

The Influence of Competence and Motivation on Performance and Impact on Reward among Nurses

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INDEXING

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ABSTRACT

Nurses' performance is a key determinant of the success and quality of hospital services. Based on data from *Dinas Kesehatan Sumatera Utara (2024)*, the performance targets and realizations of *RSUD dr. Thomsen* has not yet achieved the expected targets for health service performance indicators in 2022 (64.58%), 2023 (92.34%), and 2024 (94.47%). Similarly, the hospital's performance score was in 2022, (70%), in 2023, (80%) and in 2024 (82%). A pre-survey of 30 nurses regarding factors suspected of influencing performance revealed the lowest average scores: competence (2.72), motivation (2.63), and rewards (3.25) (Likert scale 1–5). This study aims to analyze the influence of competence and motivation on performance and their impact on rewards. The research method used a quantitative approach with 175 respondents and path analysis. The results showed that competence and motivation significantly affected performance, partially and simultaneously. Performance also significantly affected rewards. These findings indicated the importance of improving nurses' competence and motivation in efforts to improve nurse performance and rewards in hospitals. This study provides practical contributions to hospital human resource management policies, particularly in strengthening a transparent and fair performance-based reward system. The findings also enrich the literature by demonstrating the simultaneous relationship between competence, motivation, performance, and rewards in the context of regional hospitals, which has been rarely explored in previous studies.

Kata kunci:

Kompetensi;
Motivasi kerja;
Penghargaan
prestasi kerja;
SDM kesehatan;
Perawat

Kinerja perawat merupakan salah satu faktor penentu utama keberhasilan dan kualitas pelayanan di rumah sakit. Berdasarkan data dari Dinas Kesehatan Provinsi Sumatera Utara (2024) target dan realisasi kinerja RSUD dr. Thomsen, belum mencapai target yang diharapkan, pada aspek indikator kinerja pelayanan kesehatan pada tahun 2022 (64,58%), 2023 (92,34%) dan tahun 2024 (94,47%). Demikian pula, pada aspek skor kinerja rumah sakit 2022 (70%), 2023 (80%) dan 2024 (82%) Hasil pra-survei terhadap 30 perawat mengenai faktor - faktor yang diduga mempengaruhi kinerja, menunjukkan skor rata-rata terendah yaitu kompetensi (2,72), motivasi (2,63), dan penghargaan (3,25) (skala Likert 1–5). Penelitian ini bertujuan menganalisis pengaruh kompetensi dan motivasi terhadap kinerja serta dampaknya terhadap penghargaan. Metode penelitian menggunakan pendekatan kuantitatif dengan 175 responden dan analisis jalur. Hasil penelitian menunjukkan bahwa kompetensi dan motivasi berpengaruh signifikan terhadap kinerja, yang secara parsial dan simultan. Kinerja juga berpengaruh signifikan terhadap penghargaan. Temuan ini menunjukkan pentingnya peningkatan kompetensi dan motivasi perawat dalam upaya meningkatkan kinerja dan penghargaan perawat di rumah sakit. Penelitian ini memberikan kontribusi praktis dalam perumusan kebijakan manajemen SDM rumah sakit, khususnya dalam memperkuat sistem reward berbasis kinerja yang transparan dan adil. Temuan ini juga memperkaya literatur dengan menunjukkan hubungan simultan antara kompetensi, motivasi, kinerja, dan reward dalam konteks rumah sakit daerah, yang sebelumnya masih jarang diteliti.

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INTRODUCTION

Human resources (HR) in the healthcare services sector is a key element in determining the quality of hospital services. Nurses, as the largest group of health professionals in Indonesia,



play a vital role in the success of healthcare delivery. According to data from *Badan Pusat Statistik* (2023), there are 582,023 nurses in the country. However, the distribution of nurses remains uneven, particularly in remote areas such as Nias Island, North Sumatra, which continue to face serious challenges related to workforce availability, infrastructure, and service quality (Dekrita, 2021; *Pemerintah Republik Indonesia*, 2024; *Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan*, n.d.).

RSUD dr. Thomsen is a Class C public hospital and serves as the primary referral facility on Nias Island. It operates under the *Badan Layanan Umum Daerah (BLUD)* scheme and has achieved full accreditation from *Komisi Akreditasi Rumah Sakit (KARS)*. As a referral hospital, it is expected to provide high-quality, effective, and efficient healthcare services. However, in recent years, its service performance has not fully met the established targets (Phonna et al., 2021; *Kementerian Kesehatan Republik Indonesia*, n.d.).

Based on data from *Dinas Kesehatan Provinsi Sumatera Utara* (2024), the realization of healthcare service performance indicators at *RSUD dr. Thomsen* reached 64.58% in 2022, improved to 92.34% in 2023, and slightly increased to 94.00% in 2024. Although these figures show improvement, the targets have not been entirely achieved. Moreover, the hospital's *BLUD* performance scores 70% in 2022, 80% in 2023, and 82% in 2024, suggesting a need for strengthening human resource management, especially regarding nurses' performance as frontliners in service delivery.

Nurses' performance is influenced by multiple factors, including competence, work motivation, organizational culture, and the reward system (Rahayu et al., 2023; Sultan & Yuly Peristiwati, 2023). Competence, as defined by Spencer and Spencer (Ilham et al., 2024), is a combination of knowledge, skills, and attitudes necessary to perform a job effectively. Nurses' competence is fundamental to achieving optimal performance outcomes. Studies by oleh (Aulia et al., 2024; Darma Laksana & Ariani Mayasari, 2021) demonstrate that competence has a positive and significant influence on nurses' performance in hospitals. Competent nurses are not only capable of carrying out clinical duties but are also better equipped to adapt to complex and dynamic work environments.

In addition, work motivation plays a crucial role in influencing nurses' performance. High levels of motivation can encourage nurses to work diligently, maintain discipline, and provide quality care. According to McClelland (Juita et al., 2023) motivation is driven by the needs for achievement, affiliation, and power. Research by (Bariah et al., 2025; Kusuma et al., 2021; Rahayu et al., 2023) indicates that motivation significantly influences the performance of healthcare workers in hospitals. Nurses who feel valued, have clear work goals, and receive managerial support tend to demonstrate better performance outcomes.

A fair and transparent system of performance-based rewards should ideally follow high performance. Griffin and Moorhead (Francis et al., 2020) define performance rewards as all forms of compensation received by employees in recognition of the services or achievements rendered. These rewards may include financial incentives such as salaries and bonuses, as well as non-financial incentives like career advancement opportunities and promotions. (Syafiq, 2021) found that a well-implemented reward system can improve motivation and retention among nurses and encourage them to deliver optimal care.

Studies by Rahmah & Sari (2023) and Wisata et al. (2023) confirmed that performance is positively correlated with rewards, suggesting that rewards are a logical consequence of strong

performance. Similarly, Habibi et al. (2021) reported that performance-based rewards can positively influence job satisfaction. *Keputusan Direktur Jenderal Kesehatan Lanjutan No. HK.02.02/D/286/2025* reported that one of the reward provisions in hospitals should be based on employee performance. Therefore, in this study, reward is positioned as the dependent variable, as it is the outcome of nurses' performance, which is shaped by competence and work motivation.

A preliminary survey was conducted among 30 nurses at *RSUD dr. Thomsen* revealed that competence scored an average of 2.72 (54.4%), indicating a gap of 45.6%, while motivation scored 2.63 (52.6%) with a gap of 47.4%. Rewards scored 3.31 (66.2%), which is considered moderately good, but still showed a gap of 33.8%. Low competence may be attributed to a lack of professional education and training, while low motivation may result from an unsupportive work environment and limited career development opportunities. The relatively low level of rewards could be due to an inequitable compensation system, inadequate salaries, and incentives that do not align with performance. This phenomenon suggests that although rewards are moderately good, they are not supported by adequate competence and motivation, resulting in suboptimal performance (Hiola et al., 2023; M. Sari et al., 2024; Tamadoni et al., 2020).

Ideally, competence and motivation are the key factors shaping performance, and good performance serves as the foundation for granting rewards. To date, there is limited research integrating the relationship between competence and motivation on nurses' performance and its impact on rewards in a single comprehensive research model. Previous studies have primarily focused on the influence of competence on performance (Azizah et al., 2022; Chamariyah et al., 2023; Darma Laksana & Ariani Mayasari, 2021), or motivation on performance (Ependi, 2024; Rahayu et al., 2023; Syam & Afdal, 2023), or performance on rewards (Habibi et al., 2021; Rahmah & Sari, 2023; Wisata et al., 2023). Existing research tends to address partial relationships while overlooking the simultaneous interactions among these variables, particularly in regional hospitals such as *RSUD dr. Thomsen* faces unique challenges in human resources, infrastructure, and service quality compared to urban hospitals. This study seeks to address this gap by examining the complex relationships between competence, motivation, performance, and rewards in a holistic.

Based on the background, observed phenomena, and identified research gaps, this study aims to analyze the influence of competence and motivation on nurses' performance and its impact on rewards at *RSUD dr. Thomsen*. The findings of this study are expected to provide strategic input for planning the development of human resources in healthcare, particularly nurses, with the goal of strengthening performance-based reward systems in hospitals. Therefore, the study's research gap is due to the paucity of studies combining motivation and competence to examine nurses' performance and how it affects rewards in regional hospitals. The policy framework of public hospitals, where the incentive system is a direct result of employee performance, serves as the foundation for the positioning of reward as the dependent variable. Hospital awards must be performance-based, according to a number of national legislations, including *Keputusan Direktur Jenderal Kesehatan Lanjutan No. HK.02.02/D/286/2025*. It offers empirical support for using reward as the study's dependent variable.

RESEARCH METHOD

This study used a quantitative approach with a cross-sectional survey design, aiming to analyze the causal relationships among the variables of competence, motivation, performance, and reward among nurses. The research was conducted at *RSUD dr. Thomsen*. The variables in this study consisted of competence (X_1) and motivation (X_2) as independent variables, performance (Y) as an intervening variable, and reward (Z) as the dependent variable. Each variable was operationalized based on theoretical frameworks and measured using relevant indicators (Table 1).

The sample size was determined using the Slovin formula ($n = N / 1 + Ne^2$) with a 5% margin of error from a total population of 311 nurses, resulting in a sample of 175 respondents. The sampling technique employed was proportionate stratified random sampling to ensure representation from each service unit. Inclusion criteria included being an active nurse, having worked for at least one year, and agreeing to participate by signing an informed consent form.

Data collection involved both primary and secondary sources. Primary data were obtained through a structured questionnaire using a Likert scale. In contrast, secondary data were gathered from literature reviews and reports from *Badan Pusat Statistik, Kementerian Kesehatan, and Dinas Kesehatan*. Validity was tested using Pearson Product-Moment, and reliability was measured using Cronbach's Alpha. All items met the validity threshold (> 0.30) and reliability threshold ($\alpha > 0.70$). Normality testing was performed using the Kolmogorov-Smirnov test, with significance values > 0.05 indicating normal distribution.

The data analysis procedure in this study was carried out in three stages: preparation, tabulation, and application according to the research approach. The preparation stage included checking for completeness and accuracy of the questionnaire responses. It was followed by tabulation and scoring based on the 5-point Likert scale. The resulting scores were used to measure the independent variables (X_1 and X_2), the intervening variable (Y), and the dependent variable (Z).

Responses were analyzed using the Likert Summated Rating method. Two types of analyses were employed: descriptive and verificative (path analysis). Descriptive analysis was used to examine nurses' perceptions regarding competence, motivation, performance, and reward. Scores were calculated by multiplying the value weight by the frequency and then computing the mean index per respondent to represent the collective response.

Path analysis was chosen instead of ordinary regression because this study aimed not only to examine the direct influence of competence and motivation on performance and reward, but also to test the mediating role of performance in the relationship between competence, motivation, and reward. Ordinary regression can only capture direct effects, whereas path analysis allows researchers to simultaneously estimate direct, indirect, and total effects among variables within a single causal model. Therefore, path analysis is more appropriate for testing the complex causal relationships formulated in this study. The path analysis procedure in this study was carried out in several stages. First, a path diagram was constructed to illustrate the causal relationships among the exogenous variables (competence and motivation), the intervening variable (performance), and the endogenous variable (reward). Second, model estimation was conducted by formulating two structural equations: (1) competence and motivation as predictors of performance, and (2) performance as predictors of reward. Third, direct effects were calculated as the product of the correlation coefficient between variables and

the corresponding path coefficient. Fourth, indirect effects were obtained by multiplying the correlation coefficient of the independent variable with the mediator, and then multiplying it by the path coefficient from the mediator to the dependent variable. Subsequently, the total effect was derived by summing the direct and indirect effects. Finally, mediation testing was performed by comparing the significance of direct and indirect paths, using t-tests for individual coefficients and F-tests for overall model significance. This stage was essential to determine whether performance truly functioned as a mediating variable in the relationship between competence, motivation, and reward.

Table 1. Variable Operationalization

Variables and Concepts of Variables	Dimension	Indicator	Scale	Questionnaire Item Number
Competence (X1) Competence refers to the skills, abilities, and behaviors demonstrated by an employee in performing their job, which are essential for achieving outcomes aligned with the organization's business strategy. Spencer and Spencer in (Ilham et al., 2024).	1. Motive	a. A strong drive to complete tasks with optimal results	Ordinal	1
		b. A strong motivation to participate in training aimed at quality improvement	Ordinal	2
	2. Traits	a. Demonstrates perseverance in carrying out assigned tasks	Ordinal	3
		b. Exhibits self-control in all circumstances when performing duties	Ordinal	4
	3. Self-concept	a. Possesses self-confidence in executing responsibilities	Ordinal	5
		b. Demonstrates initiative in assisting colleagues	Ordinal	6
	4. Knowledge	a. Possesses knowledge relevant to job responsibilities	Ordinal	7
		b. Possesses knowledge and skills in risk management	Ordinal	8
	5. Skills	a. Demonstrates the ability to identify problems	Ordinal	9
		b. Demonstrates the ability to seek solutions to encountered problems	Ordinal	10

Table 1. Variable Operationalization (cont')

Variables and Concepts of Variables	Dimension	Indicator	Scale	Questionnaire Item Number
Motivation (X2) McClelland's Motivation Theory focuses on three fundamental needs: the need for achievement, the need for power, and the need for affiliation. McClelland's in (Juita et al., 2023).	1. The need for achievement	a. The need to develop creativity	Ordinal	11
		b. The need to enhance capabilities	Ordinal	12
		c. The need to work effectively and efficiently	Ordinal	13
	2. The need to establish personal relationships	a. The need to be accepted	Ordinal	14
		b. The need to establish good relationships among employees	Ordinal	15
		c. The need to participate and collaborate	Ordinal	16
	3. The need for power and influence	a. The need to exert influence and establish rules within the work environment	Ordinal	17
		b. The need to develop authority and assume responsibility	Ordinal	18
		c. The need to lead and compete	Ordinal	19
Performance (Y) Nurse performance refers to the level of achievement in carrying out duties and responsibilities in providing professional nursing care in accordance with established standards of nursing practice. Robbins dan Judge dalam (Saragih et al., 2024). (Undang-Undang Nomor 38 Tahun 2014 tentang Keperawatan, n.d.) (Standar Praktik Keperawatan PPNI, 2020)	1. Nursing assessment	a. Collecting patient data	Ordinal	20
		b. Conducting physical examinations and taking medical history	Ordinal	21
	2. Nursing diagnosis	a. Formulating nursing diagnoses	Ordinal	22
		b. Using standardized terminology	Ordinal	23
	3. Nursing planning	a. Determining problem priorities	Ordinal	24
		b. Setting goals and objectives	Ordinal	25
	4. Nursing implementation	a. Implementation of interventions	Ordinal	26
		b. Compliance with standard operating procedures	Ordinal	27
	5. Nursing evaluation	a. Evaluation of intervention outcomes	Ordinal	28
		b. Adjustment of interventions	Ordinal	29



Table 1. Variable Operationalization (cont')

Variables and Concepts of Variables	Dimension	Indicator	Scale	Questionnaire Item Number
Reward (Z) Reward refers to all forms of financial compensation, services, and tangible benefits received by employees. Griffin and Moorhead in (Francis et al., 2020).	1. Intrinsic reward	a. Completion	Ordinal	30
		b. Achievement	Ordinal	31
		c. Autonom	Ordinal	32
		a. Salary	Ordinal	33
		b. Bonus	Ordinal	34
	2. Extrinsic reward	c. Allowances	Ordinal	35
		d. Interpersonal recognition	Ordinal	36
		e. Promotion	Ordinal	37

Source: Secondary data

RESULTS AND DISCUSSION

This study aims to provide an in-depth exploration of the influence of competence and motivation on performance and its impact on rewards, while also examining the factors that affect these variables, including age, Years of Service, gender, educational background, and work unit. Based on Table 2, most respondents were between 36 and 40 years old, indicating a mature age group generally associated with extensive work experience, which can influence their levels of competence, motivation, performance, and reward. The largest proportion of respondents had years of service 6–10 years, totaling 71 individuals (40.6%), reflecting sufficient experience to develop clinical competence, understand organizational culture, and adapt to the dynamic environment of hospital work. In terms of gender, the majority were female, comprising 114 individuals (65.0%), which is consistent with the global nursing phenomenon, in which the profession is predominantly female. Regarding educational background, most respondents held a *Diploma 3 (D3)* qualification, accounting for 109 individuals (62.3%), indicating that the majority of nurses pursued a vocational education pathway focused on practical nursing skills. Based on work unit, the majority were assigned to inpatient wards, totaling 105 individuals (60.0%), which entails a high workload, frequent direct patient contact, and the responsibility of continuous patient monitoring over 24 hours.

The descriptive analysis aimed to illustrate the extent of nurses' perceptions at RSUD dr. Thomsen, regarding competence, motivation, performance, and reward. Scores were calculated by multiplying the assigned weight by the frequency, followed by computing the average index from the total score for each respondent.

Table 2. Characteristics of Respondents at RSUD dr. Thomsen

No.	Characteristic	Category	Frequency	Percentage
1	Age	< 25 years	22	12.6%
		25 – 30 years	26	14.9%
		31 – 35 years	37	21.1%
		36 – 40 years	51	29.1%
		> 40 years	39	22.3%



Table 2. Characteristics of Respondents at RSUD dr. Thomsen (cont')

No.	Characteristic	Category	Frequency	Percentage
2	Years of Service	< 1 year	2	1.1%
		1 - 5 years	55	31.4%
		6 - 10 years	71	40.6%
		> 10 years	47	26.9%
3	Gender	Male	61	35.0%
		Female	114	65.0%
4	Educational background	Diploma (D3)	109	62.3%
		Bachelor (S1)	18	10.3%
		Professional Nurse (NERS)	48	27.4%
5	Work Unit	Inpatient Ward	105	60.0%
		Operating Room	12	6.9%
		Emergency Unit	21	12.0%
		Intensive Care Unit (ICU)	14	8.0%
		Polyclinic	23	13.1%

Source: Primary data

Based on Table 3, the overall nurse competence variable was categorized as good. The skill dimension was rated as very good, while the motive and trait dimensions were rated as good. However, the knowledge dimension requires particular attention and improvement to enhance performance and reward outcomes further. Overall, the motivation variable was also categorized as good. The need for affiliation dimension was rated as good.

In contrast, the need for achievement and the need for power and influence were rated as less satisfactory, indicating the necessity for improvement to optimize overall motivation. The overall nurse performance variable was categorized as good. The nursing assessment and nursing diagnosis dimensions were rated as very good, and the nursing planning dimension was rated as good. However, the nursing implementation and evaluation dimensions were rated as less satisfactory, suggesting the need for improvement in care interventions and evaluations to enhance nurse performance. The overall reward variable was categorized as good. The intrinsic reward dimension received by nurses was rated as very good. In contrast, the extrinsic reward dimension was rated as less satisfactory, indicating that extrinsic rewards such as salary, incentives, allowances, and promotion opportunities have not fully met the expectations or needs of nurses.

Table 3. Results of Descriptive Analysis

Variables	Dimension	Mean	Categori
Competence (X1)	1. Motive	4.20	Good
	2. Traits	4.11	Good
	3. Self-concept	3.53	Good
	4. Knowledge	3.23	Fair
	5. Skills	4.27	Very Good
	Total	3.87	Good



Table 3. Results of Descriptive Analysis (cont')

Variables	Dimension	Mean	Categori
Motivation (X2)	1. The need for achievement	3.08	Fair
	2. The need to establish personal relationships	4.14	Good
	3. The need for power and influence	3.13	Fair
	Total	3.45	Good
Performance (Y)	1. Nursing assessment	4.23	Very Good
	2. Nursing diagnosis	4.29	Very Good
	3. Nursing planning	3.77	Good
	4. Nursing implementation	3.31	Fair
	5. Nursing evaluation	3.35	Fair
Total	3.79	Good	
Reward (Z)	1. Intrinsic reward	4.28	Very Good
	2. Extrinsic reward	3.40	Fair
	Total	3.84	Good

Source: Primary data

The *verification analysis* (path analysis) was employed to examine the direct and indirect effects of competence and motivation on performance, as well as their impact on reward (Figure 1).

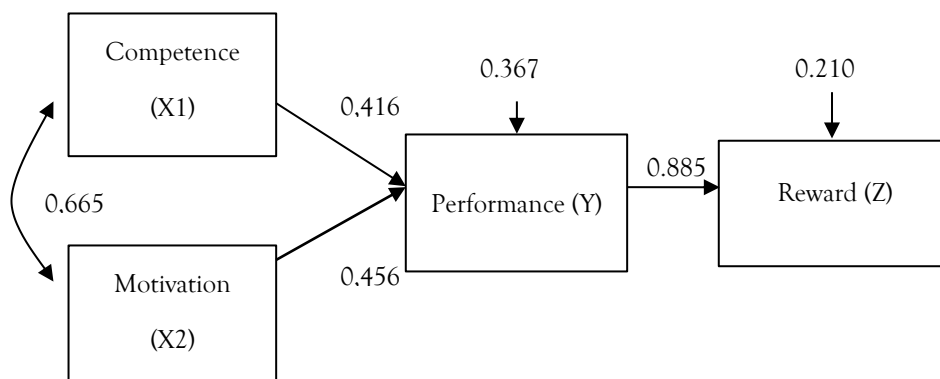


Figure 1. Path analysis

Source: Primary data

After determining the correlation coefficients, the subsequent step was to calculate the direct and indirect effects, with the results presented as follows. Based on Table 4, the effect of the competence variable (X1) on performance (Y) was 29.9%, indicating that skills and attitudes significantly contribute to improving performance. The effect of the motivation variable (X2) on performance (Y) was 33.4%, suggesting that higher work motivation can enhance nurse performance. The combined effect of competence and motivation on performance was 63.3%, meaning that together they account for more than half of the variation in nurse performance. The effect of performance (Y) on reward(Z) was 78.4%, confirming that performance is a primary determinant in awarding reward to nurses.

Table 4. Results of Verificatif Analysis

Variable	Path Coefficient	Indirect Effect		Total Effect
		X1	X2	
X1	0.173	-	0.126	0.299
X2	0.208	0,126	-	0.334
The effect of X1 and X2 on Y				63.3
The effect of Y on Z				78.4

Source: Primary data

Hypothesis testing was conducted both partially and simultaneously. In the first sub-structural model, the effect of competence on performance showed a *t*-value of 6.725, which exceeded the *t*-table value of 1.484, with a significance level of $0.000 < 0.05$, indicating that competence had a significant effect on performance. The effect of motivation on performance produced a *t*-value of 7.375, also greater than the *t*-table value of 1.484, with a significance level of $0.000 < 0.05$, confirming that work motivation had a significant effect on performance. The combined effect of competence and motivation on performance yielded an *F*-value greater than the *F*-table value ($148.244 > 3.05$) with a significance level of $0.000 < 0.05$, suggesting that competence and motivation jointly have a significant effect on performance. In the second sub-structural model, the *t*-value for the effect of performance on reward was 25.048, exceeding the *t*-table value of 1.484, with a significance level of $0.000 < 0.05$, indicating that performance had a significant effect on reward.

Discussion

The findings demonstrated that both competence and motivation have a significant influence on nurse performance, both partially and simultaneously. Moreover, performance significantly affects the reward. These results provide a deeper understanding of how human resources in the healthcare sector can be optimized through competence and motivational approaches.

Competence was found to have a significant partial effect on performance ($\beta = 0.416$; $p < 0.000$). This finding reinforces Spencer and Spencer (Ilham et al., 2024), positing that competence encompassing motives, traits, self-concept, knowledge, and skills is directly related to effective job performance. Notably, the knowledge dimension was the weakest, indicating a potential area for improvement. These findings are consistent with previous studies (Heldawati et al., 2022; Deswarta & Kasmalena, 2022) that emphasized the role of clinical and managerial competence in improving service effectiveness. However, the findings differ from those of Asriadi et al. (2025), who reported no significant effect of competence on nurse performance in the emergency department of RSUD Trikora Salakan. Discrepancies like these may stem from institutional context, workload variation, and the implementation of training programs. The low score in the knowledge dimension may be attributed to the fact that the majority of nurses hold a Diploma qualification, which emphasizes practical skills over theoretical depth, coupled with limited opportunities for continuous professional training due to the geographical constraints of Nias Island. (Novitasari et al., 2025) at RSUD Prof. Dr. H. Aloi Saboe, Gorontalo, reported that nurses with a Bachelor’s degree and professional Nurses qualification possess higher competence in both clinical and managerial aspects—conversely, (Gunawan & Ul Hasanah, 2024) at RSAU dr. Norman T. Lubis found that educational level had no significant effect on competence, with competence being more substantially influenced by training and



work experience. Nevertheless, both the similarities and differences in these findings can be offset by longer work experience and greater maturity in carrying out nursing duties, as suggested by (Hastuti et al., 2023).

Motivation also exhibited a significant partial effect on performance ($\beta = 0.456$; $p < 0.000$). The low competence score for the knowledge category indicates that nurses in isolated island environments have few options for additional education and training. The geographical remoteness and the preponderance of Diploma-level education contribute to weaker mastery of theoretical knowledge. In the meantime, the heavy workload in inpatient units and the absence of defined career trajectories may be the reason for the low score in the need for achievement dimension of motivation, which deters nurses from aiming for greater success. In order to promote accomplishment motivation, this emphasizes the necessity of policy changes such as professional development programs and non-monetary rewards. According to MC Clelland (Juita et al., 2023), motivation is driven by three key needs: achievement, affiliation, and power. In this study, affiliation emerged as the strongest dimension, reflected in the quality of nurses' workplace interactions.

In contrast, the need for achievement and power appeared underdeveloped, indicating the need for organizational support in fostering initiative and leadership. These findings align with studies by Chmielewska et al. (2020) and Layli & Gurning (2023), which reported motivation as a critical driver of nurse performance. On the other hand, contrasting results from studies by Laksono & Edris (2024) reporting non-significant effects of motivation on performance may be attributed to differences in organizational culture, institutional settings, or sample size. The low levels of the need for achievement and the need for power can be attributed to long years of service. This condition may also be reinforced by monotonous work routines with high workloads in inpatient units, which reduce opportunities for innovation and leadership initiatives, as well as by the absence of a clear incentive system and limited career advancement opportunities that fail to encourage nurses to pursue higher achievement or leadership roles. (Indrawati et al., 2024) indicated that prolonged monotonous work routines in inpatient units with high workloads reduce opportunities for innovation and leadership initiatives.

In contrast, Sukmara (2023) found that nurses with long tenure tend to feel comfortable in their current positions, making them less driven to take on additional responsibilities. Both similarities and differences in these findings are influenced by organizational factors, such as the lack of a clear incentive system and limited career advancement opportunities, which fail to encourage nurses to pursue higher achievement or leadership roles. The low levels of the need for achievement and power needs indicate the presence of systemic issues within the hospital. The existing reward system may not effectively encourage individual initiative and accomplishment, but rather focuses on other aspects.

Simultaneously, competence and motivation together accounted for 63.3% of the variance in nurse performance, suggesting a synergistic interaction between the two. (Priyanti et al., 2024) and (M. Sari et al., 2024) emphasized that competence and motivation jointly enhance healthcare professionals' productivity, responsibility, and efficiency. Nevertheless, external factors such as workload, supervision, and organizational culture may also moderate this relationship.

Nurse performance, based on (*Standar Praktik Keperawatan PPNI, 2020*; *Undang-Undang Nomor 38 Tahun 2014 tentang Keperawatan, n.d.*), shows that the dimensions of nursing assessment and diagnosis are categorized as very good, while planning, implementation, and evaluation remain less satisfactory. The low score performance in the nursing care planning, implementation, and evaluation dimensions is caused by the high workload in inpatient units, which makes it difficult for nurses to balance direct patient care with nursing documentation. The limited nurse-to-patient ratio further exacerbates this condition, as well as the lack of time for detailed documentation and the perception of documentation as merely administrative rather than a clinical necessity. In addition, the absence of supportive technology, such as electronic nursing documentation systems, and the lack of continuous training on nursing process competencies contribute to the lower performance in these dimensions. These findings align with studies by Setiyawan (2020), who found that the focus is on setting goals, designing interventions, and evaluating outcomes.

In contrast, Kusumaa et al. (2021) found that workload has a positive effect on performance. These similarities and differences may be attributed to variations in managerial capacity and organizational support systems across hospitals. The availability of supportive technology and a work culture that adapts to change are also crucial factors in determining the quality of nursing care processes.

Furthermore, nurse performance was found to have a significant effect on the reward ($\beta = 0.885$; $p < 0.000$). Robbins and Judge in Saragih et al. (2024) defined performance based on quality, quantity, and timeliness, all of which contribute to the level of reward received. Reward, as defined by Griffin et al. (2023), refers to any form of reward or acknowledgment received by employees for their services or achievements within an organization. These findings are supported by studies such as Habibi et al. (2021) and Sesrianty et al. (2020), which showed that nurses with higher performance are more likely to receive both intrinsic and extrinsic rewards from their institutions. In contrast, Multazam et al. (2025) reported that monetary rewards had no significant impact on nurse performance at *RSUD Andi Djemma Masamba*. This contradiction may be attributed to variations in how reward systems are implemented and perceived across different institutional contexts.

According to Griffin et al. (2023), rewards are measured through two dimensions: intrinsic rewards and extrinsic rewards. While the intrinsic reward dimension was found to be satisfactory, the extrinsic reward dimension requires improvement. The low level of extrinsic rewards is influenced by factors such as long tenure, advanced age, and high workloads in inpatient units, which shape nurses' expectations toward such rewards. These findings align with studies by S. K. M. N. L. Sari (2023), who found that nurses in the productive age range (21–35 years) tend to be more responsive to extrinsic rewards. In contrast, Utami et al. (2024) reported that older nurses prioritize job stability over financial incentives. These similarities and differences indicate that the level of extrinsic rewards is influenced by life stage and individual priorities, with younger nurses being more oriented toward financial achievement and career advancement. In contrast, senior nurses tend to focus on job security.

These findings also highlighted a critical gap in reward policies across regional public hospitals. Since most *RSUDs* operate under civil service frameworks with limited financial incentives, high performance is often not adequately compensated, particularly in terms of extrinsic rewards. It suggests the need for regional policy innovations that allow performance-

based recognition either through structured professional development programs, career ladder mechanisms, or formal acknowledgment systems to better align individual contributions with institutional rewards.

These findings underscore the importance of integrated human resource management in hospitals, ranging from competency development and motivation enhancement to performance-based reward systems. Theoretically, the results contribute to the literature on healthcare human resource models, while practically, they provide actionable insights for formulating hospital policies aimed at improving nursing service quality. Thus, the implementation of continuous training, coaching programs, and performance-based reward mechanisms is essential to enhance nurse competence, motivation, and ultimately, the quality of care in regional hospitals.

The current reward system at *RSUD dr. M. Thomsen* appears to inadequately reflect individual contributions, particularly in terms of extrinsic incentives. This misalignment may hinder motivation related to achievement and leadership, especially among senior nurses with longer tenures. Considering that public hospitals operate under strict regulatory frameworks and limited budgetary flexibility, it becomes essential to redesign the reward system to better align with individual performance outcomes. A more effective approach would emphasize performance-based recognition through measurable and individualized performance assessments, structured career development pathways linked to competence growth, and the provision of non-monetary rewards such as certificates, public acknowledgment, or leadership opportunities. Additionally, incentives that support continuing education and innovation should be integrated, as these elements not only enhance motivation but also contribute to the long-term improvement of service quality and workforce capacity in public healthcare settings.

This study has several limitations that should be acknowledged. First, the research was conducted in a single regional hospital, which may restrict the generalizability of the findings to other institutional contexts. Second, external factors such as leadership style, organizational culture, and the availability of health technology were not included in the analysis, even though these factors may significantly influence the relationships observed. Future research could address these limitations by adopting a multi-site and longitudinal design to strengthen external validity and causality testing. In addition, incorporating broader organizational and contextual variables would allow the development of a more comprehensive model of nurse performance and reward systems in regional healthcare settings.

CONCLUSION

This study demonstrated that both competence and motivation have a significant influence on nurse performance, both partially and simultaneously. Furthermore, nurse performance was found to affect the reward significantly. These findings underscore that developing competence and work motivation is a crucial factor in improving nurse performance, which in turn contributes to the enhancement of the reward system within hospital settings. However, this study has several limitations. It was conducted in a single regional hospital using a cross-sectional design, which limits the generalizability of the findings across broader healthcare settings. Institutional variations, organizational culture, workload intensity, and differing human resource management systems may affect the applicability of these results in other contexts. Additionally, this research did not explore the potential

moderating or mediating roles of variables such as job satisfaction, organizational culture, or managerial support.

Recommendations to ensure the effective implementation of this study's findings should be prioritized according to their urgency and potential impact. The immediate priority is to strengthen nurses' competence through targeted clinical and managerial training programs, such as NANDA-NIC-NOC training and clinical leadership development, supported by regular supervision and performance evaluation through SP2K oversight and periodic performance audits. Strengthening competence is emphasized first because it directly improves the quality of care and creates the foundation for other interventions. The next priority is enhancing work motivation by implementing motivational training and soft-skill development in interpersonal communication and stress management. It will accelerate improvements in engagement and work enthusiasm once competence has been reinforced. Only after these foundations are secured should the hospital proceed with improving the reward system by establishing a transparent and measurable performance-based mechanism that combines both financial and non-financial incentives, starting with pilot implementation in selected units before scaling up across the hospital. Finally, to ensure sustainability, these initiatives need to be institutionalized through data-driven human resource policies that integrate competence, motivation, and reward indicators into the hospital's human resource information system, accompanied by career pathway and leadership track development, including opportunities for further education such as Bachelor's/Ners programs.

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