

Volume: 15
Issue: 2
Years: 2025

Research Article

The Relationship Between Nurse Performance in Providing Nursing Care and Patient Satisfaction at Budhi Asih General Hospital Jakarta

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Editor: KS
Received: 28/05/2025
Accepted: 15/06/2025
Published: 30/06/2025
Available Article:

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Conflict of interest statement: declare that this research is independent of the conflict of interest of both individuals and organizations

Abstrak

Background: Patient satisfaction reflects patients' perceptions and needs regarding the utilization of healthcare services. Nurse performance in Indonesia has been reported to be relatively low (53.4%).

Objectives: To examine the relationship between nurse performance in providing nursing care and patient satisfaction at Budhi Asih General Hospital, Jakarta.

Methods: This study employed a descriptive correlational design with a sample of 173 respondents determined using Lameshow's proportion formula. Data were analyzed using logistic regression.

Results: The study found that nurse performance was significantly associated with patient satisfaction (p-value $0.03 < 0.05$). Multivariate analysis confirmed that nurse performance remained significantly related to patient satisfaction.

Conclusion: Nurse performance had an odds ratio (OR) of 4.5 (95% CI: 1.926–10.877), indicating that nurses' performance increases the likelihood of patient satisfaction fourfold after controlling for age, marital status, and length of stay.

Keywords: nurse performance, nursing care, patient satisfaction

Introduction

Patient satisfaction reflects patients' perceptions and needs regarding the utilization of healthcare services. Assessing patient satisfaction is essential, as it often serves as an indicator of healthcare quality and system accountability (Adhikary et al., 2018). A study conducted at Dr. Soetardo Hospital in Yogyakarta (Luan et al., 2018) reported that 36.6% of respondents rated nurses' performance as good, 40.8% as adequate, and 22.5% as poor. Furthermore, 29.6% of respondents stated that they were satisfied, 39.4% moderately satisfied, and 31% dissatisfied with the services received.

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Budhi Asih Regional General Hospital experienced a decline in patient visits between 2020 and 2021, with 24% of patient visits recorded in 2019, decreasing to 20% in 2020 and further to 18% in 2021. In addition, interviews conducted on November 2–3, 2023 with 11 patients and/or family members gathered information regarding their satisfaction and perceptions of the healthcare services received during treatment at Budhi Asih Hospital in Jakarta.

Based on the inpatient satisfaction questionnaire reported by the hospital for November–December 2022, nursing service quality at Budhi Asih Regional General Hospital revealed that 69% of inpatients expressed dissatisfaction with nurses' caring behavior, while only 31% reported being satisfied. This finding indicates that the overall quality of nursing services, particularly related to caring attitudes, remains an area requiring improvement.

Methods

The research employed a descriptive correlational design. The sample size was determined using the Lemeshow proportion formula, resulting in a total of 173 respondents. Data analysis was carried out using Chi-square and logistic regression tests.

Results

Table 1. Distribution of respondents based on age, gender, marital status, education, occupation, and length of stay (n = 173)

Variable	Category	f	%
Age	≤ 35 years	47	27%
	> 35 years	126	73%
Gender	Female	91	52%
	Male	82	48%
Marital Status	Married	149	86%
	Unmarried	24	14%
Education	Higher	134	77%
	Lower	39	23%
Occupation	Employed	94	55%
	Unemployed	79	45%
Length of Stay	≤ 3 days	107	62%
	> 3 days	66	38%

Based on the results presented in the table, a total of 126 respondents were over 35 years old. By gender, 91 respondents were female and 82 were male. The majority of respondents were married, accounting for 149 individuals. In terms of education level, most respondents had higher education, totaling 134 individuals. Regarding employment status, 94 respondents were employed. When viewed from the length of hospital stay, 107 respondents were hospitalized for less than three days, while 66 respondents stayed for more than three days.

Table 2. Distribution of respondents based on patient satisfaction and nurse performance (n = 173)

Variable	Category	f	%
Patient Satisfaction	Satisfied	127	73%
	Not satisfied	46	27%
Nurse Performance	Good	131	75%
	Poor	42	25%

Based on Table 2, a total of 127 respondents reported feeling satisfied with the services received, while 46 respondents expressed dissatisfaction; meanwhile, 131 respondents rated nursing

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performance as good, whereas 42 assessed it as poor. Bivariate analysis (Table 5.3) showed that nurses who demonstrated good performance in delivering nursing care were associated with 104 respondents reporting satisfaction, while poor nursing care performance was associated with only 19 satisfied respondents, indicating a significant relationship between nurse performance and patient satisfaction ($p = 0.003 < 0.05$). In contrast, age did not show a significant association, with 88 satisfied and 38 dissatisfied respondents aged over 35 years ($p = 0.122 > 0.05$). Likewise, gender was not significantly related to satisfaction, with 60 male and 67 female respondents reporting satisfaction ($p = 1.000 > 0.05$). Employment status also showed no meaningful association, as 62 unemployed and 65 employed respondents reported satisfaction ($p = 0.226 > 0.05$). Education level demonstrated similar findings, with 97 respondents having higher education reporting satisfaction, yet analysis showed no significant association with patient satisfaction ($p = 0.573 > 0.05$).

Table 3. Analysis of the relationship between nurse performance in providing nursing care and patient satisfaction (n = 173)

Variable	Patient Satisfaction		p-value	OR (95% CI)
	Satisfied	Not Satisfied		
Nurse Performance			0.003	3.182 (1.517–6.673)
Good	104	27		
Poor	23	19		
Age			0.122	2.105 (0.889–4.928)
≤ 35 years	39	8		
> 35 years	88	38		
Gender			1.000	0.977 (0.497–1.919)
Male	60	22		
Female	67	24		
Employment Status			0.226	1.627 (0.814–3.252)
Unemployed	62	17		
Employed	65	29		
Education Level			0.573	1.271 (0.551–2.932)
Higher	97	37		
Lower	30	9		
Marital Status			0.151	2.840 (0.805–10.016)
Unmarried	21	3		
Married	106			

Tabel 4. Bivariate Selection Test

Category	p-value	Result
Education	0.568	Not included
Gender	0.946	Not included
Employment	0.164	Not included
Age	0.073	Included in multivariable analysis
Marital Status	0.072	Included in multivariable analysis
Length of Stay	0.000	Included in multivariable analysis
Nurse Performance	0.002	Included in multivariable analysis

The next step was the elimination or selection of variables with p-values > 0.05 . Based on the results of the table, two variables were excluded: age, with a p-value of 0.483, and marital status, with a p-value of 0.225.

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Table 5. Initial model of the relationship between age, marital status, length of stay, and nurse performance with patient satisfaction (n = 173)

Category	p-value	OR	95% CI
Age	0.483	1.478	0.497–4.397
Marital Status	0.225	2.647	0.548–12.781
Length of Stay	0.000	3.740	3.016–15.059
Nurse Performance	0.001	4.577	1.926–10.877

The next step was the elimination or selection of variables with p-values greater than 0.05. Based on the results in the table, two variables were removed from the model: age (p = 0.483) and marital status (p = 0.225).

Table 6. Changes in Odds Ratio (OR) Before and After Removal of the Age Variable

Category	p-value	Initial OR	New OR	OR Change (%)
Age	0.483	1.478	–	–
Marital Status	0.079	2.647	3.449	30.2
Length of Stay	0.000	3.740	3.760	0.29
Nurse Performance	0.000	4.577	4.661	1.83

Based on Table 6, after removing the age variable, the marital status variable showed a change in OR of 30.2%, which exceeds the 10% threshold. This indicates that the age variable should not be removed and is considered a confounding variable. Therefore, the next step was to eliminate the marital status variable.

Table 7. Changes in Odds Ratio (OR) Before and After Removal of the Marital Status Variable

Category	p-value	Initial OR	New OR	OR Change (%)
Age	0.115	1.478	2.140	44.7
Marital Status	0.225	2.647	–	–
Length of Stay	0.000	3.740	3.721	1.1
Nurse Performance	0.001	4.577	4.350	4.5

Based on Table 7, after removing the marital status variable, the age variable showed a change in OR of 44.7%, which exceeds the 10% threshold. This indicates that marital status should not be excluded and is considered a confounding variable. From the elimination of both variables in the tables above, it can be concluded that length of stay is the most dominant variable associated with patient satisfaction, followed by nurse performance after being controlled by the confounding variables of age and marital status.

Table 8 Interaction Test of Age with Nurse Performance

Variable	P-value	OR	95% CI
Age	0.749	0.620	0.033 – 11.674
Marital Status	0.218	2.661	0.560 – 12.635
Length of Hospitalization	0.000	3.954	3.075 – 15.727
Nurse Performance	0.865	1.398	0.300 – 65.850
Nurse Performance * Age	0.536	1.942	0.237 – 15.899

Based on the table above, the interaction test between gender and nurse performance shows a p-

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value of 0.540 (>0.05), indicating that there is no interaction between the two variables. The analysis was then continued with a second interaction test involving the length of hospitalization variable.

Tabel 9. Interaction Test Between Nurse Performance and Length of Hospitalization

Category	P-value	OR	CI: 95%
Age	0.483	1.480	0.495–4.427
Marital Status	0.226	2.647	0.547–12.801
Length of Hospitalization	0.131	3.447	0.575–72.279
Nurse Performance	0.276	4.360	0.309–61.524
Nurse Performance * Length of Stay	0.970	1.034	0.181–59.904

Based on the table above, the interaction test between nurse performance and length of hospitalization showed a p-value of $0.970 > 0.05$, indicating that there is no interaction between the two variables.

Tabel 10. Final Modeling of the Relationship Between Nurse Performance in Providing Nursing Care and Patient Satisfaction with Confounding Factors

Category	P-value	OR	95% CI
Age	0.483	1.478	0.497–4.397
Marital Status	0.225	2.647	0.548–12.781
Length of Stay	0.000	3.740	3.016–15.059
Nurse Performance	0.001	4.577	1.926–10.877

Based on Table 11, the length of stay variable shows a significant relationship with patient satisfaction, as indicated by a p-value of $0.000 < 0.05$ and an OR of 4.577. This means that the length of stay has a four-times greater likelihood of influencing patient satisfaction after being controlled for age, marital status, and nurse performance.

Discussion

Overview of Characteristics: Age, Gender, Marital Status, Education, Employment, Length of Hospital Stay, Nurse Performance, and Patient Satisfaction

Respondent characteristics are an essential component of a study, as they may influence the success of the research. Therefore, this study also presents an overview of respondent characteristics. Based on age, the majority of respondents were over 35 years old, totaling 126 (73%), while 47 respondents (27%) were under 35 years old. In terms of gender, there were 91 females (52%) and 82 males (48%). For marital status, most respondents were married, totaling 149 (86%), while 24 (14%) were unmarried. Regarding education, the majority of respondents had a higher education background, accounting for 134 (77%), while 39 respondents (23%) had a lower education level. Based on employment status, 94 respondents (45%) were employed, and 79 (55%) were unemployed. Meanwhile, for length of hospital stay, most respondents were hospitalized for less than 3 days, totaling 107 (46%), while 66 respondents (52%) stayed more than 3 days. In terms of patient satisfaction, 127 respondents (73%) reported being satisfied with nursing performance, while 46 (27%) were dissatisfied. Furthermore, 131 respondents (75%) rated nurse performance as good, while 42 (25%) rated it as poor. These characteristics clearly influenced the outcomes of the study, consistent with findings from Arif Kurniawan (2012), which showed that patient characteristics significantly affect satisfaction levels in outpatient services. Similarly, research by G. Aulia (2022) demonstrated a significant relationship between patient characteristics and satisfaction levels with pharmaceutical outpatient services.

Analysis of the Relationship Between Nurse Performance and Patient Satisfaction

In this bivariate analysis, the researcher aims to describe whether there is a significant relationship between the independent variables and the dependent variable. In this study, the variable of nurse performance and the level of patient satisfaction showed a significant relationship, with a p -value of $0.003 < 0.05$, indicating that nurses who perform their duties well are more likely to generate higher patient satisfaction with nursing services. Performance is defined as the work effort achieved by an individual or group within an organization in accordance with their authority and responsibilities to achieve organizational goals that are legitimate and ethical (Usman, 2011).

Nurses, as healthcare professionals in hospitals, hold a crucial role in achieving national health development goals. The success of healthcare services depends on nurses' involvement in providing high-quality nursing care to patients (Potter & Perry, 2014). This is influenced by the fact that nurses provide patient care 24 hours a day and represent 40–60 percent of the clinical workforce in hospitals. Therefore, hospitals must have productive nurses who can support hospital performance in achieving patient and customer satisfaction (Suroso, 2013). Implementing nursing duties reflects the nurse's efforts to carry out their rights, duties, and responsibilities optimally in the provision of nursing care. A study by Rahmat Mulyanto on the relationship between nurse performance and patient satisfaction at Sultan Imanuddin Regional Hospital, Pangkalan Bun, Central Kalimantan, demonstrated that there was a positive relationship between nurse performance and patient satisfaction. This indicates that when nurses carry out their duties efficiently with high discipline and dedication—such as arriving and leaving on time, acting quickly, being fair, polite, friendly, and proficient in using medical and nursing equipment—patients will feel safe, comfortable, recover more quickly, and consequently enhance the hospital's reputation. Satisfaction is defined as the feeling of pleasure arising from a comparison between expectations and the perceived outcomes of a service or product (Nursalam, 2012). Patients are biological, psychological, economic, social, and cultural beings, meaning their needs, desires, and expectations must be met in terms of health (biological), satisfaction (psychological), daily living and relationships (socioeconomic), and cultural needs (Supriyanto, 2014). According to Kotler, patient satisfaction is the feeling of pleasure or disappointment experienced after comparing perceived performance with expectations (Nursalam, 2012).

The results of this study are consistent with research conducted by Try Vena Kontesa (2023), which found a relationship between nurse performance and inpatient satisfaction, where nurse performance is influenced by several factors including ability, skills, attitude, personality, and motivation to work as a nurse. Watson's theory in this study focuses on the human and nursing paradigm (Fawcett, 2005; Ozan, Okumus, & Lash, 2015). The theory explains that the environment can be interpreted as something that creates comfort, beauty, and peace (Lukaose, 2011; Watson, 2007; Watson, 2009). Caring is a moral ideal that involves mind–body–spirit engagement between nurses and the patients they serve. Nursing is a humanitarian science and a profession that reflects personal practice, scientific knowledge, ethics, and aesthetics (Ozan, Okumus, & Lash, 2015). When nurses apply nursing care while adopting caring behaviors, they consider all aspects of patient experience. Nurses not only work within their functional responsibilities but also interact with the surrounding environment in accordance with Watson's caring theory. The quality of nursing care is highly influenced by the nurse's ability to communicate therapeutically. When caring behaviors are applied alongside therapeutic communication, patients experience higher satisfaction, and nurses are encouraged to continue demonstrating caring behaviors in their clinical practice.

Caring behavior represents the core moral value of nursing, signifying that the ethical foundation of nursing is the responsibility to provide appropriate care for clients. Nurses must be responsible for the moral implications of their actions. Based on the findings of this study and supported by previous research, it can be concluded that there is a significant relationship between nurse performance and patient satisfaction.

Analisa Multivariat

The multivariate analysis in this study aims to examine whether there is a relationship between independent variables and several confounding variables with the patient satisfaction variable. In the first stage of analysis, a bivariate selection was conducted using a p -value < 0.25 . From the seven variables tested, four met the criteria for further analysis, namely age, marital status, length of stay, and nurse performance. Based on this selection, an initial modeling test was performed, where variables with a p -value < 0.05 were included. The results of the multiple logistic regression analysis showed that when the age variable was removed, the marital status variable experienced a change in the odds ratio (OR) of 10% before and after removal; therefore, it was retained. Likewise, when marital status was eliminated, the age variable also demonstrated a 10% change, leading to the conclusion that no variables were excluded from the model.

The initial model was then followed by an interaction test. When the three confounding variables were tested against the main independent variable, none demonstrated an interaction effect, as all results showed a p -value greater than 0.05. Based on this, the final stage involved performing the logistic regression analysis. Of the four variables included, age and marital status showed p -values > 0.05 , indicating no significant relationship. Meanwhile, the variables of length of stay and nurse performance demonstrated p -values < 0.05 , indicating a statistically significant association. To determine the dominant factor between length of stay and nurse performance, the OR values were compared. The highest OR was found in nurse performance at 4.577, meaning that nurse performance is significantly associated with patient satisfaction, with a p -value of $0.000 < 0.05$ and an OR of 4.577. This indicates that nurses with good performance are four times more likely to influence patient satisfaction after controlling for age, marital status, and length of stay.

These findings align with research conducted by Merryani E. Oroh (2014), which demonstrated that factors related to patient characteristics—particularly nurse performance—are significantly associated with patient satisfaction. According to Kandou & Warouw (2016), nurses are required to deliver optimal performance because their work is directly experienced by patients. Nurse performance reflects the extent of their contribution to the hospital and overall service quality, as nurses are the healthcare professionals who interact most frequently with patients. Nursing services are professional services that represent an integral component of nursing science and practice, providing comprehensive care to individuals, families, and communities across the health–illness continuum.

In relation to inpatient satisfaction, nurses are the health workers who interact with patients most frequently, meaning patient satisfaction is largely influenced by how nurses carry out their professional and ethical responsibilities. Knowledge and perception of the nursing code of ethics are essential, as nurses represent a major component of the hospital workforce, comprising approximately 55–65% of healthcare providers and spending the most time with patients in delivering care. Therefore, nursing services represent an integral part of hospital healthcare delivery.

Improving awareness among nurses is necessary to strengthen the application of ethical principles in clinical practice. Support and motivation from unit managers are also important. The Nursing Committee must reinforce supervision and conduct regular evaluations. Based on the researcher's assessment, nurse performance greatly influences patient satisfaction due to the many elements that contribute to satisfaction. The better the quality of nursing services, the better the patient's perception of service quality in terms of healthcare worker competence, hospital environment, administrative system, facilities, and supporting infrastructure.

Conclusion

The majority of respondents were aged over 35 years, female, married, had higher education (senior high school and undergraduate level), were employed, and had a length of stay of ≤ 5 days. A significant relationship was found between the confounding variables—length of stay and nurse performance—and patient satisfaction ($p < 0.05$). Furthermore, nurse performance demonstrated a significant association with patient satisfaction, with a p -value of $0.001 < 0.05$ after being controlled

for age, marital status, and length of stay, and an odds ratio (OR) of 4.577.

Conflict of Interest Declaration

declare that this research is independent of the conflict of interest of both individuals and organizations

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