

The Influence of Workload and Organizational Culture on Quality of Nursing Work Life : A Case Study

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ABSTRACT: A high quality of nursing work life is important for a hospital to achieve high nurse performance and grow profits in attracting and retaining nurses. Increased workload and unsupportive organizational culture can affect the balance of nurses' lives at work and home, so the quality of nursing work life could be better. This study aims to determine and analyze the workload, organizational culture, and quality of nursing work life and the partial or simultaneous influence of workload and organizational culture on the quality of nursing work life at Arjawinangun Regional General Hospital. This study used analytical survey research methods with a cross-sectional approach. The respondents in this study were 73 nurses at Arjawinangun Regional General Hospital who were selected using random sampling techniques. The independent variables studied in this study were workload (X1) and organizational culture (X2), while the dependent variable was the quality of nursing work life (Y). Information about research variables was obtained by distributing questionnaires and then analyzed using the SPSS program. The results of this study concluded that the workload variables were in the low category, the organizational culture variables were in the high category, and the quality of nursing work life was in the high category. Both partially and simultaneously, workload and organizational culture affect the quality of nursing work life at Arjawinangun Regional General Hospital. Workload variables influence nurses' work-life quality variables less than organizational culture variables.

KEYWORDS: Workload; organizational culture; quality of nursing work life

I. INTRODUCTION

Human resources in hospitals must meet the requirements stipulated by law. Namely, they must have a permanent workforce consisting of medical and medical support personnel, nursing personnel, pharmaceutical personnel, hospital management personnel, and non-health personnel. Nursing personnel are the most human resources owned by a hospital. Data from the Health Human Resources Development and Empowerment Agency as of December 2016 from six types of medical health workers (general practitioners, specialists, dentists, nurses, midwives, and pharmacy) utilized in healthcare facilities in Indonesia, the highest number of nurses reached 49% (296,876 people) (Ministry of Health of the Republic of Indonesia, 2017).

Since the era of Universal Health Coverage organized by the government in Indonesia, there has been a surge in the number of patient visits to various health service places, including hospitals. The government finally changed the focus of health services in Indonesia from curative to preventive. In this case, nurses are tasked with improving patients' quality of life so that curative health services can be suppressed and patient visits to health services can be reduced. In contrast, the quality of nursing work life receives less attention from the hospital than the organization where they work. Several studies in several countries show that nurses' quality of work life is still low. Research conducted by Morsy & Sabra (2015) at Assiut University Hospitals, Egypt, showed that 66.7% of nurses were unsatisfied with their work life, and 67.5% had a low quality of work life. Kelbiso dkk. (2017) researched nurses working in government-owned healthcare facilities in Hawassa City of Southern Ethiopia, which showed that 67.2% of nurses were dissatisfied with their work life, and 33.6% had a low quality of work life. The results of research conducted in Indonesia by Kaluku dkk. (2019) on nurses working in type B hospitals in Makassar City consisting of government-owned hospitals, military, and foundations found that the quality of nursing work life was moderate.

Nurses are healthcare workers who interact with patients more frequently and with a more extended frequency. In addition to providing and coordinating nursing services to patients, nurses also coordinate health problems in the community to handle the workload in workplace agencies and the community (Kaluku dkk. 2019). Nurses' performance is influenced by the organizational

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culture in which they work. Nisa et al. (2018) researched employees at Tk. III Baladhika Husada Hospital Jember, including doctors, nurses, and administration staff, shows that organizational culture positively and significantly affects performance. Organizational culture is the fundamental values in the work environment obtained from various processes until they become essential values for workers. The value is a tool to increase work efficiency, effectiveness, and productivity. A strong and positive organizational culture will help improve performance by providing the structure and control needed without holding on to formal bureaucracy that can hinder work motivation and innovation (Sembiring & Winarto, 2020). If there is an organizational culture that supports nurses at work, the quality of nursing services provided by nurses can stay the same.

Arjawinangun Regional General Hospital is an integrated part of health development in Cirebon Regency in particular and West Java Province in general, namely building humans to have a high degree of health and quality of life, including physical, soul, spiritual, and personality aspects. To carry out its primary duties and functions, Arjawinangun Regional General Hospital must serve all levels of society in Cirebon Regency to fulfill their fundamental rights and needs within the framework of public services mandated by the Constitution of the Republic of Indonesia in 1945. Arjawinangun Regional General Hospital has human resources with a more significant percentage of health workers than non-health workers, which is 76.88%, and most of its human resources still need to be civil servants. Nurses are the most significant human resources owned by Arjawinangun Regional General Hospital, which has 341 people with various levels of education. Most working nurses still have the latest diploma degree education, and more than half are contract employees.

Researchers conducted an initial survey of nurses working in the Arjawinangun Regional General Hospital environment by providing several statements to find out nurses' responses regarding workload, organizational culture, and the quality of nursing work-life problems at Arjawinangun Regional General Hospital. The majority of nurses (72.6%) agreed that they felt physically capable of doing their assigned work, 42.5% of nurses agreed that they had many patients to care for, 78.1% of nurses agreed that they felt capable of meeting the standards of nursing practice, and 64.4% of nurses agreed that their work was busy. The survey results of nurse responses regarding statements related to organizational culture were 76.7% of nurses agreed that Arjawinangun Hospital was open to innovation, and 64.4% of nurses agreed that leaders at Arjawinangun Regional General Hospital showed participatory leadership styles. The results of the nurse response survey regarding statements related to the quality of nursing work life were 82.2% of nurses agreed that hospitals provide a comfortable working environment, as many as 78.1% of nurses agreed that they had good communication with their leaders, almost half of nurses (41.1%) did not agree that nurses did work that was not relevant to the nursing field, 76.7% of nurses agreed they were comfortable with their work, and 64.4% agreed they had a relaxing break room or changing room.

No study currently examines the influence of workload and organizational culture on the quality of nursing work life in government hospitals in Indonesia. Based on this background description, researchers are interested in researching the influence of workload and organizational culture on the quality of nursing work life at Arjawinangun Regional General Hospital, Cirebon Regency.

II. LITERATURE REVIEW

A. Workload

Workload was initially defined as the amount of physical effort required to do a job. Still, along with the development of technology, there have been changes that cause a large proportion of work to be associated with increased mental needs and reduced physical effort. Workload, according to Neill & Davis (2015), is an individual's view of the energy expenditure required to achieve a certain level of performance determined by personal expectations.

Workload, according to Fishbein et al. (2020), is the demand for work done by someone to complete a task. In healthcare, the interpretation of workload depends on the functions performed and the total time required to complete the tasks and care delivery needs to patients. Workload, in other definitions, is the amount of work done by a person in a certain period or the average amount of work handled by someone at a particular time (Madadzadeh et al., 2018).

Nurse workload, according to Swiger et al. (2016), is the amount of time and physical and cognitive effort required by a nurse to complete direct patient care, indirect patient care, and non-patient care. Nursing workload is complex and nonlinear and is influenced by the characteristics of nurses, patients, units, and organizations that can significantly increase or decrease the time and effort required to provide quality nursing care to patients.

The definition of nurse workload, according to Alghamdi (2016), is the amount of nursing time and activities that can be carried out by nurses either directly or indirectly towards patients, workplaces, and professional development. The work that nurses do includes all activities, both nursing and non-nursing, that may burden the nurse. Nursing activities can be direct or indirect care or both. In contrast, non-nursing activities can be all administrative work such as unit management, staff meetings, attending seminars and patient-related work that should be distinct from indirect nursing care. According to Neill & Davis (2015), nurses' workload is subjectively influenced by the nurse's perspective on estimated accomplishment, performance related to patient care requirements, cognitive interpretation of workload, and professional role expectations.

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B. Organizational Culture

According to Körner et al., (2015), organizational culture is a shared value, belief, or perception held by employees in an organization. Organizational culture is determined by the organization's mission, strategy, structure, leadership, and human resource activities. The definition of organizational culture, according to Y. An & Kang (2016), is the values, beliefs, customs, and norms owned by members of an organization. Meanwhile, according to Trus et al. (2018), organizational culture is a norm and expectation in behavior that can guide employees in their work environment. Organizational culture is considered a foundation that represents expectations and values in behavior in an organization.

Organizational culture in a hospital can be seen based on the structure strategy and leadership applied by a hospital. The structure and strategy dimension emphasizes how the organization is oriented, i.e., the hospital towards patients, staff, teams, quality, fast decision-making, and organizational openness regarding innovation. At the same time, the leadership dimension focuses on leadership performance, including participatory leadership style, trust in employees, respect for internal communication, employee participation, openness about conflict management, appreciation of interprofessional teamwork, managing difficult situations with employees, and constructive criticism (Körner et al., 2015).

C. Quality of Nursing Workload

Quality of work-life, according to Kelbiso et al. (2017), is a process by which employees within an organization and stakeholders gain insight into how to work together to improve employees' quality of life and simultaneously improve the effectiveness of an organization. The concept states how an organization can maintain the welfare of an employee holistically and not just focus on work alone. According to Sirin & Sokmen (2015), quality of work life is the extent to which an employee feels satisfied with personal and work needs through participation in the workplace while achieving organizational goals.

The quality of nursing work life, according to Biresaw et al. (2020), is the degree of nurse satisfaction with personal needs and simultaneously strives to achieve the goals of the organization where nurses work so that nurses can increase their productivity at work and reduce nurse turnover rates and psychosocial impacts. The quality of nursing work life is concerned with efforts to improve the cost and quality of health care, reduce mortality and morbidity, and improve the quality of care.

According to Utami et al. (2018), the quality of nursing working life is an organizational culture value that creates a conducive work atmosphere for the psychological well-being and performance of nurses. The value is oriented towards the balance between the productivity and well-being of nurses. The welfare in question includes the basic needs of nurses and a safe and comfortable work environment to raise morale and achieve organizational goals.

From a nursing perspective, Sirin & Sokmen (2015) define the quality of nursing work life as a comprehensive structure describing a positive work environment to ensure high job satisfaction and improved welfare for nurses. A positive work environment meets nurses' needs and expectations, and patients get the best health services to achieve their health targets. Quality of nursing work life is based on the work environment, relations with managers, work conditions, job perception, and support service.

High workload and unsupportive organizational culture can affect the balance of nurses' lives at work and home, so the quality of nurses' work life could be better. Based on the framework above, the research conceptual paradigm can be compiled in Figure 1 .

The hypotheses in this study are:

Main Hypothesis:

There is a simultaneous influence of workload and work culture on the nursing quality of work life at Arjawinangun Regional General Hospital, Cirebon Regency.

Sub Hypothesis :

Workload influences the quality of nursing work life at Arjawinangun Regional General Hospital, Cirebon Regency.

Organizational culture influences the quality of nursing work life at Arjawinangun Regional General Hospital, Cirebon Regency

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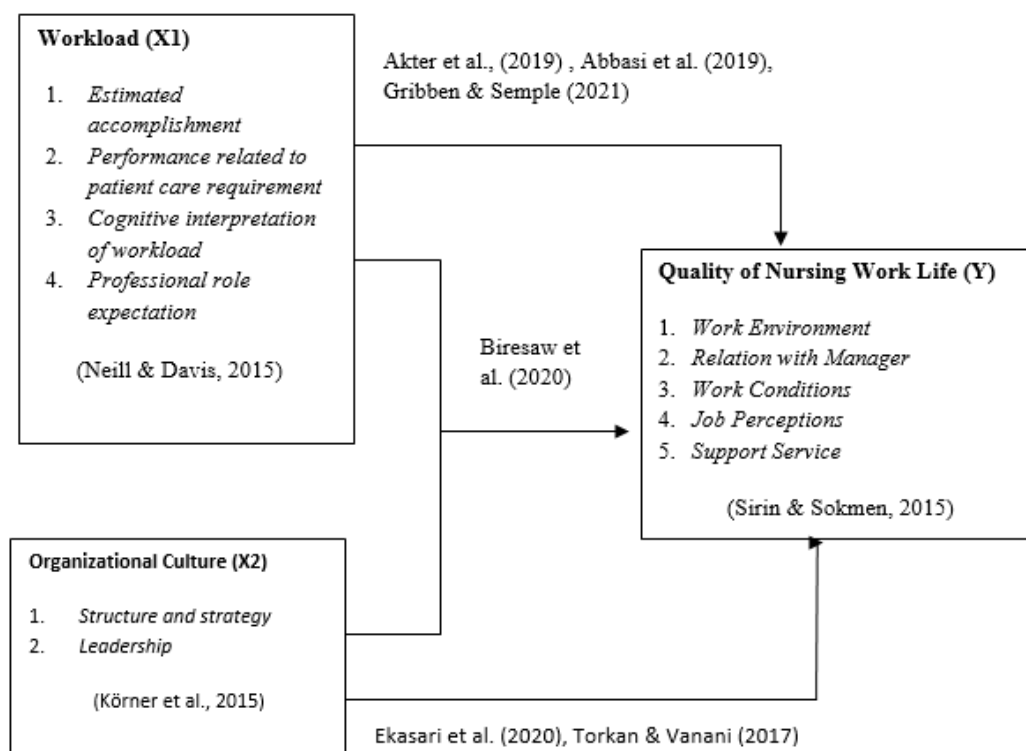


Figure 1. Research Conceptual Paradigm

III. RESEARCH METHOD

A. Study Design

study design in this research is an analytical survey research with a cross-sectional approach. Analytical survey research or explanatory study aims to explain a condition (Adiputra et al., 2021). The use of analytical survey research design in this study explains the workload, organizational culture, and quality of work life of nurses at Arjawinangun Regional General Hospital. Meanwhile, according to the time dimension, this study uses a cross-sectional research approach with an approach or data collection at once on individuals or research subjects at a particular time (Riyanto & Hatmawan, 2020).

B. Sample and Procedures

The affordable population in this study was nurses working at the Arjawinangun Regional General Hospital, which amounted to 341 people. The desired population or subjects to be studied are nurses at the Arjawinangun Regional General Hospital who meet the inclusion and exclusion criteria. The inclusion criteria are nurses with at least an diploma degree, nurses who have worked at least one year at the Arjawinangun Regional General Hospital, and nurses who are willing to be respondents. At the same time, the exclusion criteria are nurses who were not present during the study and nurses who were not willing to be respondents. This study's respondents were 73 nurses at Arjawinangun Regional General Hospital, selected using random sampling techniques. Data collection in this study used questionnaires distributed to respondents. Questionnaires used in this study are tested for validity and reliability before use. The questionnaire contains questions about independent variables, namely workload and organizational culture, and dependent variables, namely the quality of nursing work life.

C. Measures

The questionnaire in this study consisted of four parts. The first section contains questions about the characteristics of the respondents consisting of age, gender, marital status, last education, length of work in the hospital, and work unit. The second part is questions about workload consisting of 34 items with four dimensions: estimated accomplishment, performance related to patient care requirements, professional role expectations, and cognitive interpretation of workload. The measuring instrument used is a 5-point Likert scale, with one indicating that the nurse strongly disagrees and five indicating strongly agreeing. The lower the score, the higher the nurse's workload. The third part is questions about organizational culture, which consists of 12 items with two dimensions: strategy and structure and leadership. The measuring instrument used is a 5-point Likert scale, with one indicating that nurses strongly disagree and five indicating strongly agree. The higher the score, the better the organizational culture. The fourth section questions the quality of nursing work life consisting of 34 items with four dimensions: work environment, relation with the manager, work condition, job perception, and support services. The measuring instrument used is a 5-point Likert scale, with one indicating that nurses strongly disagree and five indicating strongly agree. The higher the score, the higher the quality of nursing work life. Data processing in this study used the SPSS 25.0 program for Windows. This program can help researchers calculate statistical values, namely multiple regression equations, correlation coefficients, determination coefficients, and hypothesis tests.

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FINDINGS AND DISCUSSION

A. Validity and Reliability of the Measurements

Validity and reliability test is performed to test the validity of each statement item in measuring its variables. The Pearson Product Moment is the correlation technique used to test the validity of statement items in this study. Suppose the value of the correlation coefficient of the statement item under test is more significant than $r_{table\ n=73}$ of 0.227. In that case, it can be concluded that the statement item is a valid construct. Based on the test results, there are 34 question items regarding workload variables, 12 organizational culture variable question items, and 34 quality of nursing work-life question items declared valid for the subsequent analysis. Reliability testing is analyzed using the Alpha-Cronbach method. The questionnaire is reliable if the reliability coefficient is positive and more significant than 0.7. The results of the reliability test are presented in Table 1. Based on Table 1., the reliability value of the statement items on the questionnaire of each research variable has an Alpha-Cronbach value greater than 0.7. These results show that the statement items on the questionnaire are reliable for measuring the variables.

Table 1. Results of Research Variable Questionnaire Reliability Test

Variable	Cronbach Alpha	Critical Point	Conclusion
Workload (X1)	0.902	0.7	Reliable
Organizational culture (X2)	0.932	0.7	Reliable
Quality of nursing work life (Y)	0.944	0.7	Reliable

Source: Primary data processed by SPSS in 2021

B. Characteristics of Respondents

The characteristics of respondents in this study are presented in Table 2. The study results showed that most respondents, namely 20 (27.40%), were 30 to 35 years old and 36 to 40 years old, respectively. Respondents have more female sex than male (73.97%), and most respondents have married marital status (89.04%). Most respondents' last education was a diploma degree (64.38%). Almost half of the respondents have less than ten years of experience working (42.47%). The majority of respondents in this study worked in inpatient work units (80.82%).

C. Descriptive Analysis of Research Variables

Nurses' responses to workload variables, organizational culture, and quality of nursing work life are shown in Tables 3, 4, and 5. Based on data processing results, the average respondents' responses to all dimensions of workload variables are included in the low category (76.78%), considering that the variable category of workload in this study, the higher the score value, the lower the workload category. The results of the nurse workload category in this study are similar to the research conducted by Rusdi et al., (2020), namely that some nurses (52%) at Ambon Hospital have a light workload. Other studies show different results, namely, research conducted by Romadhoni & Pudjirahardjo (2019) in a hospital shows that nurses in the Intensive Care Unit have a moderate workload category and nurses in the inpatient work unit have a heavy workload category.

The low workload of nurses can be caused by decreased outpatient and inpatient hospital visits in the Cirebon District due to the COVID-19 pandemic. Based on the health profile of Cirebon Regency in 2021, the coverage of outpatient visits was 31.91%, a decrease compared to 2020, reaching 36.40%. Meanwhile, the coverage of inpatient visits was 4.67%, a decrease compared to 2020, which gained 5.21% (Cirebon Regency Health Office, 2021). The decline occurred due to patients' fear of visiting healthcare facilities such as hospitals for fear of contracting the virus; hospitals also limited the number of outpatient visits to reduce the risk of virus transmission. The study result by Qureshi et al., (2019) supports the relationship between the number of patients and the workload of nurses, namely when there is an increase in the number of patients, which results in an increase in the ratio of nurses to patients increases nurse workload.

Table 2. Characteristics of Research Respondents

Characteristic	n (%)
Age	
< 30 years	15 (20.55)
30 - 35 years	20 (27.40)
36 - 40 years	20 (27.40)
41 - 45 years	11 (15.07)
46 - 50 years	3 (4.11)
> 50 years	4 (5.48)
Gender	
Male	19 (26.03)
Female	54 (73.97)
Marital Status	

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Unmarried	7 (9.59)
Married	65 (89.04)
Widow/widower	1 (1.37)
Degree	
Diploma	47 (64.38)
Professional Nurse	17 (23.29)
Bachelor's	8 (10.96)
Master's	1 (1.37)
Experience	
< 10 years	31 (42.47)
10 - 15 years	23 (31.51)
16 - 20 years	6 (8.22)
21 - 25 years	7 (9.59)
> 25 years	6 (8.22)
Work Unit	
Emergency Unit	9 (12.33)
Outpatients	5 (6.85)
Inpatients	59 (80.82)

Source: Primary data processed by SPSS in 2021

Table 3. Recapitulation of Descriptive Analysis of Workload Variables (X1)

No.	Dimensions	Total Score	Ideal Score	%	Category
1	<i>Estimated accomplishment</i>	300.50	365	82.33%	Low
2	<i>Performance related to patient care requirement</i>	261.00	365	71.51%	Low
3	<i>Cognitive interpretation of workload</i>	299.45	365	82.04%	Low
4	<i>Professional role expectation</i>	260.00	365	71.23%	Low
Average		280.24	365	76.78%	Low

Source : Primary data processed by SPSS in 2021

The organizational culture variable in this study was in the high category (81.44%), and the quality of nursing work-life variable was in the high category (78.62%). The research results at Baptist Batu Hospital showed that organizational culture variables and quality of nursing work-life variables were in the high category (Ekasari et al., 2020). There are differences in research results in other countries; research conducted by (Biresaw et al., 2020) found that more than half of nurses working in referral hospitals in the Amhara area of Ethiopia had a poor quality of nursing work life, namely the prevalence of quality of work life of nurses with a good category of 40.8%. A study of nurses in public hospitals in Iran also had different results: 69.3% of nurses were dissatisfied with their working lives. This shows that the quality of nursing work life could be higher. In the study, several characteristics of nurses are significant predictors for lower quality of nursing work life, namely male, single, older age, low education level and working in teaching hospitals (Raeissi et al., 2019).

Table 4. Recapitulation of Descriptive Analysis of Organizational Culture Variables (X2)

No.	Dimensions	Total Score	Ideal Score	%	Category
1	<i>Structure and strategy</i>	304.25	365	83.36%	High
2	<i>Leadership</i>	290.25	365	79.52%	High
Average		297.25	365	81.44%	High

Source : Primary data processed by SPSS in 2021

Table 5. Recapitulation of Descriptive Analysis of Quality of Nursing Work Life Variables (Y)

No.	Dimensions	Total Score	Ideal Score	%	Category
1	<i>Work environment</i>	291.22	365	79.79%	High
2	<i>Relation with managers</i>	292.00	365	80.00%	High
3	<i>Work condition</i>	258.00	365	70.68%	High
4	<i>Job perception</i>	302.00	365	82.74%	High
5	<i>Support service</i>	291.67	365	79.91%	High
Average		286.98	365	78.62%	High

Source : Primary data processed by SPSS in 2021

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D. Multiple Linear Regression Analysis

The results of multiple linear regression calculations are shown in Table 6.

Table 6. Calculation Results of the Coefficient Value of the Regression Equation

Type	Beta Coefficient	Tcalculate	Significance
Constant	-7.872	-1.429	0.158
Workload (X1)	0.515	7.312	0.000
Organizational Culture (X2)	1.453	10.037	0.000

Source : Primary data processed by SPSS in 2021

Based on the output in Table 6., the value of the consistency and regression coefficient can be obtained so that a multiple linear regression equation can be formed as follows:

$$Y = -7.872 + 0.515X1 + 1.453X2$$

The multiple linear regression equation can be interpreted as follows:

$\beta_0 = -7.872$, meaning that if Workload (X1) and Organizational Culture (X2) are zero (0), then Quality of Nursing Work Life (Y) will be -7,872 units;

$\beta_1 = 0.515$, meaning that if Workload (X1) increases by one unit and the other variable is constant, then the Quality of Nursing Work Life(Y) will increase by 0.515 units;

$\beta_2 = 1.453$; If Organizational Culture (X2) increases by one unit and the other variable is constant, then the Quality of Nursing Work Life (Y) will increase by 1,453 units.

E. Pearson Product Moment Correlation Analysis

The results of the analysis obtained a correlation coefficient (R) of 0.937, based on Guilford's criteria; the results showed a solid relationship between the variables Workload (X1) and Organizational Culture (X2) with the variable Quality of Nursing Work Life (Y). The value of the coefficient of determination obtained at 87.9%, which shows the meaning Workload (X1) and Organizational Culture (X2) have a simultaneous influence (together) of 87.9% on the Quality of Nursing Work Life (Y). In comparison, the remaining 12.1% is influenced by other factors not observed in this study.

Internal and external factors affect the quality of nursing work life. Internal factors are nurse environmental conditions from individuals and nurse organizations, while external factors come from outside the organization (Utami et al., 2019). The quality of a nursing work life can also be influenced by feelings of pride in the work done, safety in the workplace, recognition of results or performance achieved, wages and benefits obtained, relationships between colleagues in a group or organization, work environment, freedom in making choices or decisions, leadership and management styles, demographic characteristics, and shift work (Azevedo et al., 2017) (Viselita et al., 2019).

The amount of partial influence can be known by multiplying the beta value by zero order. Calculations in Table 7. show that Workload (X1) partially contributes 35.8% to the Quality of Nursing Work Life (Y), and Organizational Culture (X2) contributes 52.0% to the Quality of Nursing Work Life (Y). Previous research shows that high quality of nursing work-life outcomes is related to nurses' satisfaction with their colleagues, growth opportunities, management and supervision, and work environment (Viselita et al., 2019).

Table 7. Coefficient of Partial Determination

Variable	Beta Coefficient	Zero - order	Partial Influence
Workload (X1)	0.427	0.839	0.358
Organizational Culture (X2)	0.587	0.886	0.520

Source : Primary data processed by SPSS in 2021

F. Hypothesis Test Analysis

F test at the level of significance ($\alpha = 5\%$) obtained a Fcalculate value of 253,295 (Table 8.). This value will then be compared with the F value in the F distribution table. For $\alpha = 5\%$, the Ftable value is 3.128. Then the Fcalculate value is greater than the Ftable value ($253,295 > 3,128$), then H0 is rejected, and H1 is accepted, meaning that there is a significant influence of Workload (X1) and Organizational Culture (X2) simultaneously on the Quality of Nursing Work Life (Y). Biresaw et al. (2020) revealed that several factors could negatively affect the quality of nursing work life, including safety, job dissatisfaction, competency development, work-life balance, workload, nurse leadership style, lack of autonomy, reciprocity to performance, opportunities in development, work environment, low level of education, high nurse turnover rate, and lack of trained nurses.

Table 8. Simultaneous Hypothesis Testing (F-Test)

Influence	F calculate	F table	Explanation	Conclusion
X1&X2 →Y	253.295	3.128	H0 rejected	Significant

Source : Primary data processed by SPSS in 2021

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The results of partial hypothesis testing calculations are based on Table 9. The calculated values for the Workload (X1) variable were 7,312, and Organizational Culture (X2) was 10,037. The calculated values are then compared with the t values in the t distribution table. With $\alpha = 5\%$ and $df = n - k - 1 = 73 - 2 - 1 = 70$, t table values from the t-distribution table for two-party tests were obtained at 1.994 and -1.994. Based on Figure 2. It can be seen that the calculated value of the Workload variable (X1) is in the rejection area H_0 ($7,312 > 1,994$). This shows that H_0 is rejected and H_1 is accepted, meaning that Workload (X1) has a partially significant effect on the Quality of Nursing Work Life (Y).

Table 9. Partial Hypothesis Testing (T-Test)

Influence	T calculate	T table	Explanation	Conclusion
X1 → Y	7.312	1.994	H0 rejected	Significant
X2 → Y	10.037	1.994	H0 rejected	Significant

Source : Primary data processed by SPSS in 2021

The results of this study align with previous research, namely, by Akter et al. (2019) on nurses in three teaching hospitals in Bangladesh, which showed that the heavy workload, including direct and indirect patient care, negatively affects the quality of nursing work life. Nurses reported that they did much non-nursing work, had long hours, overtime duties that required nurses to work on holidays, and nurses who were so busy with their duties that they did not have time to rest and eat during work hours. Some nurses also report that nurses with a higher workload have more health problems than nurses with a lower workload. Therefore, a high workload can affect the quality of nursing work life and the quality of health service and patient safety.

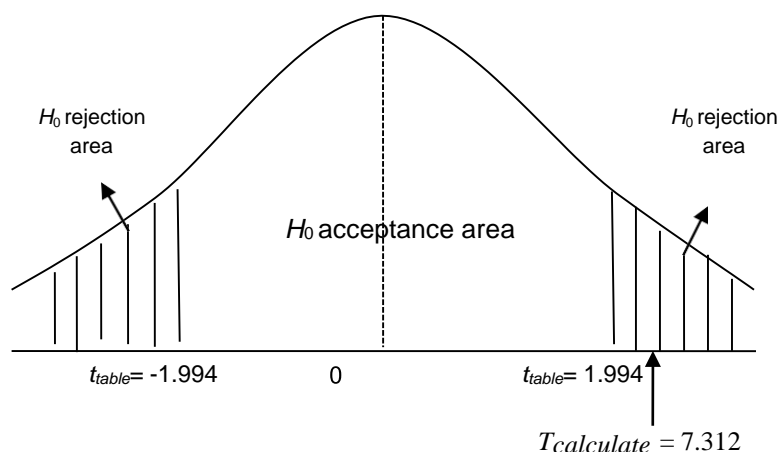


Figure 2. Partial Hypothesis Testing Curve of the Effect of X1 on Y

Source : Primary data processed by SPSS in 2021

Research by Abbasi et al. (2019) shows the simultaneous influence of variables of overtime hours, number of patients per shift, age, and workload level on the quality of nursing work-life variables. Workload, both physical and mental, hurts nurses' satisfaction with their work-life balance, thus affecting the quality of their work-life (Holland et al., 2019) (Abbasi et al., 2019).. Research conducted by Gribben & Semple (2021) also found that high workload is directly related to nurses' physical and mental fatigue, which can affect the quality of work life. Long working hours are associated with higher workloads, poorer lifestyles, higher stress levels, higher levels of burnout and ultimately, lower quality of work-life outcomes. Long working hours hurt nurses' interactions between work and home. Long working hours significantly influence lifestyle, including sleep patterns, daily life discipline, and diet.

Nurses working in inpatient work units are associated with good quality work-life outcomes and low workload, according to the results of this study, where more than half of the respondents work in inpatient work units. In the inpatient unit, fluctuations in nurse workload can occur at certain times depending on work shifts, so sometimes the perceived workload is low, and at other times, the workload is felt to be high (Rusdi et al., 2020) (Biresaw et al., 2020). The problem of high workload for nurses is more often found in the ICU work unit compared to other work units in hospitals because nurses have intense tasks both physically and mentally in the ICU work unit. Patients treated in ICU rooms have higher complexity, requiring constant care and comprehensive and holistic nursing care (Banda et al., 2022).

Research conducted by Banda et al., (2022) found that nurses with high workloads experienced stress and fatigue, reducing their focus and concentration levels while working, especially when providing patient care. A high workload can affect a nurse's well-being both physically and mentally. Physically, the impact felt by nurses is in the form of musculoskeletal problems such as low back pain, neck pain, and leg pain. This can cause discomfort and affect the nurse's performance capacity. Meanwhile, mentally, the impact nurses feel in the form of emotional fatigue can affect the nurse's ability to provide proper patient care and perform expected

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responsibilities and increase the intention or desire of nurses to leave the profession.

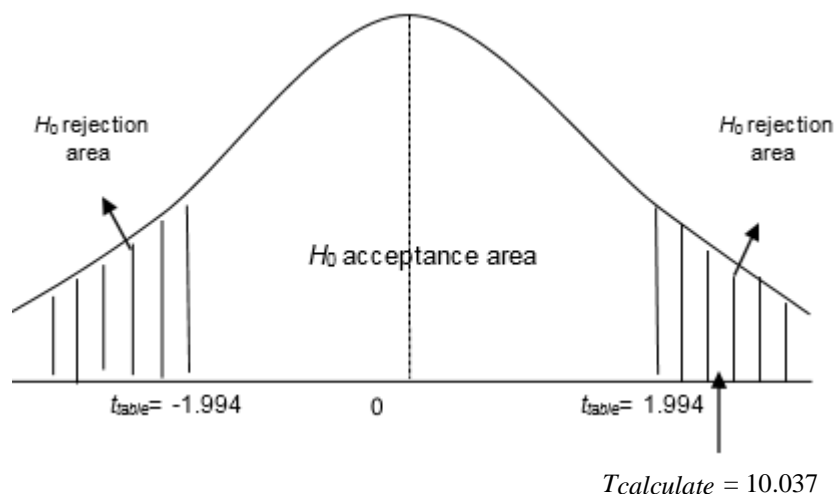


Figure 3. Partial Hypothesis Testing Curve of the Effect of X2 on Y
Source : Primary data processed by SPSS in 2021

Based on Figure 3. it can be seen that the calculated value of the organizational culture variable (X2) is in the rejection area H0 ($10,037 > 1,994$). This shows that H0 is rejected and H1 is accepted, meaning that organizational culture (X2) has a partially significant effect on the quality of nursing work life (Y). Research conducted by Ekasari et al. (2020) on nurses at Batu Baptist Hospital shows that organizational culture positively and significantly influences the quality of work life. An organization with a strong culture can help employees achieve organizational tasks and goals, and employees can feel satisfied with their work. Organizational culture is important in determining employee behaviour and performance in the workplace and can influence teamwork and service outcomes (Körner et al., 2015).

Research conducted by Torkan & Vanani (2017) on nurses working at Khasani Hospital and Hajar Hospital, Iran, also showed similar results, namely, there is a significant and positive relationship between organizational culture and the quality of nursing work life. Changes in organizational culture components consistently determine the quality of work life of nurses in the hospital studied. Therefore, increasing the value of organizational culture and its components in hospitals, such as changing organizational culture into a culture that strengthens participation, adaptability, compatibility, and hospital mission, can be a strategy for improving the quality of nursing work life and can then improve the quality of health services provided by nurses.

The higher and stronger the organizational culture value understood by the nurse, the higher the quality of the nursing work life, and vice versa; the lower the organizational culture value that the nurse understands and implements, the lower the quality of work life in nurses. Values in an organization that are applied well by nurses at work will affect employee job satisfaction and attachment, and they will positively impact the quality of nursing work life.

CONCLUSIONS

The nurses' workload at Arjawinangun Regional General Hospital is in the low category. In contrast, the organizational culture and quality of nursing work life at Arjawinangun Regional General Hospital are in the high category. The hypothesis test results in this study show that both partially and simultaneously, the variables of workload and organizational culture affect the quality of nursing work life at Arjawinangun Regional General Hospital. Workload variables influence the quality of nursing work-life variables less than organizational culture variables. The results of this research can be the basis for a hospital to develop strategies to maintain the quality of nursing work life to increase the quality of hospital services.

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