INFLUENCE OF ORGANIZATIONAL STRUCTURE, WORK DESIGN AND COMPETENCY TOWARD NURSES PERFORMANCE SATISFACTION

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Abstract:

A critical institution in a society is the hospital as a centre for medical services. There are physicians and nurses in the hospital. Nurses are also expected to enhance nursing performance as the largest health care team. The organisational structure here can only strengthen the perception of some dimensions of job satisfaction, such as the attainment of value. Ali and Zia-ur-Rehman (2014) found a strong link between work design and the performance of employees and job satisfaction that had a positive effect on the performance of employees. The topic of this study is formulated in the title on the basis of the review of the above problems: "The influence of organisational structure, work design and competence on the performance satisfaction of nurses at Jakarta Seaport Hospital and Omni Hospital Pulomas. The method of this study is quantitative descriptive research, namely research on data gathered and expressed in the form of numbers." In this report, the target population was as many as 200 nurses at the Jakarta Seaport Hospital and as many as 200 nurses at the Omni Pulomas Jakarta Hospital. Result: Organizational structure (X1) on the satisfaction of the performance of nurses at Omni Hospital Pulomas has a higher impact value than Jakarta Seaport Hospital, while Jakarta Seaport Hospital has a higher impact value for Work Design (X2) on Nurse's Performance Satisfaction (Y) than the Omni Hospital Pulomas in Jakarta, and for the Jakarta Seaport Hospital Competency Variable (X3) (Y). In comparison, Omni Hospital has the effect of competence on the performance satisfaction of nurses (Y). Nurses need to further strengthen their performance and competence and pay more attention to patients' concerns.

Keywords: organizational structure, work design, competency, job satisfaction

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1. Introduction

A critical institution in a society is the hospital as a centre for medical services. When someone suffers an illness, the existence of a hospital is a demand for hope. Nurses are also expected to enhance nursing performance as the largest health care team (Ghosh et al., 2020). The nurses working in the obstetric units are comparatively more pleased with the execution of a professional role and work deserving of themselves and others than with the professional work environment, the autonomy of practise, professional relationships and benefits. As one of the health workers in hospitals, nurses play an important role in efforts to hit the gold of health advancement. The performance of a nurse is the operation of nurses in the best possible execution of an authority, duty and obligation to achieve the aims of the key tasks of the profession and the achievement of the organisational units' objectives and objectives (Afsar & Umrani, 2019; Ghosh et al., 2020; Lee & Song, 2019; Liewendahl & Heinonen, 2020; Ouakouak et al., 2020).

Competence and organisational structure are highly dependent on attempts to increase nursing performance. In order to influence job satisfaction, the organisational structure goes a long way. The impacts, however, vary according to the various aspects of systems and work satisfaction. A highly decentralised organisation where authority to commit staff, money and materials is broadly spread across all levels of the organisational structure can lead to lack of control and organisational objectives can be jeopardised as regional units may be inclined to look more at their own needs than those of peers and, in reality, the overall needs of the organisation (Campos-García & Zúñiga-Vicente, 2019; Che Ahmat et al., 2019; Lee & Song, 2019; Liewendahl & Heinonen, 2020; Morkevičiūtė & Endriulaitienė, 2020). The profile of jobs and occupation in hospitals that are very diverse in their educational backgrounds and medical and non-medical competencies are a challenge in the management of the performance of human resources in hospitals, requiring reliable nurses and strong motivation to perform their duties. In delivering support for nurses. Hospitals have structural roles in the company that are supposed to have a beneficial effect, but the achievement of good performance outcomes has not been evenly distributed in practise and has still been restricted to holders of structural positions. The performance evaluation was only successful from 2010 onwards, but there are still many barriers in the sector, both from the workers being evaluated and from the managers who make the assessment. There is also a shortage of remuneration provided to nursing workers in exchange for services that have helped the organisation achieve its objectives (Alaaraj et al., 2018; Kichuk et al., 2019; Meskelis & Whittington, 2020; Wiblen & Marler, 2019). For non-medical personnel, there was also a lack of preparation because they still believe that medical staff represent a significant achievement in hospital human resources. Physicians/medical staff are often not available when needed. In the operation of an established health device, there was still a shortage of specialists. In the provision of inpatient care, there were many distinct groups (Arar & Abu Nasra, 2019). There were

still nurses who were educated below the standards defined by the Republic of Indonesia's Minister of Health. Less swift and responsive was the sluggish service protocol for patient admissions and check-up service procedure. Superior demands for good quality care are also a burden to be created by comparing the number of nurses with unequal admitted and discharged patients and psychological stresses, such as exhaustion, to the number of nurses. Therefore, the primary objective of this study is to assess the organisational structure's impact; work design and competence affect hospital nurse satisfaction.

2. Literature Review

2.1 Hospital Management
Hospital is a healthcare provider in the form of inpatient treatment and outpatient care or home care that offers preventive and curative health services. The hospital also acts as a place for health workers to be trained. In accordance with Regulation No 159b/MENKES/Per/1998 of the Minister of Health of the Republic of Indonesia, a hospital is a medical facility and an initiative that organises the activities of health services and can be used for health workers' education and hospital health services study in the form of outpatient services, inpatient treatment and emergency services, including medical services and medical assistance. A hospital is a special and dynamic organisation because it is a labor-intensive institution with characteristics and features as well as roles that are unique in the production process of medical care and in patient services with different professional classes (Shymko, 2018; Van Jaarsveld et al., 2019). A hospital is an institution that offers clinical services, continuous nursing care, diagnosis and treatment for diseases suffered by patients by coordinated trained medical staff and permanent medical facilities.

In accordance with Decree No 1204/Menkes/SK/X/2004 of the Minister of Health of the Republic of Indonesia relating to the health requirements of the hospital area, it is specified that the hospital is a health care centre, a meeting place for sick and healthy people, or that it can become a place of transmission of diseases and allows for contamination of the environment and health problems (Mishra & Pandey, 2019; Williams et al., 2018). The concept of hospital is an organised skilled medical staff association and permanent medical facilities in the performance of medical services, continuous nursing care, diagnosis, and treatment of patient illnesses, according to the American Hospital Association (1974). Wolper and Pena (1987), meanwhile, is a place where sick people pursue and receive medical care, and a place where medical students, nurses, and various other health professionals receive clinical education.

2.2 Organizational Structure
The organisational structure is a coherent organisational framework identified in the practise of organising and managing organisations for evolving and occurring management strategies, procedures, behavioural patterns. The influence on employees'

satisfaction and performance of the organisational structure leads to a very clear conclusion. The relationship between activities, components or roles and people that represent the position of duties, authorities and responsibilities that differ in an organisation. The Organizational structure is called organisational design (Alferaih et al., 2018; Arasanmi & Krishna, 2019; Chakraborty & Biswas, 2020; Rombaut & Guerry, 2020).

2.3 Competency

Competency comes from the word talent, which means skill or ability. Competency is characterised as authority or power to decide something, based on a broad Indonesian dictionary. The concept of competence has different meanings, including: Below are some descriptions of competence articulated by experts:

Muhaimin (2004) argues that: "*competency is a set of intelligent actions that are full of responsibility that must be owned as a condition to be considered capable in carrying out tasks in a particular field of work.*" Mulyasa (2003) argues that competency is characterised as information, skills, and abilities that are mastered effectively by someone to work. Competency is a fundamental characteristic of an individual that enables employees to achieve superior performance in their work, according to Boulter et al. (Rosidah, 2003). A part of the personality that is deep and innate in someone with predictable actions in different circumstances and work tasks is based on the above definition of the sense of competence. The prediction of who is doing well and the parameters or principles used can not be calculated. Stephen Robbin (Nia Dinar 2007) argues that "*competency as an ability, namely the capacity of an individual to do various tasks in a job*" In addition, he argues that two factors, namely our intellectual abilities and physical abilities, determine "*individual abilities are determined by two factors, namely our intellectual abilities and physical abilities*" Muhibin Syah (2004) argues' competence is according to legal provisions the capacity, abilities, condition, authority, or fulfil requirements.

As quoted by Nia Dinar (2007), Spencer & Spencer argue that "*competency is an underlying feature of an individual that is causally linked to criterion-reference efficiency or/and superior performance in a work situation.*" The above statement suggests that competency is a fundamental attribute of someone relevant to performance who, in a certain work situation, has requirements that are efficient and excellent.

2.4 Nurse's Performance Satisfaction

According to Nurmansyah (2010), performance derives from the word performance, which implies that the work results in the quality and quantity obtained by an employee in carrying out tasks within a certain time period in accordance with the authority and duty provided to him. Performance is the result of work carried out in an organisation by employees or a group of employees, in compliance with their respective authorities and obligations, in an attempt to lawfully accomplish the goals of the organisation concerned, not in violation of the law, in accordance with ethics and morality (Arasanmi & Krishna, 2019; Buers et al., 2018; Marinakou & Giousmpasoglou, 2019; Pandita & Ray, 2018).

Performance is the achievement in performing the mission or achieving the goals set, the work results in the quality and quantity attained by nurses in carrying out their duties in compliance with their obligations. Performance is an accomplishment or outcome obtained by employees after doing a job in an organisation, according to Wibowo (2011). In the meantime, Ali in Desri (2008) argues that nurse performance is the use of knowledge and skills gained during education as nurses to be able to apply knowledge in the provision of services and have responsibilities in promoting health status and serving patients according to their responsibilities, tasks and competencies. DeLucia, Ott, & Palmieri (2009) argue that nursing performance can be accomplished through three steps, namely competency, nurse-specific duties, and a quality metric responsive to nursing. Performance of a nurse is the capacity and skills associated with explaining the job of a nurse based on five traditional nursing care processes (Potter & Perry, 2002). In 1996, the central board of PPNI compiled a standard for assessing nursing practise with reference to principles in nursing care, beginning from the stage of nursing assessment, diagnosis, planning, implementation and evaluation.

Nurse performance is the activity of the nurses in executing as best as possible an authority, obligation and responsibility to achieve the objectives of the key tasks of the profession and the achievement of the organisational unit's goals and goals. In a business, the actual performance of nurses is the same as work performance. Nurses want to assess their performance based on transparent and communicable objective criteria. They would be more inspired to reach higher standards of accomplishment if nurses are paid attention and respected before superior awards are awarded (Ashraf, 2019; Gupta, 2019; Ma et al., 2018).

2.5 Standard of Nurse Performance Appraisal

The standard of nursing services is, according to Nursalam (2012), a descriptive statement about the quality of services desired to determine the nursing services offered to patients. The purpose of the nursing norm is to increase the quality of nursing care, minimise nursing care costs and protect nurses from neglect in the performance of duties and protect patients from non-therapeutic activity. The nursing care standard is used as a guideline for nurses in the delivery of nursing care when determining the quality of nursing services for clients.

2.6 Framework of Thought

To explain the research performed, a structure of thinking is used. A definition of the relationship between variables related to the problem under study in accordance with the problem's formulation is the context of thought. The purpose of this study is to evaluate the importance of the organisational structure, work design and competency effect on the performance satisfaction of nurses (Buers et al., 2018; Chakraborty & Biswas, 2020; Dhanpat et al., 2019; Steil et al., 2020). The effect of variable dependency is shown as shown in Figure 1. This study included four variables and concentrated on the effect on the Nurse's Performance Satisfaction at Jakarta Seaport Hospital and Omni Hospital

Pulomas Jakarta of the organisational structure, work design and competence. The evaluation of these variables was carried out in the form of a questionnaire by means of a specially built instrument. The importance of the effect of the organisational structure, work design and competency on the performance satisfaction of nurses will be evaluated via the questionnaire. Before being analysed, data from each factor obtained through measurement results was statistically evaluated.

H1: Organizational structure has a significant influence on Nurse's Performance Satisfaction.

H2: Work design has a significant influence on Nurse's Performance Satisfaction.

H3: Competency has a significant influence on Nurse's Performance Satisfaction.
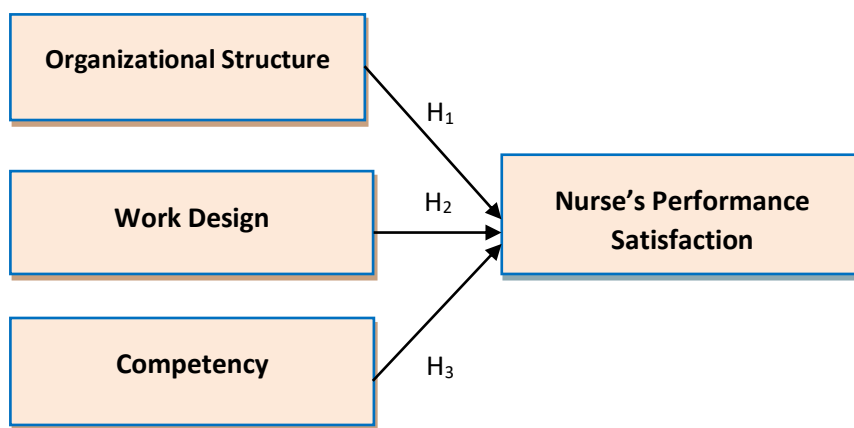
Figure 1: Conceptual Model of this study

3. Research Methodology, Sampling and Instrument Development

The investigator used a descriptive approach to complete this analysis. In other words, the data obtained is not in the form of numerical data, but data extracted from interview texts, field reports, personal records, researchers' notes or notes and other official supporting documents. The goal of using a qualitative approach is to explain the empirical reality behind phenomena relating to the effect of organisational structure, work design and skills on the performance satisfaction of nurses at Jakarta Seaport Hospital and Omni Hospital Pulomas in a comprehensive, systematic and complete way. Population is a number of artefacts which are the subject of research with some chrematistics. The population, namely the target population and the reachable population, is divided into two. Selection of populations using random sampling. In this report, the target population was as many as 200 nurses at the Jakarta Seaport Hospital and as many as 200 nurses at the Omni Pulomas Jakarta Hospital. Using random sampling, which collected all the number of nurses at the hospital, the sample collection was carried out. There are 200 nurses at Jakarta Harbor Hospital and as many as 200 nurses at Omni Pulomas Jakarta Hospital.

The instrument grid should be generated at the stage of instrument creation conducted by the researcher, where variables, measurements, indicators and questionnaire items are included in the instrument grid. Questionnaires are developed as research methods based on theoretical constructs that are validated in the form of conceptual definitions and operational definitions that are then provided in the form of the instrument grid of research. In the statement objects, the grids are further elaborated and then reviewed before being used for analysis. The size of the data collection method is or is not sufficient, at least under two conditions (Chaudhuri et al., 2020; Gupta, 2019; Ma et al., 2018; Shanker, 2019; Zainee & Puteh, 2020), namely the validity or validity requirements and the reliability or consistency requirements. The Instrument trial has been performed on a variety of subjects which are not a sample of research, but have the same characteristics as the subjects to be used as samples of research, and which are then subjected to statistical analysis in order to assess their validity and reliability. Then it is articulated and evaluated by item analysis to further assess the validity of the objects. Item analysis was conducted by looking for a distinguishing power of score from the group for each item that distinguishes high responses from low responses (Sugiyono, 2010).

4. Results and Discussions

4.1 Hypothesis Testing

Regression analysis findings are presented in Tables 1,2 and 3. The relationship between the three variables is evaluated on the basis of the equations in the table above and, based on the Model Summary table, the R Square (R2) value is 0.219. This shows that 21.9 percent of Nurse's Performance Satisfaction (Y) is simultaneously affected by Organizational Structure (X1), Work Design (X2) and Competency (X3), while the remaining 78.1 percent is influenced by other variables examined in this analysis.

Table 1: Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.468[a]	.219	.207	5.77420
a. Predictors: (Constant), Competency (X3), Organization structure (X1), WORK DESIGN (X2)				
b. Dependent Variable: Nurse performance satisfaction (Y)				

Table 2: ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1830.280	3	610.093	18.298	.000[b]
	Residual	6534.915	196	33.341		
	Total	8365.195	199			
a. Dependent Variable: Nurse performance satisfaction (Y)						
b. Predictors: (Constant), Competency (X3), Organization structure (X1), WORK DESIGN (X2)						

Table 3: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	41.972	4.355		9.638	.000
	Organization structure (X1)	.253	.074	.262	3.415	.001
	WORK DESIGN (X2)	.176	.067	.213	2.626	.009
	Competency (X3)	.062	.061	.082	1.017	.310
a. Dependent Variable: Nurse performance satisfaction (Y)						

Effect of Organizational Structure (X1) at Jakarta Seaport Hospital on Nurse's Performance Satisfaction (Y). The Organizational Structure (X1) count is 3,415 based on the above coefficient table 3, while the table value for n = 200 is 1,971. So 3.415> 1971, it can be claimed that at Jakarta Seaport Hospital the Organizational Structure (X1) has a major effect on the Performance Satisfaction of the Nurse (Y). Similarly, the value of tcount for Work Design (X2) is 2.626 based on table 3 of coefficient 4.22 above, while the value of tcount for n = 200 is 1.971. Therefore, 2,626 > 1971, Work Design (X2) has an important influence on the performance satisfaction of nurses (Y). The tcount for variable Competency (X3) is 1.017 based on the table of coefficient 3 above, while the table value for n = 200 is 1.971. Therefore, 1.017 <1971, it can be concluded that partly variable competency (X3) does not affect the performance satisfaction of nurses (Y).

Based on the results of the study review using statistical methods, such that the importance of the effect on the dependent variable of the independent variables, namely Organizational Structure, Work Design and Competency, namely the Performance Satisfaction of the Nurse at Jakarta Seaport Hospital in 2015-2016, can be understood. This research included respondents from 200 workers and patients at the Jakarta Seaport Hospital in 2015-2016, using computer aids through the Windows SPSS version 20 software to conduct statistical calculations. The value of the Organizational Structure Count (X1) is 3,415 based on the table of coefficient 4.22 above, while the value of the table for n = 200 is 1,971. So 3.415> 1971, then H0 is rejected and Ha is approved, it can be claimed that the Organizational Structure (X1) has a big influence on the performance satisfaction of nurses (Y). The value of the count for Work Design (X2) is 2.626 based on the table of coefficient 4.22 above, while the value of the table for n = 200 is 1.971. Thus 2,626> 1971, then H0 is rejected and Ha is approved, it can be claimed that the work design (X2) has a big impact on the performance satisfaction of the nurse (Y). The tcount for the Competency variable (X3) is 1.017 based on the table of coefficient 3 above, while the table value for n = 200 is 1.971. Thus, 1.017 <1971, it can be assumed that the competency variable (X3) does not affect the performance satisfaction of the nurse (Y). The ANOVA test obtained a value of 18,298 from the results of the study in the table above. While the Ftable (?? 0.05) of 2.42 for n = 200. So Fcount > from Ftable (almost 0.05) or 18,298> 2.42 with a substantial level of 0,000 because 0,000 <0,05, it can be said that together Organizational Structure (X1), Work Design (X2) and Competency (X3) have a positive effect on the Performance Satisfaction of Nurses (Y). The relationship between

the three variables is evaluated on the basis of the equations in the table above and, based on the Model Summary table, the R Square (R2) value is 0.219. This indicates that 21.9 percent of the Organizational Structure (X1), Work Design (X2) and Competency (X3) simultaneously affect the Performance Satisfaction of the Nurse (Y), while the remaining 78.1 percent are affected by other factors not analysed in this analysis.

5. Conclusions Limitations and Further Study

This research offers a conclusion and recommendation on the basis of the debate, while the findings are as follows:

Organizational structure and work design have a major effect on the performance satisfaction of the nurse at the Jakarta Seaport Hospital and does not affect the performance satisfaction of the nurse for competency. Organizational structure, work design and competency have a significant effect on the performance satisfaction of the on-Nurse. The results of the calculation respondents conducted at the Jakarta Port Hospital and Omni Hospital Pulomas Jakarta were based on the coefficients table, then the results of the t test (value of partial impact) Organizational Structure against Nurse Performance Satisfaction. The effect benefit of Omni Hospital Pulomas is greater than that of Jakarta Port Hospital. Benefit of influence for Work Design against Nurse Performance Satisfaction the Port Hospital of Jakarta has a greater effect than the Pulomas Jakarta Omni Hospital. Jakarta Port Hospital has no effect on Nurse Performance Satisfaction for the competence component, while Omni Hospital has an influence on Nurse Performance Satisfaction for competence. The R Square test or the simultaneous impact between organisational structure, work design and competence at Omni Pulomas Hospital Jakarta has a higher R Square value than Jakarta Port for the satisfaction of nurse performance. Similarly, with the F test, the F count value of Omni Hospital Pulomas is greater than that of Jakarta Port Hospital. The researcher then limits the problem, namely the effect of organisational structure, work design and competence on the performance satisfaction of nurses at Jakarta Seaport Hospital and Omni Hospital Pulomas Jakarta, on the basis of the formulation of the problem above. The research unit consists of nurses from Jakarta Seaport Hospital and Pulomas Jakarta Omni Hospital.

Conflict of Interest Statement
The authors declare no conflicts of interests.

About the Author
Dedy Nugroho was born in Mataram, West Nusa Tenggara on December 15, 1975. The author started his Bachelor of Medicine education at Brawijaya University and then continued his Masters in Hospital Administration at Respati Indonesia University. The author earned his PhD in 2020 at the Management and Science University, Malaysia. The author has 12 years of experience and skills in Hospital Management and Business. Currently the author works as a hospital director at Omni Pekayon Hospital, Bekasi. In

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