The Relationship between Motivation, Fatigue, and Workload on Nurse Performance in the Inpatient Room of Mother and Child Hospital (RSIA) Bunda Jakarta in 2019

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Abstract

Background: Based on performance appraisal data at RSIA Bunda Jakarta in 2016 shows that the percentage of nurses who have poor performance is 124 people (55.6%) and those who have good performance are 99 people (44.4%). And in 2017, it showed that the percentage of nurses who had poor performance was 64 people (36.2%), and those who had good performance were 113 people (63.8%). This study aimed to determine the relationship between motivation, fatigue, and workload on nurse performance in the Mother and Child Hospital Bunda Jakarta in February 2019. **Method:** Quantitative analytical research using a cross-sectional method. The sample in this study was 72 nurses in the inpatient ward of Mother and Child Hospital Jakarta. **Result:** The bivariate results showed that there was a significant relationship between motivation (p 0.001), fatigue (p 0.038), and workload (p 0.001). Multivariate results showed that motivation and workload were the most dominant variables related to nursing performance (P<0.005). The workload variable is the most dominant variable with the most considerable Exp (β) of 5.625. **Conclusion:** Two variables were significantly (dominantly) related to nurse performance, namely motivation and workload

Keywords: Fatigue; Motivation; Nurse performance; Workload

Introduction

In the 21st century, Indonesia is facing various changes and strategic challenges, both internal and external. External changes are the ongoing era of globalization marked by increased free competition, which requires all components of the nation to increase competitiveness (Trihono, 2005). multidimensional, covering political, economic, social, cultural, and security crises. Since the multidimensional crisis accompanied by reforms in various sectors of life, as well as the enactment of regional autonomy and the start of free trade (globalization), has dramatically affected the socio-economic life of society in general and hospital management in particular. Hospitals must prepare themselves by improving service quality, human resources (HR), and effectiveness and efficiency (Supriyanto, 2010).

Hospitals are complex institutions, so a modern service system management is needed for each work area or unit. The service system at each hospital needs to be reviewed to anticipate world-level competition (Meidian, 2012). Hospitals are required to provide quality services for consumers and customers. During this era of free competition, the primary key to increasing the competitiveness of the health service industry is service quality. By providing quality services, it is hoped that patient satisfaction will be achieved, marked by one of them reducing customer complaints and showing high hospital

performance (Supriyanto, 2010). The quality of health services in hospitals is strongly influenced by the quality of physical facilities, the types of staff available, medicines and medical devices, and the process of providing services.

Therefore the quality of these factors, including human resources and professionalism, must be equally improved for quality health services and equitable distribution of health services to be enjoyed by all levels of society (Bustami, 2011). Nurses are also the spearhead of whether the health services provided to patients are good because nurses constantly interact with patients 24 hours a day.

Good service is inseparable from the commitment of nurses to provide good service to patients (Kuntjoro, 2005). Quality and professional nursing services are targets to improve quality in hospitals. This can be achieved through good nurse performance. According to Wibowo (2007), performance results from work or work performance. Performance has a broader meaning, not only as a result of a job but also includes how the work process takes place.

Performance is the result of work that strongly relates to the organization's strategic goals and patient satisfaction and influences the contribution to the economy. Performance is about what is done and how to do it. A nurse's performance can be seen in the quality of nursing care given to patients. What is used as a reference in assessing the quality of nursing services is to use standard nursing practice. Nurses are the most numerous staff and have the most extended contact with patients, so the performance of nurses must continually be improved in providing nursing care (Nursalam, 2011).

The workload is the working conditions and job descriptions that must be completed within a specific time, Munandar (2005). Several aspects related to the workload are the number of patients to be treated, work capacity by the education obtained, the shifts used to carry out their duties according to working hours that take place every day, as well as the completeness of facilities that can help nurses complete their work correctly (Irwandy, 2007; Prihatini, 2007). RSIA Bunda Jakarta is a hospital engaged in services with a vision to make the hospital the leader in health services with high-quality services. There are health workers (nurses) providing optimal health services to patients who can affect the performance of nurses (health workers) at RSIA Bunda Jakarta. The hospital awards health workers because they are by the hospital's vision so that health workers have high motivation in providing optimal service to patients, which can affect the performance of nurses in the RSIA Bunda Jakarta Inpatient Room.

Based on performance appraisal data at RSIA Bunda Jakarta in 2016, the percentage of nurses with poor performance is 124 people (55.6%), and those with good performance are 99 people (44.4%). And in 2017, it showed that the percentage of nurses who had poor performance was 64 people (36.2%), and those who had good performance were 113 people (63.8%).

Methods

This study used a quantitative approach with a cross-sectional design. A cross-sectional design was chosen as the study design in this study because the measurements of the independent and dependent variables were carried out simultaneously.

Sample and Participants

The population in this study were all nurses in the 2019 Mother and Child Mother and Child Hospital Jakarta, collecting samples using a two-proportion difference population formula, resulting in 72 respondents to be sampled in this study.

Data Collection

This research was conducted at Mother and Child Mother Hospital Jakarta. The research was conducted in February 2019 by interviewing respondents and using questionnaires to obtain accurate data. In addition, researchers also obtained secondary data through profile data at Mother and Child Mother Hospital Jakarta.

Result

The statistical test used is the Chi-Square test with the aim of testing differences in proportions between several data groups between categorical variables.

Table 1. Bivariate Selection Results on Independent Variables Candidate Models with Nurse Performance Dependent Variables

Variable	Nilai P-value	Candidate
Age	0,628	-
Gender	1,000	-
Education Level	0,421	-
Marital Status	0,841	-
Service Level	1,000	-
Motivation	**0,001**	√
Work Fatigue	**0,038**	√
Workload	**0,001**	√

Based on the table above, it can be seen that the variables that are candidates as multivariate variables have a p-value <0.25, namely motivation, work fatigue, and workload.

Table 2. Initial Multivariate Model

Variable	P	B	Exp Value (B)
Motivation	0.014	1,501	4,486
Work Fatigue	1,000	0,000	1,000
Workload	0.006	1,727	5,626

The initial multivariate analysis model has been obtained based on the table above. One variable with a p-value <0.005, namely, work fatigue, is excluded from the model.

Table 3. Multivariate Analysis

Variable	P	B	PR Change (%)
Motivation	0.009	1,501	0,01
Work Fatigue	0.003	1,727	0,01

Based on the table above, after removing the work fatigue variable, it turns out that none of the variables experienced a change in PR value> 10%, so the work fatigue variable was permanently excluded.

Table 4. Multivariate Final Model

Variable	P	B	Exp Value (B)	R^2
Motivation	0.009	1,501	4,486	0,350
Work Fatigue	0.003	1,727	**5,625**	

Based on Table 4. shows that two variables are significantly (dominantly) related to the performance of nurses, namely motivation and workload (P <0.05). The workload variable is the most dominant variable with the most considerable Exp (β), which is 5.625, which means that respondents who have a high workload influence 5.625 times have low performance compared to respondents who have an intense workload after controlling for motivational variables. Based on the analysis conducted, the determinant coefficient (Negelkerke R Square) shows a value of 0.35, meaning that the regression

Discussion

Relationship Between Age and Nurse Performance

The results of the study showed that more respondents who had low nurse performance were respondents who were ≤ 30 years old (45.2%). Compared to respondents who are > 30 years old (36.7%). Statistical test results with the Chi-Square test obtained a p-value (0.628) > α (0.05), so it can be concluded that there is no significant relationship between age and nurse performance. Age is a demographic sub-variable that indirectly affects individual work behavior, but there is a belief that performance decreases with age (Gypson, 1996). Someone more mature tends to have the skills, abilities, and work performance compared to the age below (Soeprihanto, 2006). Increasing a person's age is often directly proportional to experience, improvement, and individual performance. And age will affect one's physical, mental, workability, and responsibility (Hasibuan, 2005).

Based on Kumaja (2014) showed a significant relationship between age and nurse performance. Age greatly influences performance in nursing practice, where the older the nurse is, the more responsible and experienced she is in accepting a job. Age will also increase the wisdom of a person's ability to make decisions, reason, control emotions, and tolerate the views of others. It affects the increase in performance.

Relationship Between Gender and Nurse Performance

The results showed that the respondents with low nurse performance were more male (50.0%) than female respondents (41.4%). Statistical test results with the Chi-Square test obtained a p-value (1.000) > α (0.05), so it can be concluded that there is no significant relationship between gender and nurse performance.

Gender has no significant difference in performance. The difference tends to be in the psychological factors of women who are different in obeying authority and men who tend to be more aggressive in rewarding success than women (Robbins, 2006). Research shows that men and women are equal in terms of learning abilities, memory, reasoning abilities, creativity, and intelligence. Although the research data results are conclusive, some researchers still believe there are differences in creativity, reasoning, and learning abilities between men and women. There is still debate about male and female differences in job performance, absenteeism, and turnover rates. The discussion on performance in work does not lead to conclusions. No supporting data suggests that men and women are better workers. Only in the field of absenteeism are differences often found. Women have a higher absenteeism rate. But pay more attention to children, the elderly, and sick partners in female predominance. The absenteeism rate is higher than for women due to their nurturing role (Gibson et al., 2008).

The Relationship Between Education Level And Nurse Performance

The results showed more respondents with a low nurse performance with a D3 education level (44.8%) than respondents with a Bachelor's education level (28.6%). The results of the statistical test using the Chi-Square test obtained a p-value (0.421) > α (0.05), so it can be concluded that there is no significant relationship between education level and nurse performance. Higher levels of education generally result in people being more capable and seeking to accept positions of responsibility (Gypson, 1996). Educational background will affect work motivation (Siagian, 1999). Hospital Administrative Management that problems in existing nursing services include the lack of nurses with higher education or adequate skills and career development problems for nurses, which can affect the work of nurses, which in turn causes not an optimal quality of nursing services.

Based on Kambuaya et al. (2016) showed a relationship between the educational level of nurses and the performance of nurses at the Sorong District General Hospital (P=0.01). Simorangkir, (2014) concluded that a formal educational background would affect nurses' knowledge in implementing patient safety goals. Non-formal education obtained through

outreach can also influence nurses' knowledge in implementing patient safety goals. The education that has been obtained is expected to make nurses competent. Competent nurses are nurses who must have good knowledge. Therefore, knowledge is a crucial thing that a nurse must own. A nurse who has good knowledge, the nurse is expected to be able to apply nursing care effectively and efficiently.

Relationship Between Marital Status and Nurse Performance

The study showed more respondents with low nurse performance (43.9%) than those with married status (38.7%). The results of the statistical test using the Chi-Square test obtained a value of p (0.841) > α (0.05), so it can be concluded that there is no significant relationship between marital status and nurse performance.

Marital status positively and negatively influences employee behavior in organizational life (Siagian, 1999). The research results consistently show that married employees are less absent, experience lower turnover, and are more satisfied with their work than unmarried colleagues. Thus, marital status influences behavior positively, namely having motivation and higher levels of job satisfaction. It is high and impacts employees with families having better performance than employees without families. Kumaja (2014) showed a significant relationship between age and the performance of nurses in the internal medicine inpatient room at Datoe Binangkang Hospital, Bolang Mongoncow Regency.

The Relationship Between Tenure With Nurse Performance

The results showed more respondents with low nurse performance (41.9%) than those with a long tenure (41.5%). The results of the statistical test using the Chi-Square test obtained a value of p (1.000) > α (0.05), so it can be concluded that there is no significant relationship between the length of service and nurse performance. Tenure is a variable that indirectly affects behavior and individual performance (Gipson, 1996). The results of other studies show a positive correlation between tenure and job satisfaction. Tenure consistently correlates negatively with absenteeism or the employee's family (Robbins, 2008). It can be concluded that senior employees tend to feel satisfied and pursue their jobs. In nursing, the longer a person works, the more skilled he is in dealing with problems.

Thus nurses who stay relatively long in a place will be more skilled than nurses with a shorter working period.

The length of tenure and experience in managing cases is also related to and affects one's skills. Developing behavior and attitudes in making decisions to carry out appropriate actions require work experience to lead to high self-confidence (Siagian, 1999).

Relationship Between Motivation and Nurse Performance

The results showed that more respondents had low nurse performance (60.5%) than respondents with high motivation (20.6%). The results of statistical tests with the Chi-Square test obtained a p-value (0.001) > α (0.05), so it can be concluded that there is a significant relationship between motivation and nurse performance. The results of further analysis obtained PR = 2.940 (95% CI: 1.448-5.970), meaning that respondents with low motivation are at risk of having low nurse performance by 2.940 times more significant than respondents with low motivation.

Motivation is a concept used to describe the drives that arise in or within an individual that drives and direct behavior. The idea of motivation is used to explain differences in the intensity of conduct and to indicate the direction of action. Managers prefer to motivate their employees positively to carry out their work, and motivated employees will produce high-quality work (Gibson et al., 2008). The research of Ramadini & Jasmita, (2015) shows a significant relationship between motivation and the performance of implementing nurses in the inpatient room of RSUD DR. Rasidin Padang.

In the hospital leadership process carried out by each head of the room, If each head of the room involves and motivates implementing nurses in achieving hospital goals, especially in improving nursing care services, it is expected that the performance of implementing nurses will be more optimal. Organizations reward employees to motivate their performance and encourage loyalty and retention. Organizational rewards take several forms: money (salary, bonus, incentives), rewards, and benefits (Luthans, 2006). The importance of work motivation in an organization to support health services provided to the community. Motivation is a psychological process that is very fundamental. Motivation is an important determinant of individual performance, and motivation is not the only determinant because there are other variables, such as effort, ability, and work experience (Winardi, 2011). It will be tough to deny that motivation is a critical process in satisfying various needs and guaranteeing the various interests of organizational members (Siagian, 2004).

The Relationship Between Work Fatigue and Nurse Performance

The results showed that more respondents had low nurse performance (55.9%) than respondents with low work fatigue (28.9%). Statistical test results with the Chi-Square test obtained a p-value (0.038) > α (0.05), so it can be concluded that there is a significant relationship between work fatigue and nurse performance. The results of further analysis obtained PR = 1.930 (95% CI: 1.080-3.451), meaning that respondents with high work fatigue risk having low nurse performance by 1.930 times greater than respondents with low work fatigue.

Rita (2004) said that a nurse must have expertise, knowledge, and high concentration in its roles and functions. In addition, a nurse is constantly faced with the demands of professional idealism and often faces various kinds of problems from both patients and colleagues. All of this can cause pressure on nurses, so they can quickly experience stress. Suppose the state of stress occurs over a long period with a reasonably high intensity characterized by physical exhaustion, emotional exhaustion, and mental fatigue. In that case, it will cause nurses to experience symptoms of work fatigue. Job burnout impacts reduced job satisfaction, worsened performance, and low productivity. Work fatigue can cause problems for organizations or companies because symptoms of work fatigue can appear in the form of decreased work commitment, frustration, decreased morale, turnover, and loss of individual dedication and creativity. The negative attitude towards work or organization that often appears is the loss of individual intrinsic motivation such as enthusiasm, enthusiasm, interest, and idealism. Work fatigue is a crucial problem because it often hinders employee performance, which is detrimental to the company. Work fatigue often appears in work due to routine and high pressure in daily life. That's why many companies are looking for ways to help each of the existing components to overcome work fatigue (Adi, 2010).

Nurses can feel tired with a person's increased workload and less supportive physical condition when working. Many studies show that individual factors, in this case, include age, years of service, marital status, and nutrition influence causing fatigue (Eraliesa, 2009). Kurniawati, (2012) found a relationship between work fatigue and performance with a p-value of 0.035 ≤ α 0.05.

Relationship Between Workload and Nurse Performance

The results showed more respondents with low nurse performance (61.5%) than respondents with intense workload (18.2%). Statistical test results with the Chi-Square test obtained p-value (0.001) > α (0.05), so it can be concluded that there is a significant relationship between workload and nurse performance. The results of further analysis obtained PR = 3.385 (95% CI: 1.575-7.274), which means that respondents with a high workload are at risk of having low nurse performance by 3.385 times more significant than respondents with a low-performance burden.

Every job is a burden for the culprit; a commitment is physical, mental, or social. A workforce has its capabilities about workload. Among them are those more suitable for physical, mental, or social loads (Suma'mur, 2009). There are also many cases of work fatigue resulting from excessive workload (Budiono et al., 2003). Based on Manuho et al. (2015) showed a relationship between workload and nurse performance in providing nursing care (p=0.001). Juanda (2013) states that workload can be estimated by looking at 1) the number of patients being treated, 2) the patient's dependency level, and 3). Types of nursing actions, 4) Average time to carry out nursing actions. Nurses care for patients within 24 hours by implementing nursing care, from when the patient enters the hospital until he leaves. Functional nurses have administrative responsibility for the head of the room and related to operational medical technical services carrying out duties for the doctor in the room or the doctor who is responsible for the room (Depkes RI, 2004).

Conclusions

It is known that nurses of the female gender dominate and have high to low performance, with a significant relationship between motivation and workload. Two variables were significantly (dominantly) related to nursing performance: motivation and workload.

Declaration statement

The authors reported no potential conflict of interest

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