



**ANALYSIS OF FACTORS THAT HAVE A ROLE IN IMPROVING
QUALITY OF NURSING SERVICES IN INPATIENT CARE**

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ABSTRACT

The quality of nursing care is a crucial aspect of the global health system, as nurses comprise the largest health workforce and are on the front lines of patient care. The quality of nursing care in hospitals is also influenced by several factors, such as leadership, organizational culture, burnout, and work motivation. This research aims to identify factors (leadership, organizational culture, burnout and motivation) that play a role in improving the quality of nursing services in the Inpatient Ward of Jakarta Harbor Hospital. The method used was a quantitative analytical research design with a cross-sectional approach. The research sample consisted of 100 health workers selected using total sampling techniques. The research sample consisted of 100 health workers selected using a total sampling technique. The dependent variable was the quality of nursing services, while the independent variables were leadership, organizational culture, burnout, and motivation. The research instruments used in this study had been tested for validity and reliability prior to data collection. The validity test results showed that all questionnaire items were valid, while the reliability test demonstrated good internal consistency with Cronbach's alpha values greater than 0.70 for all variables. Data analysis was carried out bivariate using the chi-square test and multivariate using multiple logistic regression. The results of multiple logistic regression showed that the most dominant factor was the leadership variable with a p-value of 0.000 and an OR value of 153.415. The conclusion is that there is a relationship between leadership and motivation variables and the quality of nursing services in inpatient care at Pelabuhan Jakarta Hospital.

Keywords: burnout; leadership; motivation; organizational culture; quality of nursing services

How to cite (in APA style)

Rusmilaningrum, N., Fadhillah, H., Widiastuti, E., & Hadi, M. (2026). Analysis of Factors that Have A Role in Improving Quality of Nursing Services in Inpatient Care. *Indonesian Journal of Global Health Research*, 8(4), 175–182. <https://doi.org/10.37287/ijghr.v8i4.2081>.

INTRODUCTION

The quality of nursing services is one of the most crucial aspects of the global healthcare system, as nurses constitute the largest group of healthcare professionals and are at the forefront of patient care delivery. Globally, nursing quality continues to receive significant attention because it has been proven to have a direct impact on patient safety, patient satisfaction, and hospital service efficiency. Research has shown that poor quality of nursing care is associated with an increased incidence of adverse events, such as nosocomial infections, medication errors, and higher mortality rates (Aiken et al., 2021). The quality of nursing services in hospitals is also influenced by several factors, including leadership provided by head nurses, organizational culture, burnout, and work motivation. Effective leadership is able to direct, motivate, and guide nursing staff in achieving high standards of care. Through effective leadership, nurses as human resources contribute to enhancing hospital effectiveness through the optimization of nursing performance (Fitriana D. et al., 2023).

Organizational culture refers to a shared system embraced by members of an organization that differentiates it from other organizations. An effective organizational culture encourages nurses to work more productively and maintain positive attitudes (Kurniawati & Bunga, 2024). However, other factors may hinder the achievement of optimal nursing service quality, one of which is burnout. Burnout among nurses is characterized by emotional exhaustion, depersonalization, and

reduced work achievement, which often decreases nurses' motivation to provide comprehensive care. Motivation itself is defined as the driving force that encourages individuals to perform tasks and behave in certain ways (Nursalam, 2020). Nurses with high motivation tend to demonstrate a strong work ethic, initiative in carrying out tasks, and concern for patient conditions. In contrast, low motivation may result in decreased performance, negligence, and reduced empathy toward patients, ultimately affecting the quality of nursing services.

Jakarta Harbor Hospital is a Type C hospital consisting of inpatient wards categorized into Super VIP, VVIP, Class I, Class II, Class III, and non-classified wards for special units. Based on observations conducted in four inpatient wards, it was found that head nurses often arrived late, making them unable to serve as role models for staff nurses in terms of work discipline. Head nurses were also not involved in the handover process, preventing them from demonstrating proper handover practices. The hospital's organizational culture, namely AKHLAK (Trustworthy, Competent, Harmonious, Loyal, Adaptive, and Collaborative), has not been fully implemented in nursing care delivery. Complaints from non-nursing units indicated deficiencies in the values of harmony and loyalty within inpatient wards. Similarly, complaints from the medical profession highlighted inadequate collaboration among nursing staff.

Based on burnout assessment data conducted by the Psychological Consultant of PT RS Pelabuhan among all nurses at RS Pelabuhan Jakarta, 56% of nurses experienced burnout, with 70% exhibiting symptoms of loss of empathy, causing them to feel disconnected from colleagues and patients during daily work activities. Nurses tended to work solely based on routine tasks, were unwilling to engage with their surroundings, and in some cases demonstrated indifferent attitudes. Furthermore, 54% of nurses experienced symptoms related to a lack of appreciation or recognition from management and began to perceive uncertainty regarding their career paths and future prospects. Approximately 30% of nurses experienced more than one symptom, indicating the urgent need for further intervention and support. Based on interviews with five senior nurses, two stated that workplace problems were often not resolved appropriately, resulting in decreased work enthusiasm. One nurse reported reduced motivation to complete tasks on time due to the lack of appreciation and recognition. Additionally, attendance records for internal training programs indicated that 50% of nurses arrived late because they perceived the training as lacking benefits.

Complaints regarding nursing services were also identified during coordination with corporate clients, including reports of unfriendly nurse attitudes. Observations in inpatient wards revealed patient complaints concerning slow nurse responses to call bells, collaborative therapies or interventions not being administered, intravenous fluids running out without detection, and inadequate nurse friendliness. These incidents have the potential to cause complaints and patient dissatisfaction with nursing services, ultimately contributing to poor nursing service quality. Based on these problems, the researcher aims to identify the factors that play a role in improving the quality of nursing services in the inpatient wards of Jakarta Harbor Hospital.

METHOD

This research is an analytical research study with a cross-sectional design . The population in this study were all nurses in the Inpatient Department of Pelabuhan Jakarta Hospital, totaling 100 respondents. The instrument used was a questionnaire. The validity test results showed that all questionnaire items were valid, while the reliability test demonstrated good internal consistency with Cronbach's alpha values greater than 0.70 for all variables. The data collection procedure was carried out administratively by submitting an ethical review to the campus. After the data was collected, data management was carried out through the stages of editing, entry , coding, cleaning , scoring, and tabulating. Data analysis used univariate techniques, bivariate using the Chi-Square test , and multivariate using multiple logistic regression. The dependent variables were leadership, organizational culture, burnout , and motivation, while the independent variable was service quality.

RESULT

Table 1.

Demographic characteristics of respondents: age, gender, education and length of service

Variables		f	%
Age	≤ 25 years	17	17
	> 25 years	83	83
Gender	Man	9	9
	Woman	91	91
Level of education	D3 Midwifery	29	29
	Bachelor of Nursing	71	71
Years of service	≤ 5 years	40	40
	>5 years	60	60

Based on the table, most respondents were aged >25 years, with a majority of 83 people (83%). Most respondents were also female, with 91 people (91%). Furthermore, all respondents had an educational background of S1 Nursing, with a total of 71 people (71%). Respondents with a work experience of >5 years consisted of 60 people (60%).

Table 2.

Frequency Distribution of Supporting Factors, Driving Factors, Reinforcing Factors and Inhibiting Factors

Variables		f	%
Leadership	Not enough	54	54
	Good	46	46
Organizational culture	Not enough	54	54
	Good	46	46
<i>Burnout</i>	Low	40	40
	Tall	60	60
Motivation	Low	43	43
	Tall	57	57
Risk Management	Not enough	63	63
	Good	37	37

Based on the table 2, it is known that the leadership variable is 54 people (54%) in the less category, the organizational culture variable shows that 54 people (54%) are also in the less category, the *Burnout variable* shows that 60 people (60%) experience high burnout, the motivation variable shows that the majority of respondents are 57 people (57%) have high motivation. As for the quality of service, it shows that 63 respondents (63%) assess the quality of service as less.

Table 3.

The Relationship between Leadership, Organizational Culture, *Burnout* and Motivation on Service Quality

Variables	Quality of Service				Total		OR (95%CI)	P-value
	Not enough		Good					
	f	%	f	%	f	%		
Leadership								
Not enough	53	98.1	1	1.9	54	100	190,800	0,000
Good	10	21.7	36	78.3	46	100	(23,394–1556,174)	
Organizational culture								
Not enough	42	77.8	12	22.2	54	100	4,167	
Good	21	45.7	25	54.3	46	100	(1,754-9,896)	0.002
<i>Burnout</i>								
Low	24	52	16	48	40	100	2,627	0.038
Tall	45	74	15	26	60	100	(1,133-6,091)	
Motivation								
Low	16	37.2	27	62.8	43	100	7,931	0,000
Tall	47	82.5	10	17.5	57	100	(3,158-19,922)	

Based on the table, it shows that there is a relationship between leadership factors and service quality (p- value 0.000), indicating that there is a relationship between organizational culture and the implementation of risk management. (p- value 0.002), indicating that there is no relationship between *burnout* and service quality (p- value 0.038), indicating that there is a relationship between motivation and service quality (p- value 0.000).

Table 4.
Multivariate Candidate Selection

Variables	P value	Multivariate Candidate
Leadership	0,000	Enter multivariate modeling
Organizational culture	0.001	Enter multivariate modeling
<i>Burnout</i>	0.022	Enter multivariate modeling
Motivation	0,000	Enter multivariate modeling

Based on the table in the multivariate candidate selection test, it was found that leadership, organizational culture, *burnout* and motivation were included in the multivariate with a p-value < 0.25

Table 5.
Final Modeling Logistic Regression

Variables	B	SE	Wald	P	OR	95% CI for Exp B	
				Value		Lower	Upper
Leadership	5,033	1,134	19,684	0,000	153,415	16,605	1417,417
<i>Burnout</i>	-0.586	0.808	0.527	0.468	0.556	0.114	2,710
Organizational culture	0.795	0.757	1,104	0.293	2,214	0.503	9,755
Motivation	1,027	0.731	1,976	0.160	2,793	0.667	11,693
Constant	-10,679	2,442	19,177	0,000	0,000		

Based on the table, the value (OR) obtained for the Leadership variable shows that the leadership variable has a significant effect on service quality ($p = 0.000$). The coefficient B value of 5.033 with an odds ratio (OR) of 153.415 indicates that poor leadership conditions will significantly increase the chance of low service quality. The confidence interval (95%CI; 16.605 – 1417.417), which confirms that the effect is within a statistically significant range.

$$\text{Service quality} = \text{Leadership (5,033)} - \text{Burnout (0,586)} + \text{Organizational culture (0,795)} + \text{motivation (1,027)} - 10,679$$

DISCUSSION

The Relationship Between Leadership and the Quality of Nursing Services

The statistical test results showed a significant relationship between leadership and the quality of nursing services ($p\text{-value} = 0.000 < 0.05$), with an OR value of 190.800. This means that poor leadership has a 190.8 times greater likelihood of resulting in poor nursing service quality compared to good leadership (OR = 190.800; 95% CI: 23.394–1556.174). Leadership in healthcare organizations is not merely about carrying out administrative functions, but also concerns the ability to motivate, direct, and empower all organizational components (Said & Adri, 2025). This study is consistent with the findings of Hikmawati (2022), which showed that the chi-square statistical test obtained a $p\text{-value} = 0.005$ ($p < 0.05$). This result indicates a significant relationship between leadership and service quality. Since the significance value of 0.005 is less than 0.05, the hypothesis stating that there is a meaningful relationship between leadership and service quality at Kebun Kopi Public Health Center, Jambi City, in 2020 was accepted. These findings suggest that leaders' ability to influence subordinates in carrying out tasks according to organizational goals is expected to improve service quality. Leadership is the process of influencing others, guiding them to work effectively, and facilitating their needs in achieving organizational or shared goals. Effective leadership in delivering quality nursing services will result in better nursing performance in achieving organizational objectives through the provision of optimal nursing care. Most employees believe that leaders create conditions that enable employees to feel satisfied and successful, rather than the organization itself (Yundelfa et al., 2020).

The Relationship Between Organizational Culture and the Quality of Nursing Services

The statistical test results showed that organizational culture had a significant relationship with service quality ($p = 0.002$), where nurses with poor organizational culture were 4.167 times more likely to produce poor service quality (95% CI: 1.754–9.896). Organizational culture is a framework that guides daily behavior and decision-making among employees and directs their

behavior toward achieving organizational goals (Yundelfa et al., 2020). This study is consistent with the research conducted by Utami (2020), which demonstrated a relationship between organizational culture and nurses' performance with a $p\text{-value} = 0.000$. Organizational culture functions to provide organizational identity to employees, facilitate collective commitment, and promote work stability perceived as positive and supportive in reducing conflict. Organizational culture is the fundamental philosophy of an organization that contains shared norms and values that characterize how activities are carried out within the organization. It serves as a guideline for all human resources in performing their duties (Utami, 2020). Organizational culture is necessary in hospitals as a value system that forms rules or guidelines for thinking and acting in achieving organizational goals. A well-developed and maintained organizational culture will encourage organizations toward better development and improved performance. When organizational culture is implemented comprehensively, job satisfaction will be created and ultimately improve performance (Muhith et al., 2021).

The Relationship Between Burnout and the Quality of Nursing Services

The statistical test results showed a significant relationship between burnout and service quality ($p\text{-value} = 0.038 < 0.05$), with an OR value of 2.627. This indicates that nurses experiencing high burnout were 2.6 times more likely to provide suboptimal nursing service quality compared to nurses who did not experience burnout (95% CI: 1.133–6.091). Burnout is a psychological syndrome resulting from chronic unmanaged work stress, characterized by three main aspects: emotional exhaustion, depersonalization or cynical attitudes, and reduced personal accomplishment (Andhani et al., nd). This finding is in line with the study by Imamah and Rini (2022), which showed a significant relationship between work fatigue and nurses' performance at Bhayangkara Pusdik Sabhara Hospital, Sidoarjo, with a $p\text{-value} = 0.000$. Burnout is a serious issue in hospitals because it can cause various negative impacts on healthcare workers, patients, and the work environment. Burnout may lead to physical exhaustion among healthcare workers, including depression, insomnia, lack of empathy toward patients and their families, decreased work commitment, reduced productivity, increased absenteeism, work delays, job dissatisfaction, and patient dissatisfaction (De Hert, 2020). However, this study is not consistent with the findings of Basalamah (2021), which showed no relationship between work fatigue and nurses' performance at Makassar City Regional Hospital, with a $p\text{-value} = 0.122$.

Burnout plays an important role in the quality of nursing services, which ultimately affects the overall quality of hospital services. The causes of burnout can be classified into personal and environmental factors. Personal factors include personality, expectations, and demographics, while environmental factors include workload and rewards. Other studies have shown that healthcare and social work professions rank first among occupations experiencing burnout, with nurses accounting for approximately 43% and having higher stress levels compared to doctors and pharmacists. This demonstrates the lack of attention given to the nursing profession. If left unmanaged over a long period, burnout will negatively affect the quality of services provided to patients. As a result, nurses experiencing burnout will influence patient satisfaction with nursing services (Saparwati & Apriyatmoko, 2021).

The Relationship Between Motivation and Nursing Services

The statistical test results showed a significant relationship between motivation and service quality ($p\text{-value} = 0.000 < 0.05$). Respondents with low motivation were 7.931 times more likely to produce poor service quality compared to those with high motivation (95% CI: 3.158–19.922). Motivation can be interpreted as internal and external drives within an individual, indicated by desires and interests in carrying out activities, encouragement and needs to perform activities, expectations and aspirations, appreciation and respect, a supportive environment, and engaging activities (Rahman La Ede et al., 2023).

The study by Sureskiarti (2020) showed statistical test results with $p = 0.032$, meaning $p < \alpha (0.05)$, indicating a relationship between nurses' motivation and the quality of healthcare services at Long Ikis Public Health Center. This finding is also supported by Arifaningsih and Susilo (2025), who found a significant relationship between work motivation and nurses' performance in the inpatient wards of Dr. Ario Wirawan Pulmonary Hospital, Salatiga, with a p -value of 0.031 (<0.05). Although most nurses had motivation levels categorized as "moderate," they still demonstrated high performance. This may be influenced by other factors such as professional responsibility, supervisor support, positive work culture, and strict supervision, which can encourage performance despite less-than-optimal motivation levels.

Motivation is the driving force that gives individuals persistence and enthusiasm to perform activities, originating from within the individual (intrinsic motivation) or from external sources (extrinsic motivation). Work motivation is the driving force influencing workers' behavior to improve performance because of the belief that enhanced performance provides benefits for themselves. Low motivation arises from various causes that ultimately result in reduced performance (Rahman La Ede et al., 2023). According to Iva Asfiani Bandera et al. (2025), motivation is very important because it encourages employees to work hard and enthusiastically to achieve high performance. Individuals with strong motivation in life are able to use it as a driving force to work more diligently and produce better outcomes.

CONCLUSION

Respondents perceived leadership and organizational culture as being in the poor category, burnout in the high category, and motivation in the low category. There was a significant relationship between leadership, organizational culture, burnout, and motivation with the quality of nursing services. The final modeling results showed that leadership was the most dominant variable associated with the quality of nursing services in the hospital.

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