

Factors Influenced of Nurse Performance: The Mediating Role of Organization Commitment with SEM - PLS Approach

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Article information	Abstract
<p>Article history: Received; September 28th, 2021 Revised: December 07th, 2021 Accepted: December 20th, 2021</p> <hr/> <p>Corresponding author: Supriyantoro Department of Hospital Administration, Universitas Esa Unggul, Indonesia. Jl. Arjuna Utara No.9, RT.1/RW.2, Duri Keba, Kec. Kb. Jeruk, Kota Jakarta Barat, Daerah Khusus Ibukota Jakarta 11510 E-mail: priyantoro118@gmail.com</p> <hr/> <p>International Journal of Nursing and Health Services (IJNHS) Volume 5, Issue 1, February 20th, 2022 http://doi.org/10.35654/ijnhs.v5i1.526 E-ISSN: 2654-6310</p> <hr/> <div data-bbox="371 1724 521 1780" style="text-align: center;">  </div>	<p>Introduction: COVID-19 positive cases in Jakarta continue to increase from day today. Objective: The study is aimed to examine and develop the variables which affect the performance of nurses who treat COVID-19 patients at the Islamic Hospital of Jakarta Sukapura. The hospital itself was assigned as a referral hospital for Covid-19 patients on an emergency basis. This assignment later created unrest from workers or medical personnel who worked at the hospitals, especially those who worked as nurses. Method: The research design used here is a descriptive quantitative approach using five main variables: Self - Efficacy; Job Stress, Organizational Commitment, and Nurse Performance, while the research instrument used a questionnaire with a Likert scale and distributed for 10 days. The sample used in this study used a total sampling technique comprised of 120 respondents, while the data analysis in this study used the SEM method assisted by the Smart PLS 3.2 program. Results: showed that self-efficacy had a positive and significant effect on organizational commitment and nurse performance. In addition, work stress has a negative impact on organizational commitment and does not affect nurse performance. The result of research also discovered that organizational commitment has a negative effect on the performance of nurses. Recommendation: results of this study can also be considered by the leadership at the Islamic Hospital of Jakarta Sukapura, DKI Jakarta, to improve the performance of its nurses</p> <p>Job stress; self–efficacy; organizational commitment, nurse performance.</p> <p>This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License CC BY -4.0</p>

INTRODUCTION

Hospitals function to provide health services in the form of fulfilling health services for outpatient, inpatient, emergency, medical and non-medical services; therefore, human resources play an essential part in hospital management as it will impact the quality of services provided and its improvement. According to [1], in dealing with the health cases of patients in hospitals, nurses play a vital role in patient health services for 24 hours continuously. Therefore, developing the nursing paradigm in the form of comprehensive bio-psycho-social-spiritual services requires nurses to always be professional according to applicable nursing performance standards. Performance means carrying out a task characterized by results that can be enjoyed.

Throughout the COVID-19 pandemic, nurses are considered professions that are primarily burdensome duties and responsibilities, from improving professionalism in providing nursing services to being responsible for hospital organizations. This situation, however, can lead nurses to stressful situations with a consequence on the nurses' psychology. In General, it is not unusual for any health workers to risk their lives daily, whether they are directly dealing with COVID-19 or not. While according to [2], the death rate of Indonesian health workers reached 6.5%. This means that for every 100 deaths, 6-7 health workers die.

The rise of COVID-19 Positive cases in Jakarta from day to day continues to impact health workers at the front line. They are faced with dealing with new types of diseases, with a massive spike in cases, limited knowledge, complicated cases, and other challenges which make them more susceptible to health infection and also experiencing psychological problems such as stress.

The limited number of nurses based on the gap data above had also dramatically

affected the performance and psychology of nurses. While the demands of professionalism and workload continue to increase, the spreading of the COVID-19 virus also haunts the nurses. Thus, it is undeniable that the Covid-19 pandemic has dramatically affected the performance of nurses.

To carry out duties as a professional nurse and be committed to the organization simultaneously, the nurses must have adequate self-confidence to cope with the stress at work. Therefore, self-efficacy plays a very influential factor in increasing organizational commitment and the nurse's performance. In addition, self-efficacy is one of the individual psychological components that have an essential role in the work behavior of nurses. Nurses who have high self-efficacy are shown to have confidence in their abilities, resulting in the nurses being able to carry out work stress, overcome problems, and achieve success.

Nurses who have high self-efficacy will act in a more directed and more persistent manner as part of their effort to achieve their goals. Nurses who do not show confidence in their self-efficacy will try to avoid problems or tasks, especially tasks that are felt burdening or heavy, to reduce their emotional stress [1].

Individuals who possess high self-efficacy tend to accept all work stress given, even if these tasks are challenging to perform. Individuals with high self-efficacy fail due to a lack of effort, hard work, knowledge, and skill. Meanwhile, individuals who possess low self-efficacy tend to doubt their abilities. As a result, they tend to avoid challenging tasks as they consider them to be burdensome and a threat to them. Individuals like this have a low organizational commitment in their performance since individuals with low self-efficacy have no urge to find a good and proper way to carry on complicated tasks.

The theoretical statement that self-efficacy affects organizational commitment is supported by empirical studies from several previous research results such as [4], [5], [6], and [7] prove that self-efficacy has a positive effect on organizational commitment.

Previous study mention that [7], Self-efficacy will determine how employees complete specific jobs, showcase endurance in the face of difficulties or failures, and manage the employee performance levels in dealing with the effect of success or failure. A feeling which correlates the tasks in the job as a burden is a condition that shows the presence of low self-efficacy. In addition, it is also due to internal employee factors, namely lack of confidence in completing work. Lack of self-confidence makes employees always complain and feel uncomfortable every time they are asked to do work [8].

Past research stated that self-efficacy has a positive effect on employee performance. Previous studies indicated that self-efficacy affects nurse performance positively and significantly [1, 8-11].

Based on the stated phenomena, this study aims to test and develop several variables that affect the performance of nurses who treat COVID-19 patients at the Islamic Hospital of Jakarta Sukapura. This study is expected to be regarded as an evaluation material for policies related to factors that can improve the performance of nurses on public services carried out by the Islamic Hospital of Jakarta Sukapura.

OBJECTIVE

The study aimed to determine the effect of self-efficacy and work stress on the performance of nurses during the COVID-19 pandemic with organizational commitment at the Islamic Hospital of Jakarta Sukapura and analyze and test the effect of self-efficacy on the performance of nurses at the hospital.

METHOD

Design

This research design uses a quantitative research approach emphasizing theory testing through research variables with numbers and analyzing data using statistical procedures. Statistics is the primary analytical tool used in this research. This research design is categorized as clause research or explanatory research, which explains the causal relationship between research variables through hypothesis testing.

Samples and Sampling Technique

The samples in this study were nurses who work in the inpatient ward at the Islamic Hospital of Jakarta. The selected samples used the non-probability sampling technique. A purposive sampling technique was used to determine the samples based on the inclusion criteria. The number of samples in this study was 120 nurses.

The inclusion criteria of this study included 1) at least DIII of nursing for educational background; 2) Actively to provide health services; 3) Willing to be respondents and involved in research.

The exclusion criteria of this study included 1) Nurses and midwives in the outpatient and emergency department of the Islamic Hospital in Jakarta; 2) Not willing to be a respondent; 3) Working < 1 year.

Data Collecting Instrument.

An instrument for data collection

Demographic Factors: Four questions were used to obtain gender, age, level of education, and years of service in the hospital.

Self-Efficacy Questionnaires: A self-efficacy questionnaire was used to measure the self-efficacy among nurses in working. The self-efficacy questionnaire consisted of 9 questions. Four questions were used to obtain gender, age, level of education, and years of service in the hospital. The Cronbach alpha of the questionnaire was

0,776. It was considered as the reliability of the questionnaire.

Working stress questionnaire: The working stress questionnaire was used to measure the stress of nurses in working. It consisted of 7 questions, divided into seven indicators workload, covering duties and functions of nurses, hospital targets, and multiply tasks. The scale in this questionnaire uses a Likert scale consisting of 5 points: 1 = strongly disagree, 2 = disagree, 3 = Neither agree nor disagree, 4 = agree, and 5 = strongly agree. The Cronbach alpha of the questionnaire was 0,911. It was considered as the reliability of the questionnaire.

Organizational Commitment Questionnaire. An organizational commitment questionnaire was used to measure the organization's commitment among nurses. It consisted of 6 questions, divided into six indicators: commitment, pride, loyalty, and priority. The scale in this questionnaire uses a Likert scale consisting of 5 points: 1 = strongly disagree, 2 = disagree, 3 = Neither agree nor disagree, 4 = agree, and 5 = strongly agree. The Cronbach alpha of the questionnaire was 0,872. It was considered as the reliability of the questionnaire.

The nurse Performance Questionnaire was used to measure the working performance of nurses. It consisted of 11 questions, divided into 11 indicators, including responsibility work targets and quality. The scale in this questionnaire uses a Likert scale consisting of 5 points: 1 = strongly disagree, 2 = disagree, 3 = Neither agree nor disagree, 4 = agree, and 5 = strongly agree. The Cronbach alpha of the questionnaire was 0.915. It was considered as the reliability of the questionnaire.

Data Analysis

The research model utilized in this study is a tiered structural model with SEM (Structural Equation Modeling) techniques.

The data was analyzed using the component-based partial least square (PLS) method to assess the research model. The researcher used least-squares (PLS) component-based structural equation modeling to predict the relationship of latent variables, sample size, and some path models (Hansen et al., 2018) PLS-SEM is a promising method that offers excellent potential for researchers. SEM researchers mainly in the fields of marketing and management information systems. This method is considered more precise than covariance-based SEM methods such as LISREL because this study aims to predict the main target construct [38].

Ethical Consideration

This research has obtained ethical approval from the Research Ethics Commission of Universitas Esa Unggul, No. 0377-20.365/DPKE-KEP/FINAL-EA/UEU/XII/2020

RESULT

Data Demographic

Gender data from respondents in this study where the number of male respondents was 7 people (5.9%), and female respondents were 113 people (94.1%). The data states that the female gender is more dominant than males at the Islamic Hospital in Jakarta Sukapura.

The respondents' age showed that the most dominant period between the ages of 25-30 years was 47 people (39.2%), and below was the age of 31-35 years as many as 33 people (27.5%). Other respondents were 36-40 years 25 people (20.8%). After that, there were 7 people between 41-45 years old (5.8%), 5 people between 45-50 years old (4.2%), and finally, over 50 years old, 3 people (2.5%). Nurses at the Islamic Hospital of Jakarta Sukapura already have a reasonably mature age in carrying out their duties and responsibilities; this is evidenced by most nurses being of productive age.

It can be concluded that the 43.1% for Nurse Performance (KP).

	Nurse Performance	Organizational Commitment	Self Efficacy	Work stress
Nurse Performance	1,000	0,000	0,000	0,000
Organizational Commitment	0,394	1,000	0,000	0,000
Self Efficacy	0,611	0,840	1,000	0,000
Work stress	0,544	0,566	0,748	1,000

respondent's last education was dominated by the D3 Nursing education level as many as 69 people or 57.5%, then followed by respondents with a D3 Midwifery education level as many as 28 people or 23.3% and finally with a Bachelor's education level (S1) nursing as many as 23 people or 19.2%.

In addition, the length of work is also an essential factor in influencing the performance of nurses. A total of 51 people (42.5%) worked within 6-10 years (29.2%). Some of them worked for 1 to 5 years (13.3%). Other respondents were working between 11-15 years and working periods above 15 years as many as 18 people or 15%.

Latent Variable Correlation

Table 1 below states the value of the total correlation between latent variables. It can be seen that all latent variables have a significant and positive correlation, including the variables Self-Efficacy and Organizational Commitment at 0.840, Self-Efficacy Correlation with Nurse Performance at 0.611.

The correlation between work stress and organizational commitment is 0.566, the correlation between work stress and nurse performance is 0.544, and the correlation between organizational commitment and nurse performance is 0.394.

As a result, the variance in the model can be proven by the R2 value derived from other variables. The criteria of R2 are classified into three groups such as 0.67, which indicates substantial, 0.33 for moderate, and 0.19 for weak (37). This model explains 71.4% of the variance for Organizational Commitment (KO) and

Therefore, we can clarify that the values of R2 in Organizational Commitment (KO) are substantial and Nurse Performance (KP) is moderate.

Structural model (Inner Model)

The results of the structural model (Inner Model) in Figure 1 above stated that all indicators of the variable forming have a loading factor that fulfills the requirements. 13 indicators were removed as invalid. The Self-Efficacy (SE) variable and the Work Stress (WS) variable do not have an R Square (R2) value; the two variables are independent variables that are not influenced by other variables.

To make predictions related to the correlation between variables, the structural model (inner model), in this case, PLS-SEM, can be evaluated from the value of Square (R2) for each independent variable as a predictive power in the structural model. 70 [41].

As a result, the variance in the model can be proven by the R2 value derived from other variables. In general, the criteria of R2 are classified into three groups as 0.67, which indicates substantial, 0.33 for moderate, and 0.19 for weak [37]. This model explains 71.4% of the variance for Organizational Commitment (OC) and 43.1% for Nurse Performance (NP). Therefore, we can clarify that the values of R2 in Organizational Commitment (OC) are substantial, and Nurse Performance (NP) is moderate.

The goodness of fit assessment is known from the Q-Square value. The Q-

Square value has the same meaning as the

Path coefficients	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Organizational Commitment -> Nurse Performance	-0,375	-0,395	0,166	2,257	0,024
Self-Efficacy -> Nurse Performance	0,819	0,799	0,214	3,821	0,000
Self-Efficacy -> Organizational Commitment	0,945	0,959	0,058	16,300	0,000
Work stress -> Nurse Performance	0,143	0,183	0,141	1,018	0,309
Work stress -> Organizational Commitment	-0,141	-0,150	0,070	2,019	0,044

coefficient determination (R-Square) in regression analysis, where the higher the R-Square, the model can be said to be better or more fit with the data [42], [43].

Table 1. correlation between latent variables

Table 2. path coefficients

Table 3. Total Indirect Effects

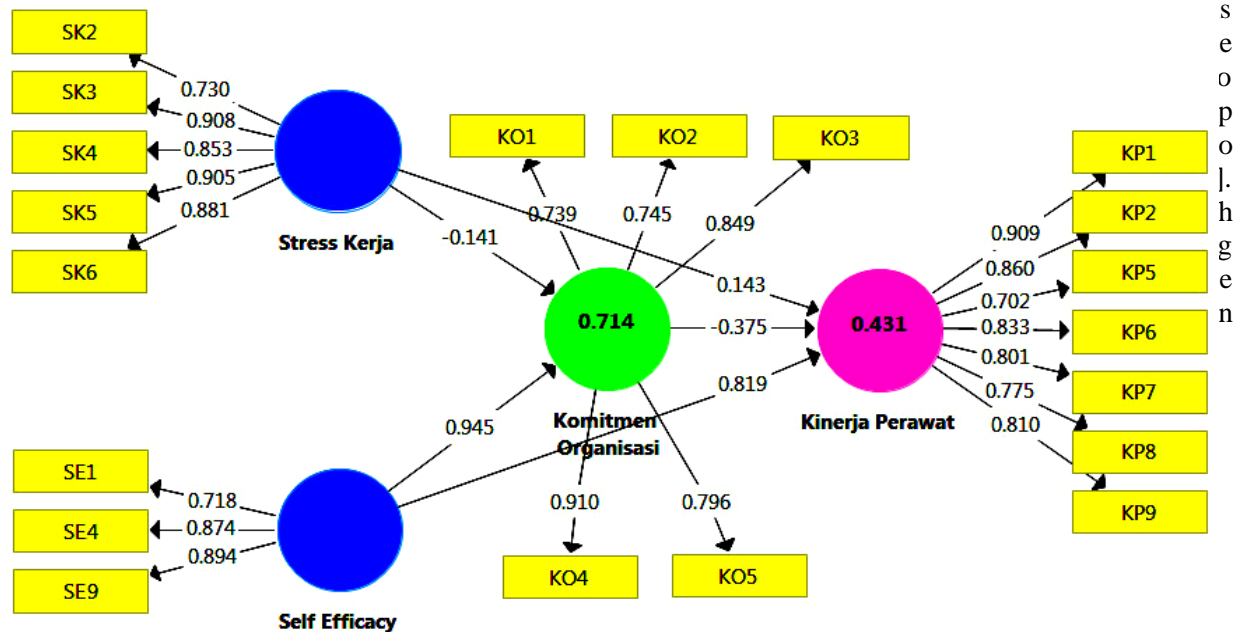
Indirect effect	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Organizational Commitment -> Nurse Performance		0,000	0,000		
Self-Efficacy -> Nurse Performance	-0,355	-0,381	0,168	2,110	0,035
Self-Efficacy -> Organizational Commitment		0,000	0,000		
Work stress -> Nurse Performance	0,053	0,061	0,042	1,248	0,213
Work stress -> Organizational Commitment					
Self-Efficacy -> Organizational Commitment -> Nurse Performance	-0,355	-0,381	0,168	2,110	0,035
Work stress -> Organizational Commitment -> Nurse Performance	0,053	0,061	0,042	1,248	0,213

Table 4. Specific Indirect Effects

Hypothesis testing	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values	Result of Hypothesis path
Self-Efficacy -> Organizational Commitment	0,945	0,959	0,058	16,300	0,000	Diterima
Self-Efficacy -> Nurse Performance	0,819	0,799	0,214	3,821	0,000	Diterima
Work stress -> Organizational Commitment	-0,141	-0,150	0,070	2,019	0,044	Diterima
Work stress -> Nurse Performance	0,143	0,183	0,141	1,018	0,309	Ditolak
Organizational Commitment -> Nurse Performance	-0,375	-0,395	0,166	2,257	0,024	Diterima

model can be declared to have good goodness of fit from these results.

Before performing the Hypothesis



The results of the calculation of the value of Q Square are as follows:

$$\begin{aligned}
 Q\text{-Square} &= 1 - [(1 - R21) \times (1 - R22)] \\
 &= 1 - [(1 - 0.714) \times (1 - 0.431)] \\
 &= 1 - (0.286 \times 0.334) \\
 &= 1 - 0.162 \\
 &= 0.838
 \end{aligned}$$

Based on the calculations above, the Q-Square value is 0.838. This shows the magnitude of the diversity of research data explained by the research model is 83.8%. At the same time, the remaining 16.2% is explained by other factors that are outside the research model. Thus, this research

While partial least square regression is a distribution-independent technique, the number of bootstrap samples was set to 500 to evaluate the significance of the parameter estimates [37].

The result of the bootstrapping structure model can be seen in Figure 2 below.

Hypothesis Test

Table 5 Testing research hypothesis showed the influence of Self-Efficacy on Organizational Commitment ($p < 0.001$) with a T statistic of 16.300 and a positive path coefficient of 0.945. Because P-Value < 0.05 and T statistic > 2.58 ($\alpha = 0.01$; two-sided test), then H1 is accepted, and it is concluded that Self-Efficacy has a positive and significant effect on organizational commitment.

The P-Value of the influence of Self-Efficacy on Nurse Performance is 0.000 with a T statistic of 3.821 and a positive path coefficient of 0.819. Because P-Value < 0.05 and T statistic > 2.58 ($\alpha = 0.01$; two-sided test), H2 is accepted, and it is concluded that Self-Efficacy has a positive and significant effect on employee performance. The P-Value of the influence of Work Stress on Organizational Commitment is 0.044 with a T statistic of 2.019 and a negative path coefficient of -0.141. P-Value < 0.05 and T statistic > 1.96 ($\alpha = 0.05$; two-sided test), then H3 is accepted, and it is concluded that work stress has a negative and significant effect on organizational commitment.

The P-Value of the influence of work stress on nurse performance is 0.309 with a statistical T of 1.018 and a positive path coefficient of 0.143. It was concluded that there is no effect of Work Stress on Nurse Performance. The P-Value of the influence of Organizational Commitment on Nurse Performance is 0.024 with a T statistic of 2.257 and a negative path coefficient of -0.375. Because P-Value < 0.05 and T statistic $> < 1.96$ ($\alpha = 0.05$; two-sided test), then H5 is accepted and it is concluded that Organizational Commitment has a negative and significant effect on nurse performance.

Thus, four of the five path coefficients are statistically significant according to the inner model. The researcher

understands that when the resulting empirical t-value is above 1.96, we can assume that the path coefficient differs significantly from 0 at the 5 percent significance level ($\alpha = 0.05$; two-tailed test). The critical t-value for the 1 percent significance level ($\alpha = 0.01$; two-tailed test) has a probability of error of 2.58.

Hypotheses 3 and 5 have a negative effect. This is because the feeling of stress from a nurse significantly affects their organizational commitment; therefore, organizational commitment will also negatively influence the performance of nurses at the Islamic Hospital of Jakarta Sukapura, DKI Jakarta. This was found in a deeper search of nurses at the Jakarta Islamic Hospital in Sukapura who had very high-stress levels; some nurses stated that patients often spoke without keeping their distance.

In addition to taking samples and cutting swabs, sometimes liquids like to splash onto them. Even though they wear Personal Protective Equipment (PPE), it still causes stress on nurses. Nurses are also instructed not to show their feelings of anxiety because it will lead to discriminating against patients. Feelings of great stress also arise when encountering stressful events and requiring zero mistakes in medical action. In addition, nurses also feel anxiety about medical activities with limited time in the process. This sometimes makes nurses less committed to their organization because of a lack of concern for their work, resulting in a decrease in their performance.

The rejection of hypothesis 4, is based on the lack of proof in influence between work stress and nurse performance. This proves that nurses stressed at the Islamic Hospital of Jakarta Sukapura, DKI Jakarta does not affect their professional attitude and sense of responsibility towards their work. This was found because the nurses had high humanity and always put the safety of their patients first. Besides that, some nurses always tried to meet the targets

that had been set. For this reason, professional work demands are needed in realizing organizational goals, namely improving the quality of the Islamic Hospital of Jakarta Sukapura, DKI Jakarta.

Details of each indicator in the hypothesis testing above can be seen in Table 12 below. The Original Sample in column 2 and T-Statistics in column 5 reflect the overall measurement model, which is very valid and significant.

CONCLUSION

Based on the analysis and discussion results as described above, it can be concluded that the independent variable on self-efficacy has a vital role in creating a good nurse performance. Its direct effect on nurse performance has a positive and significant impact. It was indicated that good performance on nurses in The Islamic Hospital of Jakarta Sukapura, DKI Jakarta is very dominant, manifested by the self-efficacy variable. The high self-efficacy of nurses will lead to good performance. The most robust dimension of the self-efficacy variable is the Strength dimension, where nurses at the Islamic Hospital in Jakarta Sukapura have strong beliefs in doing their jobs.

This concludes that nurses at the Islamic Hospital of Jakarta Sukapura, DKI Jakarta have strong self-efficacy in completing their work, which implications for solid and reasonable organizational commitment. And based on the two effects of self-efficacy on the dependent variable of Nurse Performance and Intervening Organizational Commitment, the dependent variable is declared a very dominant and critical variable in shaping the excellent performance of nurses at the Islamic Hospital of Jakarta Sukapura, DKI Jakarta.

The opposite is found in the work stress variable which the independent variable has a weak influence with negative indications on the organizational

commitment intervening variable. The lowest dimension of the Work Stress variable is role conflict. Some nurses at the Islamic Hospital Jakarta Sukapura, DKI Jakarta sometimes feel that the hospital provides high work targets or their work is less appreciated by management. This causes tremendous work stress and causes role dysfunction in doing tasks and work.

Weak organizational commitment results in inadequate performance, direct influence, and mediating the two independent variables reflect a negative and weak reflection on the performance of nurses at the Islamic Hospital of Jakarta Sukapura, DKI Jakarta.

Acknowledgment

The authors would like to thank Mrs. Rokiah Kusumapradja and Mr. Rian Adi Pamungkas for their valuable advice and suggestions while writing this research. We want to thank the Director and all staff at Islamic Hospital of Jakarta Sukapura, DKI Jakarta. for facilitating the data collection process.

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