

## RESEARCH ARTICLE

## Influence of A Clear Vision on Nurse Performance at Al Islam Hospital Bandung

Caecelia Wagiono,<sup>1</sup> Prathama Gilang<sup>2</sup><sup>1</sup>Department of Physiology, Faculty of Medicine, Universitas Islam Bandung, Bandung, Indonesia,<sup>2</sup>Former Master Student in Master of Law, Universitas Indonesia, Depok, Indonesia

### Abstract

Nurses have to work as a team to be able to perform their job effectively. One of the factors that play roles in building good teamwork is a clear vision. This study aimed to review the influence of a clear vision towards nurse performance at Al Islam Hospital Bandung in 2017. This study was a cross-sectional verification quantitative case study on a population of 212 nurses working at the inpatient unit of Al Islam Hospital Bandung. A sample of 147 nurses participated in the survey after the proportional stratified random sampling was applied based on the inpatient room and the length of the work period. Data collected by distributing questionnaires to nurses and head nurses. The statistical analysis was then performed using simple linear regression analysis. Pearson correlation coefficient formula was used to discover the correlation between two variables, followed by the determination coefficient analysis to explain the strength of the influence the X variable has on the Y variable. Results showed that a clear vision gave 56.6% influence on the quantity of nurse performance, 57.9% influence on the quality of nurse performance, and 76.5% influence on both quantity and quality of nurse performance. In conclusion, a clear vision gives a positive impact towards nurse performance both quantitatively and qualitatively. Hence, clearer vision means better nurse performance.

**Keywords:** Nurse, performance, vision

## Pengaruh Visi yang Jelas terhadap Kinerja Perawat di Rumah Sakit Al Islam Bandung

### Abstrak

Perawat harus bekerja sama dalam satu tim agar memiliki kinerja yang tinggi. Salah satu yang berperan untuk membentuk kerja sama tim yang baik adalah visi yang jelas. Penelitian ini bertujuan mengkaji pengaruh visi yang jelas terhadap kinerja perawat di Rumah Sakit Al Islam Bandung pada tahun 2017. Metode penelitian yang digunakan adalah studi kasus dengan jenis penelitian analisis kuantitatif yang menggunakan rancangan *cross sectional* dan verifikatif. Populasi penelitian ini adalah perawat yang bekerja di Unit Rawat Inap Rumah Sakit Al Islam Bandung sebanyak 212 orang. Sampel diambil menggunakan *proportional stratified random sampling* berdasar atas ruang rawat inap dan masa kerja perawat, yaitu sebanyak 147 orang. Teknik pengumpulan data dilakukan dengan membagikan kuesioner kepada perawat dan kepala perawat. Data dianalisis dengan analisis regresi linear sederhana. Untuk mengetahui korelasi kedua variabel digunakan rumus koefisien korelasi Pearson, kemudian analisis koefisien determinasi untuk menjelaskan seberapa besar perubahan nilai pada variabel Y dapat diprediksi oleh perubahan variabel X. Hasil analisis data menunjukkan bahwa visi yang jelas memberikan pengaruh sebesar 56,6% terhadap kuantitas kinerja perawat, 57,9% terhadap kualitas kinerja perawat, dan 76,5% terhadap kuantitas dan kualitas kinerja perawat. Simpulan, visi yang jelas memberikan pengaruh positif terhadap kinerja perawat baik secara kuantitas maupun kualitas, semakin tinggi atau kuat visi yang jelas maka semakin meningkat kinerja perawat.

**Kata kunci:** Kinerja, perawat, visi

Received: 12 July 2017; Revised: 13 February 2018; Accepted: 17 April 2018; Published: 30 August 2018

**Correspondence:** Dr. Caecelia Wagiono, drg., Sp.Pro.s., M.M.R.S., M.H. Department of Physiology, Faculty of Medicine, Universitas Islam Bandung, Jln. Tamansari No. 22, Bandung 40116, West Java, Indonesia. Phone: (6222) 4203368. Fax: (6222) 4231213. Mobile: 628112298861. E-mail: caeceliafkunisba@yahoo.com

## Introduction

Hospital nurses working in a team should have a clear vision for the future.<sup>1</sup> A clearly defined vision is essential to make sure that everyone understands the vision.<sup>2</sup>

Schwirian<sup>3</sup> defines performance as the effectiveness and productivity of nurses in playing their roles and assuming their responsibilities related to providing direct patient care. Performance, as defined by Schwirian, is considered as a classical definition in nursing, and many academicians have reviewed the meaning, the first definition of performance to mention nursing specifically. Therefore, the description of nurse performance from Schwirian used in this study.

The Schwirian's model of nurse performance is considered to be the basis of nurse performance. This model involves six domains as illustrated below.<sup>3</sup> The first domain is the leadership domain that deals with actions that nurses can do in performing their leadership functions. Leadership is defined as an activity to praise, mobilize, and inspire others enthusiastically towards achievement through giving advice, guidance, and teaching regardless of the specific area of an individual. Leadership involves items such as the ability to guide other health team members and delegate effectively. The second domain is teaching or collaboration. Education or cooperation relates to the behaviors adopted by a nurse when he or she provides instructions to patients and family members and other health professionals who contribute to the welfare of patients through the methodology, knowledge, and other solutions. Teaching or collaboration involves items such as teaching preventive health measures and encouraging families to participate in patient care. The third domain is planning or evaluation. Planning or assessment is a behavior that involves the ability to identify and evaluate patient care services dynamically and holistically. The fourth domain is the interpersonal relationship or communication. Interpersonal relationship or disclosure relates to the behavior of a nurse and the scope of interpersonal relationship or connection between the nurse and the patients as well as other health staff. Interpersonal relationship and communication involve items such as helping patients to communicate with others and contributing to productive work relationships with other health team members. The fifth domain is professional

development. Professional development refers to high performance and responsible behavior towards professional growth, knowledge updates, and expertise in professional nursing activities and majors. Professional development describes the characteristics of professionalism, such as using learning opportunities for personal and professional growth. The five performance domains in Schwirian's nurse performance model are vital factors when nurses have to work well to achieve the organizational and job goals. It is clear that performance has been defined based on the behaviors and motivation of individuals to work. Schwirian indicates that the model can be used in a range of performance assessments and, specifically, on nurse performance evaluation.<sup>4-8</sup>

According to Nursing and Midwifery Office, New South Wales Department of Health,<sup>1</sup> a clear vision is one of the foundations to build teamwork in a nursing team. The collaboration will result in high performance within an organization, reduce errors, produce quality services, and improve productivity and patient satisfaction.<sup>9</sup>

An unclear vision may hamper the teamwork of a nursing team. As a result, the time required to provide health services is longer than it should be. This condition indicates that the performance is sub-optimal, preventing the team to provide optimum health services thus will influence the patients satisfaction level.<sup>10</sup>

The purpose of this study was to examine the influence of clear vision on the performance of nurses at Al Islam Hospital Bandung.

## Methods

This study applied the case study method. A cross-sectional quantitative analytical study that was also a verification study aimed to determine the influence of nurses' teamwork on the nurse performance at the Inpatient Unit of Al Islam Hospital Bandung in 2017.

The population of this study consisted of 212 nurses who worked in the Inpatient Unit of Al Islam Hospital Bandung. Sampling for this study was performed using proportional stratified random sampling method based on the inpatient room and nurse's work period. The sample size to achieve was 147 people.

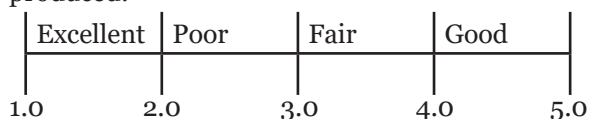
The inclusion criteria of this study were the working period of at least one year, education of at least Diploma in Nursing, and working at the Inpatient Unit of Al Islam Hospital Bandung. The exclusion criteria in this study were on leave,

assigned in an ongoing education program, and working in the Intensive Care Unit or ICU.

Data on a clear vision and nurse performance collected by distributing questionnaires that tested for validity and reliability to the nurses and head nurses at the Inpatient Unit of Al Islam Hospital Bandung.

After data were collected, analysis of respondent characteristics was conducted to understand the background of respondents. The result of this analysis was subsequently used as an input to clarify the study data. Data on characteristics of respondents consisted of gender, age, education, and employment. A descriptive analysis was used to describe respondent's opinion on each statement in the questionnaire in the form of scale. The scales used were excellent, good, fair, and poor with the following scoring criteria: maximum index value = highest scale = 4, minimum index value = lowest scale = 1, interval distance = (maximum value-minimum value):  $4 = (4-1) / 4 = 0.75$ .

Thus, the following continuous line was produced:



The analysis technique used in this study was

simple linear regression analysis to determine the influence of clear vision variable (X) on nurse performance variable (Y).

To understand the correlation between the two variables, the Pearson Correlation Coefficient formula was used with the following criteria of correlation values: coefficient interval of 0.00–0.199 represents a very weak correlation; coefficient interval of 0.20–0.399 represents a weak correlation; coefficient interval of 0.40–0.599 represents a moderate correlation; coefficient interval of 0.60–0.799 represents a strong correlation; and coefficient interval of 0.80–1.000 represents a very strong correlation.<sup>10</sup>

The analysis of the coefficient of determination was then performed to explain the extent of the changes in variable Y could be predicted by changes in variable X. The results of the analysis were then interpreted using the following rules: R<sup>2</sup> of 0.00–19.99 represents very low influence; R<sup>2</sup> of 20.00–39.99 represents low influence; the value of R<sup>2</sup> 40.00–59.99 represents medium influence; R<sup>2</sup> of 60.00–79.99 represents a high influence; and R<sup>2</sup> of 80.00–100 represents a very high influence.<sup>12</sup>

## Results

Table 1 describes the characteristics of the

**Table 1 Respondent Characteristics**

Variables	n=147		%
	Head Nurse (n=9)	Nurse (n=138)	
Gender			
Male	0	25	17.0
Female	9	113	83.0
Age (years)			
<20	0	42	28.6
20–25	0	58	39.5
26–30	0	16	10.9
31–35	8	14	15.0
36–40	1	0	0.7
41–45	0	4	2.7
>45			
Education level			
Diploma in nursing	9	138	100.0
Length of working period (year)			
<1	0	34	15.6
1–3	0	59	23.2
3–10	0	11	40.1
10–15	2	7	8.8
15–20	7	4	9.5
>20	0		2.8

**Table 2 Score for Clear Vision**

Question	Head Nurses' Mean	Nurses' Mean
1 Explanation on the team vision by the head nurse is described with....	3.20	3.30
2 Implementation of value of vision among nurses....	3.10	3.29
3 Explanation on the unity of instruction is described by the head nurse to all nurse with....	3.16	3.29
Mean	3.15	3.29

**Table 3 Score for Nurse Performance Quantity**

Question	Head Nurses' Mean	Nurses' Mean
1 Give praise for achievement to those under his/her direction....	2.93	3.27
2 Give recognition for achievement to those under his/her direction....	3.13	3.32
3 Delegate responsibility for care based on assessment of priorities of nursing care....	3.10	3.54
4 Delegate responsibility for care based on ability....	3.18	3.60
5 Delegate responsibility for care based on limitation of health care personnel....	3.14	3.32
6 Guide other health team members in planning for nursing care....	3.17	3.46
7 Accept responsibility for the level of care under his/her direction....	3.37	3.55
8 Remain open to the suggestions of those under his/her direction....	3.37	3.61
9 Use suggestions of those under his/her direction when appropriate....	3.27	3.42
10 Teach a patient's family members about the patient's needs....	3.54	3.66
11 Teach preventive health measure to patients and their families....	3.59	3.66
12 Identify and use community resources in developing a plan of care for a patient and his/her family....	2.84	3.23
13 Identify and use community resources in developing a plan of care for a patient and his/her family....	2.84	3.19
14 Encourage the family to participant in the care of the patient....	3.65	3.82
15 Identify resources within the health care agency....	2.92	3.19
16 Use resources within the health care agency....	2.93	3.20
17 Develop a plan of care for a patient and his/her family....	3.48	3.67
18 Communicate facts to patients and their families....	3.60	3.57
19 Communicate ideas to patients and their families....	3.31	3.51
20 Plan for the integration of patient needs with family needs....	3.39	3.50
21 Coordinate the plan of nursing care with the medical plan of care....	3.50	3.71
22 Identify and include in nursing care plans anticipated changes in patient's conditions....	3.46	3.61
23 Evaluate results of nursing care....	3.82	3.78
24 Communicate a feeling of acceptance of each patient and a concern for the patient's welfare....	3.11	3.54
25 Seek assistance when necessary....	3.69	3.69
26 Help patients communicate with others....	3.37	3.58

27	Verbally communicate facts, ideas, and feelings to other health care team members....	3.40	3.52
28	Promote the patients' rights to privacy....	3.63	3.70
29	Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members....	3.37	3.67
30	Explain nursing procedures to a patient prior to performing them....	3.81	3.80
31	Use nursing procedures as opportunities for interaction with patients....	3.65	3.77
32	Contribute to productive working relationships with other health team members....	3.37	3.65
33	Help a patient meet his/her emotional needs....	3.18	3.50
34	Use opportunities for patient teaching when they arise....	3.41	3.59
	Mean	3.34	3.54

respondents. Most of the nurses at the Inpatient Unit of Al Islam Hospital Bandung were female nurses in various ages; however, the majority were in the productive age, had a Diploma in Nursing degree, and had been working for more than three years.

Respondents' scoring for clear vision (X) was the combined scoring of the nurses and the head nurses for clear vision, which is listed in Table 2.

Table 2 shows that the head nurses' mean score for this dimension (X) was 3.15 and the nurses' mean score for the clear vision dimension (X) was 3.29.

The respondents' scoring for nurse performance (Y) was divided into the nurses' and head nurses' scores for performance quantity, performance quality, and combined performance quantity and quality (Y).

Table 3 presents that the mean scores for nurse performance quantity (Y) given by head nurses and nurses were 3.34 and 3.54, respectively.

Table 4 shows that the mean score for the head nurses' response to nurse performance quality (Y) was 2.94 and the mean score for the nurses' response to nurse performance quality (Y) was 2.95.

The influence of their clear vision on nurse performance analyze using simple linear regression analysis performed by SPSS software 18. The result of  $Y = 1.485 + 0.607 X$ .

The constant value implied that when the clear vision (X) was zero or the nurse performance quantity (Y) was not influenced by the clear view, the mean nurse quantitative performance was 1.485. Meanwhile, the regression coefficient b implied that if the explicit vision variable (X) increased by one unit, the nurse performance

quantity (Y) would increase by 0.607. When the regression coefficient was positive, the meaning was that the clear vision brought a positive influence to the nurse performance quantity; hence, the higher or stronger the clear vision was, the higher the increase in the nurse performance quantity.

To determine the relationship between clear vision and nurse performance quantity, Pearson Correlation analysis used. Based on the processing results of the SPSS software 18, the correlation coefficient (r) of the correlation between clear vision and nurse performance quantity was 0.752, meaning that there was a strong relationship between clear vision and the nurse performance. The amount of the influence of the clear vision towards the quantity of nurse performance seen by the coefficient of determination that is calculated using the following formula:  $KD = r^2 \times 100\% = (0.752)^2 \times 100\% = 56.6\%$ . The ratio of determination of 56.6% resulted from this formula showed that the clear vision brought 56.6% influence on nurse performance quantity with the remaining 43.4% of the nurse performance quantity could be explained by other variables that not examined in this study.

The influence of clear vision on nurse performance quantity analyze using simple linear regression analysis performed by SPSS software 18. The result of  $Y = 1.485 + 0.607 X$ .

The constant value A implied that when the clear vision (X) was zero or the nurse performance quantity (Y) was not influenced by the clear vision, and the mean nurse quantitative performance was 0.810. Meanwhile, the regression coefficient b implied that if the clear vision variable (X)

**Table 4 Score for Nurse Performance Quality**

<b>Question</b>	<b>Head Nurses' Mean</b>	<b>Nurses' Mean</b>
1 Give praise for achievement to those under his/her direction....	2.75	2.77
2 Give recognition for achievement to those under his/her direction....	2.86	2.75
3 Delegate responsibility for care based on assessment of priorities of nursing care....	2.86	2.78
4 Delegate responsibility for care based on ability....	2.93	2.89
5 Delegate responsibility for care based on limitation of health care personnel....	2.86	2.91
6 Guide other health team members in planning for nursing care....	2.89	2.92
7 Accept responsibility for the level of care under his/her direction....	2.91	2.89
8 Remain open to the suggestions of those under his/her direction....	3.01	2.98
9 Use suggestions of those under his/her direction when appropriate....	2.95	2.87
10 Teach a patient's family members about the patient's needs....	3.05	3.10
11 Teach preventive health measure to patients and their families....	3.03	2.97
12 Identify and use community resources in developing a plan of care for a patient and his/her family....	2.47	2.80
13 Identify and use community resources in developing a plan of care for a patient and his/her family....	2.52	2.72
14 Encourage the family to participant in the care of the patient....	3.06	3.01
15 Identify resources within the health care agency....	2.68	2.76
16 Use resources within the health care agency....	2.70	2.88
17 Develop a plan of care for a patient and his/her family....	3.03	2.97
18 Communicate facts to patients and their families....	3.03	2.95
19 Communicate ideas to patients and their families....	2.93	2.87
20 Plan for the integration of patient needs with family needs....	2.93	2.95
21 Coordinate the plan of nursing care with the medical plan of care....	2.95	2.97
22 Identify and include in nursing care plans anticipated changes in patient's conditions....	2.97	2.94
23 Evaluate results of nursing care....	3.08	3.02
24 Communicate a feeling of acceptance of each patient and a concern for the patient's welfare....	2.87	2.93
25 Seek assistance when necessary....	3.12	3.07
26 Help patients communicate with others....	3.01	3.02
27 Verbally communicate facts, ideas, and feelings to other health care team members....	2.92	2.90
28 Promote the patients' rights to privacy....	3.09	3.05
29 Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members....	2.90	3.01
30 Explain nursing procedures to a patient prior to performing them....	3.14	3.20
31 Use nursing procedures as opportunities for interaction with patients....	3.03	3.03
32 Contribute to productive working relationships with other health team members....	2.96	2.97
33 Help a patient meet his/her emotional needs....	2.94	2.89

34	Use opportunities for patient teaching when they arise....	2.97	3.03
35	Use learning opportunities for ongoing personal and professional growth....	3.02	3.11
36	Demonstrate a knowledge of the legal boundaries of nursing....	3.05	2.96
37	Demonstrate knowledge in the ethics of nursing....	3.03	3.13
38	Accept and use constructive criticism....	3.07	3.24
	Mean	2.94	2.95

increased by one unit, the nurse performance quantity (Y) would increase by 0.662. When the regression coefficient was positive, the meaning was that the clear vision brought a positive influence to the nurse performance quantity; hence, the higher or stronger the clear vision was, the higher the increase in the nurse performance quantity.

The relationship between clear vision and nurse performance quality analyzed using Pearson correlation analysis. Based on the results the correlation coefficient (r) of the correlation between clear vision and nurse performance quality was 0.761, meaning that there was a strong relationship between clear vision and nurse performance quality.

The amount of the influence that the clear vision brought to the quality of nurse performance seen by the coefficient of determination, which was calculated using the following formula:  $KD = r^2 \times 100\% = (0.761)^2 \times 100\% = 57.9\%$ . The coefficient of a determination result of 57.9% showed that clear vision brought 57.9% influence on the quality of nurse performance, while the remaining 42.1% of the nurse performance quality explained by other variables not examined in this study. Simple linear regression analysis was performed using SPSS software 18 with the following result:  $Y = 1.179 + 0.625 X$ .

## Discussion

This study presents that, based on the assessment of nurses and head nurses, a clear vision brings the positive influence on nurse performance, both quantitatively and qualitatively; hence, the higher or stronger the clear vision is, the more increase seen in the nurse performance increased. This phenomenon explained as follows.

Nursalam<sup>13</sup> stated that a vision is simple and carries utmost importance because a vision can affect the views of other people. This vision drafted, concisely, easily understood, and

implemented by everyone.

Nurses working in a unit must have a clear vision for the future and shared values that should be displayed and reviewed frequently. Individual team goals should be agreed from the beginning of a shift to ensure that everyone is heading towards the same direction.<sup>1</sup>

Clearly defined vision is essential so that everyone can understand the concept. A clear vision helps the nurse as the team member to know where the team is going and helps the team to understand when success achieved by determining what the team is doing and what the team wants to accomplish in details. The members to work together efficiently and tend to make the success.<sup>2</sup>

A clear vision creates a sense of belonging. With this, the nurse as a team member manages to feel that he or she "has" goals and work towards achieving those goals. Also, the sense of belonging will last a long time if members consider that other members support the same vision.<sup>2</sup>

A clear vision helps to develop team unity while obscuring vision extends confusion or, sometimes, individualism. If the nurse as the team member does not agree about the meaning of the vision of the team, he or she will work individually to achieve their interpretation of the vision. He or she may also try to protect his or her own goals, even if it is at the expense of the team.<sup>2</sup>

A clear vision is a critical component to ensure that members of the team are leading towards the same goal. A lot of time, money, and energy, not to mention motivation and enthusiasm, are lost when each member of the team does not aim for the same results.<sup>2</sup>

## Conclusion

A clear vision brings a positive influence to nurse performance, both quantitatively and qualitatively. The higher or stronger the clear vision is, the higher the increase is seen in the

nurse performance increased.

### Conflict of Interest

The authors declare no conflict of interests.

### Acknowledgment

We would like to extend our gratitude to the Director of Al Islam Hospital Bandung and all head nurses and nurses at the Inpatient Unit of Al Islam Hospital Bandung.

### References

1. Nursing and Midwifery Office, NSW Department of Health. Ways of working in nursing. Sydney: NSW Department of Health; 2011.
2. Biech E. The Pfeiffer book of successful team-building tools: best of the annuals. 2nd edition. San Francisco: John Wiley & Sons, Inc.; 2008.
3. Schwirian PM. Evaluating the performance of nurses: a multidimensional. *Nurs Res.* 1978;27(6):347–51.
4. AbuAlRub RF. Job stress, job performance, and social support among hospital nurses. *J Nurs Scholarsh.* 2004;36(1):73–8.
5. Xiaoli Y, Xiaoyin S, Jun'e Z. Evaluation on work performance of nurses and its influencing factors. *Chinese Nurs Res.* 2006;7:631–3.
6. Mrayyan M, Al-Faouri I. Predictors of career commitment and job performance of Jordanian nurses. *J Nurs Manag.* 2008;16(3):246–56.
7. Yuxiu P, Kunaviktikul W, Thungjaroenkul P. Job characteristics and job performance among professional nurses in the university hospitals of People's Republic of China. *CMU J Nat Sci.* 2011;10(2):171–80.
8. Al-Makhaita HM, Sabra AA, Hafez AS. Job performance among nurses working in two different health care levels, Eastern Saudi Arabia: a comparative study. *Int J Med Sci Public Health.* 2014;3(7):832–7.
9. Manzoor SR, Hafizullah, Hussain M, Ahmad ZM. Effect of teamwork on employee performance. *IJLD.* 2011;1(1):110–26.
10. Susanti Y, Azis Y, Kusnadi D. Pengaruh appointment registration system terhadap waktu tunggu dan kepuasan pasien. *GMHC.* 2015;3(1):40–7.
11. Sugiyono. *Statistika untuk penelitian.* 26<sup>th</sup> Edition. Bandung: Alfabeta; 2015.
12. Riduwan, Kuncoro EA. Cara menggunakan dan memakai path analysis (analisis jalur). Cetakan ke-2. Bandung: Alfabeta; 2008.
13. Nursalam. *Manajemen keperawatan: aplikasi dalam praktik keperawatan profesional.* 4<sup>th</sup> Edition. Jakarta: Penerbit Salemba Medika; 2014.