

Analysis Of Communications And Incentives On Nurse Performance In Inpatient Rooms In Royal Prima Marelan General Hospital

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Abstract.

One of the factors that influence the success rate of a hospital is the performance of nurses. Efforts to improve nurse performance include paying attention to nurse work stress. This study aimed to determine the effect of communication and incentives on nurse performance in the inpatient room of the Royal Prima Maryland General Hospital. The type of research used is cross-sectional survey research with an explanatory research method approach. The total population is 41 nurses; all nurses are used as respondents (complete sampling). Data were analyzed using the Chi-square test, and logistic regression was used to obtain the OR (Odds Ratio) value. The results showed a statistical relationship between communication and performance ($p = 0.012$), and the OR value was 6.708, meaning that nurses with good communication would increase their performance by 6.7 times. Providing incentives on performance ($p = 0.006$) and the OR value is 6.667, meaning nurses with incentives will improve performance by 6.6 times. Income on performance ($p = 0.004$) and the OR value is 8.762, meaning nurses with incentives will increase performance by 8.7 times. The hospital should conduct periodic counseling and distribute questionnaires as evaluation material and material for stress management for nurses every three months.

Keywords: Communication, Incentives, Performance and Nurse.

I. INTRODUCTION

A hospital is a health service facility that organizes medical support, treatment, rehabilitation, prevention, and health promotion (Muttaqilah et al., 2015). One profession that has an essential role in the hospital is nursing. Nurses are a profession that enormously contributes to determining the success of hospitals in providing health services to the community because nurses play a role in dealing with patient health problems 24 hours a day continuously (Nurchayani et al., 2016). A nurse's job is to provide comprehensive nursing care at a high-stress level. On the one hand, the nurse is responsible for the physical and administrative tasks of the agency where she works, dealing with anxiety, complaints, and self-defense mechanisms that arise in patients due to illness, tension, and boredom in dealing with patients with critical ill conditions or terminal conditions; on the other hand, they must always be required to always appear as a good nurse profile by their patients. Job stress is a condition of tension that creates a physical and psychological imbalance, which affects emotions, thought processes, and the state of an employee; in this case, the pressure is caused by the work environment where the employee works. Job stress is a dynamic condition in which an individual faces an opportunity, constraint, or demand related to what is desired, and the result is perceived as uncertain (Wartono, 2017). Several survey results show that nurses' prevalence of work stress is relatively high. The Canadian Community Health Survey in Canada in 2003 showed that 45% of health workers experienced work stress, including nurses. The survey results from the UK Office for National Survey for the 2018/2019 period also show that health professionals, especially nurses, still have the highest prevalence of work stress during the three survey periods.

Meanwhile, a survey conducted in Indonesia by the Indonesian National Nurses Association (PPNI) in 2006 showed that around 50.9% of nurses working in four provinces in Indonesia experienced work stress. And the nurses at the Tanjung Pura Hospital showed nurses who experienced work stress (41.7%) (Nopa, 2016). There are two categories of stressors: on the job and off the job. The causes of "On the Job" stress include the following: Excessive workload, Time pressure or pressure, Poor supervision, Interpersonal / group conflicts, Uncomfortable work climate, and Career development (Handoko, 2012). In comparison, the causes of "Off Job" stress include financial worries, family problems, physical problems, marital problems,

and changes that occur in the place of residence. Thus, the company must minimize work stress on employees to increase employee performance (Wartono, 2017). Job stress indicators can be divided into three aspects. Psychological indicators include irritability, work stress, anxiety, and boredom. Physical have increased heart rate, blood pressure, stomach aches, and headaches—indicators of excessive smoking, difficulty sleeping, increased absenteeism, and slurred speech (Nopa, 2016). Firmansyah's research in 2014 found that Tanjung Pura Hospital had poor performance. Performance appraisal based on standard nursing practice documentation in medical records where 50.9% of nurses did not complete the patient assessment record format, 61.8% of nurses did not record treatment plans based on patient needs in medical records, 38.2% did not record implementation of procedures in medical records, and 58.2 % of nurses did not record the patient's condition during treatment in the medical history.

From the results of the researchers' observations of 9 nurses in the inpatient room of the Tanjung Pura Hospital, it was found that five nurses did not provide an explanation to the patient before taking action, and six nurses did not inform their colleagues about the progress of the patient during the change of working hours (Firmansyah, 2015). In this study, interviews were conducted with nurses in the inpatient ward of Royal Prima Hospital; it was found that symptoms of work stress arose in nurses. The observation results showed that nurses were less communicative, easily angry, and easily offended. From the results of interviews with several nurses, it was found that nurses complained that they often felt tired at work, complained of frequent headaches, and complained of difficulty sleeping. This is an indicator of work stress. It was also found that the patient's family complained that the nurse paid little attention to patient complaints, lacked communication, and was not friendly. This shows that the performance of nurses is still low, and nurses still need to carry out nursing assessments and diagnoses, implementing and evaluating nursing properly. The low performance of nurses is thought to be caused by the work stress experienced by nurses. Where from the results of researchers' observations and interviews with nurses in inpatient wards, it was found that factors that can cause stress, such as in addition to carrying out nursing care, nurses also have to perform other tasks such as taking medicine to the pharmacy, taking laboratory results, taking radiology results, taking the patient's diet to the kitchen, escorting the patient to the radiology room, operating room and transferring patients between rooms, carrying out cleaning duties and borrowing equipment from another room.

II. METHODS

This research is a cross-sectional survey research with an explanatory research method approach which intends to explain the position of the variables studied and the influence of one variable on other variables (Sugiyono, 2018). This study explains the effect of communication and incentives on nurse performance in the inpatient room of the Royal Prima Marelán General Hospital. The population of this study was female nurses who worked in adult class I and II inpatient rooms at Royal Prima Marelán General Hospital. The number of female nurses working in type I and II inpatient rooms totaled 41 people. From the total calculation, there are 12 female nurses on floor 6A, 15 on floor 9A, and 14 on floor 10A. The saturated sampling technique is when all population members are used as samples (Sugiyono, 2018). Therefore, the author chose a selection using a saturated sampling technique because the population is relatively small, so the model used in this study amounted to 41 people.

Operational Variable

The independent variables are communication and incentives, while the defensive is performance. The operational definition for communication variables is transmitting information, ideas, emotions, skills, etc., Using symbols such as words, pictures, numbers, and more. The operational definition of the incentive variable is a compensation package for individuals and employees. Measurement of communication and incentive variables is based on an ordinal scale with a measuring instrument consisting of a questionnaire consisting of 5 questions with alternative answers "Strongly agree," "Agree," and "Disagree." With the provision that if the respondent answered "Strongly agree," it was given a value of 1. If the respondent answered "Agree," it was given a value 2.

And if the respondent answered "Disagree." given the importance of 3. The total overall score is 15. Based on this scoring, the Communication variable can be categorized as "Good": (11-15) or "Poor": (5-10). Performance variable is the work or activity of an employee, both in quality and quantity, by his responsibilities which is carried out within a certain period to increase the company's value. Performance variable measurement is based on an ordinal scale with a questionnaire measuring instrument consisting of 25 questions with alternative answers "often done," "rarely done," and "never done." The provision that if the respondent answered "often done," gave a value of 3. Suppose the respondent answered "rarely done" given a value of 2. And if the respondent answered "Never done." given the importance of 1. The total overall score is 75. Based on this scoring, the Performance variables can be categorized as "Poor": (25-41), "Moderate": (42-59), and "Good": (60-75).

Validity Test

Before distributing the questionnaires to the research sample, the questions on the current questionnaire were tested to see their validity and reliability. The validity test determines the feasibility of the items in a list (construct) of questions in defining a variable. Construct validity is the accuracy of measurement in assessing the characteristics or condition of the subject being measured about the theory behind it (Sugiyono, 2019). Testing the validity of the research instrument was conducted with 30 inpatient nurse respondents who had the same characteristics as the research subjects but other than the respondents who would be used as research subjects. Then correlate each score obtained on each statement item with the score, and the correlation technique used is a product-moment correlation. The validity of the question items can be seen in the Corrected Item-Total correlation value. Question items are declared valid if the value of the Corrected Item-Total correlation. More significant than the Product Moment r -table matter (0.361) at a significance level of 5% with 30 respondents (Sugiyono, 2019).

Reliability testing begins with testing the validity first. The reliability of the questions that were already valid was jointly measured. Reliability can be seen from the Cronbach Alpha value; if the Cronbach Alpha value is > 0.60 , the items are declared reliable or reliable (Sugiyono, 2019). More significant than the value of Product Moment's r -table which has a value of 0.361 from 30 respondents and consists of 30 questions, meaning that all questions used to measure work stress variables are valid. The Cronbach's Alpha value is 0.947 and is greater than the value of 0.60. This shows that all questions about work stress on the respondents are reliable as a measuring tool. Based on the results, it was concluded that the work stress variable in the respondents had fulfilled the validity and reliability requirements. Based on the Validation test, the performance variable showed that the Corrected Item-Total correlation value was more significant than the Product Moment r -table value, which was 0.361 from 30 respondents and consisted of 25 questions, meaning that all questions used to measure performance variables were all valid. The Cronbach's Alpha value is 0.983 and is greater than the value of 0.60. This shows that all performance questions on the respondent are reliable as a measuring tool. Based on the results, it was concluded that the performance variables in the respondents had fulfilled the validity and reliability requirements.

Reliability Test

The reliability coefficient is an important indicator of an instrument quality. An unreliable measure that does not provide a good test of the researcher's hypothesis. If the data is not true to the confirmation of the prediction, it is possible that the instrument is not reliable. Interpreted for comparing group levels, a coefficient of around 0.70 is generally adequate, although a coefficient of 0.80 or greater is desirable (Sugiyono, 2019). Based on the reliability test on the nurse performance questionnaire using the Balanced Scorecard method which was carried out at the Royal Prima Marelan General Hospital, the Cronbach alpha value was 0.93 and for the Balance Scorecard method questionnaire the Cronbach alpha value was 0.94. Through these results all the questionnaires used in the study met the reliability value of > 0.70 which can be stated that the questionnaires used in this study were strong.

Univariate Analysis

Univariate analysis is an analysis performed on a variable. This analysis was carried out to be able to describe the characteristics/ general description of each variable (Sugiyono, 2019). This analysis is carried out to inform about a variable without being associated with other variables. It is intended to determine the

frequency distribution of each dependent and independent variable, which is then presented descriptively and in tabular form.

Bivariate Analysis

The bivariate analysis used in this study was to determine whether there was a relationship between the two variables (the independent variable and the dependent variable), namely the Chi-square test. The Fisher test was performed if the chi-square test did not meet the requirements. Deciding on the chi-square test, it can be done in two ways. The first can be seen from the p-value if the p-value < 0.05 then H_a is accepted otherwise if the p-value > 0.05 then H_a is rejected. Apart from making decisions through the p-value, it can also be done with the Chi-Square value. If the calculated Chi-Square value $<$ Chi-Square table, then H_0 is accepted; otherwise, if the estimated Chi-Square value $>$ Chi-Square table, then H_0 is rejected (Sugiyono, 2019).

Multivariate Analysis

The multivariate analysis used in this study is logistic regression. Logistic regression is used to get the OR (Odds Ratio) value. By using logistic regression analysis, you can also find the value of the adjusted odds ratio, which is the value of the odds ratio after controlling for other independent variables.

III. RESULT AND DISCUSSION

The demographic results of the research respondents were that most respondents were aged 27-29 years as much as 46.3%, with the most work experience under one year as much as 56.2%. And all workers here are educated in nursing.

Table 4.1. Frequency Distribution of Respondents Based on Variables

Respondents Characteristic		F = 41	%
Age	20 - 26 years old	16	39.0
	27 - 29 years old	19	46.3
	30 - 32 years old	2	4.9
	33 – up years old	4	9.8
Religion	Moslem	15	36.6
	Christian	26	63.4
Education	Nursing Diploma	29	70.7
	Nursing Bachelor	12	26.1
Marital status	Married	12	26.1
	Not Married yet	29	70.7
Working time	< 6 months	14	9.8
	> 6 months – 1 year	19	46.3
	1 year – 5 years	16	39.0
	> 5 years	2	4.9

Univariate Analysis

Table 4.2. Distribution of frequency

Communication Variables	Frequency						Total n
	Don't agree		Agree		Strongly agree		
	(f)	(%)	(f)	(%)	(f)	(%)	
<i>Often under pressure from superiors</i>	13	31.7	17	41.5	11	26.7	41
<i>Rarely believes in the ability of subordinates to get the job done</i>	31	75.6	8	19.5	2	4.9	41
<i>Bad management, making it uncomfortable to work</i>	21	51.2	7	17.1	13	31.7	41
<i>Rarely report to the manager because it does not provide a solution</i>	22	53.7	15	36.6	4	9.8	41
<i>The manager is not fair in the division of labor</i>	21	51.3	15	36.6	5	12.1	41

Table 4.2 above shows that all respondents' answers were based on statements related to communication, seventeen people (41.5%) were often under pressure from their superiors, eight people (19.3%) said their supervisors did not believe in their abilities, seven people (17.1%) said the leader's attitude was not good, fifteen people (36.6%) managers do not provide solutions to their problems, and fifteen people (36.6%) managers are unfair in the division of labor. The measurement results of respondents' answers

regarding the Communication Factor were then categorized. It was found that there were thirty-one female nurses (75.6%) in the "good" category and ten female nurses (24.4%) with the "bad" category out of a total of 41 female nurses.

Table 4.3. Distribution of frequency

Incentive variable	Frequency						Total n
	Don't agree		Agree		Strongly agree		
	(f)	(%)	(f)	(%)	(f)	(%)	
<i>Did not get an award from the hospital</i>	9	22.0	20	48.8	12	29.3	41
<i>Never received praise from superiors</i>	11	26.9	25	61.0	5	12.1	41
<i>Bosses often feel disappointed with the results of my work.</i>	25	61.0	11	26.9	5	12.1	41
<i>It's been working hard, but the results don't match what you get</i>	10	24.4	24	58.5	7	17.1	41
<i>Already disciplined and skilled, but still get a reprimand from superiors.</i>	19	46.3	18	43.9	4	9.8	41

Table 4.3 above shows that all respondents' answers are based on statements related to incentives; found twenty people (48.8%) did not get awards from the hospital even though they had done an excellent job, twenty-five people (61.0%) never got praise for doing a good job, eleven people (26.8%) were superiors often disappointed with the results of my work, twenty-four people (58.5%) have worked hard but did not get a decent income. Eighteen people (43.9%) are always disciplined but still get reprimands from their superiors. The measurement results of respondents' answers regarding incentive factors were then categorized. It was found that in the "good" category there were twenty-five female nurses (61.0%), and in the "bad" category, there were sixteen female nurses (39.0%) out of a total of 41 female nurses.

Table 4.4. Distribution of frequency

Nurse Performance variable	Frequency						Total n
	Never done		Rarely done		Often done		
	(f)	(%)	(f)	(%)	(f)	(%)	
<i>Say hello and introduce yourself</i>	0	-	8	19.5	33	80.5	41
<i>Perform anamnesis to collect patient data</i>	0	-	16	39.0	25	61.0	41
<i>Observation to collect patient data</i>	0	-	10	24.4	31	75.6	41
<i>Perform a physical examination for Collect patient data</i>	6	14.6	11	26.8	24	58.5	41
<i>Collecting data focused on patient health status</i>	0	-	15	36.6	26	63.4	41
<i>Formulate nursing diagnoses</i>	5	12.2	8	19.5	28	68.3	41
<i>Diagnosis based on patient complaints</i>	5	12.2	14	34.1	22	53.7	41
<i>Collaborate with patients and healthcare workers in making the correct diagnosis.</i>	0	-	6	14.6	35	85.4	41
<i>Changing nursing diagnoses according to the response and progress of the patient's disease</i>	0	-	24	58.5	17	41.5	41
<i>Reassess to change nursing diagnoses</i>	5	12.2	32	78.0	4	9.8	41
<i>Develop a care plan</i>	0	-	29	70.7	12	29.3	41
<i>Collaborate with patients and their families in establishing a care plan</i>	2	4.9	13	31.7	26	63.4	41
<i>Make a nursing plan that is individual according to the conditions and needs of the patient</i>	5	12.2	20	48.8	16	39.0	41
<i>Formulate nursing goals to be achieved from each nursing action</i>	2	4.9	27	65.9	12	29.3	41
<i>Develop action plans, rationalize actions, and when they will be carried out</i>	3	7.3	21	51.2	17	41.5	41
<i>Perform informed consent with the patient and the patient's family</i>	0	-	20	48.8	21	51.2	41
<i>Collaborate with other health teams in carrying out nursing actions</i>	2	4.9	13	31.7	26	63.4	41
<i>Perform first aid to patients in need</i>	0	-	13	31.7	28	68.3	41
<i>Provide education about the disease suffered by patients to patients and their families.</i>	1	2.4	14	34.1	26	63.4	41
<i>Carry out nursing actions appropriately</i>	2	4.9	15	36.6	24	58.5	41
<i>Evaluate the nursing actions that have been given</i>	2	4.9	10	24.4	29	70.7	41

Nurse Performance variable	Frequency						Total n
	Never done		Rarely done		Often done		
	(f)	(%)	(f)	(%)	(f)	(%)	
<i>Measuring patient progress using baseline data and patient response</i>	5	12.2	15	36.6	21	51.2	41
<i>Collaborate with colleagues to analyze patient progress data</i>	5	12.2	12	29.2	24	58.5	41
<i>Make modifications to the nursing care plan in collaboration with patients and their families</i>	2	4.9	19	46.3	20	48.8	41
<i>Documenting the results of the evaluation of nursing care</i>	2	4.9	3	7.3	36	87.8	41

Respondents' performance was measured through nursing practice standards, including nursing assessment, diagnosis, planning, implementation, and evaluation. Based on Table 4.4 data from the respondent's statements related to nurse performance, it was found that thirty-three people (80.5%) greeted and introduced themselves before conducting a nursing assessment, twenty-five people (61.0%) took anamnesis to collect data, thirty-one people (75.6%) made observations to collect patient data, twenty-four people (58.5%) carried out physical examinations to collect patient data, twenty-six people (63.4%) often collected focus data on the patient's health status. Twenty-eight people (68.3%) formulated nursing diagnoses, twenty-two people (53.7%) made diagnoses based on patient complaints, thirty-five people (85.4%) worked closely with patients and health workers in making the correct diagnosis, seventeen people (41.5%) changed nursing diagnoses according to the response and progress of the patient's disease. Four people (9.8%) did a reassessment to transform the nursing diagnosis. Twelve people (29.3%) prepared nursing plans, twenty-six people (63.4%) collaborated with patients and their families in establishing nursing plans, sixteen people (39.0%) made individualized nursing plans according to the patient's conditions and needs, twelve people (29.3%) formulate nursing goals to be achieved from each nursing action. Seventeen people (41.5%) prepared an action plan, rationalizing the move and when it would occur.

Twenty-one people (51.2%) provided informed consent with the patient and patient's family, twenty-six people (63.4%) often collaborated with other health teams in carrying out nursing actions, twenty-eight people (68.3%) usually performed first aid for patients who needed it, twenty-six people (63.4%) provide counselling about the patient's illness to patients and their families, twenty-four people (58.5%) carry out appropriate nursing actions. Twenty-nine people (70.7%) evaluated the nursing actions that had been given, twenty-one people (51.2%) measured the patient's progress using primary data and patient responses, twenty-four people (58.5%) collaborated with colleagues to carry out an analysis of the patient development data, twenty people (48.8%) modified the nursing care plan in collaboration with patients and their families, and thirty-six people (87.8%) documented the results of the evaluation of nursing care. The measurement results of respondents' answers regarding Nurse Performance were then categorized. It was found that the performance of nurses in the "good" category was twenty-six female nurses (63.4%), and in the "moderate" category were fifteen female nurses (36.6%) then there were no nurses with a poor performance out of a total of 41 female nurses.

Bivariate Analysis

Bivariate analysis was carried out using the chi-square test to determine the variables related to nurse performance, namely communication, and incentives. From Table 4.5, it can be seen that several variables have statistically significant relationships. Based on the chi-square test results, it was found that the Communication Factor had a statistically significant connection with the performance of female nurses in the inpatient room of RSU Royal Prima ($p = 0.012$). Based on the chi-square test results, it was found that the Incentive Factor had a statistically significant relationship with the performance of female nurses in the inpatient room of RSU Royal Prima ($p = 0.006$).

Table 4.5. Pearson Correlation Between Variables

Variable	Nurse Performance						P Value	OR (CI 95%)
	Good		Moderat		Total			
	F	%	F	%	F	%		
<i>Communication</i>							0.012	

Variable	Nurse Performance						P Value	OR (CI 95%)
	Good		Moderat		Total			
	F	%	F	%	F	%		
Good	23	74.2	8	25.8	31	75.6	6.708 (1.391-32.363)	
Bad	3	30.0	7	70.0	10	24.3		
Total	26	64.4	15	36.6	41	100.0		
Incentive								
Good	20	80.0	5	20.0	25	60.9	0.006 6,667 (1,630-27,274)	
Bad	6	37.5	10	62.5	16	39.1		
Total	26	63.4	15	35.6	41	100.0		

Multivariate Analysis

Based on the analysis results in Table 4.6, there is a significant relationship between communication factors and nurse performance. This can be seen from the 95% CI which is above 1 in each of the upper and lower ranges. It can be seen that the Unadjusted OR value is 6.708, which means that good communication will improve nurse performance by 6.7 times compared to nurses with poor communication. Based on the analysis results in Table 4.6, it can be seen that there is a significant relationship between incentive factors and nurse performance. This can be seen from the 95% CI which is above 1 in each of the upper and lower ranges. It can be seen that the Unadjusted OR value is 6.667, which means that good incentives will increase nurse performance by 6.6 times compared to bad incentives.

Table 4.4. Model Summary^b

Independent Variable	Nilai B	Nilai P	OR (CI 95%)	
			Unadjusted	Adjusted
Communication	1,903	0,012	6,708 (1,391-32,363)	7,516 (1,318-42,864)
Incentive	1,897	0,006	6,667 (1,630-27,274)	5,441 (1,145-25,863)

By using logistic regression, the OR value can be calculated manually with the formula:

$$\text{Odds Ratio (OR)} = \frac{\text{Odds Stress factor}}{\text{Odds are not exposed to stress factors}}$$

$$\text{Odds Ratio (OR)} = \frac{a/c}{b/d} = \frac{ad}{bc}$$

The value of the lower limit and upper limit can be calculated based on the formula:

Lower bound value = OR (ε -F), and

Upper limit value = OR (ε F)

Information:

a = Number of exposed cases

b = Number of unexposed cases

c = Number of exposed controls

d = Number of unexposed controls

$$F = \sqrt{(1/a + 1/b + 1/c + 1/d) \times 1.96} \quad (\alpha = 0.05)$$

$$\varepsilon = \log. \text{ natural } (2.72)$$

By calculating the upper limit and lower limit values in the analysis of the significance level of the relationship, if the value of both is below one or above 1, the analysis results indicate a significant relationship. Conversely, suppose the distance between the upper limit value and the lower limit value is through the value 1. If the lower limit value is < 1 while the upper limit value is > 1 , then the analysis results show no significant relationship (Sugiyono, 2019).

Discussion

Research conducted on 41 female nurses in the Inpatient Room of the Royal Prima Marelan General Hospital found that the performance of nurses in the good category was 26 female nurses (63.4%) and in the moderate category were 15 female nurses (36.6%) then not all nurses perform poorly. According to the researchers' assumptions, the amount of good-performance on nurses is related to good nursing care. The nursing care standards consist of assessment, diagnosis, planning, implementation, and evaluation. The data generated by several nursing cares, such as assessment, performance, and evaluation, shows that most nurses are doing very well. Hence, the number of nurses in the excellent category reached 26 female nurses (63.4%) out of 41 female nurses. A nurse's job to provide comprehensive nursing care is a job with a high-stress level. On the one hand, nurses are responsible for physical and administrative tasks from the agency where they work, dealing with anxiety, complaints, and patient defense mechanisms that arise in patients due to their illness, tension, and boredom in dealing with patients with conditions that are critically ill or in a terminal disease. On the other hand, he must always be demanded to always appear as a good nurse profile by his patients (Nurcahyani et al., 2016). In another study, it is known that the effect of salary and physical work environment on job satisfaction significantly impacts job satisfaction (Suwarno et al., 2020).

Work stress is an essential aspect of an organization, especially the performance of nurses in carrying out their duties and functions. Hospitals must have Nurse Performance; good routines can help hospitals improve their performance in terms of nursing care. Conversely, if performance decreases, it can be detrimental to the hospital, namely decreased hospital performance and loss of public trust, which results in a reduced number of patients in terms of patient satisfaction. Therefore, the nurse's interpretation needs attention, among others, by conducting studies related to work stress variables (Muttaqilah et al., 2015). When nurses stress that health services will be wrong, research shows that self-satisfaction and transaction value from the dimensions of value felt by customers of health services are in a very high category (Suwarno et al., 2023). This can be achieved if nurses work well and follow the correct rules. Assessing a nurse's performance, namely by nursing care or nursing practice standards, refers to professional practice and professional performance standards. Professional practice standards in Indonesia have been described by the Indonesian National Nurses Association (PPNI) of 2009 no.025/PP.PPNI/SK/K/XII/2009. These professional practice standards refer to the nursing process consisting of nursing assessment, nursing diagnosis, nursing planning, implementation, and evaluation of nursing (Muhith, 2015).

The Effect of Communication on Nurse Performance in the Inpatient Room of the Royal Prima Marelan General Hospital

From the respondents' answers on the communication variable, good results were obtained from 31 nurses (75.6%) and bad results from 10 nurses (24.4%) of 41 nurses. Based on the chi-square test, it is known that the influence of the Communication Factor has a statistically significant relationship with the performance of nurses in the inpatient room of RSU Royal Prima ($p = 0.012$). Based on the results of multivariate analysis with the Logistic Regression test, there is a significant relationship between Communication Factors and performance. This can be seen from the 95% CI which is above 1 in each of the upper and lower ranges. It can be seen that the Unadjusted OR value is 6.708, which means that nurses with good communication will improve their performance by 6.7 times compared to nurses with poor communication.

The results of this study indicate that relevant communication variables will build good interpersonal relationships to create a conducive work environment that makes nurses more comfortable and able to improve their performance. This is supported by Jin-Kyoung & Suk-Won research which states that open communication between work teams will foster understanding between people so that they can control stress effectively due to the hierarchy of the clinical environment (Jin-Kyoung & Suk-Won, 2015). The results of Hendriani's research also show that work communication simultaneously affects employee performance (Hendriani & Hariyandi, 2014). And according to Suwarno's research, hospitals in Medan must continue to improve and develop the communication skills of employees (hospital nurses and doctors) in dealing with patients and the level of responsiveness to their needs, providing a sense of empathy and understanding of safety to patients (Suwarno et al., 2023).

The Effect of Incentives on Nurse Performance in the Inpatient Room of the Royal Prima Marelan General Hospital

The distribution of respondents' answers from the Incentive variable showed quite good results, namely 25 nurses (61.0%). And bad results comprised 16 nurses (39.0%) of 41 female nurses. Based on the results of the chi-square test, it is known that incentives have a statistically significant relationship with the performance of nurses in the inpatient room of RSU Royal Prima Medan ($p = 0.006$). Based on the results of multivariate analysis with the Logistic Regression test, there is a significant relationship between incentives and nurse performance. This can be seen from the 95% CI which is above 1 in each of the upper and lower ranges. It can be seen that the Unadjusted OR value is 6.667, which means that nurses who are given good incentives will improve their performance by 6.6 times compared to nurses who are not valued and recognized at work. According to this researcher, it is known that providing incentives plays an essential role in improving the performance of nurses because by getting awards, nurses feel that others appreciate their work, to build good work motivation for nurses.

This result is supported by Baljoon, who stated that awards such as recognition and awards are motivating factors, and recognition and appreciation in society are important factors in increasing nurse motivation (Baljoon et al., 2018). This research also supports Suwarno's study, which found that nurse leaders must have a perfect transformational leadership style to help and encourage their subordinates to provide training and achieve their work goals properly. Nurse leaders are likelier to adopt a transactional leadership style to get along well with nurses and feel comfortable doing their job (Suwarno, 2023). So, high work motivation will increase the performance of nurses; this is evident from the research results, which state that there is a statistically significant relationship between cause and performance of nurses in RSUD Dr. Moewardi Surakarta, where nurses with strong motivation 0.81 times will have good performance compared to those with low work motivation. This study's results align with Makta's research, which reported that the significant partial effect test (t-test) on recognition variables yielded a significance level of 0.021. The significance level is $0.0021 < 0.05$, so it can be stated that recognition has a positive effect on nurse performance (Makta et al., 2013).

IV. CONCLUSION AND SUGGESTION

The conclusion of this study from the results of the statistical influence between communication on performance with good communication will increase performance by 6.7 times, good communication between nurses and leaders will build solid interpersonal relationships to create a conducive work environment so that nurses are more comfortable and able to improve its performance in serving patients and achieving its work goals. The conclusion of this study from the statistical results between giving incentives to the performance of nurses increases performance by 6.6 times; giving incentives plays an essential role in improving nurse performance because by getting awards, nurses feel that other people have appreciated their work to build loyalty and increase good work motivation for nurses and the services they provide to customers at hospitals. Suggestion for hospitals to hold two-way communication between management and employees to create effective communication. Leaders must be able to take the time to listen to employee complaints and always provide counseling and training. Hospital leadership and the head nurse should not take sides with one of their subordinates so that subordinates feel happy and improve their performance. Hospital leadership is expected to pay attention to the condition of nurses, work environment, and completeness of equipment in each inpatient room regularly as evaluation material to provide excellent service to the community and work comfort for employees and visitors at the hospital.

It is advised to nurses who work in inpatient rooms to carry out stress management personally so that stress levels decrease and performance improves so that nursing services can be provided optimally, especially in nursing care. To see the relationship between communication, incentives, and nurse performance in more detail, it is necessary to conduct further research on the relationship between communication levels and patient safety, bearing in mind that communication consists of verbal and non-verbal modes. It is also possible to research the relationship between the other factors and the level of reliability of implementing nurse performance improvements to obtain more accurate and detailed data regarding the key factors that

affect nurse performance in hospitals. It is also possible to carry out similar research with a larger sample size so that more detailed data can be obtained on the performance of nurses in other big cities.

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