

Original Research

## The Impact of Implementing the Modular Professional Nursing Practice Model on Nurse Work Motivation at Unicare Clinic Bali



Ni Luh Gede Hari Nugrahini<sup>1\*</sup>, I Gede Putu Darma Suyasa<sup>1</sup>, I Ketut Alit Adianta<sup>1</sup>, & Ni Komang Tri Agustini<sup>1</sup>

<sup>1</sup>Magister of Nursing Study Program, ITEKES Bali, Denpasar, Indonesia

Article Info	Abstract
Article history: Received: 13 May 2024 Accepted: 19 July 2024	<p><i>Introduction:</i> The implementation of the Professional Nursing Practice Model (PNPM) has not been carried out by all health institutions in Indonesia, which causes the work of nurses to be less effective and affects nurses' work motivation. This study aimed to determine the impact of PNPM on nurses' motivation at Unicare Clinic Bali.</p> <p><i>Methods:</i> This study used a quasi-experimental design with a control group. A total sampling method involved 140 nurses divided into intervention and control groups. The variables identified were the components of work motivation, which consist of organizational culture, leadership, communication, work activities, and compensation. The research instrument used was a standard work motivation questionnaire based on Herzberg's theory. Data analysis was conducted using a paired t-test to measure the difference between the control and intervention groups and an independent t-test to determine the difference between intervention groups.</p> <p><i>Results:</i> The results showed differences in nurses' work motivation scores in the intervention group before and after the intervention. There is a significant difference between work motivation between the intervention and control groups with t-value 2,432 &gt; t-table 1,667 tables and p value &lt; 0.05.</p> <p><i>Conclusion:</i> There was an increase in nurses' work motivation components in applying the Modular PNPM. Nurses can play an active role in providing suggestions to improve the quality of nursing services, and evaluation of the PNPM can be carried out on an ongoing basis to maintain its effectiveness and efficiency.</p>
Keywords: modular, nurse, professional nursing practice, work motivation	

\*Corresponding Author:

e-mail: [harinugrahinii@gmail.com](mailto:harinugrahinii@gmail.com)



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## INTRODUCTION

Improving the quality of nursing services needs to receive good attention. Nursing services can be improved by implementing the nursing care system process in nursing staff using the Professional Nursing Practice Model (PNPM) [1]. Since not all Indonesian healthcare facilities have implemented PNPM, nurses' work is less productive, and their motivation to accomplish their jobs is impacted. PNPM is a form of nursing care based on professional values that can improve the quality of nursing care in hospitals or other healthcare institutions [2]. Implementing PNPM becomes policies and procedures that guide nursing care in health services [3]. The main responsibility of a nurse is to provide patients with physical needs management, illness prevention, and condition treatment. To accomplish this, nurses must monitor the patient and document pertinent data to support therapeutic decision-making. Therefore, nursing services contribute to determining the quality of service in hospitals [4]. This study aimed to find out how PNPM affects the motivational factors of nurses at Unicare Clinic Bali.

Professional Nursing Care Management (PNPM) has been implemented in various countries, include Indonesia, to improve the quality of nursing care. The implementation of PNPM is divided into several types, namely functional PNPM, primary PNPM, case PNPM, team PNPM, and Modular PNPM (Primary-Team Modification) [5]. The choice of PNPM type at each institution will depend on the suitability of needs in the scope of work.

Modular PNPM or modified primary-team method is one of the assignment methods led by the head of the nurse's room and primary nurses with a Bachelor's Degree. The primary nurse leads the executive nurse with vocational education, where the head of the room, primary nurse, and executive nurse work together in providing nursing care to patients from arrival to discharge [6].

The advantage of Modular PNPM is providing comprehensive and holistic nursing services. Modular PNPM supports the creation of clear accountability, suppressing the chance for conflicts or differences of opinion between staff through team meetings, which can also be used as a learning process and productivity enhancement [7]. Several studies describe positive results in implementing Modular PNPM in each institution [7], [8]. Sofiatun's research explored the results of implementing Modular PNPM at Ibnu Sina Gresik Regional Hospital [8]. Researchers found an increase in optimal patient satisfaction. This was achieved by improving the work characteristics and work productivity of nurses. Research by Andung et al. proved that the description of nursing performance in implementing Modular PNPM in the Dahlia Room at Umbu Rara Meha Hospital, Waingapu, East Sumba, showed that 75% of nurses carried out consideration well, 42% carried out pre and post-conferences well, 67% centralized medication well, and 67% carried out good nurse documentation after the Modular PNPM was implemented [7].

A professional nursing staff strongly supports the optimal implementation of PNPM. The professionalism of nurses cannot

be separated from their drive, inner enthusiasm, and the work environment. This encouragement and enthusiasm is often referred to as motivation [9]. A study by Salawangi stated that motivation has two factors: extrinsic and intrinsic [10]. Extrinsic factors are factors driven from outside the individual that influence the individual's work, consisting of working conditions, compensation, company policies and administration, supervision, and job security [11]–[13]. Meanwhile, intrinsic factors are impulses from within the individual self, influencing the work's quality. Intrinsic factors consist of 5 indicators: recognition, work itself, achievement, responsibility, and potential development [14], [15]. Nurse motivation is needed because it influences nurses' behavior in providing professional nursing care, which cannot be separated from the element of quality care to improve the quality of services [16].

Motivation is the driving force that causes a member of an organization to be willing to mobilize their abilities in the form of expertise, energy, and time to carry out various activities for which they are responsible. Motivation here is about how to encourage subordinates' work enthusiasm so they are willing to work hard by giving all their abilities and skills to realize the company's goals [17]. In general, two important things can motivate or encourage workers: compensation and expectancy [11], [18].

Unicare Clinic is a health service that provides basic medical services. Based on observations, the Unicare clinic has not implemented the PNPM. One indicator of a

Main Clinic's high caliber of service is its competent nursing care administration [19]. The researchers' observations regarding the obstacles or problems experienced by a nurse at the Unicare clinic from September 2022 to February 2023 showed that the clinic did not yet have standards regarding professional nursing care, consideration, and evaluation of actions. The clinic does not divide teams per shift between nurses and does not organize the structural division of nurses' duties in each shift properly. Researchers also observed nurses' complaints and found that 75% of nurses complained of decreased work motivation due to the lack of a working system they could use as a reference when taking action. Data regarding nursing staff attendance was also acquired as part of the observation result. It was revealed that 67% of nurses arrived later than expected, which decreased nurse response time. The Unicare Clinic's nurses are becoming less motivated to work, as seen by the reports of low order response times, concerns regarding work incentives, and nurse absenteeism. To boost nurses' motivation and job satisfaction, it is determined that the Unicare Main Clinic has to implement a professional nursing care model, which starts with acceptance consideration, applying the Modular PNPM technique every shift, and determination.

PNPM is being developed continuously and used in practically all health service settings, including public and commercial hospitals. However, nursing services provided in a medical clinic context cannot be evaluated since nursing care management has not been addressed in the first-level medical clinic setting. Furthermore, no literature or

papers have investigated or discussed the application of PNPM in a medical clinic setting, which attempts to boost nurses' work motivation in clinics.

## **METHODS**

### ***Design, participants, study setting***

This research was quasi-experimental research with the control group. The research used total sampling, with a sample of 140 nurses who worked at Unicare clinics in Badung and Ubud branches. The inclusion criteria. The inclusion criteria in this study were nurses who had become permanent employees. The exclusion criteria in this study were nurses two months away from completing their work period. Determination of the control and intervention groups is based on the clinical branch, where 70 nurses from the Badung branch will be the intervention group, and 70 nurses from the Ubud branch will be the control group. This research was conducted in the Badung and Ubud branches of Unicare Clinic from December 19th, 2023 – January 16th, 2024.

### ***Instruments***

This study looks at two variables: the motivation of nurses for their profession and the effect of implementing Modular PNPM. A standard work motivation questionnaire based on Herzberg's theory was the research tool applied. The instrument reliability test used the Cronbach alpha coefficient, with an r-table value of 0.3610 and an alpha of 5%. The intervention began with administering a pre-test questionnaire, then continued with providing the intervention, which was divided

into several activities, including dividing nurse schedules by ensuring there was a primary nurse on each shift. Apart from that, a handover is carried out at every shift change, discharge planning forms are given to patients, and the head of the room carries out supervision activities. At the end of the intervention, an evaluation was carried out by administering a post-test questionnaire. Meanwhile, the control group continued to carry out activities as usual without changing the schedule or intervention.

### ***Data analysis***

Univariate analysis was conducted on the individual characteristics, Modular PNPM variables, and nurses' work motivation. The application SPSS for Windows version 22.0 was used to analyze the data. Using a paired t-test, researchers used bivariate analysis to quantify the differences between the intervention and control groups. An independent t-test for variable differences between the intervention groups was performed.

### ***Ethical considerations***

Researchers conducted an ethical test before beginning research at the study site. This study employed several research ethics, including informed consent, anonymity, and confidentiality. ITEKES Bali granted ethical approval with ref number 04.0446/KEPITEKES-BALI/XII/2023.

## **RESULTS**

The findings demonstrated variations in the intervention group's pre- and post-

intervention work motivation scores among the nurses. Following the deployment of Modular PNPM, there is a noteworthy variation in work motivation between the intervention group and the control group.

Based on Table 1 shows that 70% of the total 140 respondents were female, 79% of the 140 respondents were under 30 years old, 64% of the 140 respondents had a bachelor's degree in nursing, 93% of the respondents from 140 respondents were unmarried, and 94% of the 140 respondents worked for 2-5 years.

Table 2 shows that the average value of organizational culture for the post-test in the intervention group was 22.31, and the post-test value for the control group was 21.19, where there is a difference in nurses' work motivation in the intervention and control groups. The paired sample t-test showed differences between the Organizational Culture Post post-test intervention group and the Organizational Culture Post post-test control group. This is proven by the calculated t value of 2.432, which is higher than the t table value of 1.66724, with a significance level of  $0.018 < 0.05$ . So, it can be concluded that there is a significant difference between the Organizational Culture Post Test Intervention group and the Organizational Culture Post Test Control group.

The paired-sample t-test results showed a difference between the Leadership Post-Test Intervention group and the Leadership Post-Test Control group, with an average score of 22.82 in the post-intervention group and an average score of 21.49 in the control group post-test. This is also proven by the calculated t value of 2.975, which is higher

than the t table value of 1.66724, with a significance level of  $0.004 < 0.05$ . So, it can be concluded that there is a significant difference in post-test results between Intervention and Control Groups. The average value on the communication point also showed a difference, where the average post-test value of the intervention group was 25.30. The average post-test value of the control group was 23.96, and the paired-sample t-test results showed a difference in post-test communication in both groups. This is proven by the calculated t value in Pair 8 of 2.363, which is higher than the t table value of 1.66724, with a significance level of  $0.021 < 0.05$ . So, it can be concluded that there is a significant difference between the Communication Post-Test Intervention group and the Communication Post-Test Control group.

The paired-sample t-test results showed differences between the Work Activity Post-Test Intervention and Work Activity Post-Test Control groups. This is proven by the average post-test score for the intervention group being 25.48 and the average post-test score for the control group being 23.87 with a calculated t-value of 2.64 higher than the t-table value of 1.66724, with a Significance level of  $0.010 < 0.05$ . So, it can be concluded that there is a significant difference between the Work Activity Post-Test Intervention group and the Work Activity Post-Test Control group. There are also differences between the Compensation Post Test Intervention and Compensation Post Test Control groups. This is proven by the average post-test value of the intervention group of 15.27 and the average post-test value of the

control group of 13.83 with a calculated t-value of 2.876, which is higher than the t-table value of 1.66724, with a significance level of  $0.005 < 0.05$ . So, it can be concluded that there is a significant difference between the Compensation Post Test Intervention group and the Compensation Post Test Control group.

Table 3 shows a significant increase in the values of several indicators from the motivation questionnaire. Most of the questions showed changes. Notably, two questions related to organizational culture saw improvement: the percentage of respondents who “strongly agree” that productivity has increased since working in the clinic rose from 34% to 49%, and the percentage who believe the clinic pays attention to nurse welfare increased from 26% to 39%. In the Leadership Indicator,

there was also a notable increase: the percentage of “strongly agree” responses to superiors working according to standards rose from 43% to 57%, and for seniors overcoming problems in the room, it rose from 43% to 61%. Communication indicators also showed significant improvements: the percentage of “strongly agree” responses to nurses helping each other increased from 26% to 41%, and to seniors considering subordinates as colleagues rose from 30% to 46%. The Physical Activity Indicator also saw a significant increase, with the percentage of “strongly agree” responses to doing work following the job description rising from 36% to 51%. Lastly, regarding compensation, the percentage of nurses who “strongly agree” that their salary is appropriate for their work increased from 26% to 39%.

**Table 1**

Distribution of Characteristics of Nurse Respondents (n=140)

<b>Characteristic</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Gender</b>		
Man	42	30
Woman	98	70
<b>Age</b>		
<30 years old	110	79
≥30 years old	30	21
<b>Education</b>		
Vocational degree	50	36
Bachelor degree	90	64
<b>Marital Status</b>		
Unmarried	130	93
Married	10	7
<b>Length of work</b>		
2-5 years	132	94
>5 years	8	6

**Table 2**

Nurses' Work Motivation Between Intervention and Control Group After Modular PNPM Intervention

Variables	Intervention Group (n=70)	Control Group (n=70)	t table	t	p
	Post Mean±SD	Post Mean±SD			
Organizational Culture	22,31±3,75	21,19±4,473	1,66724	2,432	0,018
Leadership	22,82±3,12	21,49±3,791		2,975	0,004
Communication	25,30±5,39	23,96±5,962		2,363	0,021
Work activities	25,48±5,41	23,87±6,211		2,640	0,010
Compensation	15,27±3,97	13,83±4,587		2,876	0,005

**Table 3**

Work Motivation Values of Intervention Group Before and After Modular PNPM Intervention

No	Items	Strongly Agree	Agree	Disagree	Strongly Disagree
		f pre/post (%)	f pre/post (%)	f pre/post (%)	f pre/post (%)
<b>A Organizational Culture</b>					
1	Since working at this clinic, my work enthusiasm and productivity have improved.	24/34 (34/49)	20/25 (29/36)	21/11 (30/16)	5/0 (7/0)
2	This clinic pays attention to the welfare of nurses	18/27 (26/39)	24/33 (34/47)	21/8 (30/11)	7/2 (10/3)
<b>B Leadership</b>					
1	My boss demands that I work according to the standards set	30/40 (43/57)	22/22 (31/31)	14/6 (20/9)	4/2 (6/3)
2	My supervisor can solve problems that occur in the room	30/43 (43/61)	18/21 (26/30)	14/5 (20/7)	8/1 (11/1)
<b>C Communication</b>					
1	Fellow nurses help each other in doing this work	18/29 (26/41)	29/28 (41/40)	19/11 (27/16)	4/2 (6/3)
2	My boss treats subordinates not as subordinates but as a colleague	21/32 (30/46)	30/33 (43/47)	14/3 (20/4)	5/2 (7/3)
<b>D Work activities</b>					
1	I carry out work according to the job description	25/36 (36/51)	22/24 (31/34)	21/6 (30/9)	2/4 (3/6)
<b>E Compensation</b>					
1	The salary I receive is commensurate with my work	18/27 (26/39)	17/24 (24/34)	24/12 (34/17)	11/7 (16/10)

## DISCUSSION

The study demonstrated that adopting the Modular PNPM altered nurses' motivation. After completing the post-test, nurses demonstrated increased desire and improved performance in applying PNPM. The majority of nurses have a strong motivation to provide nursing care. The use of professional nursing care demonstrates the presence of work-related incentive elements [14,15]. Frederick Herzberg asserts that an employee might be driven by their interests, which may be customized to the objectives of the company [22]. Reaching the highest level of work motivation will satisfy the nurse, and because of that, the nurse will be more motivated to keep doing what they are doing and possibly even enhance it [17-19]. Employee work motivation is highly valued since it affects how well they perform at work. A positive work atmosphere and well-equipped workspaces encourage employees to give their all on the job. More effort and improved productivity or performance at work are the outcomes of increased motivation.

The leadership factor is an additional external aspect that enhances motivation at work. Fitriana et al. revealed that a leadership style positively impacts nurses' job motivation. A person's leadership style refers to the standard of behavior they employ when attempting to shape the actions of others [25]. A ward head will employ a leadership style based on his aptitudes and character. In nursing administration, three primary leadership philosophies are often recognized: authoritarian, democratic, and laissez-faire. A leader's ability to successfully influence their

subordinates' behavior is significantly influenced by their leadership style [26]. A leader's method to sway his followers is called their "style." An organization's leadership must foster employee development and create a culture of motivation.

The application of Modular PNPM in this study significantly improved nurses' assessments of leadership elements that influence their drive to work in the field, especially regarding supervisory activities. In the past, nurses felt devalued and uncared for since the nurse manager did not provide enough supervision to the on-call nursing team. They also feel uncomfortable and that their supervisors are not giving them adequate direction when problems happen at work. The study's results regarding the leadership point show that following the completion of the supervision activities, nurses felt more taken care of. In particular, both emphasized the importance of the leader's capacity to resolve issues in the room and their insistence that nurses adhere to SOP. Cleaning hands before and after invasive procedures, tending to open wounds in patients involved in traffic accidents, giving intravenous injections to patients who are intoxicated, giving intracutaneous injections to patients undergoing antibiotic allergy tests, giving intramuscular injections to patients receiving rabies vaccinations, and organizing medical and non-medical waste are all tasks that the nurse manager supervises the nursing staff's supervision activities. After supervision, nurses can speak directly with the on-duty nurse manager about any problems and get solutions.

Leadership is a crucial aspect in every group or organization since it significantly impacts the organization's existence. Sarlia's research aligns with this study [27]. The study aimed to determine whether nurses' desire for their jobs is strongly positively correlated with leadership style. A leader must inspire his team members and subordinates with passion, direction, and drive. A dynamic component of leadership is a leader's charisma. Per the ideal influence, a motivating leader inspires loyalty and participation in the organization's shared mission while setting high standards for their followers. Leaders impose their beliefs and values on their followers while encouraging them to be inventive and creative. When leaders completely understand the requirements of their followers, they may offer aid [28].

This study found that before Modular PNPM was installed, there was inefficient communication between nurses and supervisors. The fact that patient acceptance is not carried out for every shift change, which frequently leaves information missing when reporting patients and the fact that nurses place the blame for issues with patients or other business divisions that need data from the field on one another when issues arise between shifts serve as examples of this. Additionally, there is a lack of supervision, which prevents supervisors and nurses from communicating the issues they are facing to one another. After completing the weigh-in activities, information between nurse shifts was established as conducive, and patient passes from shift to shift were clear and detailed, thereby minimizing miscommunication regarding the nursing

care provided to patients. These changes to the communication process in the field following the implementation of the Modular PNPM were substantial. Supervision activities promote better communication between superiors and subordinates by giving managers and employees a way to communicate [29]. For a leadership process in a firm to be effective, motivation and communication are essential. A leader's policies and subordinates' goals are connected through communication. Furthermore, communication is necessary to maintain the smooth operation of every facet of the leadership process. An individual's relationship with their surroundings produces their motivation. Every individual possesses distinct fundamental motivational impulses, and any alterations will be shaped by the driving forces of their situation [30].

Another aspect that determines nurses' work activities is their level of participation. According to Robbins, work activity is a participatory process that utilizes all employee capacities and is intended to encourage increased commitment to the success of a decision affecting them. Increasing autonomy and control over their work-life makes them more productive, satisfied, and loyal to their work organization [28]. In this study, before the Modular PNPM was applied to nurses' work arrangements in the field, their activities were not functioning smoothly. This occurs when tasks are not divided within a single shift [3]. As a result, the work allocation will differ between one nurse and another. Following the installation of Modular PNPM, the nursing staff in one shift was evenly divided, whereas in another,

there were main and executive nurses. The primary nurse is responsible for providing nursing care to the patient, whereas the executive nurse is in charge of nursing implementation. After this distribution, the nurses felt that the distribution of tasks given was fair, as evidenced by the findings of this study, which show a significant increase in the value of the physical activity indicator, specifically in the statement of carrying out job descriptions according to the indicator, which initially had a value of 36% but increased to 51%.

Compensation is another external factor that might influence job motivation. The compensation observed in this study took the form of awards offered to nurses based on their performance. Zahri Iqbal's study found that remuneration had a favorable influence on the job motivation of nurses at Permata Hati Duri Madu Hospital in Bengkalis Regency [29]. Benefits and incentives demonstrate how nurses can improve performance, which is measured based on the leadership's assessment of the amount of work completed (work quantity), also known as work input, the quality of work completed (work quality), also known as work output, and the timeliness with which work is completed (efficiently), also known as an outcome. Honorary nurses can perform well if they receive constant income from the hospital. This will encourage a motivated nurse to advance her skills at work by offering compensation, which will enhance nurse motivation [31]. Before implementing Modular PNPM, nurses frequently expressed unhappiness with their awards, believing that the effort and prizes they received were inappropriate. After the

Modular PNPM was adopted, nurses believed it was more equitable since the distribution of jobs was even, and the number of nurses who felt that their bonuses remained the same whether they worked a lot or a little. This is evident in the findings of this study, which show that the value of the pay indicator for reward statement points earned after the job increases from 18% to 27% for the strongly agreed option.

From the company's perspective, providing compensation or remuneration is a reward that the company must issue to its nurses; thus, the company must carefully assess the work performance produced by each nurse; the company requires that the work performance maximizes the compensation costs incurred. Salaries, allowances, and incentives are the most common forms of remuneration in a company, and they are currently a source of concern for most nurses because the pay paid to each honorary nurse has not been distributed properly and evenly. The nurse will always be excited to work if these expectations are met. Compensation is the sum of an individual's pleasant feelings about the money they get, provided that the payment received meets the individual's expectations [31].

The nurse work motivation model developed from this research, which incorporates the Modular Professional Nursing Care Method (PNPM) in the general clinical scope, has the potential to boost nurses' job motivation. PNPM comprises four elements: standards, nursing procedures, nursing education, and the PNPM system. The specific goals of PNPM are to preserve consistency in nursing care, decrease conflict

and overlapping roles across nursing teams, and strengthen nurses' knowledge and skills in providing systematic nursing care. Implementing PNPM is projected to improve patient satisfaction, nurse satisfaction, and the overall quality of nursing services [30].

Modular techniques can improve continuity of service, patient satisfaction, and cost effectiveness [31]. Providing a work environment that promotes the efficacy and efficiency of nurses' work will significantly impact their motivation. This is consistent with Ahlstedt et al.'s research, which found that providing adequate salary, facilities, assignments, scheduling, a positive work environment, supportive institutional management, fair policies, and cooperative cooperation can impact nursing motivation positively [32]. According to the researchers' literature assessment, there has been no direct discussion of the relationship between nurses' work motivation and applying PNPM, particularly Modular PNPM, in nursing practice in health facilities. As a result, researchers anticipate that this study will provide new information about techniques for improving the effectiveness of nursing services and benefit nurses.

### ***Limitation***

Each group's pre-and post-test results took longer to collect, considering this study was done manually and offline. The control group at the Ubud branch clinic was not supervised in completing the pre-test and post-test because of the considerable distance between the two clinics, making it impossible to provide supervision simultaneously. Due to the different shifts of the respondents, data

collection was split across two days instead of conducting concurrently. To ensure that data collection did not take too long, attempts were made to overcome the limitations. Specifically, one study enumerator was assigned to the Ubud branch, and this person also oversaw the process of filling out questionnaires for the control group in Ubud.

### **CONCLUSION**

This study investigates the impact of integrating the Modular PNPM model in nursing practice at the Unicare Clinic. Following the implementation of the Modular PNPM, there was a rise in the intervention group's nurses' work motivation components compared to the control group. To sustain the effectiveness and efficiency of the PNPM, continuous evaluation of the program can be conducted, and nurses can actively provide suggestions to enhance the quality of nursing services.

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## CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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