

“Determinants of nurse performance in accredited Indonesian private hospitals”

AUTHORS

Raden Roro Lia Chairina  <https://orcid.org/0000-0002-1804-6440>

Raden Andi Sularso  <https://orcid.org/0000-0003-3044-8108>

Diana Sulianti K Tobing

Bambang Irawan  <https://orcid.org/0000-0003-1297-9001>

ARTICLE INFO

Raden Roro Lia Chairina, Raden Andi Sularso, Diana Sulianti K Tobing and Bambang Irawan (2019). Determinants of nurse performance in accredited Indonesian private hospitals. *Problems and Perspectives in Management*, 17(1), 163-175. doi:[10.21511/ppm.17\(1\).2019.15](https://doi.org/10.21511/ppm.17(1).2019.15)

DOI

[http://dx.doi.org/10.21511/ppm.17\(1\).2019.15](http://dx.doi.org/10.21511/ppm.17(1).2019.15)

RELEASED ON

Wednesday, 06 March 2019

RECEIVED ON

Tuesday, 22 January 2019

ACCEPTED ON

Thursday, 21 February 2019

LICENSE



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

JOURNAL

"Problems and Perspectives in Management"

ISSN PRINT

1727-7051

ISSN ONLINE

1810-5467

PUBLISHER

LLC "Consulting Publishing Company "Business Perspectives"

FOUNDER

LLC "Consulting Publishing Company "Business Perspectives"



NUMBER OF REFERENCES

48



NUMBER OF FIGURES

1



NUMBER OF TABLES

1

© The author(s) 2025. This publication is an open access article.



BUSINESS PERSPECTIVES



LLC "CPC "Business Perspectives"
Hryhorii Skovoroda lane, 10, Sumy,
40022, Ukraine

www.businessperspectives.org

Received on: 22nd of January, 2019

Accepted on: 21st of February, 2019

© Raden Roro Lia Chairina, Raden
Andi Sularso, Diana Sulianti K
Tobing, Bambang Irawan, 2019

Raden Roro Lia Chairina, Doctor
Student, Faculty of Economics and
Business, University of Jember,
Indonesia.

Raden Andi Sularso, Professor,
Faculty of Economics and Business,
University of Jember, Indonesia.

Diana Sulianti K Tobing, Doctor,
Faculty of Economics and Business,
University of Jember, Indonesia.

Bambang Irawan, Doctor, Faculty of
Economics and Business, University
of Jember, Indonesia.



This is an Open Access article,
distributed under the terms of the
[Creative Commons Attribution 4.0
International license](https://creativecommons.org/licenses/by/4.0/), which permits
unrestricted re-use, distribution,
and reproduction in any medium,
provided the original work is properly
cited.

Raden Roro Lia Chairina (Indonesia), Raden Andi Sularso (Indonesia),
Diana Sulianti K Tobing (Indonesia), Bambang Irawan (Indonesia)

DETERMINANTS OF NURSE PERFORMANCE IN ACCREDITED INDONESIAN PRIVATE HOSPITALS

Abstract

This study analyzes the effect of transformational leadership on nurse performance using intervening variables of social competence, self-efficacy, and burnout. The partial least square data analysis method with an explanatory research type is used. Primary data are obtained via a questionnaire. A nurse population of 160 from five private hospitals in Indonesia's East Java Region was analyzed using proportional random sampling. Data analysis was performed using descriptive statistics and partial least squares (PLS). The result of this study proved that transformational leadership has no significant effect on nurse performance, however, it affects significantly on social competence, self-efficacy, and has significant negative effect on burnout. The low performance of nurse was caused by the main job that is providing service for patient and doing administration work for BPJS, which require plenty of time, that the inseparable part of a nurse life is burnout, regarding the high mobility in providing service for patient. Social competence has a significant positive effect on nurse performance, self-efficacy has a significant positive effect on burnout, self-efficacy has a significant positive effect on nurse performance, and burnout has a significant negative effect on nurse performance. Novelty of this study is self-efficacy that has a significant positive effect on social competence.

Keywords

transformational leadership, social competence, self-efficacy, burnout, performance, nurses, private hospitals

JEL Classification I18

INTRODUCTION

Hospital nurses are at the spearhead of services, directly in contact with patients, 24 hrs. per day. Huseno (2007) portrayed nurses as a large population of workers providing nursing services both directly and indirectly to patients. Nurse performance is a key factor to be considered by all hospitals. The poor performance of East Java private hospital nurses is reflected in the low levels of services delivered and the low performance of the hospitals. We feel this is related to competence and behavior.

Based on the results of a preliminary survey of private hospitals in East Java, fluctuations were found in the levels of development of nurse performance. The development of nurse performance at private hospitals from 2011 until 2017: 96.0%, 94.0%, 95.0%, 81.0%, 85.8%, 76.3%, 67.0%, while at the government hospitals: 97.0%, 96.6%, 96.4%, 95.0%, 86.0%, 84.7%, 84.0%. Nurse performance in private hospitals tends to decrease more than the decrease of nurse performance in the government hospitals. Nurse performance in providing medical service depends on their owned skill.

Nursing practice standards established assessment criteria for nursing service quality. The Indonesian National Nurses Association

(2005) set standards of performance across five stages: assessment, nursing diagnosis, planning, implementation, evaluation. A direct leader is required to provide an assessment, based on leadership style. The important factor determining employee performance, according to Locander et al. (2002), was leadership. Salanova et al. (2011) explained that transformational leadership could predict nurse performance through self-efficacy and work engagement. Research conducted by Saxe (2011) empirically demonstrated that transformational leadership had a positive effect on social and emotional competence. Astuti et al. (2014) showed that transformational leadership had a significant effect on nurses social competence at private hospitals in South Kalimantan. They also showed that the quality of transformational leadership was in line with the improvement of social competence.

Burnout cannot be separated from a nurse's working life, considering the high mobility of work serving patients. Burnout is a form of emotional exhaustion, where feelings flow personal accomplishment and depersonalization are commonly experienced. Burnout research on nurses was carried out by Swider and Zimmerman (2010) and Yagil (2006) who found that the overall empowerment construct had a significantly negative effect, including emotional exhaustion, depersonalization, and decreased personal achievements. Greco et al. (2006) showed that the overall constructs of empowerment had a significant positive effect on burnout. However, the proposition test conducted by Alam (2010) showed that the construct on empowerment had no significant effect.

Burnout is a personal problem that is relatively difficult to solve. The self-efficacy of every individual is supposed to decrease burnout. According to Baron (1991), self-efficacy is a personal evaluation of one's own ability to perform a task, to achieve goals, and to overcome obstacles. Similarly, self-efficacy affects one's effort and endurance when facing problems. An individual with a high self-efficacy will finish any difficult job by considering it as a challenge (Bandura, 1997). Research on the effects of self-efficacy on burnout was conducted by E. M. Skaalvik and S. Skaalvik (2007) and Aftab et al. (2012), who found that self-efficacy had a negative effect on burnout, including emotional fatigue and depersonalization. Meanwhile, Schaufeli and Buunk (2003), E. M. Skaalvik and S. Skaalvik (2010) showed that self-efficacy had a significant positive effect on burnout, considering emotional fatigue and depersonalization as the central element. Maharani (2011) showed that self-efficacy had a significant negative effect.

It can be concluded that gaps remain on this issue. Follow-up research is needed for the development of human resource science, especially those related to transformational leadership, burnout, self-efficacy, social competence, and nurse performance. The originality of past research can be seen in the relationships of their variables (e.g., transformational leadership and self-efficacy), between transformational leadership and burnout, between self-efficacy and social competence, and between self-efficacy and burnout. Additionally, this study reviews the problem holistically, rather than partially, like past studies. Focusing on private hospital nurses and theoretical and empirical studies, the purpose of this study is to analyze and discuss the effects of transformational leadership on social competence, self-efficacy, burnout, and nurse performance in East Java, Indonesia.

1. THEORY, EMPIRICAL AND HYPOTHESES

Locander et al. (2002) wrote about transformational leadership's effects on social competence, stating that nurses' performance was determined by leadership. Burns (1978) parceled leadership into two styles: transactional and transformational. Leaders with transactional styles used the power

of compensation, such as rewarding high productivity or offering no reward for a lack of productivity. Leaders with transformational leadership styles provided design and inspiration to followers to achieve goals beyond the limits of their own abilities. Yukl (2005) stated that transformational leadership was basically leadership that motivated followers to transcend their self-interest for common goals, vision, and mission. Furthermore,

Saxe (2011) proved empirically that transformational leadership had a positive effect on social competence. Astuti et al. (2014) stated that transformational leadership significantly influenced the social competence of private hospital nurses in South Kalimantan. Based on these descriptions, the idea that transformational leadership style has a positive significant effect on social competence is supported.

Salanova et al. (2011) explained that transformational leadership could predict nurse performance via self-efficacy and work engagement. Transformational leadership was known to influence self-efficacy (Walumbwa et al., 2008). Salanova et al. (2011) stated that leaders who inspire produce well-developed employees. Such leaders influence employees' trust who complete the work. This supports the idea that transformational leadership has a positive significant effect on self-efficacy.

Regarding burnout, nurses are highly mobile when serving patients. Thus, they are not exempt from burnout. Nurses feel burnout in forms of emotional exhaustion, low personal achievement, and depersonalization. Baron and Agustina (2017) stated that transformational leadership had a negative significant effect on burnout. Walumbwa et al. (2008) proved that transformational leadership had a significant positive effect on nurse performance. Insan et al. (2013) found that transformational leadership had no significant effect on the performance of the Indonesian state electric company employees of South Sulawesi. This supports the idea that transformational leadership has a positive significant effect on nurse performance.

Personal social competence, characterized by the ability to manage interpersonal relationships, can inspire good communication and interaction among fellow employees in an organization. Someone who tries to understand co-workers and superiors will create cohesiveness to impact the formation of good cooperation, either among peers and employees or between employees and managers. Good cooperation boosts the achievement of good work. Thus, an increase in employee social competence will positively impact performance. Astuti et al. (2014) showed that, for private hospital nurses in South Kalimantan, social

competence had a significant effect on nurse performance. This supports the idea that social competence has a positive significant effect on nurse performance.

The social cognitive theory of self-efficacy explained the function of psychology in the context of personal internalized environmental events in the form of cognitive, affective, biological, and behavioral variables. These are related to human symbolization, advanced thinking, and learning, also known as observational self-theory (Bandura, 1977). Self-efficacy refers to beliefs about an individual's ability to mobilize motivation, cognitive resources, and actions needed to successfully carry out tasking particular context (Stajkovic, 1998). Social competence refers to the interaction of individuals at work and at other activities occurring at a workplace. This supports the idea that self-efficacy has a positive significant effect on social competence.

Baron and Byrne (1991) stated that self-efficacy was a personal evaluation of ability or competency when pursuing goals and overcoming obstacles. Schaufeli and Buunk (2003) and E. M. Skaalvik and S. Skaalvik (2010) stated that self-efficacy had a positive effect on burnout. Maharani (2011) found that self-efficacy had a negative effect on burnout. Sani (2011) stated that burnout had a significant effect on emotional intelligence and performance. Therefore, self-efficacy has a negative effect on burnout.

Self-efficacy refers to an individual's belief in his/her ability to execute the behaviors needed to produce a certain performance achievement (Bandura, 1977). Khurshid et al. (2012) found a positive and significant relationship between self-efficacy and performance. This is similar to empirical research conducted by Lai and Chen (2012) and Stajkovic (1998). This supports the idea that self-efficacy has a significant positive effect on nurse performance.

Maslach and Jackson (1981) described burnout model for emotional exhaustion, depersonalization, and feelings of decreased personal achievement. Cordes and Dougherty (1993) wrote about the humanity tendency of personalizing others, resulting in cynicism on the carrier and self-performance. This supports the idea that burnout has a significant negative effect on nurse performance.

2. RESEARCH METHODS

In summary, the nine hypotheses are written as follows:

- H1: Transformational leadership style has a positive significant effect on social competence.*
- H2: Transformational leadership has a positive significant effect on self-efficacy.*
- H3: Transformational leadership has a negative significant effect on burnout.*
- H4: Transformational leadership has a positive significant effect on nurse performance.*
- H5: Social competence has a positive significant effect on nurse performance.*
- H6: Self-efficacy has a positive significant effect on social competence.*
- H7: Self-efficacy has a negative effect on burnout.*
- H8: Self-efficacy has a significant positive effect on nurse performance.*
- H9: Burnout has a significant negative effect on nurse performance.*

Nurses from private hospitals are accredited by the Hospital Accreditation Committee, including patient centers, academic medical centers, and standard organizations. The research designs explanatory explain in ginter-variable effects by testing hypotheses and explaining the relationship and effect of transformational leadership variables, social competence, self-efficacy, burnout, and nurse performance. The nurse study population of five private accredited hospitals in Jember, East Java, included Jember Klinik (44 nurses), Bina Sehat (39 nurses), Kaliwates (36 nurses), DKT (21 nurses), and Citra Husada (20 nurses). The sample size was 160 respondents. Samples were taken using a simple random method. The population was taken according to the percentage of the number of nurses at each hospital. Data analysis was performed using descriptive statistics and partial least squares (PLS).

3. ANALYSIS RESEARCH RESULT

Via PLS analysis, we analyzed five reflective latent variables, including transformational leadership, social competence, self-efficacy, burnout, and performance, using structural equation modeling SEM-PLS analysis, processed with Wrap PLS to evaluate the research model. Structural equation evaluation was obtained via research data processing. Stages of analysis used PLS. Outer modeling included discriminant validity, convergent validity, and composite validity. It assessed structural and inner models. Convergent validity results showed that all items met the requirements of convergent validity. All indicator items or values are loaded > 0.50 , and are significant at $p < 0.05$ (Hair et al., 2014). Discriminant validity can be seen from average variance extracted (AVE). Test results showed that the AVE root value of a variable was higher than the inter-variables correlation value. Thus, the measurement model of this study met discriminant validity. The reliability test results showed that all constructs Cronbach's alpha coefficient > 0.60 . The composite reliability coefficient was more than 0.70. A construct was considered to be reliable if the Cronbach's alpha coefficient was greater than 0.70. However, a value of 0.60 was acceptable for exploratory research (H. M. J. & Abdillah, 2009; Hair et al., 2014).

The structural model, or inner model, is used to test the significance of exogenous (independent) latent variables on endogenous (dependent) latent variables and R^2 values at latent outputs. Variable coefficients were measured with Warp PLS (Sholihin & Ratmono, 2014). The model coefficient of determination was calculated using the model of the entire coefficient of determination (R^2) in the model. The R^2 value for the social competence variable was 0.533. This value indicates that the variation of social competence could be described by transformational leadership, and self-efficacy was 53.3%, whereas the rest was explained by other variables. The R^2 value for self-efficacy was 0.246. This value indicates that the variation of self-efficacy described by transformational leadership was 24.6%, whereas the rest was explained by other variables. The R^2 value for burnout was 0.342. This indicates that burnout variation could be explained by transformational leadership and self-efficacy

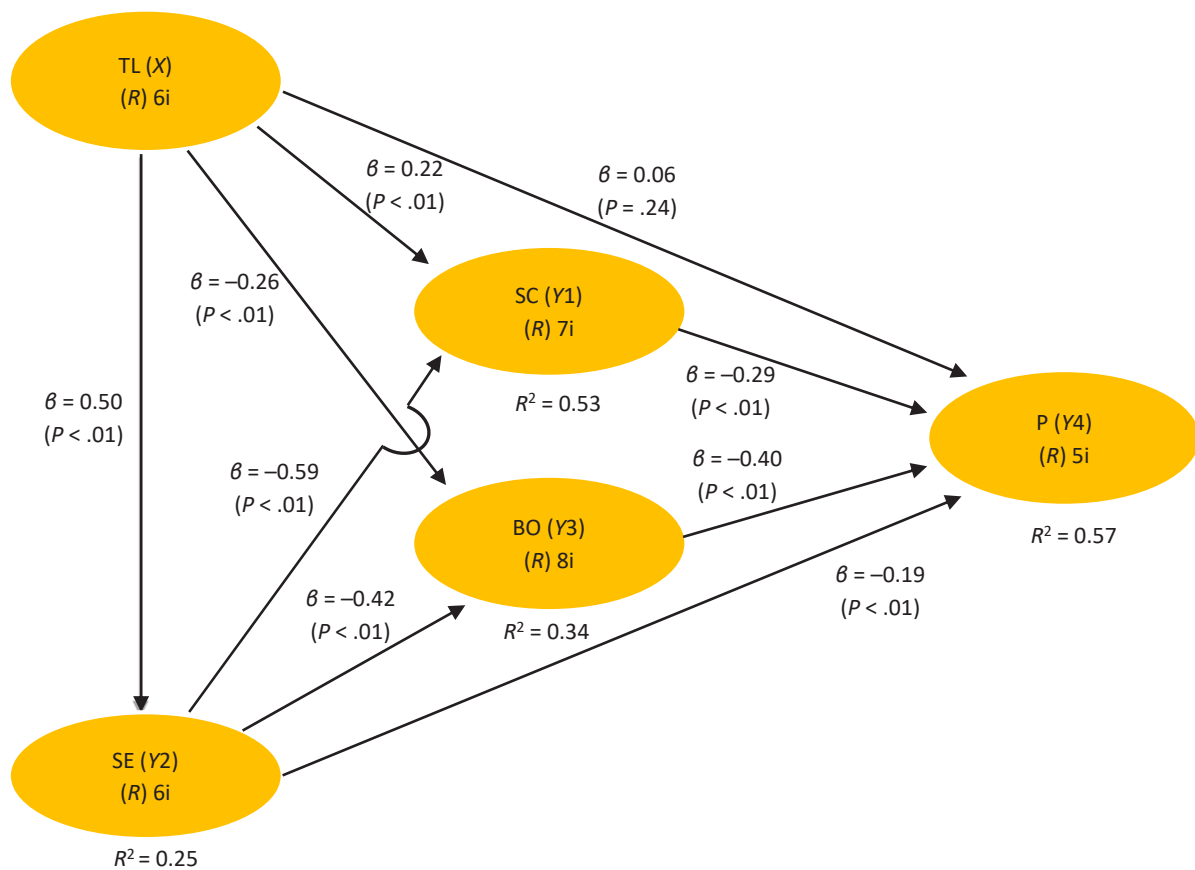


Figure 1. Research model analysis

at 34.2%, whereas the rest could be explained by other variables. The R^2 value for individual performance was 0.569. This value shows that performance variation was explained by social competence, self-efficacy, and burnout at 56.9%, whereas the rest was explained by other variables.

The value of R_m^2 for this inner model was 0.9. Thus, this model has a high goodness of fit. Hair et al. (2014) stated that, generally, the coefficient of determination was good if the coefficient

was > 0.20 . A model accuracy of 90% explains that the model's ability to explain the structural relationship of the five variables was 90%. The rest is explained by other variables not involved in the model. Hypotheses testing from the SEM-PLS model targeted transformational leadership (TL), social competence (SC), self-efficacy (SE), burnout (BO), and performance (P), as shown in Figure 1.

Results of the hypotheses directly influenced testing are shown in Table 1.

Table 1. Direct influence of path coefficient and hypotheses testing

Source: Analysis results.

Hypotheses	Direct effect	Path coefficient	p-value	Results
H1	TL \rightarrow SC = (X \rightarrow Y1)	0.222	< 0.01	Significant
H2	TL \rightarrow SE = (X \rightarrow Y2)	0.496	< 0.01	Significant
H3	TL \rightarrow BO = (X \rightarrow Y3)	-0.257	< 0.01	Significant
H4	TL \rightarrow P = (X \rightarrow Y4)	0.055	0.239	Not significant
H5	SC \rightarrow P = (Y1 \rightarrow Y4)	0.294	< 0.01	Significant
H6	SE \rightarrow SC = (Y2 \rightarrow Y1)	0.594	< 0.01	Significant
H7	SE \rightarrow BO = (Y2 \rightarrow Y3)	-0.420	< 0.01	Significant
H8	SE \rightarrow P = (Y2 \rightarrow Y4)	0.188	< 0.01	Significant
H9	BO \rightarrow P = (Y3 \rightarrow Y4)	-0.398	< 0.01	Significant

The interpretation of Table 1 and Figure 1 are explained next, showing that transformational leadership has a significant positive effect against SC, that it has a significant positive effect on SE, that it has a significant negative effect on burnout, that it has no significant positive effect on the nurse performance, that SC has a significant positive effect on nurse performance, that SE has a significant positive effect on SC, that SE has a significant negative effect on burnout, that SE has a significant positive effect on nurse performance, and that burnout has a significant negative effect on nurse performance.

4. DISCUSSION

4.1. Effect of transformational leadership on social competence

Transformational leadership has a significant positive effect on SC. The results showed that increasing transformational leadership would improve nurses' SC. Thus, the first hypothesis is supported. This study supports the research of Saxe (2011) who studied the relationship between transformational leadership on social competency. Leaders who understand others' thoughts, feelings and perspectives can encourage employees to work well. Leaders determine and consider employees' personalities, showing interest in their work. Via leadership style, they inspire employees to have enthusiasm and motivation at work. However, superiors who often feel displeased with employees' work reduce their enthusiasm and motivation. As people authorized to assess attitudes, leaders can stimulate employee work via several methods, such as empowerment. In terms of position, it is generally clear where the leaders and subordinates are. However, that does not mean that the leader is in control of everything. Therefore, the leader must demonstrate that each employee has advantages that can be utilized for organizational progress. Providing trust for completing tasks also helps employees feel appreciated.

The attitudes of leaders in the selected private hospitals offered attention to the nurses for good communication. This helped the nurses gain a positive impression of the leader. When nurses attain a positive impression of a leader, it increases

their self-confidence and positively influences colleagues. It is the duty of the leaders to encourage nurses to be creative in completing work, especially for jobs with varying levels of difficulty. Astuti et al. (2014) stated that transformational leadership had a significant effect on the nurses social competence in private hospitals in the South Kalimantan.

4.2. Effect of transformational leadership on SE

This study supports the research of Walumbwa et al. (2008) who showed how transformational leadership weaves its influence on individual job performance by measuring the roles of identification and SE beliefs of 437 respondents in six monetary banks in the United States. They found that transformational leadership was positively related to SE. Having great confidence for completing work is a form of initial characteristic that must be owned by employees (nurses). Having these beliefs can influence work completion without requiring much cognitive concentration. Nurses who have great confidence can provide an excellent range of support. The most prominent nurse's SE creates high confidence for completing work better than colleagues.

Through leaders' actions, giving confidence, nurses can increase their confidence to solve complex work problems requiring accuracy in clinical skills. Nurses will be encouraged to work optimally when the leader can show that the results are not only for the leader, but also for the hospital. Therefore, the leader should be trustworthy, supporting the common good. The leader will easily find competition among nurses when the nurses have a high provision of SE. Leaders can encourage employees to gain achievement as high as their colleagues and maintain high spirits of those having gained achievements to always improve their work. This discovery supports Parker (1994) and Jex et al. (2001) who suggested that those with high SE tended to take proactive approaches when dealing with stressful situations, carrying out their roles and responsibilities more broadly than those with low SE. Bandura (1999) states that influential leaders could improve SE by modeling attitudes and strategies to deal with problems and to provide resources.

4.3. The effect of transformational leadership on burnout

Risambessy et al. (2012) studied the Malang hospital, describing that transformational leadership style had a significant negative effect on burnout. Leadership includes hospital leaders, installation leaders, paramedics and non-paramedic leaders, and hospital service leaders. The better the transformational leadership, the more the burnout decreases. Pines and Guendelman (1995) showed that people who experience constant work pressures experienced personalization: the humanity tendency to develop cynicism about career and self-performance. Nurses affected by burnout experience mental fatigue, loss of commitment, emotional fatigue, and decreased motivation. Private hospital nurses in East Java experienced burnout due to heavy workloads, insufficient readiness, assignments outside their competence level, income imbalance, patient imbalance, and patient trust. With doctors, patients choose their favorites. Thus, some doctors have many patients, and some have a few. This affects the amount of medical services provided by nurses, also affecting burnout.

4.4. Effect of transformational leadership on nurse performance

Thamrin (2012) and Shahhosseini et al. (2012) explained that transformational leadership affected performance. However, it is different with the leadership at private hospitals in East Java. From the results of interviews with those nurses, leadership style improved performance, but the implementation of the leadership model was not implemented optimally. The theory also explains another dimension of transformational leadership: inspirational motivation. It describes how a leader communicates vision, uses symbols to focus employees, and models appropriate behaviors (Miller, 1996). An East Java hospital envisioned to “be people’s choice hospital which prioritize quality improvement and patient safety”. This motivated nurses pretty well. However, in East Java, the leaders treated all nurses at the same level of competence without considering job training. Otherwise, those hospitals employ nurses as optimally as possible.

According to the Nursing Law no. 36 of 2009, the implementation of nursing care is carried out to achieve

the goals of health services in accordance with the duties and authority of nurses by fulfilling the ethics code provisions, professional standards, the rights of health service users, service standards, and standard operating procedures (Rahman, 2015). Briefly, nursing performance comprises actions and practices that are easily observed and assessed.

The demand for work beyond the limits of nurses’ ability without adequate education and training is exploitation and causes depression. The results of interviews showed that the low performance of nurses was due to nurses’ work on patient care services and administration (Social Security Administrator/BPJS). A nurse’s work on patient services causes boredom while the patient awaits the doctor’s arrival. Specialist “poly” doctors tend to be late. BPJS administration requires separate mindsets; the BPJS files need plenty of time. Another reason for the low performance of nurses was that for hospital nurses, their number is inadequate compared to the number of patients. The patient chooses a doctor who will provide treatment. Thus, if there are many patients, there should also be many care services to affect nurses’ income imbalance. The difficulty for nurses in completing work quickly is another cause for low performance. A quick and accurate completion of work encourages good performance. Therefore, the problem is training.

The findings of this study support the findings of previous researchers, such as Insan et al. (2013) and Astuti et al. (2014). Transformational leadership directly but insignificantly affects the performance of nurses at private hospitals in South Kalimantan. However, this study does not support the results of previous studies proposed by Thamrin (2012), where there was a significant influence of transformational leadership on employee performance. Shahhosseini et al. (2012) proved that there was a significant effect of transformational leadership on employee performance.

4.5. Effect of social competence on nurse performance

The analysis result stated that increasing SC would improve nurse performance. Thus, H5 is supported. The effect of SC shows that nurses who can meet their social needs will have an impact on their performance. The fulfillment of nurses’ social needs,

including acceptance, positive impressions, and control with colleagues, managers, and patients while carrying out work encourages morale, which ultimately improves their performance. Empirical support can explain the effects of SC on performance, as shown by Astuti et al. (2014). Research conducted on the Astuti on hospital nurses in South Kalimantan explained that SC had a significant effect on nurse performance. Increasing the nurse performance is characterized by the seriousness of nurses in carrying out their work, such as meeting specified services (i.e. data collection and data assessment), making an action plan to overcome problems and improve client health, implementing nursing-plan measures, evaluating client progress, and revising basic data and planning.

4.6. Effect of SE on SC

The analysis results showed that the increase in nurses' SE would improve nurses' SC. Thus, H6 is supported, indicating that the higher level of SE perceived had a significant effect on the level of SC experienced by nurses. Nurses have confidence of personal strength when performing tasks and serving patients. This is considered successful because of the nurses' hard work and self-motivation. Thus, SE and SC are two important inseparable ideas, used as tools to support the nursing profession. SE refers to individuals' beliefs about their ability to mobilize motivation, cognitive resources, and actions required to successfully carry out tasks in certain contexts (Stajkovic, 1998). Social competence refers to the interaction of individuals related to work and other activities that occur in the workplace.

4.7. Effect of SE on burnout

Self-efficacy has a significant negative effect on burnout, and it can be explained as follows. Burnout is a phenomenon that cannot be separated from life activities affecting the human service profession. The field of humanitarian services always demands high emotional engagement. Nursing is a human service profession that provides comprehensive services. Additionally, nurses must deal with patients of various cultures, behaviors, and temperaments, which cause emotional stress. Perrewe et al. (2002) stated that burnout can occur as a result of emotional pressure, constant or

repeated, owing to the complexity of the task, lack of time, interaction, and conflict.

Empirical evidence shows that private hospital nurses in East Java have very high subjective confidence in their abilities to carrying out work. However, the effect of the level of self-efficacy being high neither reduces nor increases the occurrence of burnout, especially for physical fatigue or emotional exhaustion. This condition differs from the theory of Ryckman (2013), who studied how to cope with burnout. It is not easy for someone without high self-efficacy. It does not support the self-efficacy theory of Baron and Byrne (1991), which was an evaluation of a person's ability to perform a task, achieve goals, and overcome obstacles. Nurses who have high self-efficacy tend to reduce burnout because of confidence. This opposes the opinion of Caputo (1991) who said that a professional that works full time is more at risk of experiencing burnout, compared to part-time professionals. Therefore, the circumstances of this study are different that Bandura's theory, which stated that individuals having high self-efficacy will try to achieve a predetermined goal and will try to adapt to various obstacles. The results of this study differ from the theory of Schaufeli and Buunk (2003) about several individual variables that affect the influence of pressure and tension experienced by individual one of the variables was self-efficacy.

The results of this study prove that self-efficacy has a significant negative effect on burnout. Thus, it confirms and expands the research of Aftab et al. (2012) who wrote about the relationship of self-efficacy and burnout among physicians. Discoveries from those results show that self-efficacy has a significant negative effect on the dimensions of burnout, including physical exhaustion, emotions, and depersonalization. It has a positive effect on self-efficacy and other burnout dimensions, based on a decrease in personal performance. The outcome supports the findings of research conducted by Maharani (2011) who studied the effect of self-efficacy on the burnout of teachers in Bogor City. They clearly showed that there was a negative significant effect between self-efficacy and burnout. Thus, the burnout in private hospitals in East Java, caused by excessive or lack of competent nurses, leads to overlapped work that should be done by more nurses.

4.8. Effect of self-efficacy on the nurse performance

This study shows that self-efficacy is perceived highly by nurses, because it suits what they feel. This indicates that nurses have broad, skilled, and very experienced insight to providing services. The variable description of self-efficacy, individual performance, and empirical data about the working period support the effects of self-efficacy on positive performance. This is significant. Thus, the self-efficacy and performance of the nurse simply some very important things. These discoveries confirm and expand Bandura's theory about self-efficacy being an assessment by a nurse about his/her ability to organize and decide on the actions needed to achieve desired performance. Similarly, the results of this study confirm and extend the results of previous studies, including Khurshid et al. (2012). They concluded that there was a significant positive effect of self-efficacy on teacher performance in Rawalpindi and Islamabad secondary schools in India. Additionally, they found female teachers with longer teaching experience and higher levels of education having higher self-efficacy. In private hospitals in East Java, nurses had broad insight, were skilled, and were experienced in providing services to patients.

4.9. Effect of burnout on nurse performance

Based on empirical facts, it can be shown that the higher level of burnout perceived by respondents, the higher the individual performance produced. Thus, burnout and individual performance in the nurse profession are important things to notice. They do not have to be in line, and both influence quality of service.

The results of this study support research by Idrus et al. (2015), which states that burnout has a significant negative effect on individual performance and does not support the theory of Cordes and Dougherty (1993) and Osipow (1983), which states that depersonalization is the human tendency toward others and is the development of cynicism about career and self-performance. People who experience depersonalization feel that none of their activities are valuable or precious. This attitude has been shown through several behaviors,

such as cynicism, insensitivity, and ignorance of others' interest. The results of this study also confirm and expand the opinions of Mangkunegara (2010) about the characteristics of someone with high performance, such as those having high personal responsibility, daring to take and bear the risks faced with realistic goals. They have a comprehensive work plan and strive to realize its goals. They utilize feedback in all work activities and seek opportunities to realize the programmed plan. The results of this study confirm and expand the descriptive and explorative research of Kounenou (2012) and Babakus et al. (2009) who found burnout had a significant negative effect on performance. They revealed that decreasing individual performance, due to increased physical fatigue, emotional fatigue, and depersonalization, as well as low self-esteem, had a pessimistic effect on work, which in turn would have a negative effect on individual performance. On the other hand, it can have a positive effect on individual performance, or have an impact on high individual performance. Private hospitals in East Java employ nurses as optimally as possible, which means that the nurse have to work from time to time.

4.10. Hypotheses summary

Based on the finding and the discussion above, we can summarize the hypothesis as follows:

- H1: *Transformational leadership style has a positive significant effect on SC: supported.*
- H2: *Transformational leadership has a positive significant effect on SE.*
- H3: *Transformational leadership has a negative significant effect on burnout.*
- H4: *Transformational leadership has a positive insignificant effect on nurse performance.*
- H5: *Social competence has a positive significant effect on nurse performance.*
- H6: *SE has a positive significant effect on social competence.*
- H7: *SE has a negative effect on burnout.*
- H8: *SE has a significant positive effect on nurse performance.*
- H9: *Burnout has a significant negative effect on nurse performance.*

CONCLUSION

This study can be concluded as follows. Nurse is the most needed position and the competency in performing nursing duties to boost the patient healing is continuously increased. The nurse ability in providing medical service depends on their performance. According to Locander et al. (2002), nurse performance is determined by leadership. This study examines the effect of transformational leadership on nurse performance as the mediation variable of self-efficacy, social competence, and burnout, which providing concept and model of the hospital nurse performance.

The result of this study stated that transformational leadership had an insignificant positive effect on nurse performance. The low performance of nurses was shown by the low service provided and the low achievement of the hospital. The low performance of nurses was caused by the additional job given such as doing the administration work of BPJS (Social Security Administrator), which required much time beside their main job in providing services for patient.

Leadership in this case is the leadership in the hospital, which covers hospital board, board of installation, board of paramedic and non-paramedic, and the board of hospital service. A good transformational leadership will decrease burnout on nurses. Nurse performance is inseparable from burnout regarding the high mobility in providing service for patients. Burnout has a significant negative effect on nurse performance, the increase of burnout will decrease nurse performance. Nurse who experiences burnout will gain mental fatigue, commitment loss, emotional fatigue, and decreased motivation as the time goes. Pines and Guendelman (1995) stated an individual who experiences continuous pressure at work will earn depersonalization, which is the humanity tendency on others, which is the development of cynical expression on career and individual performance. Overcoming burnout is not an easy thing for nurses, except for those who have self-efficacy.

Baron and Byrne (1991) stated that self-efficacy is the personal evaluation on his/her ability or competency in performing task to achieve goals and overcome obstacles. The novelty of this study stated that self-efficacy had a positive significant effect on social competence; the increase of nurse's self-efficacy will increase the nurse's social competence. Self-efficacy refers to the personal trust on his/her own ability to mobilize the motivation, cognitive resource, and action needed to finish the task in a particular context successfully (Stajkovic & Luthans, 1998). Social competence of nurse clinical skill shall be able to be perceived and fulfilled in social life.

Transformational leadership has a significant effect on social competence with positive direction. This study supports the study of Saxe (2011) that there is a relation between transformational leadership on social competence, and the finding of Hairudinor et al. (2014) that transformational leadership has a significant effect on nurse social competence. Through his/her leadership style, the leader may give a spirit and motivation for the nurse at work, give them trust to complete the task, which will make them feel their skill are respected.

A nurse who is able to fulfill his/her social need will give an impact to the performance. If a nurse social needs has been fulfilled such as an acceptance of co-workers and leader, which will give a positive impression, and the nurse skill in self-control in any situation either with the fellow co-workers, leaders, or patients at work may lit the spirit of the nurse, which in the end will improve his/her performance. Empirical support which explained the effect of social competence on performance was from Hairudinor et al. (2014) that social competence has a significant effect on nurse performance.

Transformational leadership has a significant effect on self-efficacy with positive direction. This study supports the finding of Walumbwa et al. (2008) that transformational leadership has a positive relation with self-efficacy. A leader who has a nurse who has a strong belief on her skill in completing the task

may give some supports that those belief can be realized to improve the work quality. Therefore, this finding means self-efficacy and individual performance on nurse are two important things and affect each other. This finding confirms and extends the theory of Bandura (1997) that self-efficacy is an individual appraisal or perception on his/her skill in organizing and deciding action needed to achieve the desired performance.

In the future, the writer was suggested to discuss the Organizational Citizenship Behavior (OCB) variable. OCB is an extra-role behavior as the behavior of nurse who has gone beyond the formal task and given contribution to the effectiveness of an organization.

REFERENCES

1. Aftab, N., Shah, A. A., & Mehmood, R. (2012). Relationship of Self Efficacy and Burnout among Physicians. *Academic Research International*, 2(2), 539-548. Retrieved from https://www.researchgate.net/publication/313385258_Relationship_of_self-efficacy_and_burnout_among_physicians
2. Alam, R. (2010). The Effect of Empowerment on Burnout and Emotional Intelligence of Nurse and Midwife at The Reference General Hospital in South Sulawesi. *Jurnal Ekuitas*, 14(2), 187-209. Retrieved from <https://pdfs.semanticscholar.org/c81e/7a8925c271e6c7c56ac4aa799b65a41919b7.pdf>
3. Astuti, E. S., Kumadji, S., & Utami, H. N. (2014). The impact of Transformational Leadership on Social competency (Self-Efficacy, Work Engagement, and Individual Performance). *European Journal of Business and Management*, 6(21), 137-143.
4. Babakus, E., Yavas, U., & Ashill, N. J. (2009). The Role of client Orientation as a Moderator of the duty Demand-Burnout-Performance Relationship: A Surface-Level attribute Perspective. *Journal of Retailing*, 85(4), 480-492. <https://doi.org/10.1016/j.jretai.2009.07.001>
5. Bandura, A. (1977). Self-efficacy: toward a unifying theory Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191-215. <https://doi.org/10.1037/0033-295X.84.2.191>
6. Bandura, A. (1997). *Self-efficacy: The Exercise of Self-Control* (W. H. Freeman and Company, Vol. 13, p. 4). Retrieved from https://books.google.com.ua/books/about/Self_Efficacy.html?id=eJ-PN9g_o-EC&redir_esc=y
7. Bandura, A. (1999). Social cognitive theory: An agentic perspective. *Asian Journal of Social Psychology*, 2(1), 21-41. <https://doi.org/10.1111/1467-839X.00024>
8. Baron, I. S., & Agustina, H. (2017). the Effectiveness of Leadership Management Training. *Polish Journal of Management Studies*, 16(2), 7-16. <http://doi.org/10.17512/pjms.2017.16.2.01>
9. Baron, R. A., & Byrne, D. (1987). *Social psychology: Understanding human interaction* (630 p.). Needham Heights, MA. Retrieved from <https://www.amazon.com/Social-psychology-understanding-human-interaction/dp/B007EU5TY6>
10. Burns, J. M. (1978). *Leadership* (1st ed.). New York: Harper & Row.
11. Caputo, Janette, S. (1991). *Stress and Burnout in Library Service*. Canada: Oryx Press. Phoenix. Retrieved from <https://www.amazon.com/Stress-Burnout-Library-Service-Janette/dp/0897746023>
12. Cordes, C. L., & Dougherty, T. W. (1993). A Review and an Integration of Research on Job Burnout. *Academy of Management Review*, 18(4), 621-656. <https://doi.org/10.5465/AMR.1993.9402210153>
13. Greco, P., Spence Laschinger, H., & Wong, C. (2006). Leader Empowering Behaviors, employees Nurse direction and Work Engagement/Burnout. *Nursing Leadership*, 19(4), 41-56. <https://doi.org/10.12927/cjnl.2006.18599>
14. H. M. J., & Abdillah, W. (2009). *Concept and application of PLS (Partial Least Square) for business research*. BPFE Yogyakarta.
15. Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2014). Partial Least Squares Structural Equation Modeling (PLS-SEM): an emerging tool in business research. *European Business Review*, 26(2), 106-121. <https://doi.org/10.1108/EBR-10-2013-0128>
16. Huseno, T. (2007). *The Effect of Leadership, Organizational Mission and Culture on Working Satisfaction and Performance of Nurse at Hospital Type B in West Sumatera*. Universitas Brawijaya.
17. Idrus, S., Alhabji, T., Musadieq, M. Al., & Utami, H. N. (2015). The impact of Psychological authorization on Self-Efficacy, Burnout, Emotional Intelligence, Job Satisfaction, and Individual Performance (An Empirical Study travel Guides in West Nusa Tenggara). *European Journal of Business and Management*, 7(8), 139-149.
18. Insan, N., Astuti, E. S., Raharjo, K., & Hamid, D. (2013). The Effect of Transformational Leadership Model on Employees' Job Satisfaction and Performance at Perusahaan Listrik Negara (PLN Persero) in South Sulawesi, Indonesia. *Information and*

- Knowledge Management*, 3(5), 135-142. Retrieved from <https://www.iiste.org/Journals/index.php/IKM/article/view/5614>
19. Jex, S. M., Bliese, P. D., Buzzell, S., & Primeau, J. (2001). The impact of self-efficacy on stressor-strain relations: cope vogue as associate instructive mechanism. *Journal of Applied Psychology*, 86(3), 401-409. <https://doi.org/10.1037/0021-9010.86.3.401>
 20. Khurshid, F., Qasmi, F. N., & Ashraf, N. (2012). The Relationship Between academics' Self effectiveness and Their Perceived Job Performance. *Journal of Contemporary Research in Business*, 3(10), 204-223.
 21. Kounenou, G. D. (2012). Job Burnout and Employees' Performance. *Advanced Research in Economic and Management Sciences*, 2, 35-39.
 22. Lai, M., & Chen, Y. (2012). Self-Efficacy, Effort, Job Performance, Job Satisfaction, and Turnover Intention: The Effect of Personal Characteristics on Organization Performance. *International Journal of Innovation, Management and Technology*, 3(4), 387-391. <http://doi.org/10.7763/IJIMT.2012.V3.260>
 23. Locander, W. B., Hamilton, F., Ladik, D., & Stuart, J. (2002). Developing a Leadership-Rich Culture: The primitive person to making a Market-Focused Organization. *Journal of Market Focused Management*, 5(2), 149-163. <https://doi.org/10.1023/A:1014048111158>
 24. Maharani, D. R. (2011). Relationship between Self Efficacy with Burnout teacher on Public Elementary School (SDN) X in the Bogor City. *Jurnal Psikologi Universitas Gajahmada*, 1, 1-10.
 25. Mangkunegara, A. A. A. P. (2010). *Performance Evaluation of Human Resource*. Bandung: Tiga Serangkai.
 26. Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2(2), 99-113. <https://doi.org/10.1002/job.4030020205>
 27. Miller, J. P. (1996). Improving organizational effectiveness through transformational leadership. *The Journal of Academic Librarianship*, 22(2), 145-146. [https://doi.org/10.1016/S0099-1333\(96\)90189-5](https://doi.org/10.1016/S0099-1333(96)90189-5)
 28. Osipow, S. H. (1983). Burnout: The Cost of Caring. *PSYCCRITTIQUES*, 28(5). <https://doi.org/10.1037/022058>
 29. Parker, L. E. (1994). Working Together: Perceived Self- and Collective-Efficacy at the work. *Journal of Applied Social Psychology*, 24(1), 43-59. <https://doi.org/10.1111/j.1559-1816.1994.tb00552.x>
 30. Perrewé, P. L., Hochwarter, W. A., Rossi, A. M., Wallace, A., Maignan, I., Castro, S. L., Ralstong, D. A., Westman, M., Vollmer, G., Tang, M., Wan, P., & Deussen, C. A. (2002). Are work stress relationships universal? A nine-region examination of role stressors, general self-efficacy, and burnout. *Journal of International Management*, 8(2), 163-187. [https://doi.org/10.1016/S1075-4253\(02\)00052-2](https://doi.org/10.1016/S1075-4253(02)00052-2)
 31. Pines, A., & Guendelman, S. (1995). Exploring the connection of burnout to Mexican blue collar ladies. *Journal of Vocational Behavior*, 47(1), 1-20. <https://doi.org/10.1006/jvbe.1995.1026>
 32. Rahman, A. W. (2015). Effect of Competence and Work Environment On Nurse Performance Petala Bumi Public Hospital In Pekanbaru. *Jom FEKON*, 2(1), 1-13.
 33. Risambessy, A., Swasto, B., Thoyib, A., & Astuti, E. S. (2012). The Influence of Transformational Leadership vogue, Motivation, Burnout towards Job Satisfaction and Employee Performance. *Journal of Basic and Applied research*, 2(9), 8833-8842.
 34. Ryckman, R. M. (2013). *Theories of personality* (10th ed.). Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2003-06812-000&site=ehost-live>
 35. Salanova, M., Lorente, L., Chambel, M. J., Martínez, I. M. (2011). Linking transformational leadership to nurses' extra-role performance: The mediating role of self-efficacy and work engagement. *Journal of Advanced Nursing*, 67(10), 2256-2266. <https://doi.org/10.1111/j.1365-2648.2011.05652.x>
 36. Sani, A. (2011). The Analysis Effect of Burnout and Emotional Intelligence on the Employee Performance of PT Bank Mega Syariah Branch Malang. *IQTISHODUNA*, 7(1), 1-17. <http://doi.org/10.18860/iq.v0i0.1743>
 37. Saxe, D. (2011). *The relationship between transformational leadership and therefore the emotional and social ability of the varsity leader* (ProQuest Dissertations and Theses, Ed. D. (8-A), 2735). Retrieved from http://oxfordsfx.hosted.exlibrisgroup.com/oxford?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&genre=dissertations+&+these&sid=ProQ:ProQuest+Dissertations+&+Theses+Global&atitle=&title=The+relationship+between+transformational
 38. Schaufeli, W. B., & Buunk, B. P. (2004). Burnout: an summary of twenty five Years of analysis and Theorizing. *The Handbook of Work and Health Psychology: Second Edition*, 19, 383-425. <https://doi.org/10.1002/0470013400.ch19>
 39. Shahhosseini, M., Silong, A. D., Ismaill, I. A., & Uli, J. (2012). The role of emotional intelligence on job performance. *International Journal of Business and Social Science*, 3(21), 241-246. Retrieved from http://ijbssnet.com/journals/Vol_3_No_21_November_2012/25.pdf
 40. Sholihin, M., & Ratmono, D. (2014). *Analysis of SEM-PLS with WarpPLS 3.0* (1st ed.). Yogyakarta: Andi.
 41. Skaalvik, E. M., & Skaalvik, S. (2007). Dimensions of Teacher Self-Efficacy and Relations With Strain Factors, Perceived Collective Teacher effectuality, and Teacher Burnout. *Journal of Educational Psychology*, 99(3), 611-625. <https://doi.org/10.1037/0022-0663.99.3.611>

42. Skaalvik, E. M., & Skaalvik, S. (2010). Teacher self-efficacy and teacher burnout: A study of relations. *Teaching and Teacher Education*, 26(4), 1059-1069. <https://doi.org/10.1016/j.tate.2009.11.001>
43. Stajkovic, A. D., & Luthans, F. (1998). Social psychological feature theory and self-efficacy: Goin on the far side ancient psychological feature and behavioral approaches. *Organizational Dynamics*, 26(4), 62-74. [https://doi.org/10.1016/S0090-2616\(98\)90006-7](https://doi.org/10.1016/S0090-2616(98)90006-7)
44. Swider, B. W., & Zimmerman, R. D. (2010). Born to burnout: A meta-analytic path model of temperament, job burnout, and work outcomes. *Journal of Vocational Behavior*, 76(3), 487-506. Retrieved from <https://eric.ed.gov/?id=EJ878986>
45. Thamrin, H. M. (2012). The Influence of Transformational Leadership and Organizational Commitment on Job Satisfaction and Employee Performance. *International Journal of Innovation, Management and Technology*, 3(5), 566-572. <https://doi.org/10.7763/IJIMT.2012.V3.299>
46. Walumbwa, F. O., Avolio, B. J., & Zhu, W. (2008). How transformational leadership weaves its influence on individual job performance: The role of identification and effectivity beliefs. *Personnel Psychology*, 61(4), 793-825. <https://doi.org/10.1111/j.1744-6570.2008.00131.x>
47. Yagil, D. (2006). The relationship of service supplier power motivation, authorisation and burnout to client satisfaction. *International Journal of Service Industry Management*, 17(3), 258-270. <https://doi.org/10.1108/09564230610667104>
48. Yukl, G. A. (2005). *Leadership in Organizations* (6th ed.). Prentice Hall. Upper Saddle River.