



Impact of Organizational Climate, Workload, and Patient-Centered Care in Hospital to Improve Nursing Service Quality

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Abstract

Background: The quality of hospital services is crucially influenced by employee professionalism, service effectiveness, and patient satisfaction. Poor service quality leads to increased patient dissatisfaction and complaints, reducing overall healthcare satisfaction. Enhancing nursing service quality is essential, focusing on factors like organizational climate, nurses' workload, and patient-centered care. **Methods:** A quantitative correlation study with a cross-sectional design was conducted at Roemani Muhammadiyah Semarang Hospital. The study involved 170 randomly selected nurses from the inpatient unit. Data were collected using structured questionnaires addressing organizational climate, nurses' workload, patient-centered care, and quality of nursing services. Statistical analysis was performed using the Spearman Rho Test to identify significant relationships between variables. **Results:** The majority of nurses reported a moderate organizational climate (81.2%), low workload (70.0%), and moderate patient-centered care (78.8%). Nursing service quality was predominantly moderate (76.5%). Significant positive relationships were found between organizational climate and nursing services ($r=0.868$, $p<0.05$), nurses' workload

and nursing services ($r=0.578$, $p<0.05$), and patient-centered care and nursing services ($r=0.934$, $p<0.05$). **Conclusion:** The study demonstrates that a positive organizational climate, optimal nurses' workload, and effective patient-centered care are significantly associated with improved nursing service quality. Hospital management should prioritize these factors to enhance care quality.

Keywords: Nursing Service Quality, Organizational Climate, Nurses' Workload, Patient-Centered Care, Hospital Management

1. Introduction

The quality of hospital services is heavily dependent on employee professionalism, service effectiveness, and patient satisfaction. When service quality is low, it leads to patient dissatisfaction and a rise in various complaints. An increasing number of complaints from patients and their families indicates poor service quality, which can reduce the overall satisfaction of healthcare users at the hospital. According to Mariana (2019), hospital service quality was rated as good by 13.3% of respondents, quite good by 46.7%, and poor by 40.0%. When it came to patients' decisions on whether to use hospital services again, 57.4% expressed interest in returning, while 42.6% were not interested.

Improving the quality of nursing services is crucial and should be a priority for hospital managers. Nursing services are the cornerstone of healthcare services in hospitals and play a strategic role in enhancing overall service quality. Factors influencing the quality of nursing services include leadership style, organizational climate within the hospital, and the daily workload of nurses. A positive

Significance | This study showed how enhancing organizational climate, managing workload, and implementing patient-centered care improve nursing service quality.

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organizational climate, characterized by a structured work environment, clear work standards, defined responsibilities, performance recognition, a cohesive team, and a strong commitment to quality care, is essential for effective nursing services.

The workload of nurses significantly impacts the quality of nursing services. When nurses have a manageable workload, they can optimize their duties and roles in providing patient care, thereby improving service quality. One effective model of nursing service is patient-centered care, which encompasses eight dimensions: respect for patients' preferences, coordination and integration of care, information and education, physical comfort, emotional support, involvement of family and friends, continuity and transition, and access to care.

Patient-centered care is increasingly being implemented in healthcare centers, particularly hospitals, because it promotes collaboration over control, focuses on family strengths and resources, recognizes family expertise in patient care, fosters empowerment, enhances information sharing, and creates flexible programs. To successfully implement patient-centered care, it is essential to have leaders who can mobilize nurses for effective communication with patients and their families, an organizational climate that supports this care model, and a reasonable workload for nurses to facilitate effective communication and care delivery.

This research aims to explore the relationship between nurses' workload, organizational climate, and patient-centered care with the quality of nursing services at Roemani Muhammadiyah Hospital Semarang.

2. Material and methods

2.1 Study design

This study utilized a quantitative correlation research design with a cross-sectional approach, observing research subjects at a single point in time to identify correlations among variables. The research was conducted at Roemani Muhammadiyah Semarang Hospital, focusing on the inpatient unit. The population included all nurses working in this unit, from which a sample of 170 nurses was selected through simple random sampling. Ethical approval for the research was obtained from Muhammadiyah University of Yogyakarta, under clearance number 316/A.4-1/PPs-UMY/I/2024. All participants provided informed consent, and their confidentiality and anonymity were maintained throughout the study.

2.2 Measurement and Data Collection

Data collection was performed using a structured questionnaire divided into four sections: organizational climate, nurses' workload, patient-centered care, and quality of nursing service. The organizational climate section, adopted from Nursalam (2017), included 17 questions addressing 6 indicators. The nurses' workload section, also from Nursalam (2017), consisted of 13

questions covering 6 indicators. The patient-centered care section, based on Rosa (2018), comprised 19 questions across 7 indicators. Finally, the quality of nursing service section, adopted from Rifai (2016), contained 25 questions focusing on 5 indicators.

2.3 Statistical analysis:

The collected data were presented in tabular form. Numerical data were summarized using mean, median, standard deviation, minimum-maximum values, and 95% confidence intervals (CI). Categorical data were presented as frequency distributions. To analyze the relationships between variables, the Spearman Rho Test was employed, with significance set at a p-value of <0.05 .

3. Results

The results, as shown in Table 1, indicated that the median age of the nurses was 31 years, with the youngest being 24 years and the oldest being 52 years. The median length of service was 12 years, with the shortest tenure being 2 years and the longest being 30 years. The gender distribution was predominantly female, with 123 respondents (72.4%). The majority of respondents were married, accounting for 147 individuals (86.5%). The most common educational qualification was a Bachelor of Nursing, held by 132 respondents (77.6%). Furthermore, it was noted that 120 respondents (70.6%) did not actively participate in seminars or workshops.

The prevalence of a moderate organizational climate was observed in 138 respondents (81.2%) (Table 2). The workload of most nurses was found to be low, as indicated by 119 respondents (70.0%). Patient-centered care was mostly moderate, with 134 respondents (78.8%). The quality of nursing services was predominantly moderate, as reported by 130 respondents (76.5%).

A significant relationship between organizational climate and nursing services was identified (p-value <0.05), with a correlation coefficient of 0.868, indicating a very strong positive relationship (Table 3). This suggests that an improved organizational climate is associated with better nursing services. Additionally, a significant relationship between nurses' workload and nursing services was found (p-value <0.05), with a correlation coefficient of 0.578, indicating a strong positive relationship. This implies that an optimal nurses' workload correlates with better nursing services. Moreover, a significant relationship between patient-centered care and nursing services was observed (p-value <0.05), with a correlation coefficient of 0.934, indicating a very strong positive relationship. This suggests that better patient-centered care is associated with better nursing services.

4. Discussion

4.1 Organizational Climate and Nursing Services

The findings indicated that the organizational climate at Roemani Muhammadiyah Semarang Hospital was predominantly moderate,

Table 1. Respondent's Characteristic

| Variable | Mean | Median | SD | Min-Max | 95% CI Lower-Upper |
|---------------------|---------------------|--------|------|-------------|-----------------------|
| Age | 33.75 | 31.00 | 7.23 | 24.00-52.00 | 32.66-34.85 |
| Working Period | 13.56 | 12.00 | 8.70 | 2.00-30.00 | 12.25-14.88 |
| Variable | | | n | % | |
| Gender | Man | | 47 | 27.6 | |
| | Woman | | 123 | 72.4 | |
| Marital Status | Single | | 23 | 13.5 | |
| | Married | | 147 | 86.5 | |
| Education Level | Nursing Academy | | 38 | 22.4 | |
| | Bachelor of Nursing | | 132 | 77.6 | |
| Seminar or Workshop | Not Active | | 120 | 70.6 | |
| | Active | | 50 | 29.4 | |

Table 2. Organizational Climate, Nurses' Workload, Patient-Centered Care, and Quality of Nursing Services

| Variable | | n | % |
|-----------------------------|----------------|-----|------|
| Organizational Climate | Moderate | 138 | 81.2 |
| | High | 32 | 18.8 |
| Nurses' Workload | Not a Workload | 21 | 12.4 |
| | Low | 119 | 70.0 |
| | Moderate | 3 | 17.6 |
| Patient-Centered Care | Moderate | 134 | 78.8 |
| | High | 36 | 21.2 |
| Quality of Nursing Services | Moderate | 130 | 76.5 |
| | High | 40 | 23.5 |

Table 3. Bivariate Analysis

| Variable | | Nursing Services | | | | P value |
|------------------------|----------------|------------------|------|------|------|---------|
| | | Moderate | | High | | |
| | | n | % | n | % | |
| Organizational Climate | Moderate | 130 | 76.5 | 8 | 4.7 | 0.000* |
| | High | 0 | 0.0 | 32 | 18.8 | |
| Total | | 130 | 76.5 | 40 | 23.5 | |
| Nurses' Workload | Not a Workload | 0 | 0.0 | 21 | 52.5 | 0.000* |
| | Low | 100 | 58.8 | 19 | 11.2 | |
| | Moderate | 30 | 17.6 | 0 | 0.0 | |
| Total | | 130 | 76.6 | 40 | 23.5 | |
| Patient-Centered Care | Moderate | 130 | 76.5 | 4 | 2.4 | 0.000* |
| | High | 0 | 0.0 | 36 | 21.2 | |
| Total | | 0 | 76.5 | 40 | 23.5 | |

*Significant at p-value <0.05

with 81.2% of respondents perceiving it as such (Table 2). This result aligns with the study by Safitri et al. (2021), which found that 59.9% of respondents in similar settings reported a low organizational climate. Organizational climate encompasses perceptions within the work environment that influence behavior, attitudes, norms, values, and overall feelings among nurses. A negative work climate can adversely affect job satisfaction, leading to decreased motivation and performance, thereby resulting in subpar service quality (Hayati & Rusnandar, 2021). Wahyuhadi et al. (2023) similarly noted that job satisfaction significantly impacts nurse performance, with higher satisfaction levels correlating with increased loyalty and productivity in service delivery.

The study revealed a significant positive relationship between organizational climate and nursing services, with a very strong correlation coefficient of 0.868 (Table 3). This suggests that improvements in the organizational climate directly enhance the quality of nursing services. Safitri et al. (2021) also reported a significant relationship between organizational climate and nurse performance, emphasizing that organizational environments influence performance by affecting motivation and behavior. A positive organizational climate fosters better nursing services by motivating nurses and promoting optimal working relationships (Safitri et al., 2021; Kundariyah et al., 2021).

Organizational climate can be characterized by several dimensions, including organizational clarity, reward standards, suitability, respect, responsibility, and cooperation (Hayati & Rusnandar, 2021). A positive perception of these dimensions among nurses can influence their behavior positively, as opposed to a negative perception that could hinder service delivery. Hospital management must actively involve employees in shaping the organizational climate to achieve organizational goals and enhance service quality (Herlambang et al., 2022).

4.2 Nurses' Workload and Nursing Services

The results indicated that most nurses experienced a low workload, with 70.0% of respondents reporting this (Table 2). A significant positive relationship was found between nurses' workload and nursing services, with a strong correlation coefficient of 0.578 (Table 3). This implies that an optimal workload correlates with better nursing services. Studies have shown that manageable workloads positively impact job satisfaction and the quality of nursing care. Maghsoud et al. (2022) highlighted that excessive workload leads to implicit rationing of care, job dissatisfaction, and emotional exhaustion, adversely affecting care quality. Similarly, Mawikere et al. (2021) found that lower workloads enhance patient satisfaction and the overall quality of nursing care.

Nurses' workload management is crucial in maintaining high service quality. Excessive workloads can lead to burnout and reduced care quality, while optimal workloads enable nurses to perform their duties effectively (Neill, 2011). Therefore, hospital

management should strive to balance workloads to ensure that nurses can deliver high-quality care without experiencing undue stress (Pérez-Francisco et al., 2020).

4.3 Patient-Centered Care and Nursing Services

Patient-centered care was reported as moderate by 78.8% of respondents (Table 2). A significant positive relationship was observed between patient-centered care and nursing services, with a very strong correlation coefficient of 0.934 (Table 3). This finding underscores the importance of patient-centered care in enhancing the quality of nursing services. Wahyuni and Darmawan (2019) emphasized that patient-centered care improves both the quality and safety of patient care by focusing on the needs and preferences of patients.

Patient-centered care involves respecting patient preferences, coordinating care, providing information and education, ensuring physical comfort, offering emotional support, involving family and friends, ensuring continuity and transition, and providing access to care (Gethin et al., 2020). Implementing these dimensions effectively requires a supportive organizational climate and manageable workloads for nurses (Aapro et al., 2020).

5. Conclusion

In conclusion, the study demonstrated that a positive organizational climate, optimal nurses' workload, and effective patient-centered care are significantly associated with improved nursing services. Hospital management should focus on enhancing these factors to ensure high-quality care delivery.

Author contributions

A.W.A designed the research design, coordinated the research, and conducted data analysis. Q.A prepared data and manuscript.

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Competing financial interests

The authors have no conflict of interest.

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