encouraged to include other variables that may influence service quality, such as leadership style, job satisfaction, burnout, work engagement, organizational culture, and patient safety climate. Longitudinal designs and comparative studies across different hospital settings may also provide deeper understanding regarding the mechanisms underlying service quality improvement

CONCLUSION

This study concluded that emergency nursing training had a positive and significant effect on the quality of nursing services in the Emergency Department of Karsa Husada Hospital. Nurse competence also had a positive and significant effect on the quality of nursing services. Emergency nursing training had a significant effect on organizational commitment, but nurse competence did not. Organizational commitment did not significantly influence the quality of nursing services and was unable to mediate the effects of training or competence on service quality.

These findings suggest that improving the quality of Emergency Department nursing services is more effective through strengthening training and direct clinical competency. Organizational commitment remains crucial, but it needs to be supported by an adequate work climate, leadership, rewards, and quality systems to translate into quality service behavior. Karsa Husada Hospital is advised to develop ongoing training programs, periodic competency assessments, clinical supervision, and strategies for managing the workload and emotional exhaustion of Emergency Department nurses

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