



IMPROVING THE COMMUNITY NURSE PERFORMANCE IN EAST JAVA THROUGH PERSONAL FACTORS AND COMMITMENT

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ABSTRACT

Nursing care is a form of nurses' performance. Community nursing care is implemented to build an independent community which has yet optimally implemented (32%). Factors assumed to be the caused were personal factors and commitment of nurses in performing community nursing care. This study aimed to know the influence of personal factors and commitment on improving nurses' community performance at Ponkesdes (Pondok Kesehatan Desa/Village's Health Center) in East Java. This type of study used analytic observational and used cross sectional design. The population was nurse community who assigned in Ponkesdes in Blitar, Jember, Lamongan, and Bangkalan of East Java. The total population was 2.910 nurses. Total sample was 117 respondents to use the multistage sampling technique. The dependent variable was a nurses' performance in performing community nursing care, while the independent variables were personal factors and commitment. The statistical test used Partial Least Square (PLS). The results of the study obtained after conducting the statistical test was the commitment factor has influenced performance (T-Statistics: 2.52), personal factors influenced performance (T-Statistics: 4.81), while personal factors also influenced commitment factor (T-Statistics: 15.83). Overall, the nurses' performance was strongly influenced by personal factors and commitment of the nurse. Personal factors will affect the formation of positive attitudes and the process of adaptation of nurses with its environment. Nurses also need to have a commitment accompanied by an awareness act to improve its performance in implementing the nursing care. Personal factors will affect the formation of positive attitudes and the process of adaptation of nurses with its environment. Nurses also need to have a commitment accompanied by an awareness act to improve its performance in implementing the nursing care.

Keywords: Personal, commitment, nurse, care, community.

INTRODUCTION

Nurses' performance at *Ponkesdes* is to carry out nursing care. The targets were individuals,

families, groups and communities. As many as 90% (2.619) nurses were yet done community nursing care. Results of this study showed there was influence on nurses' personal factors and commitment to the nurses' performances in doing nursing care. The results stated that the knowledge, skills, talents, experience, competence, motivation, commitment and leadership skills affect the nurses' performance (Bontis-Fitz-enz, 2002; Kamukama *et al.*, 2010; Covell, 2011). Results from other study described the nurses' commitment influenced performance. It has never been found in the studies on personal factors such biological factors (age, weight, psychological and sociocultural) factors which affected to the nurses' performance. These factors become value added in this study compared to previous studies.

The purpose of this study was to analyze the influence of personal factors and commitment on performing community nursing care.

MATERIALS AND METHODS

This study used analytic observational method. The dependent variable was the nurses' performance in performing nursing care (*PHBS* / Clean and Healthy Life Behavior, conseling to vulnerable families, individuals nursing care, families nursing care and community nursing care), while the independent variables was personal factors consisted of biological factors (productive age, ideal weight, regular exercise), psychological factors (motivation and personality), social factors which similar into ethnicity, religion, role model on public figure and religious figure, and also commitment (intention, interest and awareness). The location of this study was *Ponkesdes* which located in 4 regencies divided into 4 residents in East Java. The population was all *Ponkesdes* nurses in East Java as many as 2.910 nurses, who spread over 2.910 villages in 32 regencies in East Java.

Samples in this study was *Ponkesdes*' nurses who spread over 2.910 villages in East Java who meet the criteria for having *SK Pengangkatan* (Assignment Letter) as *Ponkesdes*' nurse, who has attended training before assigned, has *SIP* (Practical Work Permit) or *STR* (Registration Identity Letter) and *SIPP* (Nurses' Practical Work Permit), live in *Ponkesdes* and willing to be respondent. Based on rule of thumb formula, it was needed 117 nurses. The sampling technique used multy stage random sampling which conducted randomly with several stages (regencies / cities, districts, villages) in the group of nurses and communities at population that widespread in 38 regencies / cities in East Java. The first stage of taking samples was process to select 4 regencies / cities in East Java by pulled out drawing, from 4 regencies / cities were selected 5 districts. Each selected districts took 8 villages, while in determining each village was selected by simple random sampling to select respondents at the village level. It was by making serial number and name list of respondents which randomly selected by pulled out drawing of approximately 8 nurses in each districts. The questionnaire was compiled by authors and had assessed its validity and reliability. Data which already collected was analyzed by descriptive and inferential. Inferential analysis technique used was the Structural Equation Model - SEM variance-based or component-based SEM, which is well known as Partial Least Square (PLS).

RESULT AND DISCUSSION

The data used in this study was 117 samples spread out in village areas in four regencies in East Java province.

Table 1. Frequency Distribution of *Ponkesdes*' Nurses based on Area

No	Regency	Frequency (f)	Percentage (%)
1	Blitar	48	41
2	Jember	28	24
3	Lamongan	20	17
4	Bangkalan	21	18
Total		117	100

Table 1 showed that from 117 nurses spread out in four regencies, almost half of them domiciled in Blitar regency as many as 48 (41%), while who domiciled in Lamongan regency as many as 20 (17%) and Bangkalan regency as many as 21 (18%).

Table 2. Frequency Distribution of *Ponkesdes*' Nurses based on Age

No	Age	Frequency (f)	Percentage (%)
1	20-25	15	12,82
2	26-30	44	37,61
3	31-35	36	30,77
4	36-40	22	18,80
5	Total	117	100

Table2 showed that few nurses of *Ponkesdes* were in teens category as many as 15(12.82%), while most of them were adults as many as 102 (87.18%).

Variable of Nurses' Personal Factors (X2)

This variable was consisted of three sub variables: biological factors, psychological factors and sociocultural factors. Descriptive results of this study can be seen in the table below:

Table 3. Frequency Distribution of *Ponkesdes*' Nurses Personal Factors Variable in East Java

Sub Variabel Indicators of Personal Var. (X ₁)	Category						Total	
	Good		Average		Low		Σ	(%)
	(f)	%	(f)	%	(f)	%		
1. Biological Factor (X_{1,1})								
1.1 Productive Age	117	100	0	0	0	0	117	100
1.2 Puberty Period	117	100	0	0	0	0	117	100

1.3 Ideal Weight	117	100	0	0	0	0	117	100
1.4 Do regular exercise	43	36,75	50	42,73	24	20,51	117	100
2. Psychological Factor (X_{1,2})								
2.1 Extrovert	117	100	0	0	0	0	117	100
2.2 Have strong motivation	117	100	0	0	0	0	117	100
2.3 Healthy, psychically and mentally	117	100	0	0	0	0	117	100
3. Sociocultural Factor (X_{2,3})								
3.1 Similar Ethnicity	68	58,12	0	0	49	41,88	117	100
3.2 Similar Religion	117	100	0	0	0	0	117	100
3.3 Role model to religious leader (Toga) and public figure (Toma)	117	100	0	0	0	0	117	100
3.4 Educational background in regency/city	117	100	0	0	0	0	117	100

Table 3 explained that the sub variable i.e biological factor of *Ponkesdes'* nurses was biologically qualified, which was seen from the four indicators where three of it have high value, as productive age:117 nurses (100%), puberty period:117 nurses (100%) and ideal weight:86 nurses (73.50%). In biological indicator could be seen that only small amount of *Ponkesdes'* nurses who are not doing regular exercise. It was seen from sub variable of nurses' psychological was excellent and qualified to support personal factors. Meanwhile the sub sociocultural variable was strongly support the existence of personal variables, where it was seen from the five indicators which four of it were fulfilled:117 (100%), and only one indicator reached number 68 (58.12%), which was the race status. It means there were 68 nurses of 117 who had different ethnic with their working area's community.

Variable of Commitment Factor(X₂)

Commitment variable has three sub variables, i.e interest, intention and awareness to act. Descriptive results of this study can be seen in the table below.

Table4.Frequency Distribution of Commitment Factor's Variable

Sub Variabel of commitment. (X ₂)	Category						Total	
	Good		Average		Low		Σ	(%)
	(f)	%	(f)	%	(f)	%		
1. Interest to do community nursing care (X _{2,1})	63	53,84	54	46,15	0	0	117	100
2. Intention to do community nursing care (X _{2,2})	55	47,01	61	52,14	1	0,85	117	100
3. Awareness to do community nursing care (X _{2,3})	61	52,14	44	37,61	2	1,71	117	100

Table4 explained that most of *Ponkesdes'* nurses as many as 63 nurses (53.84%) had good interest to work on nursing community health (*Perkesmas*). As many as 61 nurses (52.14%) had average

intention to working *Perkesmas*. It was only 61 nurses (52.14%) had good awareness to working *Perkesmas*. It was concluded that from each sub variables had tendency value of agreement above 50% to commit toworng *Perkesmas*.It means that the nurseshas commitment to working *Perkesmas*, whenever the interest and intention growing stronger.

Variable of Performing Community Nursing Care (Y)

Variable of performing community nursing care can be seen in the table below:

Table5. Frequency Distribution on performing community nursing care

No	Sub Variable/Performance Indicator (Y)	Category						Total		
		Good		Average		Low		Σ	(%)	
		(f)	%	(f)	%	(f)	%			
1	Counseling on Vulnerable Family (Y _{1.1})	0	0	25	21,37	92	78,63	117	100	60%
2	Implementation of <i>PHBS</i> (Y _{1.2})	0	0	21	17,95	95	81,20	117	100	70%
3	Individuals nursing care (Y _{1.3})	0	0	34	29,06	83	70,94	117	100	100%
4	Families nursing care (Y _{1.4})	0	0	34	29,06	83	70,94	117	100	100%
5	Special Groups nursing care (Y _{1.5})	0	0	21	17,95	95	81,20	117	100	100%
6	Community nursing care (Y _{1.6})	0	0	34	29,06	83	70,94	117	100	100%

Table 5 explained that major value (>70%) resulted of lack performing on community nursing care which consisted of counseling vulnerable families, implementation of *PHBS*, individuals *nursing care* (*askep*), families *askep*, special group *askep*and community *askep*.

Results of this study was obtained after a statistical test confirmed that commitment factor influenced performance, T-Statistics: 2.52 (Tcount Statistics>1.9), personal factors influenced performance with T-Statistics value: 4.81 (Tcount Statistics> 1.9). Personal factors also influenced commitment factor with T-Statistic values: 15.83 (Tcount Statistics> 1.9). Overall, the nurses' performance was strongly influenced by commitment factor and personal factor. Personal factors influenced performance in performing community nursing care directly or indirectly through strengthening the commitment factor.

DISCUSSION

The results showed that personal factors (biological, psychological and sociocultural) was mostly providing support to improve performance. Only the sub variable of regular exercise showed 43 nurses (36.75%) conducted regular exercise. The influence of personal factors on performance improvement in performing community nursing carefor *Ponkesdes'* nurses (*r*) was 0.119 with T-statistic as many as 4.815 (Tcount> 1.96). It means H₀was rejected and there was significant influence between personal factors on nurses' performance in performing community nursing care. Thus, of every increasing indicator of personal factors as much one unit there will be improving in

nurses' performance, or the better or higher personal situations of nurses, it will affect the performance conducted.

All nurses in *Ponkesdes* were in productive age between 25-40 years. Sunar (2012) explained that one thing that can influence performance is the productive age. The more productive age, the more absorption process of knowledge, thus supporting towards better positive attitude.

Ideal weight factor was also affecting performance. Ferrini (1993) stated that the effect due to the overweight is decreasing productivity along with increasing age. While basal metabolic that trained everyday by doing activities including exercise can also improve productivity and quality of life. Ideally the nurses' performance, especially in performing *Perkesmas* should run well. Other factors that highly affected the knowledge and attitude of a nurse are self-confidence, self-motivation and health status (Pender, 2010).

Demey (2014) explained that individual characteristics in the system affected on how the system operates. Indicator of nurses' psychology is affected by self-confidence, high motivation and psychological health status. The nurses' performance can be improved by giving her autonomy, collaboration with colleagues, leadership and organization and also access to resources (Brady and Cumming, 2010).

Indicators such as sociocultural, race, ethnic, educational and socioeconomic status were become determining criteria for nurses' sociocultural conditions. Posner (2014) explained that the self-development of nurse was hugely determined by education, age, gender, ethnicity, race, and the regulatory system. Sociocultural according to Larson and Smalley (1972), in Sukitman, T. (2012), described the sociocultural as a blue print that guides human behavior in a society and reformes in family life. Sociocultural regulates a person's behavior in a group, makes a person to be sensitive towards status, and helps her know what other people expected of her and what will happen if it does not meet their expectations. Caplan (2014) explained that sociocultural competency is an essential part of the nursing due to fast migration of people, thus the sociocultural competency owned will surely helpful for the adaptation process.

Results of this study showed that mostly nurses as many as 63 nurses (53.84%) was interested to implement community nursing care. A total of 62 nurses (53.99%) tend to not have willingness to working *Perkesmas*. As many as 61 nurses (52.13%) have the awareness to implement community nursing care. Each sub variables proved to have a tendency value above 50% agreement to commit performing community nursing care. It means that nurse was committed performing community nursing care, whenever the interests and intentions growing stronger.

The influence of commitment factor on performance to improve performing community nursing care of *Ponkesdes's* nurse (γ) as much -0.023 with T-statistics as much 2.52 ($T_{count} > 1.96$). It means H_0 was rejected and there was significant influence between commitment factors on nurses' performance in performing community nursing care. It also means that every increasing indicator of commitment factor as much one unit there will be increasing in nurses' performance, or the better or higher commitment of nurse, it will affect to better performance conducted.

The results of this study was consistent with Feris statement (2016) which explained that there is relationship between commitment and individual performance. The nurses who loved her profession should commit to implement community nursing care. Kashefi et al (2013) explained that commitment affected organizational performance. The results showed contrary condition on site. High commitment owned by nurses did not make them performed better. Many factors caused this condition, including awareness to act. Rifa'i (2013) stated that the awareness to act or to behave is a

person's actions or words that are observable, described and recorded by another person or people who did it. Behavior is managed by basic principles of behavior that explains there is a relationship between human behavior with his conscience. Behavior changed can be created by changing the way of thinking in their conscience which may cause to behave at his desire or conscience.

CONCLUSION

There was influence between personal factors and commitment to the improvement of nurses' performance in performing community nursing care. Personal factors will affect knowledge and understanding to the nurse's duty. A good knowledge and understanding will affect to establish positive attitude. Personal factors also affected the adaptation process of nurses with environment. Commitment possessed by nurses must be accompanied with awareness to act, thus will increase performance.

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