

Workload, work motivation, and job satisfaction as predictors of nurses' performance quality in a regional public hospital: A cross-sectional study

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ABSTRACT

Introduction: Nurses' performance is a key determinant of hospital service quality, patient safety, and continuity of care. In regional hospitals, an imbalance between workload, motivation, and job satisfaction may affect the quality of nursing performance. This study aimed to analyse the influence of workload, work motivation, and job satisfaction on nurses' performance quality at Mamuju Tengah Regional Public Hospital in Indonesia.

Research Methodology: This study employed a quantitative analytic design with a cross-sectional approach. A total of 103 nurses were selected using purposive sampling. Data were collected using structured questionnaires that measured workload, work motivation, job satisfaction, and nurses' performance quality. Bivariate analysis was performed using the Chi-Square test, and multivariate analysis was conducted using ordinal logistic regression at $\alpha = 0.05$.

Results: Workload was not significantly associated with nurses' performance quality ($p = 0.410$). In contrast, work motivation and job satisfaction showed significant effects on nurses' performance quality ($p < 0.001$ and $p < 0.05$, respectively). Ordinal logistic regression indicated that work motivation and job satisfaction remained significant predictors of nurses' performance quality. Moderate work motivation had an estimated coefficient of $\beta = -2.930$ ($p = 0.001$), while high work motivation had a coefficient of $\beta = -2.779$ ($p < 0.001$). Moderate job satisfaction showed $\beta = -3.520$ ($p = 0.004$), and high job satisfaction showed $\beta = -2.697$ ($p = 0.022$). The model demonstrated acceptable explanatory power, with a Nagelkerke R^2 of 0.466.

Conclusion: Work motivation and job satisfaction were the most influential factors associated with nurses' performance quality. Hospital management should strengthen motivational strategies, fair reward systems, career development, and supportive work environments to improve nursing performance and sustain healthcare service quality.

Keywords: job satisfaction; motivation; nurses; workload.



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INTRODUCTION

Nurses' performance remains a critical operational issue in hospital management because it directly affects service quality, patient safety, continuity of care, and institutional credibility. In many regional hospitals, particularly in resource-limited settings, nurses are expected to deliver safe, responsive care while facing high patient loads, administrative demands, shift rotation, limited staffing, and an unequal distribution of clinical responsibilities¹. These conditions create a persistent tension between service demand and human resource capacity². When this imbalance is not managed properly, it may reduce work motivation, weaken job satisfaction, increase fatigue, and ultimately compromise the quality of nursing performance³. Therefore, understanding the organisational and psychological factors that shape nurses' performance is essential for improving hospital service quality⁴.

The issue is particularly relevant in regional public hospitals in Indonesia. Although nurses constitute the largest proportion of health professionals in hospital services, their distribution remains uneven, especially outside major urban centers⁵. Regional hospitals often experience staffing shortages, high service utilisation, and limited managerial flexibility in allocating workloads and designing incentive systems. In such settings, the quality of nursing performance cannot be explained only by individual competence⁶. Structural factors, including workload distribution, reward systems, career development opportunities, and perceptions of organisational support fairness, also shape it. For this reason, hospital management requires empirical evidence to identify which factors most strongly influence nurses' performance and should be prioritized in workforce improvement strategies⁷.

Previous studies have consistently shown that workload is an important determinant of nurses' well-being and performance. Excessive workload may increase physical fatigue, emotional exhaustion, and stress, and reduce compliance with nursing standards⁸. The Job Demand–Resources perspective explains that high job demands may produce negative outcomes when adequate job resources, such as supportive leadership, sufficient staffing, fair compensation, professional recognition, and opportunities for recovery, are not available to balance them⁹. However, the relationship between workload and performance is not always linear. In some contexts, workload may not directly predict performance if nurses remain professionally committed, receive adequate peer support, or rely on strong internal motivation. This suggests that workload should not be examined in isolation but must be interpreted alongside motivational and organisational variables¹⁰.

Work motivation is another key factor in nursing performance. Motivated nurses are more likely to demonstrate responsibility, initiative, punctuality, professional discipline, and commitment to patient-centred care¹¹. Motivation may arise from intrinsic factors, such as professional calling, achievement, responsibility, and meaningful patient interaction, as well as extrinsic factors, including incentives, recognition, supervision, and career advancement. Herzberg's two-factor theory is relevant in explaining this mechanism¹². Motivational factors, such as achievement and recognition, may encourage higher performance, while hygiene factors, such as working conditions and organisational policies, may prevent dissatisfaction. In hospital settings, motivation becomes especially important because nursing work requires not only technical competence but also emotional resilience, ethical commitment, and continuous interaction with patients and families¹³.

Job satisfaction is closely related to motivation but represents a distinct psychological condition. It reflects how nurses evaluate their work environment, compensation, interpersonal relationships, professional autonomy, leadership support, and career prospects. Satisfied nurses

tend to show stronger organisational commitment, lower turnover intention, better teamwork, and greater willingness to maintain service quality¹⁴. Conversely, dissatisfaction may lead to reduced engagement, absenteeism, emotional fatigue, and weaker adherence to professional standards. In regional hospitals, job satisfaction is often challenged by limited promotion pathways, perceived inequity in incentives, inadequate staffing, and high workload intensity¹⁵. Therefore, assessing job satisfaction is crucial for understanding how hospital policies and work environments affect nursing performance¹⁶.

Despite growing evidence on workload, motivation, job satisfaction, and nurses' performance, several gaps remain. First, many studies examine these variables separately, without analysing their simultaneous contribution to performance quality. Second, evidence from regional public hospitals in eastern Indonesia and similar peripheral healthcare contexts remains limited. Third, prior research often emphasises workload as the dominant determinant of performance, while paying less attention to whether psychological factors, such as motivation and job satisfaction, may have stronger explanatory power. Fourth, many hospital-based studies use general performance indicators, whereas fewer examine nurses' performance quality as an outcome in relation to both organisational and psychological predictors.

The novelty of this study lies in its integrated examination of workload, work motivation, and job satisfaction as predictors of nurses' performance quality in a regional public hospital context. Rather than assuming that workload alone determines performance, this study positions nurses' performance as the result of the interaction between structural job demands and psychological work-related factors. The study also provides context-specific evidence from Mamuju Tengah Regional Public Hospital, where staffing patterns, patient volume, and regional service demands create a distinctive managerial challenge for nursing workforce governance. This study aimed to analyze the influence of workload, work motivation, and job satisfaction on the quality of nurses' performance at Mamuju Tengah Regional Public Hospital. Specifically, it examined the partial effects of workload, motivation, and job satisfaction, as well as their simultaneous influence on nurses' performance quality. The findings are expected to inform evidence-based hospital management strategies, particularly in strengthening motivation, improving job satisfaction, and designing more responsive nursing workforce policies to support sustainable healthcare service quality.

RESEARCH METHODOLOGY

Study Design

This study employed a quantitative analytic design with a cross-sectional approach. This design was selected because the study aimed to examine the association and predictive influence of workload, work motivation, and job satisfaction on nurses' performance quality at a single point in time without providing any intervention. A cross-sectional design was considered appropriate for identifying the distribution of work-related factors and determining their simultaneous contribution to an ordinal outcome variable, namely, nurses' performance quality.

Setting and Participants

The study was conducted at Mamuju Tengah Regional Public Hospital, West Sulawesi, Indonesia, from February to March 2026. The target population consisted of all registered nurses working at the hospital in 2025. Based on hospital staffing data obtained during the preliminary assessment, there were 139 active nurses distributed across ten service units, including first-class inpatient care, second-class inpatient care, pediatric surgical ward, PONEK, intensive care unit, emergency department, internal medicine ward, tuberculosis isolation unit, central surgical

installation, outpatient clinic, and perinatology unit. The study participants were nurses who met the predefined eligibility criteria. The inclusion criteria were: (1) nurses who had worked at Mamuju Tengah Regional Public Hospital for at least six months, (2) nurses directly involved in patient care, and (3) nurses who agreed to participate and completed the questionnaire. Nurses who were on leave during data collection, assigned exclusively to administrative duties, or who submitted incomplete questionnaires were excluded from the analysis. A purposive sampling technique was used to select respondents relevant to the study's objectives. The minimum sample size was calculated using the Slovin formula with a 5% margin of error. With a population of 139 nurses, the required sample size was 103.12, rounded to 103 respondents.

Variables and Measurement

The independent variables were workload, work motivation, and job satisfaction, while the dependent variable was nurses' performance quality. Workload was operationally defined as the level of physical, mental, temporal, and psychological work demands experienced by nurses in performing clinical duties. This variable included quantitative workload, qualitative workload, work intensity, patient load, emotional demands, and perceived fatigue. Work motivation was defined as the internal and external factors that drive nurses to perform their duties, achieve professional goals, participate in organisational activities, and develop their professional capacity. The measured dimensions included achievement orientation, work responsibility, initiative, creativity, participation, and self-development.

Job satisfaction was defined as nurses' positive evaluation of their work situation, including working conditions, compensation, supervision, recognition, peer relationships, career opportunities, and organizational fairness. Nurses' performance quality was defined as the extent to which nurses performed their duties according to professional standards, including quality of work, quantity of work, punctuality, responsibility, cooperation, initiative, and compliance with nursing procedures. Data were collected using structured questionnaires. All variables were measured using ordinal Likert-type scales and categorized according to predefined objective criteria. The data source was primarily questionnaire-based, supported by secondary hospital staffing data used to describe the population and service-unit distribution.

Instrument validity and reliability were assessed before the main analysis. Content validity was reviewed through expert judgment, while statistical validity was examined using corrected item-total correlation. Questionnaire items were considered valid when the correlation coefficient exceeded the accepted threshold. The validity test showed that all 40 indicators were valid, with calculated r values greater than the r table value of 0.239. Internal consistency was assessed using Cronbach's Alpha, with $\alpha \geq 0.70$ considered acceptable. The reliability coefficients for the study variables were 0.752, 0.742, 0.796, and 0.899, indicating acceptable to very good internal consistency.

Data Collection

Data collection was carried out after obtaining institutional permission from the hospital. Eligible nurses were approached by the researcher and informed about the study's purpose, procedures, voluntary nature, and confidentiality. Respondents who agreed to participate provided informed consent before completing the questionnaire. The questionnaires were distributed directly to eligible nurses in their respective work units. Respondents completed the forms independently to minimize interviewer influence. The researcher checked the completeness of returned questionnaires on the same day. Incomplete forms were clarified when possible, while questionnaires with substantial missing responses were excluded from the final dataset.

Quality control was applied at several stages. First, the questionnaire items were reviewed for clarity and relevance before data collection. Second, respondents were given standardized instructions to reduce misunderstanding. Third, completed questionnaires were screened for missing data, inconsistent responses, and duplication. Fourth, data entry was checked to minimize coding and transcription errors before statistical analysis.

Data Analysis

Data were analyzed using IBM SPSS Statistics version 26. Descriptive statistics were used to summarize respondent characteristics and study variables. Categorical data were presented as frequencies and percentages, including sex, age group, educational level, length of employment, employment status, work unit, work schedule, average working hours, position, marital status, workload, work motivation, job satisfaction, and nurses' performance quality. Bivariate analysis was conducted using the Chi-Square test to examine the association between each independent variable and nurses' performance quality. Variables with statistical significance in the bivariate analysis were further examined in a multivariate analysis.

Ordinal logistic regression was used for multivariate analysis because the dependent variable, nurses' performance quality, was measured as an ordinal categorical outcome. The model assessed the simultaneous influence of workload, work motivation, and job satisfaction on nurses' performance quality. Model fit was evaluated using model fit information, goodness-of-fit statistics, pseudo R-square values, and the parallel lines test. Statistical significance was determined at $\alpha = 0.05$.

Ethical Approval

This study was conducted in accordance with ethical principles for research involving human participants, including voluntary participation, informed consent, confidentiality, anonymity, and protection from harm. Ethical approval was obtained from the Ethics Committee of Universitas Megarezky with approval number 149a.091056.08/1/2026. Institutional permission was also obtained from the Mamuju Tengah Regional Public Hospital before the study. Each respondent received an explanation of the study objectives, procedures, potential benefits, and the right to withdraw at any time without consequences. Written informed consent was obtained from all participants before completing the questionnaire. Respondent identities were not recorded in the dataset, and all collected data were used solely for research purposes.

RESULTS

This section presents the findings from 103 nurses at RSUD Mamuju Tengah. The analysis includes respondent characteristics and bivariate associations among workload, work motivation, job satisfaction, and nurse performance quality, followed by multivariate ordinal logistic regression to identify the strongest predictors of nurse performance. The study used Chi-Square tests and ordinal logistic regression, with $\alpha = 0.05$.

Table 1. Respondent characteristics

Characteristic	Category	n	%
Gender	Male	16	15.5
	Female	87	84.5
Age group	23–25 years	2	1.9
	26–28 years	3	2.9
	29–31 years	18	17.5
	32–34 years	36	35.0
	35–37 years	26	25.2
	38–40 years	15	14.6
	41–43 years	2	1.9

Education	44–46 years	1	1.0
	Diploma III Nursing	66	64.1
	Bachelor's degree	18	17.5
Employment status	Professional Nurse/Ners	19	18.4
	Civil servant	94	91.3
	Non-civil servant	3	2.9
Work schedule	Contract staff	6	5.8
	Regular working hours	35	34.0
	Rotating shift	68	66.0
Working hours/day	≤6 hours	6	5.8
	7–8 hours	78	75.7
	9–10 hours	12	11.7
	>10 hours	7	6.8
Position	Staff nurse	92	89.3
	Head nurse	10	9.7
	Nurse coordinator	1	1.0
Marital status	Married	84	81.6
	Unmarried	19	18.4
Workload	Low	8	7.8
	Moderate	73	70.9
	High	21	20.4
	Very high	1	1.0
Work motivation	Moderate	27	26.2
	High	56	54.4
	Very high	20	19.4
Job satisfaction	Moderate	49	47.6
	High	41	39.8
	Very high	13	12.6
Nurse performance quality	Fair	5	4.9
	Good	67	65.0
	Very good	31	30.1

Most respondents were female, aged 32–37 years, Diploma III graduates, civil servants, and staff nurses. The majority worked rotating shifts and reported a moderate workload. Most nurses had high motivation, moderate-to-high job satisfaction, and good performance quality.

Table 2. Bivariate analysis of factors associated with nurse performance quality

Independent Variable	Category	Fair n (%)	Good n (%)	Very Good n (%)	Total	χ^2	Effect Size	p-value
Workload	Low	1 (12.5)	3 (37.5)	4 (50.0)	8	6.123	Cramer's V = 0.172	0.410
	Moderate	3 (4.1)	51 (69.9)	19 (26.0)	73			
	High	1 (4.8)	13 (61.9)	7 (33.3)	21			
	Very high	0 (0.0)	0 (0.0)	1 (100.0)	1			
Work motivation	Moderate	1 (3.7)	24 (88.9)	2 (7.4)	27	38.107	Cramer's V = 0.430	<0.001
	High	4 (7.1)	40 (71.4)	12 (21.4)	56			
	Very high	0 (0.0)	3 (15.0)	17 (85.0)	20			
	Moderate	4 (8.2)	38 (77.6)	7 (14.3)	49			
Job satisfaction	High	1 (2.4)	28 (68.3)	12 (29.3)	41	30.843	Cramer's V = 0.387	<0.001
	Very high	0 (0.0)	1 (7.7)	12 (92.3)	13			

Both video and comic interventions significantly improved knowledge and attitudes across all measurement points ($p < 0.001$). Effect sizes indicate strong practical significance: the video showed slightly higher immediate knowledge gains, while the comics demonstrated consistent attitudinal improvements. Workload was not significantly associated with nurse performance quality. In contrast, work motivation and job satisfaction showed statistically significant

associations with performance quality. Nurses with very high motivation and very high job satisfaction were more frequently found in the “very good” performance category.

Table 3. Multivariate ordinal logistic regression analysis

Predictor	Category	β Estimate	OR / Exp(β)	95% CI for β	95% CI for OR	Wald	P- value
Work motivation	Moderate vs very high	-2.930	0.053	-4.638 to -1.221	0.010– 0.295	11.299	0.001
	High vs very high	-2.779	0.062	-4.280 to -1.279	0.014– 0.278	13.176	<0.001
Job satisfaction	Moderate vs very high	-3.520	0.030	-5.885 to -1.156	0.003– 0.315	8.513	0.004
	High vs very high	-2.697	0.067	-4.998 to -0.397	0.007– 0.672	5.283	0.022
Model fit	Final model					$\chi^2 =$ 47.520	<0.001
Pseudo R ²	Nagelkerke					0.466	
Parallel lines test	Assumption test					$\chi^2 =$ 2.119	0.714

The multivariate model was statistically significant, indicating that the predictors jointly explained nurse performance quality. The Nagelkerke R² value of 0.466 suggests that the model explained 46.6% of the variation in nurse performance quality. Motivation and job satisfaction remained significant predictors, while the non-significant parallel lines test indicates that the ordinal regression assumption was acceptable.

The findings have important implications for nursing management and hospital service quality at RSUD Mamuju Tengah. Although workload was not statistically significant, most nurses reported moderate-to-high workload, indicating that workload management should not be ignored. The stronger effects of motivation and job satisfaction suggest that performance improvement cannot rely solely on staffing allocation but must also address psychological, organisational, and professional support systems. Hospital management should strengthen performance-based recognition, transparent career development, fair remuneration, supportive supervision, and continuing professional education. These strategies may increase nurses' sense of value, professional confidence, and commitment to patient care. The high proportion of nurses with good performance shows that the workforce has strong service potential, but this potential needs to be maintained through a healthier work environment. Nurse managers should also develop regular monitoring of motivation and job satisfaction as part of internal quality improvement. In practice, interventions should combine workload redistribution, supportive leadership, reward systems, and professional development opportunities. At the policy level, the results support the need for human resource planning that is not only based on nurse–patient ratios, but also on staff well-being, motivation, and retention. Therefore, improving nurse performance requires an integrated management approach that links organizational support with individual work engagement.

DISCUSSION

The findings of this study provide an important understanding of how workload, work motivation, and job satisfaction contribute to the quality of nurse performance in a regional hospital setting. Although workload is often assumed to have a direct negative effect on performance, this study showed that workload did not have a significant partial effect on nurse performance. In contrast, work motivation and job satisfaction were significantly associated with the quality of nurse performance, while the three variables simultaneously contributed to performance outcomes. The ordinal logistic regression model indicated that workload, motivation, and job satisfaction explained 46.6% of the variation in nurse performance,

suggesting that these factors form a meaningful explanatory framework. However, more than half of the variation remained influenced by factors outside the study model. This finding indicates that nurse performance is not determined solely by workload, but by the broader interaction among individual psychological readiness, organisational support, and the perceived quality of the work environment.

A key interpretation of this finding is that workload may not automatically reduce performance even when nurses retain strong motivation, professional commitment, and sufficient job satisfaction. In the context of RSUD Mamuju Tengah, most nurses may have adapted to service demands as part of their daily professional responsibilities. This adaptation may explain why workload did not appear as a statistically significant independent predictor. However, this should not be understood as evidence that workload is unimportant. Rather, workload may operate indirectly through fatigue, stress, burnout, or reduced satisfaction. When nurses can maintain motivation and perceive their work as meaningful, they may continue to deliver good performance even under moderate or high workload conditions. Therefore, the study suggests that performance is shaped not only by the quantity of work assigned to nurses but also by how nurses experience, interpret, and are supported in managing that work^{17,18}.

The significant effect of work motivation reinforces the view that internal and external drivers strongly influence nurse performance. Motivation encourages nurses to maintain discipline, responsibility, initiative, and commitment to patient care¹⁹. In nursing practice, motivation is not merely about financial incentives but also about professional identity, recognition, achievement, teamwork, and the perceived value of caring for patients²⁰. Nurses with higher motivation are more likely to show persistence, comply with clinical standards, communicate effectively, and remain engaged in service delivery²¹. This finding supports the conceptual position that motivation functions as a psychological resource that enables nurses to sustain performance despite organizational pressures. In a hospital system where service demand is high and resources may be limited, motivation becomes a protective factor that helps maintain service quality and professional behaviour²².

Job satisfaction also emerged as an important determinant of nurse performance. This finding indicates that nurses who are satisfied with their work environment, leadership, recognition, fairness, and career opportunities are more likely to perform better²³. Job satisfaction reflects nurses' emotional and evaluative responses to their workplace. When nurses perceive that their contributions are valued, their workload is managed fairly, and their professional development is supported, they are more likely to develop loyalty and commitment to the organization²⁴. This supports Herzberg's Two-Factor Theory, which explains that performance is influenced by both motivator factors, such as achievement, recognition, and responsibility, and hygiene factors, such as working conditions, compensation, and organizational policies²⁵. In this study, the stronger influence of motivation and job satisfaction suggests that the human resource system in hospitals should not focus only on task allocation, but also on creating a work climate that supports psychological well-being and professional growth²⁶.

Compared with previous studies, the findings are consistent with research showing that motivation and job satisfaction are closely related to nurse performance²⁷. Earlier studies have reported that nurses with higher motivation tend to perform better because they are more committed to professional standards, patient safety, and organizational goals. Similarly, job satisfaction has been associated with improved work quality, lower turnover intention, and stronger engagement in patient care²⁸. However, the finding that workload did not significantly affect performance differs from some studies that found a negative relationship between excessive

workload and nurse performance. This difference may be caused by contextual factors, including the level of workload experienced by respondents, differences in hospital management systems, adaptation to routine service pressure, or the possibility that workload affects performance through mediating variables rather than directly²⁹. The descriptive results also showed that most respondents had moderate workload, high motivation, moderate job satisfaction, and good performance, which may have reduced the direct statistical effect of workload on performance³⁰.

The conceptual contribution of this study lies in its emphasis on the systemic nature of nurse performance. Performance should not be interpreted solely as an individual output, but as the result of the interaction among personal motivation, workplace satisfaction, organisational policies, and service demands. This perspective is important for hospital management because interventions to improve nurse performance should not be limited to monitoring attendance, increasing supervision, or redistributing tasks. Instead, hospitals need to strengthen the motivational and organizational foundations that enable nurses to perform well. These include fair reward systems, supportive leadership, transparent career pathways, adequate recognition, continuous professional development, and a healthy work environment. In this sense, motivation and job satisfaction are not only psychological variables, but also indicators of the quality of hospital governance and human resource management.

Despite its contribution, this study has several limitations that should be considered. The cross-sectional design limits the ability to establish causal relationships among workload, motivation, job satisfaction, and nurse performance. Although significant associations were found, the direction of influence cannot be confirmed. Motivation and job satisfaction may improve performance, but it is also possible that nurses who perceive their performance positively become more motivated and satisfied. In addition, the use of purposive sampling and a sample of 103 nurses limits the generalizability of the findings to other hospitals with different staffing patterns, organizational cultures, accreditation levels, and patient characteristics. The use of questionnaire-based data also creates the possibility of response bias, including social desirability bias, particularly when respondents evaluate their own motivation, satisfaction, and performance.

Another caution concerns the interpretation of workload. Workload in this study may have been measured based on nurses' perceptions rather than objective workload indicators such as nurse-patient ratio, shift duration, overtime frequency, patient acuity, number of procedures, or administrative burden. As a result, the non-significant effect of workload should not be interpreted as meaning that workload has no practical relevance. In clinical reality, excessive workload may still increase fatigue, reduce concentration, and threaten patient safety, especially when not balanced by adequate staffing, rest periods, and managerial support. Therefore, future studies should combine subjective and objective workload measurements to provide a more accurate understanding of how workload affects nurse performance in hospital settings.

Future research should develop a more comprehensive model by including additional variables such as leadership style, organizational culture, burnout, work stress, teamwork, patient safety climate, professional competence, and staffing adequacy. Longitudinal studies are recommended to examine how these factors influence nurse performance over time. Mixed-methods studies would also be valuable because qualitative interviews could explore how nurses experience workload, what motivates them to maintain performance, and how institutional practices shape job satisfaction. Future research may also test mediation and moderation models, for example, whether workload affects performance through burnout or whether supportive leadership strengthens the relationship between job satisfaction and performance.

At the practical and policy level, the findings suggest that hospital management should prioritize integrated human resource strategies. Improving nurse performance requires systematic efforts to enhance motivation and job satisfaction while maintaining a fair workload. This can be achieved through performance-based recognition, transparent promotion systems, participatory leadership, balanced staffing distribution, professional training, and regular evaluation of work conditions. For regional hospitals such as RSUD Mamuju Tengah, these strategies are particularly important because service quality depends heavily on the stability, commitment, and performance of nursing staff. By strengthening both the psychological and organizational foundations of nursing work, hospitals can improve not only individual nurse performance but also the broader quality, safety, and sustainability of healthcare services.

CONCLUSIONS

This study concludes that work motivation and job satisfaction significantly influence the quality of nurses' performance at RSUD Mamuju Tengah. At the same time, workload does not show a significant partial effect. However, when analysed simultaneously, workload, motivation, and job satisfaction collectively contribute to nurse performance, with the model explaining 46.6% of the variation in performance. These findings indicate that nurse performance is shaped not only by task demands but also by psychological and organizational factors that influence how nurses engage with their work.

The results suggest that improving nurse performance should prioritize strengthening work motivation and job satisfaction through evidence-based human resource interventions. Hospital management should develop a fair reward and recognition system, provide transparent career development opportunities, improve communication between managers and nurses, and ensure supportive leadership at the unit level. Although workload was not statistically significant as an independent factor, workload management remains important to prevent fatigue and maintain patient safety. Therefore, regular workload assessment, balanced staff distribution, and continuous evaluation of nurse–patient ratios should be implemented as part of hospital workforce planning. These strategies may support sustainable improvement in nursing performance and overall healthcare service quality.

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Conflict of Interest

The author declares that there is no conflict of interest related to this study. No financial, institutional, or personal relationships influenced the design, implementation, analysis, interpretation, or reporting of the research findings.

Authors' Contributions — CRediT Taxonomy

Herwin Herry Supardjo: Conceptualization, methodology, investigation, data collection, formal analysis, data interpretation, writing—original draft, and final manuscript preparation.

Julia Fitrianingsih: Supervision, validation, conceptual guidance, methodological review, critical revision, and academic approval of the manuscript.

Dian Meiliani Yulis: Supervision, methodology review, validation, critical revision, and academic guidance during manuscript development.

All authors have reviewed and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

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Declaration of Generative AI Use

During the preparation of this manuscript, generative AI tools were used only to assist with language refinement, grammar improvement, academic style adjustment, and clarity of expression. The author remained fully responsible for the intellectual content, research design, data analysis, interpretation of findings, and final approval of the manuscript. No generative AI tool was used to create, alter, or fabricate research data, statistical results, citations, or study findings.

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