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WORK STRESS AND WORK MOTIVATION IN RELATION TO PERCEIVED WORK PRODUCTIVITY AMONG INPATIENT NURSES

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ABSTRACT

Background: Improving nurses' work productivity is essential to ensure high-quality hospital services, yet labor productivity in Indonesia remains relatively low, highlighting the need to identify factors that influence nurses' performance. This study aimed to analyze the relationships among work stress, work motivation, and perceived work productivity among inpatient nurses. This study aimed to analyze the relationships among the independent variables (work stress and work motivation) and the dependent variable (perceived work productivity) among inpatient nurses.
Methods: A quantitative, cross-sectional design was employed, involving a population of 190 nurses and a sample of 130 respondents selected via accidental sampling. Before data collection began, the questionnaire was tested for validity and reliability. Multiple logistic regression and chi-square tests were used to analyze the data.
Results: Most nurses reported low levels of work stress, high motivation, and high perceptions of their own productivity. Statistical analysis revealed a significant relationship between work stress, work motivation, and perceived work productivity ($p <$ 0.05). Furthermore, work motivation was identified as the most dominant factor influencing perceived work productivity, with an odds ratio of 6.999.
Conclusion: Both work stress and work motivation are significantly associated with nurses' perceived work productivity, with motivation emerging as the most dominant factor. Hospital management should prioritize strategies that strengthen intrinsic work motivation and implement adaptive work stress management programs to sustain optimal perceived productivity and performance.
Keywords: hospital, nurse, productivity, work motivation, work stress

INTRODUCTION

Hospitals are essential healthcare institutions that deliver comprehensive services, including inpatient, outpatient, and emergency care. In Indonesia, these services are regulated under the Regulation of the Minister of Health of the Republic of Indonesia No. 3 of 2020 concerning Hospital Classification and Licensing. Furthermore, under Law No. 17 of 2023 on Health, hospitals play an integral role in the national healthcare system, with responsibilities encompassing health promotion, disease prevention, and curative, rehabilitative, and palliative care. Accordingly, hospitals are required to consistently deliver high-quality healthcare services while ensuring patient safety and well-being.

Workforce efficiency represents a key indicator of organizational performance in healthcare institutions. Nurses, who constitute the largest proportion of healthcare professionals in hospitals, play a central role in achieving service objectives. Nurses' work productivity not only reflects individual performance but also serves as an important benchmark for evaluating service quality and the efficiency of hospital resource

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management. Enhancing nurses' productivity has been shown to directly contribute to improvements in healthcare service quality and patient satisfaction (Kurniawan and Rumengan 2023); (Paujiah, Sipah; Deswita 2023).

At the national level, labor productivity remains a significant challenge. Data from the Asian Productivity Organization (APO), as cited by the Ministry of Finance of the Republic of Indonesia, indicate that Indonesia's labor productivity growth during the 2010–2016 period reached 3.6%, which was lower than that of several Southeast Asian countries, including the Philippines, Vietnam, Cambodia, and Laos (Kurniawan and Rumengan 2023). This situation underscores the need for greater attention to factors influencing labor productivity, particularly in the healthcare sector, which is characterized by high workloads and complex service demands.

Work-related stress is widely recognized as a factor that can influence employee productivity. The National Institute for Occupational Safety and Health (NIOSH) defines work stress as a condition arising from a mismatch between job demands and an individual's capacity to cope with those demands. Such mismatches may result from internal factors or external workplace conditions, including unclear job responsibilities and conflicting work priorities (Hasanah, Rahayuwati, and Yudianto 2020). Cartwright further noted that work-related stress is associated with decreased productivity and increased compensation costs(Tarwaka 2019). These findings are consistent with previous research indicating that higher levels of work stress are associated with reduced work productivity.

Evidence suggests that the prevalence of work-related stress among employees is relatively high. The National Institute of Occupational Safety and Health reported that approximately 40% of workers experience high levels of work stress. Similarly, the *Attitudes in the American Workplace VII* survey found that 80% of workers reported experiencing stress, with nearly half requiring assistance to manage their condition(Herqutanto et al. 2017). The Health and Safety Executive (2019) identified healthcare, education, and nursing as sectors with the highest levels of work-related stress, reporting approximately 3,000 cases per 100,000 workers. In Indonesia, a high prevalence of work stress among nurses has also been reported, with regional variations observed in Jakarta, Makassar, Semarang, and Padang (Puspita 2021).

In addition to work stress, work motivation is a critical determinant of employee productivity. Wexley described motivation as a driving force that encourages individuals to exert optimal effort, collaborate effectively, and derive satisfaction from their work (Sutrisno 2025). Insufficient work motivation may lead to reduced productivity, as demonstrated by Nurhikmah's findings, which linked low motivation levels with decreased work productivity.

Numerous studies have documented the relationship between work motivation and nurses' productivity. Sedarmayanti, as cited in (Sasmita, Maydinar, and Syaputra 2023), reported that variations in work motivation are associated with differences in nurses' work productivity. (Deanira I. Umboh, Paul A. T. Kawatu, and Budi T. Ratag 2020) found that nurses with higher levels of work motivation tended to demonstrate more optimal productivity. A previous study also reported consistent results, showing that the majority of nurses with high work motivation exhibited high levels of work productivity (Sasmita et al. 2023). Collectively, these findings indicate a consistent association between work motivation and nurses' productivity.

Indramayu Regional General Hospital (RSUD Indramayu) is a fully accredited Class B hospital operated by the local government, providing healthcare services for residents of Indramayu Regency and surrounding areas. A preliminary study conducted on March 24, 2024, utilizing document reviews and initial interviews with nursing staff, identified a

Volume 17 No 2, Hal 58-68, Juli 2026
ISSN: 2087 – 5002 | E-ISSN: 2549 – 371X
https://doi.org/10.34035/jk.v17i2.1975

substantial increase in inpatient visits. Secondary data further reveal an imbalance between the growth in inpatient visits and the availability of nursing staff; inpatient visits increased from 19,669 in 2021 to 37,768 in 2024, while the number of inpatient nurses remained stagnant at 190.

This disparity may reduce nurses' work motivation and increase work-related stress due to escalating workloads. These findings align with the Regulation of the Minister of Health of the Republic of Indonesia No. 3 of 2020, which emphasizes the need to align nurse staffing levels with inpatient bed capacity in Class B hospitals. Information obtained through preliminary interviews with the hospital's nursing management and internal staffing reports also indicates that work-related stress is commonly experienced among nurses, highlighting the importance of assessing stress levels as part of efforts to improve human resource quality.

While previous studies have evaluated stress and motivation independently, there is a limited understanding of how these factors collectively influence nurses' self-assessed performance, particularly in regional hospitals facing rapid surges in patient volumes. Based on these considerations, this study aims to analyze the relationship between the independent variables (work stress and work motivation) and the dependent variable (perceived work productivity) among nurses working in inpatient wards.

RESEARCH METHOD

This study employed a quantitative, cross-sectional design, in which all variables were measured at a single point in time. The study population comprised all nurses working in the hospital's inpatient wards, totaling 190 individuals. The sample size was calculated using the Slovin formula with a 5% margin of error (0.05), yielding a minimum sample size of 130 respondents.

To ensure study reproducibility, specific eligibility criteria were established for participant selection. The inclusion criteria comprised nurses with permanent or contract employment status who had at least 1 year of work experience. Conversely, the exclusion criteria included nurses who were currently on sick or maternity leave, as well as those holding managerial positions (such as Head Nurses), due to their distinct workloads and responsibilities.

Participants were recruited using an accidental sampling technique, whereby nurses who met the inclusion criteria and were available during the data collection period were selected. This non-probability sampling approach was deemed necessary due to the hospital's operational dynamics; nurses have dynamic shift schedules, take leave, or must handle unpredictable emergency conditions, making pure randomization difficult to implement in the field. However, the researchers acknowledge that this approach carries a potential risk of selection bias, as the collected sample depends heavily on the availability of nurses at the time of data collection and may not fully represent the hospital's nursing population.

Ethical approval for this study was obtained from the Health Research Ethics Committee of STIKes Indramayu (Approval No. 037/KEPK/STIKesIm/O/VI/2025). Prior to data collection, all participants were informed about the study objectives, potential benefits, and data confidentiality. Written informed consent was obtained from each participant to confirm their voluntary participation.

Data were collected using a structured questionnaire that had been tested for validity and reliability. The researchers developed the instrument. It consisted of 16 items for work stress, 15 for work motivation, and 15 for perceived work productivity, all on a 4-point Likert scale. The total scores for each construct were calculated by summing the

Volume 17 No 2, Hal 58-68, Juli 2026
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https://doi.org/10.34035/jk.v17i2.1975

responses. To interpret the scores, respondents were categorized into 'low' and 'high' levels based on the median cutoff score of the sample distribution.

Prior to the actual data collection, a pilot study involving 30 nurses from another hospital with similar characteristics was conducted. Item validity was assessed using the Pearson Product–Moment correlation test, while reliability was evaluated using Cronbach's alpha. The results indicated that all questionnaire items demonstrated correlation coefficients exceeding the critical r-value (0.30). The Cronbach's alpha values were 0.87 for the work stress variable, 0.91 for the work motivation variable, and 0.85 for perceived work productivity, indicating good internal consistency and reliability of the instruments.

Data analysis was conducted in several stages. Univariate analysis was performed to describe the frequency distribution of each study variable. Bivariate analysis was subsequently conducted using the Pearson chi-square test to examine the associations between independent variables and the dependent variable. Multivariate analysis was performed using multiple logistic regression to identify the factors with the strongest influence on nurses' perceived work productivity.

RESULTS

Respondent Characteristics

Table 1. summarizes the demographic and work-related characteristics of the respondents. A total of 130 nurses working in inpatient wards participated in this study. Regarding length of employment, most respondents (60.0%) had worked for more than 10 years, while 52 nurses (40.0%) had worked for less than 10 years. This distribution indicates that the majority of respondents had substantial work experience. Regarding work shifts, more than half of the respondents worked the morning shift (52.3%). The remaining respondents were distributed between the afternoon shift (29.2%) and the night shift (18.5%). With respect to educational level, the majority of nurses held a professional nursing degree (*Ners*) (55.4%). Nurses with a diploma degree (D3) accounted for 39 respondents (30.0%), while those with a bachelor's degree (S1) comprised 19 respondents (14.6%). Regarding employment status, most respondents were non-civil servant employees. Permanent contract employees constituted the largest group (41.5%), followed by civil servants (*PNS*) (40.5%). A smaller proportion of respondents were temporary employees (*PTT/BLUD*) (16.2%), while only two respondents (1.5%) were employed under the *P3K* scheme. Overall, these findings indicate that the study population was predominantly composed of experienced nurses, working mainly morning shifts, holding professional nursing qualifications, and employed under diverse employment arrangements.

Table 1. Characteristics of Respondents (n=130)

Variable	Category	Frequency (f)	Percentage (%)
Length of Employment	< 10 years	52	40.0
	≥ 10 years	78	60.0
	Total	130	100
Work Shift	Night	24	18.5
	Morning	68	52.3
	Afternoon	38	29.2
	Total	130	100
Educational Level	Diploma	39	30.0
	Professional Nurse (Ners)	72	55.4
	Bachelor's Degree	19	14.6

Volume 17 No 2, Hal 58-68, Juli 2026
ISSN: 2087 – 5002 | E-ISSN: 2549 – 371X
https://doi.org/10.34035/jk.v17i2.1975

Variable	Category	Frequency (f)	Percentage (%)
	Total	130	100
Employment Status	P3K	2	1.5
	Civil Servant (PNS)	53	40.5
	Permanent Employee	54	41.5
	Temporary Employee (PTT/BLUD)	21	16.2
	Total	130	100

Distribution of Respondents Based on Work Stress

Univariate analysis was conducted to describe the distribution of respondents by work-stress level. The results are presented in Table 2. As shown in Table 2., slightly more than half of the respondents (52.3%) experienced low levels of work stress, while 47.7% (n = 62) reported high levels of work stress. These findings indicate that although the majority of nurses reported low work stress, a substantial proportion experienced high levels of work stress, reflecting a notable psychological workload among inpatient nurses.

Table 2. Distribution of Respondents Based on Work Stress (n = 130)

Work Stress Level	Frequency (f)	Percentage (%)
High	62	47.7
Low	68	52.3
Total	130	100

Distribution of Respondents Based on Work Motivation

Univariate analysis was conducted to describe the distribution of respondents by work motivation level. The results are presented in Table 3. As shown in Table 3., the majority of respondents demonstrated high levels of work motivation (66.2%). In contrast, 44 respondents (33.8%) reported low levels of work motivation. These findings indicate that most inpatient nurses exhibited a positive motivational profile, which may play an important role in supporting work performance despite demanding working conditions.

Table 3. Distribution of Respondents Based on Work Motivation (n = 130)

Work Motivation Level	Frequency (f)	Percentage (%)
Low	44	33.8
High	86	66.2
Total	130	100

Distribution of Respondents Based on Work Productivity

Univariate analysis was performed to describe the distribution of respondents by work productivity level. The results are presented in Table 4. As shown in Table 4, more than half of the respondents (59.2%) demonstrated high work productivity, while 40.8% (n = 53) reported low work productivity. These findings suggest that although the majority of inpatient nurses perceived their productivity as high, a considerable proportion experienced lower productivity levels, which may be associated with individual or work-related factors.

Volume 17 No 2, Hal 58-68, Juli 2026
ISSN: 2087 – 5002 | E-ISSN: 2549 – 371X
https://doi.org/10.34035/jk.v17i2.1975

Table 4. Distribution of Respondents Based on Work Productivity (n = 130)

Work Productivity Level	Frequency (f)	Percentage (%)
Low	53	40.8
High	77	59.2
Total	130	100

Association Between Work Stress and Perceived Work Productivity

Bivariate analysis was conducted to examine the association between work stress and nurses' perceived work productivity. The results of the chi-square test are presented in Table 5. As shown in Table 5., nurses with high levels of work stress were more likely to report low work productivity (53.2%) compared with high productivity (46.8%). In contrast, nurses with low levels of work stress predominantly reported high work productivity **(**70.6%), while only 29.4% reported low productivity. Statistical analysis demonstrated a significant association between work stress and perceived work productivity (p = 0.006). These findings indicate that higher levels of work stress are significantly associated with lower perceived work productivity among nurses working in inpatient wards.

Table 5. Association Between Work Stress and Perceived Work Productivity (n = 130)

Work Stress Level	Low Productivity (%)	High Productivity (%)	Total (%)	p-value
High	33 (53.2)	29 (46.8)	62 (100)	0.006
Low	20 (29.4)	48 (70.6)	68 (100)	
Total	53 (40.8)	77 (59.2)	130 (100)	

Association Between Work Motivation and Perceived Work Productivity

Bivariate analysis was conducted to examine the association between work motivation and nurses' perceived work productivity. The results of the chi-square test are presented in Table 6. As shown in Table 6, nurses with low work motivation predominantly reported low work productivity (70.5%), whereas only 29.5% reported high productivity. In contrast, nurses with high work motivation were more likely to report high work productivity (74.4%), whereas only 25.6% reported low productivity. Statistical analysis revealed a significant association between work motivation and perceived work productivity **(**p = 0.001). These findings indicate that higher levels of work motivation are significantly associated with higher perceived work productivity among nurses working in inpatient wards.

Table 6. Association Between Work Motivation and Perceived Work Productivity (f = 130)

Work Motivation Level	Low Productivity (%)	High Productivity (%)	Total (%)	p-value
Low	31 (70.5)	13 (29.5)	44 (100)	0.001
High	22 (25.6)	64 (74.4)	86 (100)	
Total	53 (40.8)	77 (59.2)	130 (100)	

Selection of Candidate Variables for Multivariate Analysis

Variables with a p-value of less than 0.25 in the bivariate analysis were selected as candidates for inclusion in the multivariate model. This threshold was applied to ensure that all potentially relevant variables were considered in the subsequent analysis. The results of the bivariate analysis used to identify candidate variables for the multivariate

Volume 17 No 2, Hal 58-68, Juli 2026
ISSN: 2087 – 5002 | E-ISSN: 2549 – 371X
https://doi.org/10.34035/jk.v17i2.1975

analysis are presented in Table 7. Both work stress (p = 0.013) and work motivation (p = 0.001) met the inclusion criteria (p < 0.25) and were therefore entered into the multivariate analysis to assess their independent associations with perceived work productivity.

Table 7. Results of Bivariate Analysis for Selection of Multivariate Candidate Variables

Variable	p-value
Work Stress	0.013*
Work Motivation	0.001*

*Variables with p < 0.25 were included in the multivariate analysis.

Effects of Work Stress and Work Motivation on Perceived Work Productivity

Multivariate analysis was performed using a Backward Likelihood Ratio (Backward LR) method to examine the combined effects of work stress and work motivation on perceived work productivity. Based on the Cox & Snell R-Square value obtained in the first step, the value was 0.212. This finding indicates that work stress and work motivation collectively explained 21.2% of the variance in nurses' perceived work productivity in inpatient wards. The remaining 78.8% of the variance in perceived work productivity may be attributed to other factors not included in the model.

Dominant Variables Influencing Perceived Work Productivity

Multivariate logistic regression analysis using the Backward Likelihood Ratio (Backward LR) method was conducted to identify the dominant factors influencing nurses' perceived work productivity. The results of the final regression model are presented in Table 8. As shown in Table 8, work motivation emerged as the most dominant factor associated with perceived work productivity. Nurses with high work motivation were approximately seven times more likely to report high perceived work productivity compared with those with low motivation (OR = 6.999; 95% CI: 3.034–16.144; p = 0.001).

Work stress was also found to be significantly associated with perceived work productivity. Nurses experiencing lower levels of work stress were 2.77 times more likely to report high work productivity compared with those experiencing higher stress levels (OR = 2.772; 95% CI: 1.243–6.181; p = 0.013). These findings indicate that, although both variables significantly influenced perceived work productivity, work motivation demonstrated the strongest association and can therefore be considered the most dominant factor in the model.

Table 8. Multivariate Logistic Regression Analysis of Work Stress and Work Motivation on Perceived Work Productivity

Variable	B	p-value	OR	95% CI
Work Stress	1.020	0.013	2.772	1.243–6.181
Work Motivation	1.946	0.001	6.999	3.034–16.144
Constant	−4.350	0.000	—	—

DISCUSSION

Association Between Work Stress and Nurses' Perceived Work Productivity

The findings of this study demonstrate a statistically significant association between work stress and perceived work productivity among inpatient nurses in 2025. This relationship was confirmed by the chi-square test, which yielded a p-value of 0.006 (p < 0.05), indicating that work stress plays an important role in shaping nurses' perceptions of their work productivity.

Volume 17 No 2, Hal 58-68, Juli 2026
ISSN: 2087 – 5002 | E-ISSN: 2549 – 371X
https://doi.org/10.34035/jk.v17i2.1975

These results reinforce existing empirical evidence suggesting that work stress has direct implications for workforce productivity. Previous studies have reported similar findings, including those who identified a significant relationship between work stress and work productivity ($p = 0.039$) (Manein, Joseph, and Kandou 2023). Likewise, a significant association was reported between work stress and nurses' perceived productivity ($p = 0.022$) (Deanira I. Umboh et al. 2020). In addition, found that higher levels of work stress were associated with decreased nursing productivity (Andini, Kairupan, and Gannika 2019). The consistency of these findings across studies underscores the importance of work stress as a critical consideration in human resource management within the nursing profession.

From a conceptual perspective, work stress among nurses often arises from an imbalance between high job demands and limited physical and psychological resources. Excessive workloads, time pressure, and the responsibility for ensuring patient safety may contribute to emotional exhaustion, which in turn reduces concentration, decision-making capacity, and work effectiveness. These conditions can negatively influence how nurses perceive their own performance and productivity in delivering healthcare services.

In the context of inpatient care, where nurses are required to provide continuous and complex patient care, prolonged exposure to high levels of work stress may impair both individual well-being and service quality. Therefore, effective stress management strategies—such as adequate staffing, workload redistribution, and psychosocial support—are essential to support nurses' perceived productivity and sustain high standards of patient care.

Association Between Work Motivation and Nurses' Perceived Work Productivity

In addition to work stress, this study's findings indicate a statistically significant association between work motivation and nurses' perceived work productivity in inpatient wards. The chi-square test yielded a p-value of 0.001 ($p < 0.05$), confirming that work motivation is an important factor in shaping nurses' perceptions of their productivity.

This finding is consistent with a growing body of evidence demonstrating the critical role of intrinsic motivation in enhancing workplace productivity. Paujiah et al. (2023) reported a significant association between work motivation and work productivity ($p = 0.005$). Similar results were observed in studies by both of which identified a meaningful relationship between work motivation and nurses' perceived productivity (Deanira I. Umboh et al. 2020; Ayalew et al. 2019; Nurhikma, Suoth, and Akili 2018). Furthermore, this evidence was strengthened by showing that nurses with higher levels of work motivation tended to exhibit better work productivity (Fitria 2023; Gesthuizen, Kovarek, and Rapp 2019; Tantri, Kusnanto, and Slamet 2018).

Support for these findings also emerges from international studies. Ni et al. demonstrated that high job demands and emotional workload among nurses reduce work engagement through emotional exhaustion, which, in turn, lowers job performance (Ni et al. 2024). Furthermore, intrinsic work motivation has been consistently associated with higher job satisfaction and improved work outcomes among nurses. Collectively, these findings suggest that work motivation functions as a protective psychological resource that helps mitigate the adverse effects of workplace stress.

From a theoretical perspective, the results of this study align with McClelland's Theory of Needs and Herzberg's Two-Factor Theory. Herzberg posited that intrinsic motivators, such as responsibility, recognition, and achievement, strongly influence individual performance and productivity. This theoretical assumption is supported by Alrawahi et al., who demonstrated that motivator factors are directly associated with job satisfaction among healthcare professionals (Alrawahi et al. 2020). In addition,

Volume 17 No 2, Hal 58-68, Juli 2026
ISSN: 2087 – 5002 | E-ISSN: 2549 – 371X
https://doi.org/10.34035/jk.v17i2.1975

McClelland's theory explains that individuals with high needs for achievement and affiliation are more likely to demonstrate stronger work commitment and goal-oriented behavior, which, in turn, positively influences work productivity (Coco et al. 2023; Tungga Dewi, Pitara Mahanggoro, and Urmila 2018).

Overall, work motivation can be understood as a psychological mechanism that enhances work engagement, strengthens professional commitment, and positively shapes individuals' perceptions of their own productivity. In healthcare, high levels of work motivation are a critical asset for maintaining the quality and sustainability of patient care.

Dominant Variable Influencing Perceived Work Productivity

The results of the multivariate analysis indicate that work motivation is the most dominant variable influencing nurses' perceived work productivity in inpatient wards. This finding is supported by an odds ratio (OR) of 6.999, suggesting that nurses with low work motivation were nearly 7 times more likely to report low perceived work productivity than those with high motivation. This substantially stronger association than with work stress (OR = 2.772) can be attributed to the fundamental nature of nursing as a profession, heavily driven by intrinsic values, empathy, and a strong sense of calling. Intrinsic motivation and robust professional commitment have been shown to act as powerful psychological buffers, enabling nurses to maintain high engagement and positive productivity perceptions even in highly demanding environments. Consequently, the positive drive generated by strong work motivation significantly outweighs the negative impacts of work-related stress, making it the most critical determinant of perceived productivity in this clinical setting.

This result underscores the strategic role of work motivation in shaping nurses' perceptions of their performance and productivity. Highly motivated nurses tend to demonstrate stronger intrinsic drive, higher levels of work engagement, and more positive professional attitudes toward their responsibilities. These characteristics contribute to more favorable perceptions of work productivity and support sustained performance in demanding clinical environments.

From a practical perspective, the dominance of work motivation highlights the importance of managerial strategies that foster intrinsic motivators, such as recognition, professional development opportunities, role clarity, and supportive leadership. Strengthening these motivational factors may not only enhance nurses' perceived productivity but also contribute to broader efforts to improve the quality and continuity of healthcare services delivered in hospitals.

Finally, this study has several limitations that must be acknowledged when interpreting the findings. First, the use of a cross-sectional design prevents establishing definitive causal relationships among work stress, motivation, and productivity. Second, reliance on an accidental sampling technique carries the risk of selection bias, as the sample may not fully represent the hospital's nursing population. Furthermore, it is crucial to emphasize that the dependent variable measured in this study reflects nurses' perceived work productivity, rather than objective productivity measured through institutional key performance indicators or service logbooks. The utilization of self-reported instruments makes the findings susceptible to subjective bias, as respondents may rate their productivity differently than their actual objective performance. Future studies should consider incorporating objective performance metrics and longitudinal designs to provide a more comprehensive evaluation.

CONCLUSION

The findings of this study conclusively indicate that both work stress and work motivation are significantly associated with nurses' perceived work productivity in

Volume 17 No 2, Hal 58-68, Juli 2026
ISSN: 2087 – 5002 | E-ISSN: 2549 – 371X
https://doi.org/10.34035/jk.v17i2.1975

inpatient wards. Among these variables, work motivation emerged as the most dominant factor influencing perceived work productivity. These results highlight the critical role of psychological and organizational factors in shaping nurses' professional performance and perceptions of productivity in hospital settings. Overall, the study underscores that efforts to enhance nurses' work productivity cannot be separated from effective strategies to manage work stress and strengthen work motivation. Addressing these factors is essential for fostering a supportive work environment and sustaining high-quality healthcare services.

RECOMMENDATIONS

Given that work motivation is the most dominant factor influencing nurses' perceived work productivity, it is highly recommended that hospital management prioritize strategic interventions to strengthen nurses' intrinsic and extrinsic motivation. Management should focus on implementing comprehensive reward systems, providing consistent professional recognition, and creating clear career development opportunities to foster a highly motivated workforce. Furthermore, while enhancing motivation is paramount, these efforts must be complemented by adaptive stress management programs, such as regular workload evaluations and improved shift scheduling. By integrating these motivation-enhancing and stress-reducing strategies into hospital policies and nursing education curricula, healthcare institutions can sustainably improve nurses' overall perceived productivity, well-being, and the quality of patient care.

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