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Competence and Work Discipline as Determinants of Nurse Performance in a Hospital Perinatology Ward

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ABSTRACT: Nurse performance is essential for ensuring safe, responsive, and high-quality perinatology services, particularly in hospitals caring for high-risk newborns. This study investigated the effects of competence and work discipline on nurse performance in the Perinatology Ward of Dr. Slamet Garut Regional General Hospital. A quantitative descriptive-verificative design was employed, involving all 34 nurses through a saturated sampling technique. Data were collected using observation, interviews, and structured Likert-scale questionnaires and analyzed using descriptive statistics, multiple linear regression, t-tests, F-tests, and the coefficient of determination. Competence was assessed through motives, traits, self-concept, knowledge, and skills, while work discipline included schedule compliance, rule compliance, and behavioral compliance. Nurse performance was measured based on work quantity, quality, efficiency, and timeliness. The results indicated that competence was rated very high (85.19%), whereas work discipline (82.81%) and nurse performance (79.17%) were categorized as high. Regression analysis ($Y = -9.361 + 0.596X_1 + 0.312X_2$) demonstrated that competence and work discipline had positive and significant partial and simultaneous effects on nurse performance. The adjusted R^2 value of 0.721 indicates that both variables explained 72.1% of the variation in nurse performance. These findings highlight the importance of continuous competency development and strengthened work discipline to improve nursing performance in specialized hospital units.

KEYWORDS: competence, work discipline, nurse performance, perinatology ward, hospital human resource management, multiple regression

I. INTRODUCTION

Healthcare organizations depend not only on advanced medical technology and adequate facilities but also on competent human resources capable of delivering safe, effective, and patient-centered services. Among healthcare professionals, nurses play a central role because they provide continuous clinical care, monitor patient conditions, and coordinate multidisciplinary healthcare activities. Consequently, improving nurse performance has become a strategic priority for hospitals seeking to enhance service quality, patient safety, and organizational performance. Previous studies have shown that human resource management practices, particularly employee competence and work discipline, significantly influence organizational effectiveness and service outcomes in healthcare institutions (Emron et al., 2017; Dubisetty & Reddy, 2022; Cantarelli et al., 2023).

The importance of nurse performance becomes even more critical in perinatology services, where nurses are responsible for caring for newborns, premature infants, and low-birth-weight babies requiring intensive monitoring and specialized clinical interventions. These patients are highly vulnerable and demand rapid decision-making, strict adherence to clinical procedures, effective communication, and professional competence. Consequently, hospitals must ensure that perinatology nurses possess adequate knowledge, technical skills, and professional discipline to minimize clinical risks and maintain high-quality neonatal care (Bromley, 2019; Vernon et al., 2018).

Although competence and work discipline have been widely recognized as important determinants of employee performance, previous studies have mainly examined these variables in general hospital settings or across diverse organizational contexts. Studies by Azizah et al. (2022), Marpaung and Sahla (2020), Kojongian et al. (2021), and Fajar Tri Afandi and Veritia (2024) consistently reported positive relationships between competence, discipline, and employee performance. However, empirical evidence focusing specifically on nurses working in specialized perinatology wards remains limited. Moreover, relatively few studies have examined the combined influence of competence and work discipline on nurse performance in high-risk neonatal care units.

The Perinatology Ward of Dr. Slamet Garut Regional General Hospital presents an important context for examining this relationship. Preliminary observations indicated several managerial challenges related to punctuality, compliance with infection-prevention procedures, participation in

professional development activities, teamwork, and mastery of perinatology-specific clinical knowledge. Although nurses generally possessed substantial professional experience, differences in specialized competence and work discipline were still observed, potentially influencing overall nursing performance. These conditions indicate the need for empirical evidence to identify key human resource factors contributing to improved performance within specialized neonatal services.

Therefore, this study aims to analyze the levels of competence, work discipline, and nurse performance among nurses in the Perinatology Ward of Dr. Slamet Garut Regional General Hospital and to examine the partial as well as simultaneous effects of competence and work discipline on nurse performance. The findings are expected to contribute to the development of hospital human resource management strategies, particularly by providing empirical evidence that supports competency development and disciplined work practices in specialized nursing services.

II. LITERATURE REVIEW

A. Competence

Competence is widely recognized as one of the primary determinants of employee performance because it reflects an individual's capability to perform work effectively according to organizational standards (Emron et al., 2017; Lusiana, 2023). In healthcare organizations, competence is particularly important because service quality depends on nurses' knowledge, technical skills, professional attitudes, and clinical decision-making abilities (Bromley, 2019). According to Spencer and Spencer (1993), competence is an underlying characteristic of an individual that is causally related to superior job performance. The competency model consists of five dimensions: motives, traits, self-concept, knowledge, and skills (Spencer & Spencer, 1993; Spencer & Spencer, 2008).

In nursing practice, competence extends beyond technical proficiency. Nurses are expected to integrate theoretical knowledge, clinical reasoning, communication skills, ethical principles, and teamwork to ensure patient safety and quality healthcare delivery (Vernon et al., 2018; Kementerian Kesehatan Republik Indonesia, 2020). Previous studies consistently indicate that competence positively affects employee performance in healthcare organizations (Azizah et al., 2022; Kojongian et al., 2021; Fajar Tri Afandi & Veritia, 2024).

B. Work Discipline

Work discipline refers to employees' awareness and willingness to comply with organizational rules, professional standards, and workplace procedures (Hasibuan, 2016). In hospital settings, work discipline includes punctuality, compliance with clinical protocols, adherence to infection prevention standards, and professional responsibility. These aspects are fundamental to ensuring patient safety and service quality (Burhannudin et al., 2019; Djaman et al., 2021). Several empirical studies have demonstrated that work discipline significantly improves employee performance by increasing consistency, accountability, and operational effectiveness (Feby & Musadad, 2021; Marpaung & Sahla, 2020).

C. Nurse Performance

Performance refers to the quality and quantity of work achieved by employees in carrying out their responsibilities according to organizational objectives (Emron et al., 2017). Within hospital organizations, nurse performance reflects the effectiveness of nurses in delivering safe, efficient, timely, and patient-centered healthcare services (Needleman & Hassmiller, 2009). This study measures nurse performance using three dimensions: work quantity, work quality, and efficiency and timeliness. Improving nurse performance requires continuous competency development and supportive organizational management (Cantarelli et al., 2023).

D. Conceptual Framework

Human Resource Management theory explains that employee competence and work discipline are strategic organizational resources that influence employee performance (Emron et al., 2017; Dubisetty & Reddy, 2022). Competence provides employees with the ability to perform their duties effectively, whereas work discipline ensures that these competencies are implemented consistently in accordance with organizational regulations and professional standards. Therefore, this study proposes that competence and work discipline positively influence nurse performance.

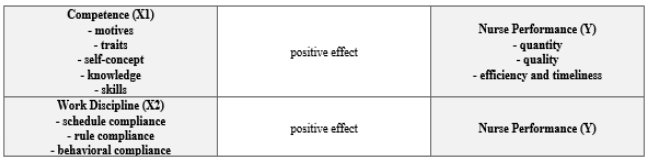

Figure 1. Conceptual Framework of the Study

E. Research Hypotheses

H1: Competence has a positive and significant effect on nurse performance.

H2: Work discipline has a positive and significant effect on nurse performance.

H3: Competence and work discipline simultaneously have a positive and significant effect on nurse performance

III.RESEARCH METHODS

A. Research Design

This study employed a quantitative approach using a descriptive-verificative research design. The descriptive approach was used to describe the existing conditions of nurse competence, work discipline, and nurse performance in the Perinatology Ward of Dr. Slamet Garut Regional General Hospital. Meanwhile, the verificative approach was applied to examine the causal relationships between competence and work discipline as independent variables and nurse

performance as the dependent variable through statistical hypothesis testing. This design is consistent with the positivist research paradigm, which emphasizes objective measurement and empirical verification using quantitative data (Park et al., 2020).

B. Research Setting and Participants

The research was conducted in the Perinatology Ward of Dr. Slamet Garut Regional General Hospital, Indonesia. This unit was selected because it provides specialized healthcare services for newborns, premature infants, and low-birth-weight babies requiring intensive nursing care. The study population consisted of all nurses assigned to the Perinatology Ward. Since the population comprised only 34 nurses, a saturated sampling technique (total sampling) was employed, whereby every member of the population was included as a research respondent. Consequently, the sample size was identical to the population, consisting of 34 nurses.

The inclusion criteria included nurses who were actively assigned to the Perinatology Ward and willing to participate in the study. Nurses who had been transferred to another unit, resigned, or were on extended leave during the data collection period were excluded if complete data could not be obtained.

C. Research Variables and Measurement

The study examined one dependent variable and two independent variables. The independent variables consisted of competence (X_1) and work discipline (X_2), while the dependent variable was nurse performance (Y). Competence was measured using the competency framework developed by Spencer and Spencer (1993), comprising five dimensions: motives, traits, self-concept, knowledge, and skills. Work discipline was measured through schedule compliance, rule compliance, and behavioral compliance based on organizational discipline principles (Hasibuan, 2016). Nurse performance was assessed through work quantity, work quality, and efficiency and timeliness, following the employee performance framework proposed by Emron et al. (2017). The operational definitions of the variables are presented in Table 1.

Table 1. Operationalization of Research Variables

Variable	Dimensions	Indicators	Scale
Competence (X1)	Motives, traits, self-concept, knowledge, skills	Motivation and willingness to serve; work spirit; good service behavior; confidence; understanding prescriptions, treatments, and perinatology examinations; service skills based on education and experience	Ordinal/Likert
Work discipline (X2)	Schedule compliance, rule compliance, behavioral compliance	Punctual attendance; diligence during nursing duty hours; leave coordination; consistency with standards; infection prevention; dress code; ID use; careful use of facilities; professional conduct	Ordinal/Likert
Nurse performance (Y)	Quantity, quality, efficiency and timeliness	Task completion during working hours; completion of assigned perinatology services; quality and accuracy of care; readiness for referral; team leadership; work according to authority; efficient and timely task completion	Ordinal/Likert

D. Data Collection

Primary data were collected through direct observation, structured interviews, and self-administered questionnaires using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire consisted of 12 items measuring competence, 11 items measuring work discipline, and 9 items measuring nurse performance. Secondary data were obtained from hospital documents, institutional reports, government regulations, and relevant scientific literature to support the theoretical framework and interpretation of the findings.

E. Instrument Validity and Reliability

The research instrument was tested for validity and reliability before hypothesis testing. Item validity was assessed using the Pearson Product-Moment correlation coefficient with a critical value (r-table) of 0.338. All questionnaire items demonstrated correlation coefficients exceeding the required threshold, indicating that every item was valid for measuring the intended construct.

Instrument reliability was evaluated using Cronbach's Alpha coefficient. The reliability coefficients were 0.918 for competence, 0.898 for work discipline, and 0.907 for nurse performance. Since all coefficients exceeded the recommended threshold of 0.70, the research instrument was considered reliable for subsequent statistical analysis.

F. Data Analysis

Data analysis consisted of descriptive and inferential statistical analyses. Descriptive statistics were used to summarize respondents' perceptions regarding competence, work discipline, and nurse performance using percentage score interpretation. Inferential analysis was performed using multiple linear regression to examine the influence of

competence and work discipline on nurse performance. Prior to regression analysis, classical assumption tests were conducted, including normality, multicollinearity, and heteroscedasticity tests to ensure that the regression model met the required statistical assumptions.

Hypothesis testing was performed using the t-test to evaluate the partial effects of each independent variable and the F-test to examine their simultaneous effect on nurse performance at a significance level of 5% ($\alpha = 0.05$). Furthermore, the coefficient of determination (Adjusted R^2) was calculated to determine the proportion of variance in nurse performance explained by competence and work discipline.

IV. RESULTS AND DISCUSSION

A. Respondent Characteristics

A total of 34 nurses working in the Perinatology Ward of Dr. Slamet Garut Regional General Hospital participated in this study. The respondents were predominantly female (97.06%), reflecting the demographic composition commonly found in nursing services. Most respondents were between 30 and 40 years of age (50.00%), indicating a workforce with productive professional experience. Regarding educational background, the largest proportion consisted of nurses holding the Ners professional qualification (32.35%), followed by bachelor's degree graduates (29.41%) and diploma graduates.

In terms of work experience, 41.18% of respondents had more than 15 years of overall nursing experience. However, experience specifically in the Perinatology Ward was generally between 1 and 5 years (38.24%), suggesting that although many nurses had extensive professional experience, their exposure to specialized perinatology services remained relatively limited. The respondent profile is presented in Table 2.

Table 2. Respondent Profile

Characteristic	Category	Frequency	Percentage
Gender	Male	1	2.94%
Gender	Female	33	97.06%
Age	20-<30 years	3	8.82%
Age	30-<40 years	17	50.00%
Age	40-<50 years	13	38.24%
Age	>50 years	1	2.94%
Education	D3 Nursing	10	29.41%
Education	D3 Midwifery	3	8.82%
Education	Bachelor/S1	10	29.41%
Education	Ners Profession	11	32.35%
Overall work experience	>15 years	14	41.18%
Perinatology work experience	1-5 years	13	38.24%
Perinatology work experience	5-10 years	10	29.41%

B. Descriptive Analysis

1. Competence

The descriptive analysis indicates that nurse competence achieved an overall score of 85.19%, which falls within the very high category. Among the five competency dimensions, motives obtained the highest score (89.52%), followed by traits (85.71%), self-concept (84.57%), and skills (84.29%). Knowledge recorded the lowest percentage (81.52%), although it remained within the high category. These findings indicate that nurses generally demonstrate strong motivation, confidence, and practical clinical skills. Nevertheless, the relatively lower score for knowledge suggests the need for continuous professional development, particularly regarding specialized perinatology procedures, treatment protocols, and neonatal clinical management. The descriptive results are summarized in Table 3.

Table 3. Descriptive Results for Competence

Dimension	Maximum Score	Actual Score	Percentage	Category
Motive	525	470	89.52%	Very high
Traits	350	300	85.71%	Very high
Self-concept	350	296	84.57%	Very high
Knowledge	525	428	81.52%	High
Skills	350	295	84.29%	Very high
Competence (X1)	2,100	1,789	85.19%	Very high

2. Work Discipline

Work discipline obtained an overall score of 82.81%, which is categorized as high. Behavioral compliance achieved the highest percentage (85.37%), whereas schedule compliance (80.43%) and rule compliance (81.14%) remained within the high category. These findings suggest that nurses generally demonstrate good professional behavior and adherence to organizational values. However, improvements are still required regarding punctuality, attendance, compliance with work schedules, and consistent implementation of hospital regulations. The detailed results are presented in Table 4.

Table 4. Descriptive Results for Work Discipline

Dimension	Maximum Score	Actual Score	Percentage	Category
Schedule compliance	700	563	80.43%	High
Rule compliance	350	284	81.14%	High
Behavioral compliance	875	747	85.37%	Very high
Work discipline (X2)	1,925	1,594	82.81%	High

3. Nurse Performance

The overall nurse performance score reached 79.17%, which is categorized as high. The quantity dimension recorded the highest score (81.71%), followed by efficiency and timeliness (78.86%) and work quality (78.29%). Although overall performance can be considered satisfactory, the relatively lower scores for quality and efficiency indicate opportunities for improvement, particularly in clinical leadership, decision-making, and coordination during patient care. The descriptive findings are presented in Table 5.

Table 5. Descriptive Results for Nurse Performance

Dimension	Maximum Score	Actual Score	Percentage	Category
Quantity	350	286	81.71%	High
Quality	875	685	78.29%	High
Efficiency and timeliness	350	276	78.86%	High
Nurse performance (Y)	1,575	1,247	79.17%	High

C. Classical Assumption Tests

Before conducting multiple linear regression analysis, several classical assumption tests were performed to evaluate the suitability of the regression model. The Kolmogorov–Smirnov test produced an Asymp. Sig. value of 0.154, indicating that the residuals were normally distributed because the significance value exceeded 0.05. The multicollinearity test showed tolerance values of 0.367 and Variance Inflation Factor (VIF) values of 2.725 for both independent variables, confirming the absence of multicollinearity.

Furthermore, the Glejser test generated significance values of 0.572 for competence and 0.443 for work discipline, both exceeding the 0.05 threshold. The scatterplot also showed randomly distributed residuals without a systematic pattern. These results indicate that heteroscedasticity was not present. Overall, the regression model satisfied all classical assumptions and was therefore considered appropriate for hypothesis testing. The summary of the classical assumption tests is presented in Table 6.

Table 6. Summary of Classical Assumption Tests

Assumption Test	Indicator	Result	Interpretation
Normality	Kolmogorov-Smirnov Asymp. Sig.	0.154	Residuals are normally distributed
Multicollinearity	Tolerance (X1; X2)	0.367; 0.367	No multicollinearity
Multicollinearity	VIF (X1; X2)	2.725; 2.725	No multicollinearity
Heteroskedasticity	Glejser Sig. (X1; X2)	0.572; 0.443	No heteroskedasticity

D. Multiple Regression Analysis

Multiple linear regression analysis was employed to examine the effects of competence and work discipline on nurse performance. The regression equation obtained was:

$$Y = -9.361 + 0.596X1 + 0.312X2$$

The regression coefficient for competence (0.596) indicates that every one-unit increase in competence is associated with a 0.596-unit increase in nurse performance, assuming that work discipline remains constant. Similarly, the coefficient for work discipline (0.312) indicates that improved discipline contributes positively to nurse performance while controlling for competence. The regression coefficients are presented in Table 7.

Table 7. Multiple Linear Regression Results

Predictor	B	Std. Error	Beta	t	Sig.	Decision
Constant	-9.361	5.094	-	-1.838	0.076	-
Competence (X1)	0.596	0.159	0.568	3.745	0.001	Significant
Work discipline (X2)	0.312	0.141	0.335	2.206	0.035	Significant

E. Hypothesis Testing

1. Effect of Competence on Nurse Performance

The t-test demonstrated that competence significantly affected nurse performance (t = 3.745; p = 0.001). Since the calculated t-value exceeded the critical value (3.745 > 1.690) and the significance level was below 0.05, Hypothesis 1 was accepted. These findings indicate that higher competence contributes significantly to improved nursing performance.

2. Effect of Work Discipline on Nurse Performance

The t-test also confirmed that work discipline significantly influenced nurse performance (t = 2.206; p = 0.035). Therefore, Hypothesis 2 was accepted. This result indicates that nurses who consistently comply with organizational

regulations and professional standards tend to demonstrate better performance.

3. Simultaneous Effect of Competence and Work Discipline

The F-test produced an F-value of 43.649 with a significance level of 0.000, indicating that competence and work discipline jointly exert a significant influence on nurse performance. The coefficient of determination showed an Adjusted R^2 value of 0.721, indicating that 72.1% of the variation in nurse performance can be explained by competence and work discipline, while the remaining 27.9% is attributable to other factors not included in the model. The regression model summary is presented in Table 8.

Table 8. Simultaneous Effect and Coefficient of Determination

Test	Statistic	Value	Interpretation
ANOVA/F-test	F-count	43.649	Significant simultaneous effect
ANOVA/F-test	Sig.	0.000	$p < 0.05$
Model Summary	R	0.859	Strong relationship
Model Summary	R Square	0.738	73.8% of variation explained
Model Summary	Adjusted R Square	0.721	72.1% adjusted explanatory power
Model Summary	Std. Error of Estimate	2.570	Regression error estimate

F. Discussion

The findings demonstrate that competence is the strongest determinant of nurse performance in the Perinatology Ward. This result is consistent with the competency theory proposed by Spencer and Spencer, which suggests that employees possessing superior knowledge, skills, motives, and personal characteristics are more capable of achieving outstanding work performance. In the context of specialized neonatal care, competence enables nurses to make accurate clinical decisions, perform complex nursing procedures, and respond effectively to emergency situations.

Work discipline also exhibited a significant positive effect on nurse performance. Compliance with work schedules, organizational regulations, and professional standards contributes to service consistency, patient safety, and effective teamwork. These findings support previous studies indicating that disciplined healthcare professionals are more likely to deliver high-quality and timely nursing services.

Although nurse performance was categorized as high, the descriptive analysis revealed relatively lower scores in work quality and efficiency. These findings suggest that hospital management should prioritize continuous professional development, strengthen clinical supervision, improve leadership capacity, and expand opportunities for specialized perinatology training. Such initiatives are expected to enhance both individual competence and organizational performance while supporting the delivery of safe, effective, and patient-centered neonatal healthcare services.

V. CONCLUSIONS

This study examined the effects of competence and work discipline on nurse performance in the Perinatology Ward of Dr. Slamet Garut Regional General Hospital. The findings indicate that nurse competence was categorized as very high, while work discipline and nurse performance were categorized as high. Multiple regression analysis confirmed that competence and work discipline each had a positive and significant partial effect on nurse performance. Furthermore, both variables simultaneously exerted a significant influence, explaining 72.1% of the variation in nurse performance. These findings demonstrate that competence and work discipline are important determinants of nursing performance in specialized hospital services.

From a practical perspective, hospital management should prioritize continuous competency development through structured education, clinical training, and professional certification programs, particularly in perinatology nursing. In addition, strengthening work discipline through effective supervision, consistent implementation of hospital regulations, monitoring of attendance, and reinforcement of professional behavior is essential for maintaining high-quality healthcare services. Leadership development programs should also be expanded to improve nurses' readiness to coordinate clinical teams and respond effectively to complex patient care situations.

This study has several limitations. First, the research was conducted in a single hospital with a relatively small sample size, limiting the generalizability of the findings to other healthcare institutions. Second, the study examined only competence and work discipline as determinants of nurse performance. Other organizational and individual factors, such as leadership, workload, work motivation, organizational commitment, patient safety culture, and work environment, were not included in the research model. Future studies are therefore recommended to incorporate these variables, involve multiple hospitals, and employ larger samples to provide broader evidence regarding the determinants of nurse performance in specialized healthcare settings.

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