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## **Effect of Nurses' Motivation on Quality of Nursing Services in Imelda General Hospital, Medan**

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**Abstract.** The motivation of nurses to work related to the quality of nursing services, including salary, promotion, training, recognition, supervision, work team, work comfort, work environment, and responsibilities. The study aimed to analyze the relationship between motivation (salary, promotion of positions, training, recognition, supervision, work team, work comfort, work environment, and responsibility) on the utilization of the quality of nursing services. The cross-sectional study design applies in this study—the study conducted at the Imelda General Hospital, Medan. The population in this study were all implementing nurses, amounting to 180 people. The number of samples in this study was 64 people obtained by simple random sampling technique. Analysis of the data used is multiple linear regression. The results showed that the motivation of nurses at Imelda General Hospital was moderate (84%). The quality of nursing services at Imelda General Hospital is of poor quality (55%). Variables that relationship with the quality of nursing services are salary, training, work teams, and supervision. The contribution of the five variables to the quality of nursing services was 77%. Of the five variables, the most substantial influence on the quality of nursing services is training (B = 3,536). It is recommended to the Imelda General Hospital to formulate policies and regulations regarding the implementation of primary education and training that must be owned by a nurse, prepare routine internal training programs, provide opportunities for nurses to continue their education to a higher education level, conduct regular nursing audits which include evaluation of nursing care documentation, completeness of patient files, assessment of nursing actions to improve professionalism and quality of nursing services

**Keyword:** motivation, quality of nursing services



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## INTRODUCTION

Based on the patient satisfaction instrument questionnaire collected by the hospital in the form of a questionnaire that must be filled out by inpatients who have been allowed to go, outpatient, which was carried out starting in February 2017, with the number of questionnaires per month of  $\pm$  150 questionnaires. The results of the data collection are known: (1) 34 class III inpatient rooms. Ten questionnaire items consisted of two components, such as dissatisfaction and sometimes dissatisfied (2). 19 class II inpatient rooms founded two questionnaires that showed dissatisfaction and 8 questionnaires with sometimes dissatisfaction, and (3) 11 class I inpatient rooms, there was 1 questionnaire which showed dissatisfaction and 5 surveys with sometimes dissatisfaction.

Hospital Accreditation Standards (2012) explained that indicators of the quality of nursing services consisted of four indicators. Firstly, the return of patients, namely, continuity of patient care when allowed to go home. Secondly the use of drugs namely the use of drugs and monitoring the effects of drugs to avoid undesirable events / KTD, (3) prevention and control of infection, namely efforts to prevent nosocomial infections, (4) pain management, which is an effort to reduce the pain that arises due to an illness.

Indicators of the quality of a hospital's nursing care are always related to the structure, process and outcome of the hospital's nursing services. The structural aspects include personnel, nursing care methods. A well-organized structure will better guarantee the quality of service. The process of covering the activities of nurses who interact with patients. The outcome is the result of nurses' activities for patients, which refers to the service aspect.

Based on the results of preliminary survey research, theories and opinions of experts who support, the phenomenon of the decline in the use of beds (BOR) at Imelda Hospital in Medan is assumed to be related to a decrease in the quality of hospital nursing services which was assumed due to the lack of motivation of nurses in providing nursing services (salary, job promotions, training, recognition, supervision, work teams, work comfort, work environment, responsibilities)

## OBJECTIVE

The study aimed to examine the relationship between nurse's motivation (salary, promotion, training, recognition, supervision, work team, work comfort, work environment, and responsibilities) and the quality of nursing services at the Imelda General Hospital, Medan.

## METHOD

We conducted A cross-sectional study to examine the relationship between nurses' motivation (salary, promotion, training, recognition, supervision, work team, work comfort, work environment and responsibilities) and the quality of nursing services. We recruited 64 samples from each service unit at the Imelda General Hospital, Medan.

Before conducting data collection, researchers provide information about the research objectives, implementation procedures, time, and research benefits clearly, then ask for the willingness of nurses to become respondents by signing informed consent.

Data retrieval is done directly from respondents based on research instruments using questionnaires given about the characteristics, nurse's motivation (salary, promotion, training, recognition, supervision, work team, work comfort, work environment, and responsibilities) and the quality of nursing services (patient safety, self-care, satisfaction, comfort, anxiety, patient knowledge, patient discharge, drug use, infection control). Data analysis used univariate analysis, multivariate analysis with multiple linear regression test.

## RESULTS

### Characteristics of Respondents

Table 1 described the characteristic of respondents. The findings showed that most of the respondents were female (78%) aged 25-30 years old (51%). The majority of respondents were graduated from the diploma level (89%). Regarding work experience, half of them worked for more than five years and have been married (48%). About 52% of them were still single.

Table 1. Respondents' characteristic

Individual Characteristics		n	%
Gender	Female	50	78
	Male	14	22
Age	< 25 years	8	13
	25-30 years	33	51
	> 30 years	23	36
Educations	Diploma 3	57	89
	Bachelor	7	11
Work experience	≤ Five years	32	50
	> 5 years	32	50
Status	Married	31	48
	Single	33	52

### Distribution of motivation among nurses at Imelda General Hospital

Table 2 showed the distribution of motivation among nurses at Imelda General Hospital. The findings indicated that most of the nurses were moderate motivation (84%) to perform the job. Only 16% of them have high motivation in their career.

Table 2. distribution of motivation among nurses at Imelda general hospital

Variable	Category	n (%)
Motivation	High	10 ( 16%)
	Medium	54 ( 84%)
	Less	0 (0%)

### Distribution of component of nurses' motivation

Table 3 explained the distribution of factors associated with the motive of nurses on the quality of health care services. Details of part of nurses' motivation were summarized in table 3.

Table 3. Distribution of component of nurses' motivation

Nurse Motivation		n	%
Salary	Motivated	46	78
	Somewhat motivated	18	28
	Less motivated	0	0
Job Promotion	Motivated	16	25
	Somewhat motivated	40	63
	Less motivated	8	12
Training	Motivated	24	38
	Somewhat motivated	38	59
	Less motivated	2	3
Recognition	Motivated	5	8
	Somewhat motivated	52	81
	Less motivated	7	11

Supervision	Motivated	32	50
	Somewhat motivated	29	45
	Less motivated	3	5
Work team	Motivated	25	39
	Somewhat motivated	39	61
	Less motivated	0	0
Work comfortability	Motivated	18	28
	Somewhat motivated	45	70
	Less motivated	1	2
Work environment	Motivated	17	14
	Somewhat motivated	38	59
	Less motivated	9	14
Responsibility	Motivated	17	27
	Somewhat motivated	41	64
	Less motivated	6	9

### Distribution of quality of nursing services

Table 4 explained the distribution of the quality of nursing services at the hospital. Details of the explanation of each component of the quality of nursing services were summarized in table 4.

Table 4. Distribution of quality of nursing services

	<b>Nurse Motivation</b>	<b>n</b>	<b>%</b>
Patient Safety	Corresponding	19	30
	Sometimes	30	47
	Rarely	15	23
Self Care	Corresponding	41	64
	Sometimes	16	25
	Rarely	7	11
Satisfaction	Corresponding	23	36
	Sometimes	35	55
	Rarely	6	9
Comfort	Corresponding	22	34
	Sometimes	33	52
	Rarely	9	14
Anxiety	Corresponding	28	44
	Sometimes	19	30
	Rarely	17	27
Patient Knowledge	Corresponding	23	36
	Sometimes	31	48
	Rarely	10	16
Patient Discharge	Corresponding	32	50
	Sometimes	31	48
	Rarely	1	2
Drug Use	Corresponding	23	36
	Sometimes	33	52
	Rarely	8	12
Infection Control	Corresponding	25	39
	Sometimes	35	55
	Rarely	4	6

### The Quality of Nursing Service at Imelda General Hospital

Table 5 explained the quality of nursing services at the General Hospital. The findings showed that half of them have less quality of nursing services (55%). About 45% of them were excellent quality.

Table 5. The Quality of Nursing Service at Imelda General Hospital

Variable	Category	n (%)
Quality of Nursing Service	Good	29 (45%)
	Less	35 (55%)

### The Relationship between nurses' motivation and the quality of nursing services at the Imelda General Hospital

Table 6. The Relationship between nurses' motivation and the quality of nursing services at the Imelda General Hospital

The results explained the relationship between nurses' motivation and the quality of nursing services at the Imelda General Hospital. The findings found that nurses with high motivation have an excellent service quality was 16%, whereas nurses with moderate motivation were poor service quality (84%).

Motivation	Quality		Total	%
	Good	Less		
High	7	3	10	16
Moderate	24	30	54	84
Total	31	33	64	100

### Multiple linear regression to examine the effect of motivation on the quality of nursing services at Imelda General Hospital, Medan

Table 7 described the Multiple linear regression to investigate the impact of motivation on the quality of nursing services. The findings showed that there is a positive effect of motivation on the quality of nursing services in terms of training (p-value=0.001), salary (p-value=0.001), work team (p-value=0.001), and supervision (p-value=0.002).

Table 7. Multiple linear regression to examine the effect of motivation on the quality of nursing services at Imelda General Hospital, Medan

Coefficients		
Model	B	Sig.
1. Training	3.536	0.001
2. Salary	3.333	0.001
3. Work team	3.249	0.001
4. Supervision	1.888	0.002
Constant	-16.483	< 0.001
Model Summary		
Model	R	R Square
	0.882	0.777

## DISCUSSION

### Effect of Salary Against Quality of Nursing Services

The results of multiple linear regression tests showed that salary has an influence ( $B = 3.333$ ) on the quality of nursing services with  $p\text{-value} < 0.001$ . It was indicated that an increase in the quality of nursing services to the more appropriate nominal salary received by nurses.

The results showed that the majority of respondents (46 people; 78%) could be categorized as motivated by salary factors. Respondents classified as motivated have the following reasons: 1) in addition to getting a salary, nurses also receive other services in the form of patient medical services, 2) salary increases are made annually, 3) an appropriate nominal salary encourages nurses to provide excellent services.

It was consistent with Maimun's study showed that salaries, incentives, or bonuses are rewards that are controlled and distributed directly by the hospital, and its nature is realized. Received by nurses and a significant and positive effect on work motivation (1).

A previous study showed that salary is one of the factors that can influence work motivation. A relatively small salary will lead to job dissatisfaction, while an adequate salary for nurses is a factor that can motivate nurses to do better work (2). Another study also showed that high incentives would have an impact on the spirit of nurses in carrying out their duties as providers of nursing care to patients (3).

Primitasari research results (2015) at Muhammadiyah Yogyakarta General Hospital showed that there was an effect of the perception of reward or salary on performance in nursing services where the  $p\text{-value}$  was  $0,000 (\leq 0.25)$  (4). Isesreni's research (2012) at Ibnu Sirna Yarsi Bukittinggi Hospital shows that salary is an essential determinant of job satisfaction because it is a tool used to meet needs. Nurses with good financial systems produce good work compared to nurses with inadequate financial systems (5).

The amount of salary is a factor influencing nurse job satisfaction. Providing an appropriate salary will encourage nurses to work better and more productively. Salary is one of the factors that can cause dissatisfaction for nurses, because with a relatively small salary can lead to unhappiness, conversely with a sufficient salary for nurses is a factor that can motivate nurses to provide better services. Salary will motivate achievement, reduce absenteeism, and find quality nurses. According to Marquis (2010), if salaries are lacking, there is dissatisfaction with employees. Giving a salary that is not in accordance with the wishes or giving a salary that cannot meet needs can cause work stress that affects motivation and work productivity (6).

Nursalam (2016), in the theory of justice, states that the main factor in work motivation is fairness from the award it receives, namely salary. Individuals will be motivated if the salary earned is following the work done (7).

According to Rivai & Sagala (2011), compensation is divided into financial and non-financial compensation. Monetary compensation consists of direct payment, namely salaries, wages, and incentives paid directly. Indirect benefit in the form of holidays and insurance (8). According to Kadarisman (2012), incentives are direct compensation based on the performance of nurses both individually and in groups. Medical service reward/incentive is an award in the form of money or giving money outside the salary offered by the hospital to nurses so that nurses work with high motivation and achievement in achieving hospital goals and are provided as recognition of work performance and nurse contributions (9).

### Influence of Work Team on Nursing Service Quality

The results of multiple linear regression tests indicate that the work team has an influence ( $B = 3.249$ ) on the quality of nursing services at a significant level of  $0.001$ . This means that there is an increase in the quality of nursing services to the better the nurse work team in providing services to patients. The results showed that most respondents (39 people; 61%) could be categorized as somewhat motivated by work team factors. Respondents in this category said: 1)

there was still a lack of cohesiveness in one team, where nurses in one team rarely handled patients when during office hours, 2) there was still a lack of peer care among nurses when problems occurred and still could blame each other and not trying to find a solution, 3) transfer of knowledge and skills among fellow nurses is still rarely done, 4) adaptation is still needed with newly transferred nurses/rotation from one service unit to another service unit.

This is consistent with Yusianto's (2015) research at Pati Healthy Families Hospital shows that there is a significant relationship between teamwork perception and nurse motivation. The perception of teamwork shows that each nurse has a contribution in achieving goals. Therefore, they must support and complement each other rather than toppling each other and competing with each other (10).

In the Rahma's research at Sunan Kalijaga Regional Public Hospital, showed that teamwork contributes more dominantly than organizational culture. If collaboration is good, it has a good impact on the quality of services provided by nurses so that it has a good effect on nurse performance (11).

A previous study showed that the motivation level of nursing staff in the inpatient room in terms of the relatedness variable or relationship needs showed that a part of nurses' work motivation was high (94%) (4).

Another study from Machron's (2017) conducted at Drajat Prawiranegara Public Hospital in Banten showed that extrinsic factors and motivations that affect quality are work relationships and work environment with indicators of colleague support, cohesiveness, conflict with colleagues, and relationships between nurses (12).

A work team is a formal group consisting of separate individuals and is responsible for achieving a goal. Nurse work teams are groups where nurses produce a greater level of performance. The purpose of forming a nurse work team is so that the work is done can be completed effectively and edition compared if the work is done individually (13).

According to Nursalam (2013), the nurse work team is a form of division of work and the responsibilities of each nurse according to competence but directed at the same goal. A nurse work team is a group of businesses that produce higher performance and is an effective way to provide nursing care, document, and improve the work of the nurse team by facilitating nurse participation. Every nurse has a different understanding of perceiving work teams (14). Nurse work team aspects include providing information and input in decision making, solving shared problems, and responsibility in providing services.

In accordance with the explanation above, the work team affects the work motivation of nurses. The countermeasures that can be done are: 1) the head of the room must be able to solve the problems that occur in the room quickly so as not to cause work stress that can reduce the performance of nurses, and the quality of service, 2) the head of the room should implement cooperation and cohesiveness, mutual share knowledge and knowledge with members of the nurse so that a quality work team is formed, 3) the head of the room reprimands the team members if they make mistakes and evaluates the work of each nurse member.

### **The Effect of Supervision on the Quality of Nursing Services**

The results of multiple linear regression tests indicate that supervision has an influence ( $B = 1.888$ ) on the quality of nursing services at a significant level of 0.023. This means an increase in the quality of nursing services if nurse supervision is increased. Based on the results of the study, the majority of respondents (32 people; 50%) were in the motivated category. Respondents in the motivated category said: 1) the implementing nurse felt that the head of the room had provided good direction in collaborative care with doctors, 2) the head of the room gave correct and clear direction in filling in the nursing care sheets, 3) the implementing nurse felt the head the room had provided clear direction in the care and monitoring of the patient's condition in the inpatient room.

The form of supervision is done by the head of the room and nurses in the emergency department (IGD), wherein every change of office hours. The direction is always given by the

head of the room and the head of the team in charge of patients in each triage room. In outpatient or polyclinic rooms, directors are also given by the head of the office to nurses at every service hour before providing services.

Implementation of in-service supervision units such as inpatient care, outpatient care, and emergency department (IGD) has not been thoroughly evaluated and assessed by the head of the room and the nursing manager or supervisor. Based on the results of the interview, the head of the room rarely evaluates and checks the completeness of the nursing care documentation so that there are often incomplete patient hospitalization files that have not been properly filled out.

Supervision of nursing managers only oversees the completeness of nurses in service units in accordance with official hours and supervises service schedules. If, in one service unit, there is a shortage of nurses, nurses from other service units will be asked to help in the ward. Nursing managers rarely make observations in the inpatient room, so they rarely know the problem and provide input. Evaluation is only done when the patient complains, or there are problems in the service unit. Nursing managers do not offer strict sanctions but only give a warning to nurses who do not fill in complete nursing care documentation.

This is consistent with Majid's research (2016) at Pelamonia Makassar Kindergarten II Hospital, which showed that supervision had a positive and significant effect on service quality. Through proper supervision, implementing nurses will receive positive encouragement, so they are willing to learn and improve their professional abilities (15)

Harikadua Research (2014) in Kandou Manado shows that quality nursing services are not entirely the responsibility of nursing executives, but rather the responsibility of the head of the room as the front line service manager for nursing process activities and facilitating nursing implementers in order to carry out nursing practices according to standards. Good nursing supervision has an impact on nursing services to be better carried out by implementing nurses and affects job satisfaction of implementing nurses (16)

Research conducted by Yanti (2013) at Semarang District Hospital showed that there was a relationship between supervision and the quality of nursing documentation. The results of the study explained that supervision was needed to improve the work of documenting nursing care (17)

Ahaddyah's research (2012) at Depok Hospital showed that clinical supervision can increase patient satisfaction as measured by decreasing the level of patient complaints / complaints and reducing patient stress, namely reduced patient care days due to improved quality and efficient patient care (18)

Supervision is a provision of assistance, guidance / teaching, or support to someone to complete their work according to policies and procedures, develop new skills, a broader understanding of their work so they can do it better. The purpose of this supervision aims to achieve maximum goals. In achieving this goal, it takes a good manager's ability by professional nurses. Therefore, a manager in nursing or professional nurse is expected to have the ability to supervise (19)

Supervision in nursing is part of the direction and supervision function in the form of clinical supervision. Clinical supervision is an activity where the nurse supervisor observes the activities of the implementing nurse when performing nursing actions. Clinical supervision provides teaching, direction, observation, evaluation so that nurses can develop the ability to carry out nursing care according to standards. Observations made by nursing managers function as a supervisor's control of the quality of service to patients (20)

The aim of supervision in nursing is to increase nurse awareness so that it can know its role and function, educate nurses to be able to take responsibility in providing services to patients. Nurses must have sensitivity in responding to what the patient wants and sensitivity in knowing the problems that occur with patients, fellow nurses and head of the room. Good supervision can predict risks in services and reduce service risks such as the risk of falling patients so that more priority to patient safety-based services / patient safety. Supervision must foster a sense of responsibility in the executive nurse in providing nursing services. This responsibility can be

reflected in the good performance of nurses (21)

Supervision is carried out by superiors namely nurses who have qualifications and carried out in stages, namely an executive nurse can be supervised by the team leader or head of the room. A team leader can be supervised by the head of the room. A head of the room is supervised by the nursing manager. Supervision can be done in groups or individually. Supervision is carried out in groups based on nurses' work teams, where the work teams work together in handling patients and creating good relationships between teammates. Individual supervision is carried out with the aim of developing nurses so as to foster self-confidence (21)

Supervision is a process that spurs nurses to contribute positively so that hospital goals can be achieved. The benefits of supervision are: 1) increasing work effectiveness 2) increasing work efficiency. Increased work effectiveness is related to improving nurses' skills and knowledge, as well as maintaining harmonious relationships between nurses. Increased work efficiency is related to the reduction in mistakes made by nurses.

In accordance with the explanation above, the supervision carried out correctly can improve the quality of nursing services. The countermeasures that can be done are: 1) to improve the quality and performance of nurses, the ability of supervisors or nursing managers needs to be developed through training, 2) the hospital management makes routine schedules of supervision of the nursing manager and head of the room to be carried out every day, 3) give awards or rewards to nursing managers and head of the room to be more motivated.

Based on the discussion above, there are 5 variables (job promotion, recognition, work comfort, work environment and responsibilities) that have no influence on the quality of nursing services. This is assumed because there are no specific regulations set for promotion / promotion in hospital. According to some nurses who have worked for more than 10 years, some still work as ordinary nurses / team leaders, while nurses who have worked less than 10 years have become head of the room. This can lead to gaps between fellow nurses, but nurses continue to work well because of fear that if they make a mistake they will be subject to salary deductions and immediate dismissals.

Recognition from superiors is one factor that can improve the quality of nursing care. However, at the research location it was found that recognition in the form of direct praise and awards were rarely given by directors to nurses who excel. If there are nurses who excel, only given the opportunity to attend training. Working conditions in the form of work environment and comfort are important factors in nursing actions that can affect the quality of service. With good working conditions can carry out nursing actions well. Observations at the study site found that lighting and ventilation were quite good in each room. Cleanliness in general is not good enough so that cleaning programs are applied in each service room once a week.

Responsibility is an important factor in the implementation of patient nursing care. Responsibility is the attitude of partisanship to patients to minimize patient dissatisfaction. Responsibility relates to the work. Nurses are required to be responsible for every action. If the nurse is not responsible, then there can be undesirable things like disability in the patient. At the research location, nurses are generally responsible for every nursing action performed and the head of the room should supervise so that nurses' responsibilities can continue to increase and sanction nurses who do not perform nursing care properly

## **CONCLUSION AND RECOMMENDATION**

The results showed there was a relationship between the nurse motivation and the quality of nursing service at the study site, namely: training, salaries, work teams, and supervision. The variable that has the biggest influence on the quality of nursing service is training. Efforts can be made to improve the quality of nursing services, namely: the education and development (training) section of the hospital can make internal or external training programs routinely and submit to the hospital management department, the head of the room implements cooperation

and cohesiveness, sharing knowledge and knowledge with fellow members of nurses, the hospital management makes routine schedules of supervision of the nursing manager and head of the room to be carried out every day.

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