

Factors Associated with Nurse Performance in Nursing Care Documentation at Indrasari Rengat Regional Public Hospital

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Abstract

Performance is the work outcome in terms of quality and quantity achieved by a nurse in carrying out their duties in accordance with the responsibilities assigned to them. Various factors can be associated with a nurse's performance, including workload and job stress. The phenomenon found at Indrasari Rengat Regional Public Hospital showed that 5 nurses experienced moderate job stress and moderate workload. This study was conducted to determine the factors associated with nurse performance in nursing care documentation at Indrasari Rengat Regional Public Hospital. This study utilized a quantitative method with a sample of 40 respondents from Indrasari Rengat Regional Public Hospital, selected using proportional sampling techniques. Data were processed using the Chi-Square test.

The results showed that the majority of respondents' workload was in the low category (20 respondents, 50.0%). The largest portion of respondents' job stress was in the moderate category (25 respondents, 62.5%). The majority of respondents' performance was in the moderate category (24 respondents, 60.0%). There is a relationship between workload and nurse performance in nursing care documentation at Indrasari Rengat Regional Public Hospital (p -value=0.025<0.05). There is also a relationship between job stress and nurse performance in nursing care documentation at Indrasari Rengat Regional Public Hospital (p -value=0.032<0.05).

This study is expected to provide suggestions and input to improve the quality of hospital nurses to enhance nurse performance. Future researchers are expected to examine other factors that may affect nurse performance in hospitals.

Keywords: Job stress, Workload, Nurse performance.

Introduction

Hospitals are health service institutions or organizations whose delivery of healthcare is extensive and comprehensive, requiring significant skills and capital. Hospitals need to ensure they have the right resources—both capital and experienced, dedicated staff. Nurses are medical professionals who work in hospitals to provide nursing care services to patients requiring medical treatment. Nursing services encompass continuous, specialized care available 24 hours a day throughout the patient's hospitalization period. The nursing profession plays a vital role in delivering quality healthcare in hospitals because the care provided is biological, psychological, social, and spiritual in nature, aimed at continuity.

Research by Mukthar et al. (2019), conducted in several countries, such as Sudan, found that nurse performance in Sudan Hospital was 32% ¹. A study in Malaysia at Tengku Ampuan Afzan Hospital (HTAA), Kuantan, Pahang found nurse performance in patient assessment to be 76.5% ². Meher & Rochadi (2021) concluded that the low quality of nursing care delivered by nurses in their study hospital indicated that nurse performance in the inpatient wards of Raskita Hospital was still categorized as poor (52.5%) ³. Furthermore, M. Tulasi (2021) showed that nurse performance at Kefamenanu Regional Public Hospital, North Central Timor Regency, consisted of poor performance (55.1%) and good performance (44.9%) ⁴. These study results indicate that nurse performance often falls into the poor category. Nurse performance evaluation is a process of measuring, evaluating, and comparing individual or group performance achievements against predetermined standards based on the five stages of the nursing process.

Nurses represent the dominant human resource category in hospital healthcare services. Based on data from the Indonesian Ministry of Health (2020), the total number of Health Human Resources (SDMK) in Indonesian hospitals was 817,145, comprising 569,714 healthcare workers and 247,431 health support staff. The highest proportion of healthcare personnel was nurses at 50.79%. A high proportion of nurses must be aligned with competent nurses who demonstrate good performance, as good performance is reflected in the quality of standard nursing care delivered to patients. Good nurse performance is a triggering factor for a hospital's public image and supports the achievement of organizational goals ⁴. Nurse performance in providing nursing services

must be backed by high capability to support the execution of duties in providing quality nursing care ⁵.

Data on nurse performance across hospital units in Indonesian provinces in 2020 and 2021 showed an increase from 149.5% in 2020 to 153.3% in 2021. Performance target benchmarks set by the Indonesian Ministry of Health mandate that at least 75% of nurses exhibit good performance in delivering nursing care. Nurse performance refers to the work achievements demonstrated by staff nurses in performing nursing care tasks, producing good outcomes for customers (the organization, patients, and nurses themselves) within a specific period ⁶.

Performance is the work outcome in terms of quality and quantity achieved by a nurse in carrying out duties in accordance with assigned responsibilities. Various factors can be associated with nurse performance, including workload, job stress, competence, incentives, and tenure ⁷. Nurse performance means the activities performed by nurses when executing duties and responsibilities to achieve the core objectives of the nursing profession within a health institution ⁸. The Indonesian Ministry of Health explains that qualitative nurse performance can be measured by inspecting the completeness of standard nursing care documentation, which includes assessment, nursing diagnosis, intervention planning, implementation, evaluation, and documentation of nursing care. Nurse performance in hospital health services—particularly in Indonesia—remains in the low category, as evidenced by previous studies.

Workload reflects the total volume of work. In hospitals, nurses have diverse duties. Aspects related to workload include the number of patients to care for, the ability to work according to training received, shift schedules based on daily working hours, and facility availability.

Workload is one factor affecting the capability of nursing staff to deliver care. A high workload reduces their ability to provide care, directly impacting nursing service quality. Workload can be influenced by external and internal factors. External factors include stressors originating outside the caregiver's body, such as physical demands, work organization, and working environment. Internal factors originate within the body as responses to external stressors, including physical and psychological factors ⁹.

Besides workload, job-related stressors play a crucial role in efforts to improve

nursing performance. Without stress, there would be no professional challenge. However, excessive stress leads to declining performance by impairing work capacity. Stress occurs when an individual faces demanding tasks or loads beyond their capacity to resolve. The body then reacts and fails to respond to the challenges effectively, resulting in stress ⁹.

According to Hasibuan (2023), job stress occurs when nurses are assigned workloads exceeding their abilities, leaving them unable to complete their tasks. Manifestations of nurse job stress stem from patient characteristics, patient assessment demands, and distracting work environment factors. These represent the initial phase of dealing with issues related to emergency room overcrowding, task execution efficiency, and the urgency of patient resuscitation. When stress reaches a peak point roughly aligned with a nurse's maximum functional performance, additional stress tends not to yield further improvements; if the stress experienced is excessive, performance begins to decline ¹⁰.

Hasibuan (2023) posits that factors causing stress include excessive workload, unfair leadership pressure/attitudes, inadequate work time/equipment, interpersonal conflicts with supervisors or work groups, low compensation, and family problems ¹⁰.

According to the Indonesian National Nurses Association (PPNI, 2022), approximately 50.9% of nurses in Indonesia experience job stress, characterized by frequent headaches, fatigue, unfriendly attitudes, and insufficient rest—caused by excessive workload and inadequate income ¹¹. A study by Fajrillah (2023) at Anutapura Palu Regional Public Hospital found a significant relationship between job stress and nurse performance: 54.8% of nurses experienced high job stress, and 83.3% had poor performance ¹². Another study by Muslimah (2020) at dr. Rasidin Padang Regional Public Hospital showed that among 46 surveyed nurses, 67.4% demonstrated poor performance, 65.2% felt their workload was excessive, and a statistically significant relationship existed between workload and nurse performance ¹³.

Meanwhile, research by Panjaitan (2013) at Dr. F.L. Tobing Sibolga Hospital found that some nurses were still performing tasks outside their primary duties, such as fetching patient diets from the kitchen, sweeping/mopping ward floors, cleaning bathrooms, and handling administrative duties outside their scope of responsibility ¹⁴. This negatively affected the quality of nursing care in the inpatient wards. Research by

Sihotang (2021) also revealed a relationship between nurse workload and nursing care quality. At Dr. G.L. Tobing Tanjung Morawa Regional Public Hospital, 30.9% of nurses reported a light workload, 43.6% a moderate workload, and 25.5% a heavy workload ¹⁵.

Competence refers to skills, authority, and expertise. Originating from the concept of personal capability, competence represents the strengths and attitudes of an individual possessing intelligence, positive behaviors, and skills. Competence characteristics form a core component of personal traits and behavioral manifestations during task execution ¹⁶. Nurse competence is the skill to practice nursing in line with knowledge, capability, behavior, and metrics grounded in basic education and care objectives, evaluated against nurse performance, aiming to maintain health quality and patient safety continuously ¹⁷. Results from Sanjaya et al. (2021) indicated that competence plays a significant positive role in nurse performance at a General Hospital in Makassar ¹⁸.

Another frequent complaint among nurses is the perceived unfairness of incentive distribution. Incentives are monetary rewards provided by organizational leadership to motivate nurses to work effectively toward organizational goals ¹⁶. Proper incentive allocation serves as a stimulus or tool to motivate nurses to perform well consistently. Nasution (2020) explained that incentive pay is distinct from base salary. While base salaries for nurses holding equal positions are typically similar, total monthly compensation may differ due to variable incentives ¹⁹.

Tenure reflects a nurse's experience in mastering their duties. Generally, personnel with extensive work experience require less guidance compared to those with limited experience. The longer an individual works in an organization, the more experienced they become, thereby improving work capability ²⁰. Tenure influences individual experience; longer service length increases experience and work productivity ²¹. This aligns with the perspective that length of service helps determine individual performance in carrying out duties. The longer a person has worked, the more skilled and efficient they are in completing nursing care duties ²².

This is consistent with previous research by Mangole (2020), titled "The Relationship Between Nurse Behavior and Nursing Care Documentation at the Cardiovascular and Brain Center of Prof. Dr. R. D. Kandou Hospital, Manado", which

showed that respondents with more than 3 years of work experience demonstrated better nursing care documentation capabilities (p"-value")²³.

Nurse tenure is a factor that influences performance in delivering nursing care, including documentation tasks. With longer service tenure, nurses generally become more experienced in formulating strategies and carrying out care tasks. Consequently, when understanding and implementing standard operating procedures, nurses with longer tenure are more experienced than those with shorter tenure, including in the execution of nursing care documentation²⁴.

An initial survey of 5 active nurses at Indrasari Rengat Regional Public Hospital (3 females, 2 males) showed that 3 nurses experienced mild job stress. Four respondents had a heavy workload, and 1 had a moderate workload. Four respondents showed poor performance, and 1 showed good performance (20%). Additionally, 3 nurses felt their incentives were insufficient, and 2 had over 3 years of tenure. Based on observations and interviews with 5 nurses in the inpatient ward, 3 stated that documentation execution was not optimal because several data fields—such as patient complaints, primary diagnoses, and performed interventions—remained incomplete. The survey results also revealed that 2 nurses had incomplete nursing assessments, 3 were inaccurate in formulating nursing diagnoses, and 2 expressed confusion in determining appropriate care goals and interventions.

Based on this background, the researchers aimed to identify the factors associated with nurse performance in nursing care documentation at Indrasari Rengat Regional Public Hospital.

Method

1. Research design

This study utilized an analytical observational research design to examine the relationship between two independent variables (workload, job stress) and a dependent variable (Nurse Performance). A cross-sectional approach was employed (Notoatmodjo, 2023). This study aimed to identify the factors associated with nurse performance in nursing care documentation at Indrasari Rengat Regional Public Hospital.

2. Setting and samples

The population consisted of all 40 nurses at Indrasari Rengat Regional Public Hospital.

select respondents per room, resulting in a total of final Public Hospital. The sampling technique used was proportional sampling. According to Sugiyono (2019), proportional sampling involves selecting sample members proportionally from each ward unit ²⁵. This method was used because the distribution of nurses across wards was not homogeneous, and it facilitated respondent selection. A lottery draw method was used to select respondents per room, totaling 40 nurses.

Table 1 Sample Distribution per Ward at Indrasari Rengat Regional Public Hospital

No	Ward Unit	Population
1	Emergency Department (IGD)	11
2	Pediatric Inpatient Ward	15
3	Adult Inpatient Ward	14
TOTAL		40

3. Measurement and data collection

The instrument used for data collection was a questionnaire, which is a collection technique involving written sets of questions or statements provided to respondents.

4. Data analysis

In this study, data were analyzed using univariate and bivariate methods. Univariate analysis described the categorical characteristics of the respondents using frequencies and percentages. This study aimed to identify factors associated with nurses' performance in documenting nursing care at Indrasari Rengat Regional General Hospital (RSUD). A Chi-Square test was conducted to analyze the categorical independent and dependent variables.

Results

A. Demographic Characteristics of Respondents

Demographic data of respondents are presented in Table 1 below.

Table 1: Demographic Distribution of Nurses at Indrasari Rengat Regional Public Hospital

Demographic Category	Count (n)	Percentage (%)
Gender		
Male	12	30.0
Female	28	70.0
Total	40	100.0
Education Level		
Nurse Specialist / Bachelor of Nursing (Ners)	15	37.5
Diploma III in Nursing	25	62.5

Total	40	100.0
Age		
17–25 Years	4	10.0
26–35 Years (Early Adulthood)	26	65.0
> 35 Years	10	25.0
Total	40	100.0
Marital Status		
Unmarried	8	20.0
Married	32	80.0
Total	40	100.0
Length of Service (Tenure)		
< 5 Years	11	27.5
5–10 Years	23	57.5
> 10 Years	6	15.0
Total	40	100.0

Table 1 indicates that the majority of respondents were female (28 respondents, 70.0%), held a Diploma III in Nursing (25 respondents, 62.5%), were aged 26–35 years (26 respondents, 65.0%), were married (32 respondents, 80.0%), and had 5–10 years of service tenure (23 respondents, 57.5%).

B. Univariate Analysis

Table 2: Workload Distribution of Nurses at Indrasari Rengat Regional Public Hospital

Workload Category	Count (n)	Percentage (%)
Low	20	50.0
Moderate	19	47.5
High	1	2.5
Total	40	100.0

Table 2 shows that the majority of respondents had a low workload (20 respondents, 50.0%), while the smallest proportion had a high workload (1 respondent, 2.5%).

Table 3: Job Stress Distribution of Nurses at Indrasari Rengat Regional Public Hospital

Job Stress Category	Count (n)	Percentage (%)
Mild	10	25.0
Moderate	25	62.5
Severe	5	12.5
Total	40	100.0

Table 3 shows that the majority of respondents experienced moderate job stress (25 respondents, 62.5%), while the smallest proportion experienced severe job stress (5 respondents, 12.5%).

Table 4: Nurse Performance Distribution at Indrasari Rengat Regional Public Hospital

Performance Category	Count (n)	Percentage (%)
Low	11	27.5
Moderate	24	60.0

High	5	12.5
Total	40	100.0

Table 4 shows that the majority of respondents demonstrated moderate performance (24 respondents, 60.0%), while the lowest proportion demonstrated high performance (5 respondents, 12.5%).

C. Bivariate Analysis

Table 6: Association Between Workload and Nurse Performance in Nursing Care Documentation

Workload	Low Performance (n)	Low (%)	Moderate Performance (n)	Moderate (%)	High Performance (n)	High (%)	Total (n)	p-value
Low	4	10.0	13	32.5	3	7.5	20	
Moderate	7	17.5	10	25.0	2	5.0	19	0.025
High	0	0.0	1	2.5	0	0.0	1	

Table 6 demonstrates that among nurses with a low workload, 4 (10.0%) showed low performance, 13 (32.5%) moderate performance, and 3 (7.5%) high performance. Among those with a moderate workload, 7 (17.5%) showed low performance, 10 (25.0%) moderate performance, and 2 (5.0%) high performance. For nurses with a high workload, 1 respondent (2.5%) demonstrated moderate performance, with 0 respondents (0.0%) in the low or high categories. A statistically significant association was found between workload and nurse performance in nursing care documentation at Indrasari Rengat Regional Public Hospital. p -value = 0.025 < 0.05).

Table 7: Association Between Job Stress and Nurse Performance in Nursing Care Documentation

Job Stress	Low Performance (n)	Low (%)	Moderate Performance (n)	Moderate (%)	High Performance (n)	High (%)	Total (n)	p-value
Mild / Low	3	7.5	6	15.0	1	2.5	10	
Moderate	5	12.5	17	42.5	3	7.5	25	0.032
Severe	3	7.5	1	2.5	1	2.5	5	

Table 7 shows that among nurses with mild job stress, 3 (7.5%) exhibited low performance, 6 (15.0%) moderate performance, and 1 (2.5%) high performance. Among nurses with moderate job stress, 5 (12.5%) showed low performance, 17 (42.5%) moderate performance, and 3 (7.5%) high performance. For nurses with severe job stress, 3 (7.5%) showed low performance, 1 (2.5%) moderate performance, and 1 (2.5%) high performance. A statistically significant association exists between job stress and nurse performance in nursing care documentation at Indrasari Rengat Regional Public Hospital.

Discussion

A. Interpretation and Discussion of Results

1. Overview of Nurse Workload

Based on the results, the majority of nurses had a low workload (20 respondents, 50.0%), and the lowest proportion was in the high workload category (1 respondent, 2.5%). Findings revealed that workload fell into the low category because nurses considered assigned tasks manageable, were accustomed to conducting routine observations, and were used to delivering quality services. Conversely, respondents reporting high workloads felt uncomfortable with patient family demands and felt burdened by tasks outside their main responsibilities.

This aligns with Febrina (2020), who reported that 44.6% of nurses experienced high workloads²⁶. Nontji (2021), with 52.9%; and Sudirman (2003), with 60.3%. It also aligns with Irwandy (2022), who found that 65.6% of nurses had normal workloads while 34.4% experienced high workloads.

Workload is an essential element affecting productivity and harmony alongside environmental stress and work capacity. Workload measurement encompasses physical, mental, and time allocation dimensions²⁷. The mental aspect emphasizes interpersonal relationships (with head nurses, peers, and patients) that influence service efficiency. One solution to reduce excessive workload is providing adequate personnel—both quantitatively and qualitatively—in proportion to patient volume.

The researcher assumes that nurses feel burdened by tasks that fall outside their core scope of work while simultaneously managing high patient counts. Achieving high-quality nursing care depends on balancing nursing staff numbers with institutional workload.

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1. Nurse Job Stress

Based on the research results, the majority of nurses experienced job stress in the moderate category (25 respondents, 62.5%), while the lowest proportion fell into the high stress category (5 respondents, 12.5%). The findings indicated that the majority of nurses experienced moderate job stress because some respondents felt burnout with their work and tension when interacting with other members of the healthcare team.

Meanwhile, high job stress occurred because respondents felt dissatisfied with their work, felt pressured by their job demands, and felt they lacked sufficient time to complete their tasks.

These findings align with research conducted by Hidayati (2018) on night-shift nurses at Siti Aisyah Islamic Hospital Madiun, which evaluated job stress across three indicators: psychological symptoms, physical symptoms, and behavioral symptoms ²⁸. The study showed that job stress among night-shift nurses fell predominantly into the moderate category. Out of 47 night-shift nurses, 10 (21.2%) experienced high stress, 35 (74.5%) experienced moderate stress, and 2 (4.3%) experienced low stress. Thus, it can be concluded that the highest proportion was nurses experiencing moderate stress (35 nurses, 74.5%).

This is also consistent with research by Prihatini (2021) among nurses across inpatient wards at Sidikalang Regional Public Hospital, where the majority experienced moderate job stress. Psychological symptoms reported included frequently feeling tense, anxious, irritable, bored, and prone to procrastinating ²⁹. Similarly, findings by Nopa (2016) indicated that the majority of nurses working in the inpatient wards of Tanjung Pura Langkat Regional Public Hospital experienced moderate job stress, with physical symptoms such as muscle stiffness or neck tightness during or after work, fatigue, and headaches while working at the hospital ³⁰.

Furthermore, research by Rointan (2018) stated that the behavioral symptom variable of job stress among nurses mostly fell into the moderate category. This was attributed to nurses frequently experiencing eating disturbances (increased appetite or loss of appetite) when facing work-related issues and avoiding tasks assigned by superiors due to an inability to cope—both of which are behavioral manifestations of job stress ³¹. These results align with Nopa (2016), who found that nurses in the inpatient wards of Tanjung Pura Langkat Regional Public Hospital primarily experienced moderate job stress under behavioral indicators, such as frequent sleep difficulties after shifts ³⁰.

According to Hawari (2021), Stress is a non-specific bodily reaction (response) to any demand or burden placed upon it ³². For example, it reflects the physiological or psychological reaction when an individual experiences an excessive workload. If an individual can handle it without impairment to bodily functions, they are considered not

stressed. Conversely, if one or more organ functions are disrupted such that the individual can no longer perform their job duties properly, they are considered to be experiencing stress.

In the researcher's view, nurse job stress arises from a mismatch between job demands, individual capabilities, and the skills nurses wish to fulfill within their work environment. If unmanaged, job stress can lead to reduced nursing productivity during task execution. Job stress can also affect emotions, cognitive processes, and physical conditions, driven by factors such as interpersonal conflict, uncertainty, poor management relations, ineffective communication, as well as work demands or excessive workload and working conditions.

2. Nurse Performance

Based on the research results, the majority of respondents demonstrated performance in the moderate category (24 respondents, 60.0%), while the lowest proportion fell into the high performance category (5 respondents, 12.5%). The findings showed that performance was mostly moderate because respondents executed nursing care according to standard sequential steps; however, some had not yet created follow-up care plans or provided positive reinforcement to patients showing health improvements. Conversely, in the high performance category, respondents consistently formulated follow-up plans and provided ongoing reinforcement to all patients.

This study aligns with Saragih (2020), who found that the majority of respondents completed documentation fully (67.8%)³³. Analysis of observation sheets confirmed that respondents documented all interventions performed in patient nursing charts (72%), used newly updated record formats (70%), and collected as well as categorized bio-psycho-social-spiritual patient data (67%).

These results are also supported by Pakudek et al. (2014), who found that 84.3% of respondents in Inpatient Installation C of Prof. Dr. R. D. Kandou Hospital Manado completed their nursing care documentation. However, incomplete documentation was still observed in several aspects. Questionnaire analysis revealed that 42% of respondents did not develop follow-up plans when nursing care outcomes were unsatisfactory, while 41% did not document evaluation notes regarding patients' functional capacity following nursing care.

Complete documentation by nurses serves as a key indicator of good

performance. Nurse performance can be measured through quality of care indicators, including nursing documentation scores. Every clinical action delivered to patients must avoid errors through the systematic use of the nursing process and accurate, standard-compliant documentation ³⁵.

In the researcher's assumption, strong nurse performance fosters patient satisfaction. High-quality care makes clients feel attended to, comfortable, and secure in the ward, ultimately resulting in satisfaction with the nursing services received.

3. Association Between Workload and Nurse Performance in Nursing Care Documentation

The research yielded a p"-value" of $0.025 < 0.05$, indicating a significant association between workload and nurse performance in nursing care documentation at Indrasari Rengat Regional Public Hospital. Among nurses with a low workload, 4 (10.0%) demonstrated low performance, 13 (32.5%) moderate performance, and 3 (7.5%) high performance. Among nurses with a moderate workload, 7 (17.5%) showed low performance, 10 (25.0%) moderate performance, and 2 (5.0%) high performance. For nurses with a high workload, 1 respondent (2.5%) showed moderate performance, with 0 respondents (0.0%) exhibiting low or high performance. This is attributed to the high volume of tasks required to meet patient needs, where observations show nurses are required to work rapidly so all patients receive care.

This aligns with Manuho (2020) regarding the relationship between workload and nurse performance in delivering care in the inpatient department of Prof. Dr. R. D. Kandou Hospital Manado ³⁶. Using the Chi-Square statistical test, the study yielded $\alpha=0.035$ (where $\alpha < 0.05$), concluding that H_0 was rejected and H_a was accepted, confirming a significant relationship between workload and nurse performance. Similar findings were reported by Ramli (2023) regarding individual characteristics and workload at RSU Haji Makassar ³⁷, as well as Afandi (2023) at RSUD Saras Husada Purworejo ³⁸.

Additionally, Wahyuni (2023) in "Relationship Between Nurse Workload and Nursing Care Documentation at RSUD Temanggung" stated that workload intensity—driven by supplementary tasks, workplace conditions, lighting, work hours, capacity, and equipment—directly influences performance ³⁹. Overtime work induces fatigue, boredom, and job dissatisfaction, leading to suboptimal time management for care

documentation.

This study is also consistent with the findings of Fatmawati et al. (2019), who found a significant relationship between workload and the completeness of nursing care documentation among nurses in the Emergency Department of Anutapura General Hospital, Palu. The relationship was statistically significant based on Fisher's Exact Test ($p = 0.002 < 0.05$)⁴⁰.

Excessive workload leads to job stress, negatively impacting nurse performance in documentation. Based on these points, the researcher posits that workload represents assigned nursing tasks exceeding individual capacity. Job descriptions must align with a nurse's skills and capacity; when work volume is overly high, it hinders service delivery, frequently manifesting as incomplete care documentation.

These findings are consistent with the workload concept described in the nursing management literature, which indicates that higher workload can affect nurses' ability to perform their duties effectively. Effective workload management is therefore important to support optimal nursing performance and the delivery of quality care. Nurse workload can be assessed by considering several factors, including the number of patients, patients' levels of dependency, the types of nursing interventions required, the average time needed to perform nursing interventions, the nursing assignment system, and the availability of supporting facilities. Workload assessment must also evaluate direct supervisory requests, non-core task additions, skill-to-task compatibility, professional alignment of work, and administrative duties.

In the researcher's assumption, the workload carried by each nurse in a hospital directly influences their functional work capacity, impacting performance quality in patient care. Quality improvement relies on managing patients according to professional standards; greater adherence to recognized clinical standards leads to higher healthcare quality and improved performance among healthcare professionals.

4. Association Between Job Stress and Nurse Performance in Nursing Care Documentation

The study obtained a p"-value" of $0.032 < 0.05$, confirming a significant association between job stress and nurse performance in nursing care documentation at Indrasari Rengat Regional Public Hospital. Among nurses with mild/low job stress, 3

(7.5%) showed low performance, 6 (15.0%) moderate performance, and 1 (2.5%) high performance. Among nurses with moderate job stress, 5 (12.5%) showed low performance, 17 (42.5%) moderate performance, and 3 (7.5%) high performance. For nurses with severe job stress, 3 (7.5%) showed low performance, while 1 (2.5%) showed moderate and high performance, respectively. Individual workplace performance is influenced by environmental comfort and supportive working conditions. When employees feel overburdened, job stress manifests through pessimistic attitudes, dissatisfaction, low productivity, and absenteeism. While stress-related emotions and behaviors can trigger health issues, workplace tension easily arises from burnout induced by excessive workloads.

This is consistent with Riza (2020) at RS Wijaya Kusuma East Java, who studied the effect of job stress on nurse performance mediated by job satisfaction, finding a statistically significant negative correlation.

Similarly, Nopa (2021) at RSUD Tanjung Pura Langkat found a significant relationship between job stress (physical, psychological, and behavioral indicators) and inpatient nurse performance, showing a significant negative correlation ⁴¹.

Furthermore, Gustian (2020) at RSUD Pasaman Barat demonstrated a significant association between job stress and nurse performance in nursing process execution ⁴². This study is also consistent with the findings of Wahyu (2015), who reported a significant negative relationship between nurses' job stress and the quality of nursing services in the inpatient wards of PKU Muhammadiyah Yogyakarta Hospital. The study found that 80.3% of the nurses experienced high levels of job stress, while higher levels of job stress were associated with lower quality of nursing services ⁴³.

Additionally, these results align with Dalimunthe (2015) at RSU Permata Bunda Medan, where most staff nurses experienced moderate job stress and exhibited fair performance. The study demonstrated a significant negative correlation ($r=-0.511$), indicating a strong inverse relationship between job stress and nurse performance during care delivery ⁴⁴.

Likewise, Nainggolan (2022) used Spearman's rho correlation at RSU Bina Kasih Medan, obtaining $p=0.0001$ and $r=-0.932$, demonstrating a strong negative correlation and significant relationship between job stress and nurse performance ⁴⁵.

Stress is a psychological condition that can be experienced by individuals when

they face pressures or demands originating from internal or external sources. These pressures may produce psychological and physical reactions that cause feelings of discomfort, tension, or distress. Individuals may use coping strategies to manage stressful situations and reduce the psychological tension associated with problems they encounter. Stress coping refers to the efforts made by individuals to overcome, manage, or deal with psychological problems according to their capabilities ⁴⁶.

In the researcher's assumption, job stress is governed by internal and external factors. Internal factors include education level, self-confidence, skills, motivation, knowledge, health/nutritional needs, interpersonal relationships, work attitude, and creativity. External factors encompass organizational and job characteristics. Stressors trigger both physical and psychological stress, directly influencing a nurse's performance during daily duties.

Limitation

This study was limited by the relatively small sample of 40 nurses from a single hospital, which may limit the generalizability of the findings. In addition, only workload and job stress were examined, while other factors that may be associated with nurse performance were not investigated..

Conclusion

1. The majority of respondents' workload was in the low category (20 respondents, 50.0%), followed by the moderate category (19 respondents, 47.5%), and the high category (1 respondent, 2.5%).
2. The majority of respondents' job stress was in the moderate category (25 respondents, 62.5%), followed by the low category (10 respondents, 25.0%), and the high category (5 respondents, 12.5%).
3. The majority of respondents' performance was in the moderate category (24 respondents, 60.0%), followed by the low category (11 respondents, 27.5%), and the high category (5 respondents, 12.5%).
4. There is a significant association between workload and nurse performance in nursing care documentation at Indrasari Rengat Regional Public Hospital (p"-

value" $=0.025$).

5. There is a significant association between job stress and nurse performance in nursing care documentation at Indrasari Rengat Regional Public Hospital (p-value" $=0.032$).

Ethical Considerations

This study received ethical approval from the Health Research Ethics Committee of the Health Polytechnic of the Ministry of Health Riau, with ethical clearance number LB.02.03/EA/KEPK-PKR/21/2025. All participants were informed about the purpose and procedures of the study and provided informed consent before participation. Confidentiality and privacy of the participants were maintained throughout the research process..

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Conflict of Interest

The authors declare that there is no conflict of interest related to the publication of this article.

Author contribution

Deswita: Conceptualization, methodology, data collection, data analysis, and writing the original manuscript. Yulianto: Supervision, validation, interpretation of results, critical review, and revision of the manuscript.

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