

DETERMINANTS OF NURSING PERFORMANCE IN SANDI KARSA HOSPITAL, MAKASSAR CITY, INDONESIA

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ABSTRACT

Nursing performance is an aspect that demonstrates the fulfillment of a nurse's duties and responsibilities. This study aimed to analyze the determinants of nurse performance in Sandi Karsa Hospital Makassar City. This is a quantitative research using a cross-sectional study design. The sample consisted of 93 nurses collected through exhaustive sampling method. Data collection was performed using questionnaire instruments and analyzed using chi-squared and multiple linear regression tests. The results showed that there was a relationship between skills ($p=0.024$), compensation ($p=0.005$), workload ($p<0.001$), job design ($p=0.020$) and knowledge ($p<0.001$) with the performance of nurses in performing nursing care. Meanwhile, there was no relationship between attitude and performance of nurses ($p=1.000$). Workload had the most influence on nurses' performance ($B=2.729$; $SE=0.743$; $Exp(B)=15.322$; $p<0.001$). This study concludes that some factors are associated with nurses' performance, with workload being the most determining factor.

KEYWORDS

performance, nurses, attitude, skills, compensation, workload, job design, knowledge.

INTRODUCTION

The quality of healthcare services in hospitals is significantly determined by the healthcare workforce [1–3]. In this context, nurses are the most dominant [4]. Data from the Ministry of Health of the Republic of Indonesia showed that the number of health human resources (HRH) in hospitals in 2023 was 817,145 personnel, the largest proportion of which are nurses (i.e. 65.3% or about 533,796 personnel). Nurses

play a very important role because of their intensive and continuous interaction with patients [5,6]. They are also responsible for providing comprehensive care to patients [7, 8].

The Indonesian National Nurses Association (PPNI) states that the evaluation of nurses' performance can be assessed by their adherence to the nursing care process or the so-called ASKEP (asuhan keperawatan), which consists

of assessment, nursing diagnosis, intervention, implementation, and evaluation [9–11]. Therefore, they must also be accompanied by a good level of qualification and excellent performance [12]. The performance of qualified nurses is reflected in the care they provide to patients [13,14]. Good nursing performance plays a key role in creating a positive image of the hospital in the community and contributes to the achievement of organizational goals, one of which is to improve the health status of the community [15,16].

A study in one of the private hospitals in East Java showed that nurses' performance evaluation received 55% of the patients' dissatisfaction [17]. Research has also been conducted on similar issues. These examined the factors that may affect the dissatisfaction and found that several factors such as attitudes, skills, compensation, workload, job design, and knowledge are associated and affect nurses' performance [18–26].

According to the above report, a preliminary observation was conducted in Sandi Karsa Hospital, Makassar City. Based on the observation of 87 care samples, there were 28 care documents (33.3%) that were still incomplete, which were validated by medical records staff. These incompletes dominated by nursing reports and concluded did not meet the established standards [27]. Furthermore, nurses' performance assessed with 13 performance evaluation indicators [28] resulted 74% still in quite good as well as 4.3% remain poor (data from January-March 2023). Some patients also complained about the unfriendly nurse, and the nurses' station is often empty. Therefore, dissatisfaction resulted higher and may affect the report of nurses' performance. This interesting preliminary finding should be investigated in depth to find out what factors are involved. However, there is no research conducted in this hospital to investigate the determinant that may contribute to this phenomenon.

Thus, this study objective is to analysis of the determinants of nursing performance in Sandi Karsa Hospital, Makassar City, Indonesia.

METHODS

STUDY DESIGN, LOCATION, AND PARTICIPANTS

This research is quantitative research with a cross-sectional study approach. The sample in this study were nurses who currently working at Sandi Karsa Hospital, Makassar City.

Inclusion criteria were nurses in charge of providing health services, with work experience ≥ 1 year, and willing to participate in the study. Meanwhile, the exclusion criteria were not on work leave or continuing education. The total population of nurses was 93 people. The exhaustive sampling method was used, which means that the entire population qualified to be enrolled as a sample.

INSTRUMENTS, PROCEDURES, AND ETHICAL CONSIDERATIONS

This research has received ethical approval number 6539/UN4.14.1/TP.01.02/2023. The participants would be asked to voluntarily participate in the research and signed written informed consent once they agreed.

The instrument used was the self-administered questionnaire consisting of a type of questions related to attitude, skills, compensation, workload, job design, and knowledge. Attitude means the views or feelings in the application of nursing care that nurses have in dealing with patients, such as greeting, being kind and friendly, and controlling patients' conditions (e.g., I greet patients before and after patient encounters; $\alpha=0.868$). Skills means the nurse's ability to perform the nursing process in terms of interviewing or communicating, conducting physical examinations, and making observations (e.g., I am able to act as a counselor for patients; $\alpha=0.838$). Compensation means something that nurses receive in return for their work, in this case the adequacy of the service money received, the receipt of benefits and insurance, and wages outside of reasonable working hours (e.g., The salary you receive is based on your workload; $\alpha=0.872$). Workload means the amount and complexity of work that nurses are expected to do in a given period of time, without being burdened by non-nursing tasks (e.g., I don't feel like I'm working under pressure; $\alpha=0.813$). Job design means the process of designing tasks and responsibilities to organize how nurses perform daily tasks (e.g., Work assignments from supervisors are very diverse/not monotonous; $\alpha=0.810$). Knowledge means the body of information held by nurses about nursing concepts, principles, and practices (e.g., In emergency management, airway, breathing, circulation, disability, and exposure are sequential in the primary assessment; $\alpha=0.602$). Nursing performance means the nursing care consists of assessing, diagnosing, planning, implementing, and evaluating the care provided to the patient and is fully documented.

The scale used a Likert scale from the lowest category "poor" to the highest category "very good". Each category

was rated from 1 (one) to 5 (five). The range "very mild - very overload" would be used for the workload variable.

STATISTICAL ANALYSIS

Data were analyzed using IBM SPSS for Windows, version 26.0 (IBM Corp., Armonk, NY, USA). The reliability test of the questionnaire was performed with Cronbach's alpha test. Univariate analyze for characteristic data using frequency (n) and percentage (%), bivariate analyze using chi-squared test, and multivariate analyze using multiple linear regression test. The test was considered significant if the p-value was <0.05 at the 95% confidence level.

RESULTS

Table 1 shows that the majority of participants were in the age group <30 years, with a total of 38 people (40.9%). Based on gender, 77 subjects (82.5%) were female. Based on marital status, 76 people (81.7%) were married. Based on education, most respondents were in Bachelor level (S1), which is 75 people (80.6%) and based on working duration, there were 66 people (71%) were employed for ≥2 years.

TABLE 1. CHARACTERISTICS OF RESPONDENTS

Characteristics	Frequency (n=93)	Percentage (%)
Age		
< 30 years	38	40.9
31-35 years	30	32.3
36-40 years	23	24.7
> 40 years	2	5.5
Sex		
Male	16	17.2
Female	77	82.5
Marriage status		
Married	76	81.7
Unmarried	17	18.3
Education		
Diploma/D3	12	12.9
Bachelor/S1	75	80.6
Postgraduate/S2	6	6.5
Being employed (duration)		
<2 years	27	29
≥2 years	66	71

TABLE 2. DISTRIBUTION OF RESPONDENTS ACCORDING TO THE DETERMINANT VARIABLES

Variables	Frequency (n=93)	Percentage (%)
Attitude		
Good	86	92.5
Poor	7	7.5
Skills		
Good	86	92.5
Poor	7	7.5
Compensation		
Good	79	84.9
Poor	14	15.1
Workload		

Mild	74	79.6
Overload	19	20.4
Job design		
Good	84	90.3
Poor	9	9.7
Knowledge		
Good	71	76.3
Poor	22	23.7
Nurses' Performance		
Good	65	69.9
Poor	28	30.1

Table 2 shows that most nurses have a good attitude in providing nursing care (92.5%), the skills are mostly in the good category (92.5%), the compensation provided by the hospital is good (84.9%). Most nurses feel that the workload in the hospital is in the mild category (79.6%), the job design in the hospital is good (90.3%), the knowledge is mostly in the good category (76.3%), and the performance of nurses were mostly complete, so that the majority of the performance of nurses was in the good category (69.9%). Table 3 shows that there was a relationship between skills (p=0.024), compensation (p=0.005), workload (p<0.001),

job design (p=0.020) and knowledge (p<0.001) with nurses' performance in providing nursing care. Meanwhile, there was no relationship between nurses' attitude and performance (p=1.000).

Table 4 shows that workload (p<0.001) and knowledge (p=0.001) factors have a significant effect on nurses' performance after controlling for all variables, with workload (B=2.729; SE=0.743; Exp (B)=15.322; p<0.001) having the greatest effect on the outcome.

TABLE 3. BIVARIATE ANALYSIS OF DETERMINANTS OF NURSE PERFORMANCE

Variables	Nurses' performance				p-value
	Good		Poor		
	n	%	n	%	
Attitude					
Good	60	69.8	26	30.2	1.000
Poor	5	71.4	2	28.6	
Skills					
Good	63	73.3	23	26.7	0.024
Poor	2	28.6	5	71.4	
Compensation					
Good	60	75.9	19	24.1	0.005
Poor	5	35.7	9	64.3	
Workload					
Mild	61	82.4	13	17.6	<0.001

Overload	4	21.1	15	78.9	
Job design					
Good	62	73.8	22	26.2	0.020
Poor	3	33.3	6	66.7	
Knowledge					
Good	58	81.7	13	18.3	<0.001
Poor	7	31.8	15	68.2	

TABLE 4. LOGISTIC REGRESSION MULTIVARIATE ANALYSIS OF THE MOST INFLUENTIAL VARIABLES ON NURSES' PERFORMANCE

Variables	B	S.E.	Wald	df	Sig.	Exp (B)
Skills	0.467	1.144	0.167	1	0.683	1.596
Compensation	0.677	0.859	0.621	1	0.431	1.967
Workload	2.729	0.743	13.501	1	<0.001	15.322
Job design	0.965	1.085	0.791	1	0.374	2.625
Knowledge	2.207	0.675	10.709	1	0.001	9.092

DISCUSSION

However, the multivariate results showed that only workload and knowledge have significant effect on nurses' performance after adjustment. First, we would like to discuss about the most influential factors that is workload. In addition, we will also discuss the other significant factors. Nursing is one of the professions with the highest potential for stress associated with high workload due to the pressure of job demands [29]. It could be argued that workload is the most significant and influential determinant of nurses' performance. In general, workload is a set or a number of activities that must be completed by an individual or an organizational unit in a given period of time [30]. If the perceived workload is overload, it will affect nurses' performance even at a low level. The results of this study are consistent with previous studies [19,31], which found the significant relationship between workload and nurse performance in hospitals. In the current study, in accordance with hospital reports, some nurses feel burdened by non-nursing tasks that they are obliged to perform. In addition, many of them complained to their colleagues about late shift. As a result, it increases the potential of workload. Meanwhile, the nurse-to-patient ratio is still quite high at 1:5, which does not meet the rules of Permenkes RI Number 340 of 2010 [32].

Knowledge is also found as a determinant of nurses' performance, which is supported by previous findings [22,33]. Knowledge has an impact on the understanding of nurses in the practice of nursing. The better knowledge they have, the better performance they have done. According to Iqbal et al., they argue that knowledge is necessary to provide quality service and key factor to consider safety and care for health workers. Therefore, this finding proves that the effect of knowledge is significant to affect the nurses' performance [22].

Other factors including skill, compensation, and job design seem to show difference on the proportion associated with nurses' performance, which positively indicate that the good skill, compensation, and job design had or experienced by nurse can increase their performance. Although, in the current study did not show tremendous effect on nurses' performance. Some studies have revealed and supported the findings about the association between skill [33,34], compensation [24,35], and job design [36] with nurses' performance. The skill in nursing including practicing caring and professional counseling is needed by patients to get their safety and health [33,34]. This is very conclusive because nurse is always in patient's side while they get treatment in hospital. The work skills employed by a nurse enable him or her to perform the required work effectively

and efficiently. According to Istikomah et al. [39], expertise is a basic foundation for employee performance, where expertise is a part of skills. Compensation is the primary motivation that drives people to work [35] and is part of human resource (HR) management as a reward for work. Compensation can affect nurses' work and performance. The higher the compensation a nurse receives, the better the performance and vice versa [36]. In addition, job design is the process of determining the tasks, how the tasks are performed, and how the job relates to other jobs in the organization. Job design makes it easy for managers to determine a job for HR (i.e., nurse) [37]. Good job design will encourage employees (e.g., nurses) to enjoy work and increase their sense of responsibility to improve performance [38].

This study has limitations. This finding may not be assured to generalize to the whole hospital because the conditions may be different. However, we still believe that this finding can be a reference to perform research to seek more possibility of the nuance of determinants affecting nurses' performance. Meanwhile, the self-administered questionnaire could be led to bias information. Most of the respondents did not have much time to be interviewed due to their busy schedules, therefore, it is the best choice to collect the data. There was a briefing on how to fill the questionnaire, but let them fill without supervision, could be possible to error.

CONCLUSION

This study concludes that some factors are associated with nurses' performance including skills, compensation, workload, job design, and knowledge. Workload is the most determining factor affecting the nurses' performance. The knowledge could also be considered has more impact.

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