

The Influence of Nurse Workload on Services Nursing in Class III Inpatient Rooms RSUD Dr. Fauziah Bireuen

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ABSTRACT

According to the results of a 2018 study conducted by the Indonesian National Nurses Association (PPNI), around 50.9% of nurses working in hospitals report job exhaustion, regular headaches, and are unable to rest because the task is too heavy and time-consuming. A high workload is thought to reduce the occurrence of nursing services in inpatients. The purpose of this study is to investigate the impact of nurse workload on nursing services in inpatient rooms. This is a quantitative approach that employs analytic observational research with a cross-sectional design. The research was carried out at Dr. Fauziah Bireuen Regional General Hospital. The research population consisted of 226 persons, and the sample size was limited to 69 participants using random sampling. At multiple logistic regression 95% confidence level ($\alpha=0.05$), the data were analyzed using univariate, bivariate using chi-square, and multivariate. Results: Nursing services in Class III Inpatient Room Dr. Fauziah Bireuen Regional General Hospital, influenced by quantitative workload ($p=0.000 <0.05$) and qualitative workload ($p=0.000 <0.05$). The most dominant factor affecting nursing services in this study was the qualitative workload variable. Qualitative workload is in the low category, the chance of good nursing services is 37.4 times higher than nurses who receive state the qualitative workload in the high category. In conclusion quantitative and qualitative workloads have an impact on nursing services.

Keywords: Workload, Nurses, Nursing Services

INTRODUCTION

According to Law No. 44 of 2009, a hospital is a health-care facility that offers inpatient, outpatient, and emergency services. Plenary health services are those that are promotional, preventative, curative, or rehabilitative in nature. Furthermore, hospitals require human resource professionals with strong expertise as medical personnel who are expected to be able to handle the many challenges they meet. In addition to contemporary equipment, the hospital should be supported as a site of public service in serving the community by the availability of strong human resources. The high activity level of nurses in servicing patients will have an impact on their job performance. Planning, directing, job analysis, recruitment, and other activities are examples of activities. A hospital needs a number of specialists, nurses, and technicians who can aid in the operation of the hospital's processes (Nurjannah et al., 2017). Nursing service activities are a subsystem of health services that provide assistance to patients to maintain health or for recovery. The patient's need for dependency on nursing staff fluctuates based to the patient's condition. This affects the number of human resources (nurses) needed to properly and correctly provide nursing care to patients (Sutarto et al., 2016). Human resources are necessary for comprehensive service delivery to be successful. Nurses are one of the human resources who work directly with patients to provide them with services. Of all other human resources, the quantity of nurses is the most significant. The fact that nurses make up a sizable amount of the hospital workforce—roughly 75% of the total workforce—supports this claim as well. Given the prevalence of nursing services, it may be argued that nursing personnel contributes to the hospital's efforts to raise the standard of medical care. In addition, the level of care that patients get from nursing services that are available around-the-clock might vary (Nurjannah et al., 2017).

There is a difference between the care provided by the hospital for inpatients and outpatients. Measuring service quality in outpatient units is simpler than measuring service quality in inpatient units. This is because the demands of outpatients are simpler than those of inpatients.

Therefore, more complaints about service quality are heard from inpatients than outpatients. Inpatients require treatment time, the involvement of doctors and nurses, and the use of more hospital facilities, so that the quality of service is felt to be more important. Good service in the inpatient room is the service provided optimally which can provide satisfaction to patients both in terms of health workers, facilities and information received by the patients themselves (Ardhanti et al., 2017). The PPNI Workshop agreed on the duties of nurses based on the functions of nurses in providing nursing care including the nursing process, namely: conducting assessments, establishing nursing diagnoses, planning nursing actions, implementing nursing plans, evaluating the results of nursing care, and documenting the nursing process. The main duties of the nurse, namely paying attention to the needs of patients, caring for patients with full responsibility and providing care services to individuals or groups of people who experience stress due to illness (Muslimah, 2015).

So, it is very necessary to pay attention to the workload that will be experienced by nurses in providing health services. Nurse workload is the overall task carried out by nurses within a month's working time based on the national/ideal workload standard of 120-150 hours per month and psychological workload which is measured based on the respondent's opinion about workload. Analysis of the workload can be seen from factors including the tasks performed based on the primary function and additional functions performed, the number of patients to be treated, the work capacity based on the education he has received, the working time used to carry out his duties based on the working hours that take place every day, as well as complete facilities that can help nurses complete their work properly (Nurjannah et al., 2017). Finkler and Kovne in Huber, stated that the Workload is calculated by dividing the total amount of work done by nurses in a unit by the number of nurses in the unit. Work volume is calculated by multiplying the number of patients by the daily time required to treat them. Based on the workload assigned to the nurse, a room head might learn about the actions of the implementing nurse. There are two types of burden: physical and mental. Physical workload includes hard labour like pushing, lifting, and caring for others. Meanwhile, psychological or mental burden might take the shape of an individual's level of proficiency and job performance with other people (Ardhanti et al., 2017).

The World Health Organization (WHO) in 2015 explained that the total number of hospitalized patients in 2014 was 5,234 people and increased in 2015, namely 6,817 people. The coverage of BOR (Bed Occupancy Ratio) in 2015 increased from 70% in 2014 to 70.38% in 2015 with the number of days of hospitalization of 25,840 days with an increase in the number of visits which will cause the activities and workload of nurses to increase more and more. So that it was obtained data that 78.57% of nurses were physically burdened and as many as 81% of respondents experienced high category subjective workload. Subjective workload is the additional workload that nurses get from work that is related or not related to the profession as a nurse (WHO, 2015). A 2018 PPNI (Indonesian National Nurses Association) poll found that about 50.9% of nurses working in four provinces in Indonesia feel job exhaustion, regular headaches, and are unable to rest because of the heavy and time-consuming task. One million cases of absenteeism at work are related to workload issues, 27% of workers say their jobs are the most stressful parts of their lives, 46% of workers say their workload and activities are extremely taxing, one-third of workers say they want to quit their jobs right away because they are too exhausted to work, and 70% of workload and excessive activity have harmed their physical and mental health. These are the effects of excessive workload (Widyasari, 2010).

A high workload might increase the likelihood of ineffective doctor-nurse cooperation, poor patient-nurse communication, job unhappiness among nurses, and lower nursing performance. Nurses who perform more than 80% of their scheduled shifts may become fatigued due to their heavy workload. To put it another way, a nurse's productive time is around 80%; if it is higher, the workload is deemed to be excessive or unsuitable, and it should be thought about adding more nurses to the treatment room (Muslimah, 2015). In a study of factors related to nurse burnout with the results of 82.89% of nurses experiencing stage II work burnout (feelings of hopelessness and boredom towards nurses' duties in providing nursing care and stage III burnout

(nurse behaviour separating themselves from co-workers) while providing nursing care). Meanwhile, 11.8% experienced stage IV work burnout (nurse behaviour shown through absenteeism, low self-esteem, cynicism and negative thinking). Nurses who have experienced work burnout result in caring will stop (Muslimah, 2015). Based on data obtained in Aceh Province in 2014, that the increase in the workload of nurses from 4 patients to 6 patients must be the responsibility of 1 nurse. This resulted in a 14% increase in patient mortality within the first 30 days of hospitalization. This is likely based on a study's findings, which indicated that 50.9% of nurses employed in hospitals in Aceh Province experienced job stress, frequently felt faint and exhausted, and did not take breaks due of their heavy workloads, slow pay, and a lack of suitable incentives. However, nurses who work in private hospitals with better salaries experience a greater workload than nurses who work in government hospitals with lower incomes (Irnalita, 2008).

While data from Bireuen According to Regency, work conditions account for up to 95% of all cases of job stress, followed by personality type at 89.5% and workload at 87.5%. Hence, there are a variety of factors associated to hospital nurses' workload that might cause nurses to become overworked (Irnalita, 2008). RSUD dr. Fauziah Bireuen is a hospital owned by the Bireuen Regency Government, sheltered by the Islamic Regency Government and classified as a Type B Hospital. RSUD dr. Fauziah Bireuen has been registered since May 5, 2015 with License Number No. 445.1/BP2T/2836/2014 and Date of Permit 30/11/2014 from the Governor of Aceh with an Extended Nature, and is valid until 2019. After carrying out the Accreditation Method for Hospitals throughout Indonesia with the Phase I process (5 Services) finally given Pass status. This RSU is located on Jl. Major General T. Hamzah Treasurer No.13. Bireuen City. This hospital provides health care services to the community in the city of Bireuen and is a referral hospital for the surrounding health centers (RSUD, 2017).

The results of the preliminary survey on the number of nurses based on medical record data at RSUD dr. Fauziah in November 2018 there were 348 people while there were 226 nurses working in the Class III Room. Regional General Hospital dr. Fauziah Bireuen has a bed capacity of 138 beds. Hospital performance in 2014 was Bed Occupancy Rate (BOR) 54.56%, Length of Stay (LOS) 16.7 days, in 2015 namely Bed Occupancy Rate (BOR) 77.23%, Length of Stay (LOS) 16.8 days while in 2016 namely Bed Occupancy Rate (BOR) 29.42%, Length of Stay (LOS) 4.98 days, Bed Turn Over (BTO) 25.13 times, Internal Turn Over (TOI) 10.25 days, Gross Death Rate (GDR) 20.47%. So, the average BOR is 77.19 while the average LOS is 16.57. Based on the 2005 Ministry of Health, the ideal BOR parameter values are 60-85%, LOS 6-9 days, BTO 40-50 times, TOI 1-3 days, and GDR <4.5% (BGH, 2021).

Based on the findings of 10 nurse interviews with researchers, some of them said that the workload was excessive since there were 5 persons working the morning shift, 4 working the afternoon shift, and 4 working the night shift, with a total of 28 beds available for each shift. The nurse's workload is increasing because she is now in charge of 8–11 patients per day. The number of visits is not proportional to the number of nurses on duty. In addition, nurses also said they carried out other activities such as administrative tasks (non-nursing tasks), carried out laboratory sampling, assisted in the preparation and retrieval/delivery of examination tools and materials, nurses also said that they were often faced with uncooperative patients so makes it difficult for nurses to take action, besides that the number of complaints and demands from patient families also adds to the workload of nurses.

The management of the hospital has assigned each nurse at Dr. Fauziah Bireuen their specific responsibilities, but their execution has not been done to the best of its ability. This is evident from the number of nurses, as there are typically more nurses than patients on a given ward. Based on the calculation of nursing staff according to Douglas (1984), the number of nurses needed in one class 3 ward is 36 nurses. Whereas empirically in one of these wards there are still 13 nurses in the inpatient ward, 9 nurses in the surgical ward, 5 nurses in the internal medicine ward and 8 nurses in the intensive care unit (ICU). not appropriate. so that it becomes a nurse's workload because nurses have to work extra in carrying out their duties and responsibilities as nurses to patients. Workload can be calculated using the Work Sampling method. Work sampling

is a workload calculation technique that is used to calculate the amount of workload obtained in a particular unit, field or installation. An example of calculating the number of nurses in the disease ward of dr. Fauziah Bireuen using Douglas method as follows: $5 \text{ (nurses)} \times 60 \text{ (minutes)} \times 24 \text{ (hours)} \times 7 \text{ (working days)} \text{ divided by } 5 \text{ (minutes)} = 10,080 \text{ samples}$. Based on these calculations, it shows that the number of nurses in the disease ward requires 5 more nurses to reach 10 people.

The results of observations made by researchers in the Class III room (Internal Medicine Room) the number of patients per month is between 200-235 people, or a day caring for 24 people - 26 people while the number of nurses is only 10 people on the morning shift which is divided into 3 shifts of 4 people each afternoon shift and 2 people at night. For the operating room, the number of patients a month is 135-140 people, the number of patients per day is 24 - 26 people, the total number of nurses is 25 people, while the morning and afternoon shifts are each 10 people, while the night shift is 4 people. Also, there are 3 or 4 shifts per month, 25 nurses, 10 morning nurses, and 150–180 patients per month in the orthopedic room. There are also 24–26 patients per day and 3–4 patients every shift. The large number of patients treated in each room every day is not proportional to the number of nurses present. This causes each nurse to have a high workload both quantitative workload and qualitative workload. Quantitative workload carried out by nurses every day such as attending doctor visits, installing nebulizers, lifting and moving patients, installing oxygen (O₂), cleaning patients (personal hygiene), checking patient identity, having to routinely observe patients during working hours, taking blood samples patient (phlebotomy), and others. While the hospital demands that nurses provide excellent patient care, some patients and families do not want to follow the nurse's recommendations, leading to the patient's family making more demands than the nurse should.

This is due to the qualitative workload of nurses, which includes feeling pressured to know all types of diseases experienced by all patients and to be skilled in using all available equipment. The workload they experience can also be proven by the presence of complaints of dissatisfaction from patients and their families regarding the services provided, especially in class III inpatient rooms. Patients and patients' families say they feel disappointed and dissatisfied with the services provided by some nurses, for example nurses in providing information that is unclear and not easy to understand, nurses are not fast and responsive in providing services to patients, and nurses are complicated in service procedures. Because monitoring evaluation (Monev) at this hospital had previously only been done in accordance with management's needs, the standard of nursing services provided by nurses at RSUD dr. Fauziah Bireuen was not impacted, despite the fact that it had been done, even though it did not occur routinely and periodically. In fact, it had not gone well enough to become an obstacle to measuring the level of implementation of the nursing process.

METHODS

Cross-sectional analytical observational research is the quantitative approach used in this study. The study was carried out in RSUD Dr. Fauziah Bireuen's Class III Inpatient Room. There were 226 nurses in the Class III Inpatient Room at RSUD who made up the whole research population. According to the Slovin formula, 69 individuals made up the samples. Because the population is homogenous, random sampling will be used in each room. Primary, secondary, and tertiary data are the types of data used. analysis of univariate, bivariate, and multivariate data using chi-square and multiple logistic regression at a 95% confidence level ($\alpha=0.05$).

RESULTS

Characteristics of Respondents

Based on the results of the study, there were 56 respondents aged 21-30 years (81.2%), aged 31-40 years were 10 persons (14.5%) and aged >40 years were 3 persons (4.3%). Based on gender, there were 7 male respondents (10.1%) and 62 female respondents (89.9%). Based on education, respondents with D-III Nursing education were 58 people (84.1%), and S1-Ners education were 11 people (15.9%). Based on the length of work as a nurse, 23 people (33.3%)

worked for 1-5 years, 31 people (44.9%) worked for 6-10 years and 15 people worked for >10 years (21,7%).

Table 1: Respondents' Frequency Distribution by Age, Gender, Education, and Years of Service

Characteristics of Respondents	Age's	f	%
21-30 year's old		56	81,2
31-40 year's old		10	14,5
>40 year's old		3	4,3
Total		69	100
Gender			
Man		7	10,1
Woman		62	89,9
Total		69	100
Education			
D3 Nursing		58	84,1
S1-Ners		11	15,9
Total		69	100
Length of working			
1 to 5 years		23	33,3
6 to 10 years		31	44,9
>10 years		15	21,7
Total		69	100

Univariate Analysis

The findings revealed that the majority of respondents (65.2%) believed the quantitative workload to be high, including up to 45 individuals, while only a tiny minority (34.8%) believed it to be low, involving up to 24 people. Based on the qualitative workload, a small percentage of respondents said that the workload was in the high category and involved up to 41 individuals (59.4%), while the majority claimed that the burden was in the low category and involved up to 28 people (40.6%). Also, 43 responders (62.3%) provided the majority of nursing services in the good category, a small amount of nursing services performed by respondents in the less category were 26 people (37.7%).

Table 2. Distribution of Respondents Frequency According to Quantitative Workload in Class III Inpatient Room Dr. Fauziah Bireuen

Quantitative Workload	f	%
High	45	65,2
Low	24	34,8
Total	69	100,0
Qualitative Workload	f	%
High	41	59,4
Low	28	40,6
Total	69	100,0
Nursing Services	f	%
Good	43	62,3
Less Good	26	37,7
Total	69	100,0

Bivariate Analysis

According to the findings of statistical tests on bivariate analysis using the Chi-Square obtain a p-value of $0.002 < 0.05$, meaning that there a link exists between the quantitative workload and

nursing services in the Class III Inpatient Room, according to Dr. Fauziah Bireuen. Also, a p-value of $0.000 < 0.05$ was achieved in bivariate analysis using Chi-Square, indicating that there is a qualitative association between workload and nursing services in the Class III Inpatient Room, according to Dr. Fauziah Bireuen.

Table 3. Cross Table of the Relationship between Quantitative Workload and Nursing Services in Class III Inpatient Rooms at Dr. Fauziah Bireuen

No	Variable	Nursing Services				Total		p-value
		Less		Good		f	%	
		f	%	f	%			
B.K. Quantitative:								
1	High	23	33,3	22	31,9	45	65,2	0,002
2	Low	3	4,4	21	30,4	24	34,8	
Total		26	37,7	43	62,3	69	100,0	
B.K. Qualitative:								
1	High	24	34,8	17	24,6	41	59,4	0,000
2	Low	2	2,9	26	37,7	28	40,6	
Total		26	37,7	43	62,3	69	100,0	

Multivariate Analysis

Based on the findings of several logistic regression tests, it can be seen that all factors, including both the quantitative and qualitative workload, have an impact on nursing services. The following table shows the results of the full multiple logistic regression test.

Table 4. Multiple Logistic Regression Test Results

Variable	B	Sig.	Exp(B)/ OR	95%CI for Exp(B)
Quantitative Workload	,860	0,000	17,467	3,605-54,640
Qualitative Workload	,623	0,000	37,436	6,580-72,984
constant	,933	0,000		

According to the above table, the variable with the biggest impact on this study is the qualitative workload variable, which has a value of $\text{Exp(B)/OR} = 37.436$, meaning that nurses who report their workload is in the low category have a 37.4 times higher chance of receiving high-quality nursing care than nurses who report their workload is in the high category. The quantitative workload variable has a value of $\text{Exp(B)/OR} = 17.467$, meaning there is nurses who state quantitative workload are in the low category, have a good chance of good nursing services by 17.4 times higher than nurses who state quantitative workload in the high category.

DISCUSSION

Quantitative Workload Affects Nursing Services

Based on the results of the study, it showed that there was an effect of quantitative workload on nursing services in the Class III Inpatient Room, Dr. Fauziah Bireuen, $p=0.000<0.05$. The quantitative workload variable has a value of $\text{Exp(B)/OR} = 17.467$, meaning that nurses who state quantitative workload are in the low category, have a good chance of good nursing services by 17.4 times higher than nurses who state quantitative workload in the high category. The results of Hannani's research in 2016 in the Rose Care Room Floor II RSU UIT Makassar that based on the hypothesis test proved that quantitative workload had a positive and significant effect on Nurse performance, with a standardized parameter value of 0.325 with a significant value of 0.003 (Hannani, 2016). Research conducted by Panjaitan in 2019 at the Inpatient Room of the F.L. General Hospital. Tobing Sibolga found that there was an effect of the quantitative workload of nurses on the five dimensions of quality of nursing services (Physical Evidence, Reliability,

Responsiveness, Assurance Assurance, Empathy). Based on the data analysis, it was concluded that workload in the inpatient room of Dr. General Hospital. F.L. Tobing Sibolga is moderate and the quality of nursing services is of poor quality (Panjaitan, 2019).

The results of another study conducted by Suryani in 2022 in the Class I Inpatient Room of the Padangsidempuan City Hospital showed that the quality of nursing services was sufficient and the quantitative workload of nurses on average productive nursing was not effective. The results of the analysis obtained a value of $p = 0.001$ indicating a relationship between the workload of implementing nurses and the quality of nursing services. In this study, the management of the Padangsidempuan Hospital had to complete the facilities and infrastructure to support nursing services and be considered in the nursing management department to adopt a policy of gradually adding staff in each inpatient room (Suryani & Rambe, 2022). Sihotang Research (2016) in the Inpatient Room of RSU Dr. G. L. Tobing Tanjung Morawa regarding the relationship between nurse workload and the quality of nursing services shows that the workload of nurses in the RSU inpatient room. Dr. G.L. Tobing Tanjung Morawa is light (30.9%), moderate (43.6%), heavy (25.5%). Based on data analysis, it was concluded that workload in the inpatient room of RSU Dr. G.L Tobing Tanjung Morawa is moderate and the quality of nursing services is less qualified (Sihotang, 2016). The problem of quantitative workload for nurses has a broad impact, so it must be a concern for health service institutions, especially for the nursing profession (Lupiodo, 2021). The high workload of nurses can cause a decrease in nurse performance and less or poor communication between patients and nurses, affecting the patient's condition, resulting in a poor quality of nursing services (Gurses, 2019).

Physical or mental exhaustion, or having to perform too many tasks at work, can lead to workplace stress. Time constraints are another factor that contributes to this quantitative overload. Deadlines (deadlines) may, under some circumstances, serve as a motivator for producing high-quality work, but if they lead to numerous faults in the job or people developing health issues, this indicates a quantitatively excessive workload (Gillies, 2014). The researchers claim that the findings of this study demonstrate how the quantitative burden of nurses in the Class III Inpatient Room at Dr. Fauziah Bireuen affects nursing services. In contrast to the implementing nurse who said that the high quantitative workload resulted in poor patient care, the latter claimed that patient care was improving under the low quantitative workload scenario. This can be seen from the respondents' answers where respondents strongly agree with the statement about nurses feeling burdened by working shifts or taking turns. Even though this has become a habit for the nursing profession, this is often a burden in itself, because nurses have to work irregularly every day, like civil servants who go every day in the morning and come home in the evening. Meanwhile, nurses sometimes work in the morning, sometimes in the afternoon, and sometimes even at night. Especially if the nurse has a family with small children at home, this will become a burden on her at work.

In other answers, nurses agreed and felt burdened because they had to take and send patients and equipment to other departments. This condition is caused because nurses are usually treating many patients so that when there is a duty to take and send patients to other parts of the nurse, the concentration is divided in providing services to patients. The other nurses' answers were that some nurses felt burdened because they had to routinely observe patients during working hours. A further conclusion that can be drawn from the responses of the respondents is that some nurses feel overburdened with patient care since there are not enough nurses to care for the quantity of patients being serviced. Nurses strongly disagree with the quantitative load because they believe going to the doctor does not burden them. According to the researchers' observations of the quantitative workload performed by the nurses in the Class III Inpatient Room at Dr. Fauziah Bireuen, it is done in accordance with the current Standard Operating Procedures (SPO), which include providing holistic nursing care, manually removing waste, inserting female catheters, adjusting sitting or semi-sitting positions, rounds of care, inserting infusions, and changing tools while weaving with the patient's pajamas, delivering oxygen via the nose, taking sutures out, using a bedside monitor, counseling or teaching every patient, using warm

compresses, taking body temperature and blood pressure readings, or monitoring vitals, provide oral hygiene, feed patients, feed patients by mouth, give oral medications, change wet dressings, do skin tests, install ECGs, and feed patients. The amount of work makes the workload of nurses increase if the number of patients treated every day is not proportional to the number of nurses.

Qualitative Workload Influences Nursing Services

Based on the results of the study, it showed that there was a qualitative workload effect on nursing services in the Class III Inpatient Room, Dr. Fauziah Bireuen, $p=0.000<0.05$. The qualitative workload variable has a value of $\text{Exp(B)}/\text{OR} = 17.467$, meaning that nurses who state qualitative workload are in the low category, have a good chance of having good nursing services by 37.4 times higher than nurses who state qualitative workload in the high category. Research conducted by Buanawati in 2019 in the Inpatient Room (Muzdalifah, Multazam and Arofah) Siti Aisyah Islamic Hospital, Madiun City obtained the result that nurses had a light qualitative workload with adequate performance (22.5%), moderate qualitative workload with good performance (2.5%), heavy qualitative workload with less performance (27.5%) and heavy workload with sufficient performance (47.5%). Statistical results show that nurses have a heavy qualitative workload and adequate performance with a significance level of 0.019 and a positive correlation coefficient of 0.366, which means that there is a significant relationship between qualitative workload and the performance of nurses in providing services to patients (Buanawati, 2019).

Research conducted by Saputra in 2016 at the inpatient at the Sultan Syarif Mohamad Alkadrie Regional General Hospital, Pontianak City, found that nurses with a high workload (55.6%) and nurses with a low workload (44.4%). Nurses with high nursing services (55.6%) and some nurses with low nursing services (44.4%). The results of statistical tests using the Chi Square test obtained a value of $p = 0.009$ indicating that there is a relationship between the workload of nurses and the quality of nursing services (Saputra, 2016). According to the findings of Fajriani's study at the Makassar City General Hospital's inpatient unit, motivation and workload were qualitative factors ($p=0.000$ and $p=0.044$, respectively), according to the analysis done with the chi-square test. There is a qualitative association between the nurse's performance in the inpatient unit and motivation and workload since all independent variables had p-values of less than < 0.05 . (Fajriani, 2020).

Individuals experience a qualitative workload as a result of employment expectations that exceed their cognitive and technical capacities. Work becomes unproductive and damaging for some employees to some level as a result of the burden. If it persists, mental exhaustion may develop and manifest as abnormal emotional and psychomotor responses. Quantitative aspects include: Accuracy of work and quality of work; level of ability in work; Ability to analyze information data, capabilities or failures using machines or equipment; Ability to evaluate (consumer complaints/objections) (Munandar, 2015). Another opinion from Utomo that qualitatively excessive workload is the work done by humans is increasingly shifting its focus to the work of the brain. Work is becoming more and more diverse. If the variety demands more advanced technical and intellectual talents than what is possessed, the diversity that must be carried out by a workforce might rapidly turn into a qualitative overload. At a certain point the plurality of work is no longer productive, but becomes destructive. Mental fatigue and emotional and physical reactions ensue. Qualitatively too little load is a circumstance in which workers are not given the chance to apply their abilities to develop their potential skills. Low enthusiasm and drive to work will result from too little workload because of a lack of stimulation (Utomo, 2019).

The findings of this study, in the opinion of the researchers, demonstrate that a qualitative burden has an impact on the nursing services provided in the Class III Inpatient Room at the Regional General Hospital Dr. Fauziah Bireuen. Nurses with a high qualitative load tend to provide nursing services to patients who are not good, on the other hand nurses with a low qualitative load tend to provide good nursing services to patients. The answers of some of the nurses in the questionnaire stated that they strongly agreed that they felt burdened by the demands

of having to be skilled in using nursing equipment facilities in the hospital. This condition causes nurses to feel that there are many demands on the job so that it adds to their workload. Most of the other nurses agreed that they were burdened with demanding patients. This syndrome is typically brought on by patients not understanding nursing processes, so they believe nurses must comply with their requests and those of their families. In addition, some nurses also feel burdened because other nurse colleagues often ask for help to carry out work that is not their responsibility. However, some nurses disagree that they are burdened because the patient's family often asks the patient to control their sick family members because it is their responsibility as nurses. Likewise, some nurses stated that they strongly disagreed because nurses felt burdened as nurses who had to know all the diseases suffered by patients.

The high qualitative workload of nurses can result in nurses experiencing fatigue and fatigue. Qualitative workload on nurses can predict the occurrence of mental health disorders in nurses such as stress, fatigue, fatigue, lack of job satisfaction, lower morale. The qualitative workload experienced by nurses' results in a decrease in the quality of the nurse's service as a whole which has an impact on patient dissatisfaction. High qualitative workload will be a mental burden and psychological pressure for nurses so that it will have a negative impact on overall nursing services. The factors that make the qualitative workload the most dominant are because nurses feel burdened by the demands of having to be skilled in using nursing equipment facilities in the hospital.

CONCLUSION

Nursing services in the Class III Inpatient Room at Dr. General Hospital are impacted by quantitative workload factors. $p=0.000 < 0.05$ for RSUD DR. Fauziah Bireuen. Nursing services in the Class III Inpatient Room at Dr. Fauziah Bireuen are impacted by qualitative workload factors, $p=0.000 < 0.05$. The most dominant factor affecting nursing services in this study is the qualitative workload variable. Nurses must accompany doctor visits, nurses must know all the diseases experienced by patients, and feel burdened by the responsibility of superiors, patients must carry out patient and family requests outside of nursing care duties. Nurses who stated qualitative workload was in the low category, had a good nursing service opportunity of 37.4 times higher than nurses who stated qualitative workload was in the high category.

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