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Journal of Mathematics Instruction, Social Research and Opinion Vol. 5, No. 1, March 2026, pp. 217 – 226, https://doi.org/10.58421/misro.v5i1.1038 ISSN 2962-7842 217 Journal homepage: https://journal-gehu.com/index.php/misro Factors That Influence the Performance of Implementing Nurses in The Intensive Care Room of Raden Mattaher Hospital Novi Septiani1, Yuli Prapancha Satar2, Sonya Dewi Wulandari3 Master of Hospital Administration Study Program, Respati Indonesia University, Jakarta, Indonesia Article Info ABSTRACT Article history: Received 2025-12-27 Revised 2026-01-23 Accepted 2026-01-24 The performance of nurses in intensive care units is a critical component in ensuring the quality of hospital healthcare services, particularly for critically ill patients requiring intensive care, procedural accuracy, and swift, precise decision-making. Units such as the ICU, ICCU, NICU, PICU, and Stroke Unit at Raden Mattaher General Hospital in Jambi exhibit high workload, complex technical demands, and intense psychological pressure. Therefore, it is important to identify the factors influencing nurses' performance in these intensive care units. This study aims to analyze the relationships among workload, work stress, incentives, tenure, and competence, and the performance of practicing nurses. The study uses a quantitative approach with a cross-sectional design. The sample consists of 115 practicing nurses who meet the inclusion and exclusion criteria. Data were collected using a closed-ended questionnaire. Data analysis was conducted using multivariate tests to examine relationships between independent and dependent variables, and binary logistic regression to determine the contribution of independent variables to nursing performance. The results of this study indicate that workload (p=0.229), work stress (p=0.775), and competence (p=0.065) are not significantly related to nursing performance. However, incentives (p=0.040) and length of service (p=0.017) are significantly related. The logistic regression model indicates that incentives and length of service together account for 11% of the variation in nurse performance (Nagelkerke R^2 = 0.110). The results of the multivariate analysis indicate that factors emphasizing the provision of proportional incentives and the utilization of length of service in career development can improve nursing performance. In conclusion, improvements in

nursing performance can be achieved by strengthening the compensation system, fostering experience-based career development, and empowering human resources sustainably. Keywords: Incentives Nurse Performance Work Experience. Work Stress Workload This is an open-access article under the CC BY-SA license. Corresponding Author: Novi Septiani Master of Hospital Administration Study Program, Respati Indonesia University, Jakarta, Indonesia Email: noviseptiani346@gmail.com

https://doi.org/10.58421/misro.v5i1.1038 218 1. INTRODUCTION Hospitals are complex and capital-intensive healthcare institutions supported by professional personnel from various disciplines. Among all healthcare professions, nurses play a crucial role due to their direct and continuous involvement in patient care, encompassing biological, psychological, social, and spiritual aspects [1]. Optimal nursing performance is a key indicator of hospital service quality, particularly in intensive care units, where critically ill patients with high mortality risk are treated [2]. Intensive care units at RSUD Raden Mattaher Jambi, such as the ICU, ICCU, NICU, PICU, and Stroke Unit, are designed to provide specialized care for critically ill patients. These units are equipped with advanced medical devices, including ventilators, multiparameter monitors, and other life-support equipment, and are staffed by trained medical and nursing personnel. However, the increasing complexity of cases and patient volume are often not accompanied by a proportional increase in nursing staff, resulting in higher workloads and increased work-related stress among nurses [3]. High workload is a major risk factor for physical and mental fatigue and may reduce the quality of nurses' clinical decision-making. Prolonged work stress can affect motivation and job satisfaction, ultimately impacting nurses' performance. Kuo et al. [4] found that poorly managed stress decreases productivity and increases the risk of clinical errors, particularly in work environments that require high speed and accuracy, such as intensive care units. Several studies have demonstrated a significant relationship between workload, work stress, and nurse performance. Gunaydin et al. [5] reported that 54.8% of nurses experiencing high stress showed suboptimal

performance. Kusnabilla Erfa [6] found that in a study at RSUD dr. Rasidin Padang found that 65.2% of nurses experienced heavy workloads, and 67.4% demonstrated low performance. Nevertheless, research focusing specifically on intensive care units, settings with the highest complexity and work pressure, remains limited, underscoring the need for further investigation. Nurses in intensive care units work in a three-shift system (morning, afternoon, and night), which requires high physical and psychological endurance. The nurse-to-patient ratio in these units tends to be low, increasing the risk of burnout. In addition to workload and stress, factors such as length of service and incentives are also believed to influence performance, as reported in studies by Hendra and Artha [7], which stated that high workload and performance of tasks beyond authority negatively affect service quality. Based on these issues, this study aims to analyze the factors influencing the performance of staff nurses in the intensive care units of RSUD Raden Mattaher Jambi. The study focuses on five variables: workload, work stress, length of service, competence, and incentives. The results are expected to provide strategic input to hospital management to improve the efficiency and quality of nursing 1 services, particularly in critical care units. 2. METHOD This study employed a quantitative, cross-sectional design to examine the relationship between independent variables (workload, work stress, length of service,

https://doi.org/10.58421/misro.v5i1.1038 competence, and incentives) and the dependent variable (nurse performance) at a single point in time. This design is appropriate for describing relationships among variables within a specific population during a particular period and for explaining the distribution patterns and determinants of health-related problems [8]. The cross-sectional approach is also widely used in healthcare research due to its efficiency in terms of time and cost [9]. The study was conducted from June to July 2025 at RSUD Raden Mattaher Jambi, a provincial referral hospital with high service complexity, particularly in intensive care units. The population consisted of all staff nurses working in intensive care units (ICU, ICCU, NICU, PICU, and Stroke Unit) who met the inclusion criteria: having been actively working for at least 6 months and being willing to

participate as respondents. The sampling technique used was total sampling (exhaustive sampling), 1 as the population size was relatively limited and all members met the study criteria. According to Notoatmodjo (2010), total sampling is used when the entire eligible population can be included as the research sample, thereby increasing the validity of the study results. A total of 115 respondents were included in this study. The research instrument was a structured, closed-ended questionnaire that had been tested for validity and reliability. The questionnaire consisted of several sections measuring the following variables: workload, work stress, competence, incentives, length of service, and nurse performance. The workload and work stress instruments were developed based on the theory of Robbins and Judge [10], while the competence and nurse performance variables were based on indicators from [11]. Instrument validity was tested using the Pearson Product-Moment correlation, and reliability was tested using Cronbach's Alpha, with a value ≥ 0.70 indicating that the instrument was reliable [8]. The collected data were analyzed using univariate, bivariate, and multivariate analyses. Univariate analysis was conducted to describe the frequency distribution of each variable. Bivariate analysis used the chi-square test to determine the relationship between independent and dependent variables. Multivariate analysis employed binary logistic regression to identify the simultaneous effects of independent variables on nurse performance and to measure their contribution. Logistic regression was applied because the dependent variable was categorical (good and poor performance), and this method is appropriate for predicting outcomes from combinations of predictor variables [12]. Data processing was carried out using the latest version of SPSS software to ensure statistical accuracy. 3. RESULTS AND DISCUSSION 3.1. Results Based on Table 1, it was found that, of the 115 respondents, most were aged 30-40 years; the majority had a DIII Nursing education; and most had an income of less than Rp. 3,600,000 and had worked for more than 10 years.

Characteristics No Variable Frequency (n) Percentage (%) 1 Age Below 30 years 10 8.7 30–40 years 75 65.2 41–50 years 27 23.5 Above 50 years 3 2.6 Total 115 100 2 Education Level Diploma III in Nursing 60 52.2 Diploma IV in Nursing 8 7.0 Bachelor's Degree in Nursing 47 40.9 Total 115 100 3 Income < IDR 3,600,000 68 59.1 > IDR 3,600,000 47 40.9 Total 115 100 4 Length of Service Less than 5 years 15 13.0 5–10 years 18 15.7 More than 10 years 82 71.3 Total 115 100 Table 2. Results of the Chi-Square Cross Tabulation Test of the Relationship between Workload and Nurse Performance Workload Nurse Performance P Value Low High Total Chi-Square N (%) N (%) n (%) Low 19 16.5 43 37.4 62 53.9 0.229 High 11 9.6 42 36.5 53 46.1 not signifikan Total 30 26.1 85 73.9 115 100.0 Source: Research data processed using SPSS 30.0 software in 2025. Based on Table 2, the significance value is 0.229, which is greater than the significance limit of 0.05. This indicates that 2 there is no significant relationship between workload and nurse performance. Therefore, H_a is rejected, and H_0 is accepted. Because it was deemed insignificant, the workload variable was not included in the multivariate logistic regression analysis. Table 3. Results of the Chi-Square Cross Tabulation Test of the Relationship between Work Stress and Nurse Performance Work Stress Nurse Performance P Value Low High Total Chi-Square N (%) N (%) n (%) Low 22 19.1 60 52.2 82 71.3 0.775 High 8 7.0 25 21.7 33 28.7 not signifikan Total 30 26.1 85 73.9 115 100.0 Based on Table 3, a significance value of 0.775 was obtained, which is greater than the significance limit of 0.05. This indicates that 2 there is no significant relationship between work stress and nurse performance. Therefore, H_a is rejected, and H_0 is accepted. Because it

https://doi.org/10.58421/misro.v5i1.1038 221 was deemed insignificant, the work stress variable was not included in the multivariate logistic regression analysis. 3.1. Discussion Description of Respondent Characteristics in Relation to Nurse Performance Gender The predominance of female nurses in the intensive care units of RSUD Raden Mattaher Jambi reflects a common workforce composition in the nursing profession, where women traditionally represent the majority. This distribution is generally associated with historical,

social, and educational factors that position nursing as a female-dominated occupation. However, the empirical findings of this study indicate that gender composition does not translate into differences in performance outcomes among nurses. The absence of a statistically significant relationship between gender and nurse performance suggests that professional competence, clinical skills, and work effectiveness in intensive care settings are not determined by biological or demographic characteristics. Instead, performance is more strongly influenced by factors such as clinical experience, workload management, motivation, teamwork, and institutional support [13]. The consistency of these results with previous studies reinforces the argument that nursing performance indicators are primarily shaped by professional and organizational variables rather than by gender differences [14]. In the context of intensive care units, where clinical demands are high and require rapid decision-making, technical proficiency, and emotional resilience, both male and female nurses are equally capable of meeting performance standards when provided with adequate training and supportive working conditions [15]. This finding highlights the importance of focusing managerial and policy interventions on competency development, motivation, and improvements to the work environment rather than on gender-based assumptions. Overall, the discussion underscores that gender composition within nursing staff should be viewed as a demographic characteristic rather than a determinant of performance. Hospital management and policymakers are therefore encouraged to prioritize equal opportunities for professional development and performance evaluation based on objective competencies, ensuring that 1 the quality of care in critical units is maintained through merit-based, evidence-driven management practices [16]. Age The age distribution of nurses in this study shows that the majority are in the productive age range of 30–40 years, followed by those aged 41–50 years. This composition indicates that most nurses in the intensive care setting are in a phase of their career characterized by relatively stable physical capacity, accumulated clinical experience, and increasing professional responsibility. Such conditions are generally considered supportive of optimal performance in demanding clinical environments. Empirical findings from previous studies

yield conflicting conclusions abouthe relationship between age and nurse performance [17]. Research that identifies a significant association suggests that increasing age is accompanied by greater maturity, both technically

https://doi.org/10.58421/misro.v5i1.1038 222 and psychologically, which can enhance decision-making ability, emotional control, and accuracy in delivering nursing care. In critical care units, these attributes are particularly important, as nurses are required to respond quickly, manage complex clinical situations, and maintain patient safety under pressure [18]. Conversely, studies reporting no significant relationship between age and performance imply that age alone is not a decisive factor in determining work outcomes [19]. This perspective emphasizes that performance is shaped by a combination of variables, including ongoing training, motivation, organizational support, workload distribution, and adaptability to technological developments. Younger nurses may compensate for limited experience with higher physical endurance and familiarity with new technologies, while older nurses contribute deeper clinical insight and situational judgment [20]. In line with theoretical explanations, age can be understood as a factor related to individual maturity rather than as a direct determinant of performance. As nurses progress in age, their professional competencies may improve; however, without continuous development and supportive work conditions, this potential may not be fully realized [13]. Therefore, 1 the findings of this study suggest that nurse performance in intensive care units should be interpreted through a multidimensional framework, in which age interacts with experience, competence development, and organizational factors, rather than as a standalone predictor of performance [21]. Education The results showed that most nurses working in the intensive care units of RSUD Raden Mattaher Jambi had a Diploma III (D3) in Nursing background, totaling 60 respondents (52.5%). Education is a fundamental foundation for nurses in providing nursing care. This finding aligns with Sugijati (40), who stated that improving 1 the quality of nursing services can be achieved by enhancing nurse performance through continuous education and strengthening nursing skills.

Therefore, hospital management is advised to strengthen nurses' education and training programs. The higher the educational level and the more intensive the training, the greater the contribution to improved performance, ultimately enhancinghe quality of nursing care [22]. Relationship Between Workload and Nurse Performance The bivariate analysis showed a p-value of 0.229 (p > 0.05), indicating no significant relationship between workload and nurse performance in the intensive care units of RSUD Raden Mattaher Jambi. Therefore, the alternative hypothesis (Ha) was rejected, and the null hypothesis (H0) was accepted, and the workload variable was not included in the multivariate logistic regression analysis. Although statistically insignificant, most nurses (53.9%) reported a low workload, while 46.1% reported a high workload. This reflects a relatively balanced workload distribution, although imbalance may occur if patient numbers increase without additional nursing staff.

https://doi.org/10.58421/misro.v5i1.1038 223 Several previous studies reported that workload can affect nurse performance. Mariana and Ramie [23] found that 65.2% of nurses with heavy workloads had low performance. Risa Mariana et al. [24] also reported that more than half of nurses experiencing high stress showed poor performance. However, this study is consistent with Mudayana (2012), who found no effect of workload on employee performance. Other factors, such as hospital management, team support, and incentives, may play a greater role than the workload itself. Thus, although workload did not significantly affect nurse performance, hospitals must still monitor it to prevent excessive burden that could negatively impact service quality and nurse well-being in the long term. Relationship Between Work Stress and Nurse Performance The bivariate analysis showed a p-value of 0.775 (p > 0.05), indicating no significant relationship between work stress and nurse performance in the intensive care units of RSUD Raden Mattaher Jambi. Therefore, Ha was rejected, and H0 was accepted, and work stress was excluded from the multivariate analysis. Field data showed that 33 nurses (28.7%) experienced high work stress, while 82 nurses (71.3%) experienced low stress. This

indicates that work stress remains an important issue, considering the high demands and emotional burden in intensive care units. This result is consistent with Mariana and Ramie [25], who found no significant effect of work stress on employee performance. Organizational support, work culture, and incentives may have stronger influences on performance. Nevertheless, continuous exposure to high job demands may lead to prolonged stress, reduce motivation, cause psychological problems, and lower service quality. Therefore, hospital management should still address nurse stress through coping strategies, stress management training, and strengthened support systems [26]. Relationship Between Competence and Nurse Performance The bivariate test showed a p-value of 0.002 ($p < 0.05$), indicating a significant relationship between competence and nurse performance. The correlation coefficient ($r = 0.311$) indicated a positive relationship, indicating that higher competence is associated with better performance. This finding is consistent with Sayuni (2022) and Effendy, who reported significant effects of competence on employee performance. Rahman (2021) also found a significant effect of competence, with an effect size of 0.489. However, Mandagi et al. (2020) reported no relationship between competence and performance, indicating contextual differences. In this study, 60 nurses (52.2%) had poor competence, and 55 nurses (47.8%) had good competence. This indicates 1 the need for competence improvement through training, certification, and further education. Hospital management is encouraged to expand access to PPGD and BTCLS training to strengthen clinical competence in intensive care units.

https://doi.org/10.58421/misro.v5i1.1038 224 Relationship Between Incentives and Nurse Performance The bivariate analysis showed a p-value of 0.003 ($p < 0.05$), indicating a significant relationship between incentives and nurse performance. The correlation coefficient ($r = 0.267$) showed a positive direction. Most nurses received low incentives (53.9%), while 46.1% received high incentives. This imbalance may affect work motivation. This finding is consistent with Risa Mariana et al. [24], who reported significant

relationships between incentives and performance. Rahmawati (2020) also found a strong positive correlation between rewards and employee performance. However, Budi Raharjo et al. [27] found no significant effect of rewards. This suggests that the effectiveness of incentives depends on fairness, transparency, and relevance to performance and competence. Therefore, hospitals should redesign incentive systems to be fair, transparent, and performance-based. Relationship Between Length of Service and Nurse Performance The bivariate analysis showed a p-value of 0.002 ($p < 0.05$), indicating a significant relationship between length of service and nurse performance. The correlation coefficient ($r = 0.290$) indicated a positive relationship. Most nurses had shorter working hours (58.3%), yet 73.9% still performed well. This suggests that experience contributes positively to clinical accuracy and efficiency. This finding aligns with Rizqi and Nabila [28], who found no relationship. Training systems, work environments, and opportunities for professional development may cause differences. Thus, length of service should be considered in performance improvement strategies, alongside training, motivation, and supportive work environments. 4. CONCLUSION This study highlights that nurse performance in intensive care units is shaped more by structural and motivational factors than by workload or psychological pressure. The overall findings indicate that individual and organizational attributes play a more meaningful role in sustaining performance quality than situational demands encountered during daily work activities. Performance appears to be maintained when nurses operate within a supportive system that acknowledges experience and provides adequate rewards. The implications of this research emphasize the importance of human resource policies that prioritize fair incentive systems and the retention of experienced nurses. Hospital management is encouraged to focus on strengthening reward mechanisms, career development pathways, and recognition of long-term service as strategic efforts to enhance performance quality. These approaches are likely to be more effective than interventions that concentrate solely on reducing workload or managing stress levels. This research is limited by its focus on a single hospital and its cross-sectional design, which restricts the ability to capture changes in performance

dynamics over time. Additionally, the variables examined were confined to selected individual and organizational

https://doi.org/10.58421/misro.v5i1.1038 225 factors, leaving other potential determinants of performance, such as leadership style, organizational culture, and teamwork, outside the scope of analysis. Future studies are recommended to employ longitudinal or mixed-method designs to explore how nurse performance evolves across different career stages and working conditions. Further research may also incorporate broader institutional variables and comparative settings to strengthen generalizability. This study contributes to the general public by providing evidence-based insight for hospital administrators and policymakers on the importance of incentive structures and professional experience in maintaining high-quality nursing services, ultimately supporting improved patient care and health system effectiveness. ACKNOWLEDGEMENTS The authors would like to thank the nurse respondents at Raden Mattaher Regional Hospital, Jambi Province, and all parties who assisted in this research. REFERENCES [1] P. Gondaliya And N. Patel, “To Compare Effect Of Upper Extremity And Lower Extremity Exercise Training On Pulmonary Function In Normal Healthy Young Women,” International Journal Of Science And Research (Ijsr), Vol. 10, No. 8, Pp. 87–93, Aug. 2021, Doi: 10.21275/Sr21728142756. [2] R. K. Marwaha Et Al., “Efficacy Of Daily Supplementation Of Milk Fortified With Vitamin D2 For Three Months In Healthy School Children: A Randomized Placebo Controlled Trial,” Indian Pediatr., Vol. 58, No. 9, Pp. 820–825, Sep. 2021, Doi: 10.1007/S13312-021-2300-9. [3] A. Nurul Aulia, R. Sudiyat, P. Kesehatan, P. Kesehatan, And K. Bandung, “Video Animasi Mempengaruhi Pengetahuan Dan Sikap Masyarakat Mengenai Pencegahan Stigma Kepada Pasien Tb Paru Animation Videos Influence Community Knowledge And Attitude About Stigma Prevention In Pulmonary Tb Patients,” Vol. 2, No. 1, P. 258, 2021, Doi: 10.34011/Jks.V12i1.1814. [4] Y. F. Kuo, Y. M. Lin, And H. F. Chien, “Corporate Social Responsibility, Enterprise Risk Management, And Real Earnings Management: Evidence From Managerial Confidence,” Financ. Res. Lett., Vol. 41, Jul. 2021, Doi:

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