

The Effect of Workload and Transformational Leadership Towards Nurse Performance in Islamic Hospital Ibnu Sina Pekanbaru

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ABSTRAK

This study aims to examine the effect of workload and transformational leadership on nurse performance at Islamic Hospital Ibnu Sina Pekanbaru. The research population consisted of all 63 nurses, selected using non-probability and purposive sampling techniques. Data were collected through structured questionnaires and analyzed using multiple linear regression with SPSS Version 23. The results show that workload significantly influences nurse performance, indicating that task demands and staffing conditions shape the ability of nurses to deliver optimal care. Transformational leadership also demonstrates a significant effect on nurse performance, highlighting the importance of supportive, motivational, and visionary leadership practices in strengthening work effectiveness and improving overall service quality within the hospital.

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1. INTRODUCTION

Human resources remain one of the most valuable assets in healthcare organizations, as the competence, commitment, and performance of personnel directly determine the quality of services delivered to patients. In hospital environments where accuracy, speed, and professional judgment are critical, nurses serve as the frontline workforce responsible for ensuring that operational standards and patient care objectives are achieved. To maintain high service quality and remain competitive in the healthcare sector, hospitals must effectively manage the factors that influence nurse performance[1].

Islamic Hospital Ibnu Sina Pekanbaru, as a health institution operating under Islamic values and sharia based service principles, relies heavily on its nursing staff to uphold both clinical standards and the

hospital's unique organizational culture. Therefore, understanding what contributes to optimal nurse performance is essential for sustaining service excellence.

One important factor that affects nurse performance is workload. Nursing workload reflects the quantity and complexity of tasks nurses must complete within limited time and resource constraints. Excessive workload is widely associated with fatigue, reduced concentration, lower service quality, and decreased performance. Conversely, well-managed workload supports nurses in carrying out their duties effectively and consistently.[2].

When workload is balanced, nurses are able to work efficiently, maintain accuracy, and deliver optimal care. However, excessive workload can lead to fatigue, stress, and decreased concentration, which ultimately reduces performance and increases

the risk of errors. This makes workload management a critical aspect in supporting nurses' ability to meet professional standards[3].

Another factor that plays an essential role is transformational leadership. Leaders particularly head nurses who are able to inspire, motivate, and empower their subordinates tend to foster a positive work environment that enhances performance. In hospitals, transformational leadership is expected to encourage nurses to work beyond routine tasks, develop professionally, and maintain high quality patient care[4].

However, at Islamic Hospital Ibnu Sina Pekanbaru, head nurses' roles remain largely focused on administrative duties such as scheduling, documentation, reporting, and ensuring procedural compliance. This administrative load limits their ability to apply key aspects of transformational leadership, including providing individualized support, offering motivational guidance, promoting professional development, and encouraging innovation in nursing practice. Consequently, leadership tends to function more as managerial than transformational, reducing its potential to enhance nurse performance, strengthen work engagement, and improve overall quality of care.

When head nurses are relieved from excessive administrative responsibilities and are able to apply transformational leadership more effectively, several positive impacts on nurse performance can be achieved[5]. Transformational leaders are better positioned to provide individualized attention to the unique needs, strengths, and challenges of each nurse. This allows nurses to feel supported, valued, and properly guided, which in turn motivates them to perform optimally. Moreover, transformational leaders articulate a clear vision and inspire nurses to work with greater enthusiasm and commitment. This motivation enhances nurses' effort, consistency, and overall performance in delivering high-quality care[6].

Based on the introduction, this study seeks to examine whether workload

influences nurse performance and to determine whether transformational leadership also contributes to variations in nurse performance in Islamic Hospital Ibnu Sina Pekanbaru.

2. LITERATURE REVIEW

2.1 Nurse Performance

Nurse performance is the ability of nurses to deliver high-quality, patient-centered care by applying clinical knowledge, decision-making skills, and professional ethics. Effective nurse performance ensures patient safety, efficient resource utilization, and continuous professional development[7]. Nurse performance can also be understood as the capacity of nurses to deliver safe, efficient, and patient-centered care while managing clinical responsibilities within the hospital's workflow[1]. When the conditions are met, nurses are less likely to experience burnout and more likely to maintain consistency, accuracy, and responsiveness in patient care, ultimately contributing to better clinical outcomes[8].

Based on several explanations, it can be concluded that performance is the result achieved by an individual in carrying out their duties, encompassing actions, evaluations, and the achievement of work targets.

2.2 Workload

Workload is the average frequency of activities in each job over a specific period. It is also stated that workload refers to the number of tasks performed by employees that require skills, abilities, and mental processes to complete their work within a given timeframe[9]. In the nursing context, workload is further understood as the total amount of nursing time both direct and indirect required to provide care to patients, along with the number of nurses needed to deliver that care[10]. This perspective emphasizes that workload is not only about the quantity of tasks but also about the time demands and human resources necessary to ensure effective and safe patient care[11].

Based on several explanations, it can be concluded that workload refers to the

overall demands placed on employees, including the number of tasks, the time needed to complete them, and the available human resources to ensure work is performed efficiently and safely.

2.3 Transformational Leadership

Transformational leadership has a significant influence on followers' sentiments by fostering a sense of success and expertise within them[6]. Transformational leaders are highly capable of enhancing organizational outcomes in line with market needs by developing human resources and creating accountable change[4]. Transformational leadership in nursing as a leadership approach oriented towards change and innovation in nursing practice, transformational leaders encourage nurses to work proactively, think creatively, and maintain a high commitment to providing quality patient care[5].

Based on several explanations, it is can be concluded that the transformational leadership is a leadership approach that inspires and motivates nurses to develop their professional potential, adapt to change, and contribute effectively to achieving greater nurse performance.

3. RESEARCH METHOD

Because this study employs a quantitative approach and uses a causal research design, it is classified as survey research. The subjects of this study are nurses working at Islamic Hospital Ibnu Sina Pekanbaru, a healthcare institution located on Jalan Melati No. 60, Harjosari, Sukajadi District, Pekanbaru City. The sampling technique used is non-probability sampling with purposive sampling to ensure the sample meets specific research criteria. The sample size was determined using the Slovin formula with a 10% margin of error, resulting in 63 respondents. All nurses who met the inclusion criteria at Islamic Hospital Ibnu Sina Pekanbaru were selected as participants. Data were collected using questionnaires and supported by interviews, while data analysis was performed using SPSS version 23.

4. RESEARCH AND DISCUSSION

4.1 Data Quality Analysis Result

4.1.1 Validity Test

If the r count value exceeds the r table value, the measurement instrument is considered valid. Conversely, if the r count value is lower than the r table value, the instrument is regarded as invalid.

Tabel 1 Validity Test Result

Variable	Statements	R Table	R Count	Information
Workload (X1)	X1.1	0.248	0.935	Valid
	X1.2	0.248	0.848	Valid
	X1.3	0.248	0.774	Valid
	X1.4	0.248	0.912	Valid
Transformational Leadership (X2)	X2.1	0.248	0.790	Valid
	X2.2	0.248	0.850	Valid
	X2.3	0.248	0.870	Valid
	X2.4	0.248	0.807	Valid
	X2.5	0.248	0.861	Valid
	X2.6	0.248	0.700	Valid
	X2.7	0.248	0.775	Valid
	X2.8	0.248	0.806	Valid
Nurse Performance (Y)	Y1	0.248	0.604	Valid
	Y2	0.248	0.283	Valid
	Y3	0.248	0.267	Valid
	Y4	0.248	0.576	Valid
	Y5	0.248	0.254	Valid
	Y6	0.248	0.602	Valid
	Y7	0.248	0.616	Valid
	Y8	0.248	0.272	Valid
	Y9	0.248	0.522	Valid

	Y10	0.248	0.262	Valid
	Y11	0.248	0.271	Valid
	Y12	0.248	0.520	Valid
	Y13	0.248	0.315	Valid
	Y14	0.248	0.536	Valid
	Y15	0.248	0.269	Valid
	Y16	0.248	0.601	Valid
	Y17	0.248	0.254	Valid
	Y18	0.248	0.255	Valid

Based on the table above, it is evident that the r-count values for all statement items > 0.248, indicating that every item used to measure the variables meets the validity criteria.

4.1.2 Reliability Test

An instrument is considered reliable when its Cronbach’s Alpha value > 0.60, as this threshold indicates whether the instrument consistently measures the intended variables.

Table 1.2: Reliability Test

Variable	Cronbach's Alpha	Law	Information
Workload (X1)	0.885	>0.60	Reliable
Transformational Leadership (X2)	0.923	>0.60	Reliable
Nurse Performance (Y)	0.708	>0.60	Reliable

The table above shows that all variables have reliability values > 0.60, indicating that the instruments used to measure each research variable can be considered reliable.

4.1.3 Normality Test

The data is considered normally distributed when the significance value of the K-S test > 0.05.

Table 1.3: Normality Test

One-Sample Kolmogorov-Smirnov Test		Unstandardized Residual
N		63
Normal Parameters ^{ab}	Mean	0.0000000
	Std. Deviation	2.57007670
Most Extreme Differences	Absolute	0.064
	Positive	0.049
	Negative	-0.064
Test Statistic		0.064
Asymp. Sig. (2-tailed)		0.200 ^c

Notes:

- a. Test distribution is normal
- b. Calculated from data
- c. Lilliefors significance correction

Based on the table above, the Kolmogorov–Smirnov test shows a significance value of 0.200, which mean > 0.05 threshold. Therefore, it can be concluded that the data follow a normal distribution.

4.2 Descriptive Analysis

4.2.1 The Effect of Workload Towards Nurse Performance

The results of the study indicate that workload has a significant effect on nurse

performance at Islamic Hospital Ibnu Sina Pekanbaru. This shows that appropriate workload distribution is essential for supporting nurses in performing their duties effectively. When tasks are aligned with nurses’ capacity, skills, and available time, they are able to maintain concentration, provide timely care, and ensure service quality. A balanced workload also minimizes fatigue and work stress, enabling nurses to

work more efficiently and achieve optimal performance[2].

The descriptive findings further highlight persistent workload challenges, particularly those arising from the surge in patient numbers during 2021–2022 and the unique sharia-based service principles implemented at Islamic Hospital Ibnu Sina Pekanbaru. Under this system, nurses are expected to provide gender-matched care, meaning male nurses handle male patients and female nurses handle female patients. However, this requirement is difficult to fulfill due to the substantial imbalance in the hospital's nursing workforce, which is overwhelmingly dominated by female nurses. As a result, the limited number of male nurses often face disproportionate workloads, while female nurses simultaneously manage a high volume of cases, creating additional pressure on overall staffing capacity.

Despite these challenges, several workload indicators still showed relatively lower average scores, suggesting that nurses generally did not perceive a decline in work quality or experience confusion regarding their role boundaries. This may be attributed to the hospital's clear Standard Operating Procedures (SOP), which provide structured guidance on workflow and responsibilities, enabling nurses to carry out their duties more confidently and consistently even under demanding conditions[12].

The overall mean score for workload falls within the moderate category. However, the research findings show that many nurses continue to feel strained by the surge in patient numbers. A moderate workload cannot be considered an optimal condition because it may still generate risks such as physical fatigue, heightened stress levels, and a gradual decline in the quality of care provided[13]. Even when categorized as moderate, unmanaged workload conditions can accumulate over time and negatively affect nurses' ability to perform consistently and maintain patient safety.

To address this issue, strengthening workload management becomes essential, particularly through improved staffing strategies and more equitable task

distribution. This is consistent with the findings of [11], who highlight that effective nurse staffing allocation supported by the addition of nursing personnel when necessary can significantly alleviate workload pressures. Enhancing nurse allocation not only helps reduce the burden on existing staff but also supports the delivery of high-quality care and promotes better performance outcomes in hospital settings.

4.2.2 The Effect of Transformational Leadership Towards Nurse Performance

Based on the research result, it can be concluded that transformational leadership has an effect towards nurse performance in Islamic hospital ibnu sina pekanbaru. The findings indicate that nurses do experience certain aspects of transformational leadership, particularly related to intellectual stimulation, individualized consideration, inspirational motivation, and idealized influence. Leaders are perceived to occasionally provide rational direction, encourage autonomy, and offer motivational support key components that characterize transformational leadership.

However, despite the presence of these positive elements, the overall descriptive pattern suggests that such behaviors are not consistently demonstrated across leadership interactions. This limited manifestation may be linked to the earlier phenomenon in which head nurses primarily carry out administrative tasks rather than fully engaging in transformational leadership practices. Consequently, although elements of transformational leadership are present, their implementation remains insufficient to establish a strong, cohesive, and sustained transformational leadership climate within the hospital[4].

The next findings indicate that the four core components of transformational leadership intellectual stimulation, individualized consideration, inspirational motivation, and idealized influence are generally perceived as lacking by the nurses. The low descriptive scores suggest that leaders rarely provide personal encouragement, emotional support, or

meaningful engagement with the specific needs of their staff. Moreover, leaders are not consistently offering new insights or innovative approaches that could challenge existing assumptions and enhance nurses' critical thinking or professional reflection[6].

Overall, the results highlight that many fundamental dimensions of transformational leadership are not yet fully embodied in the hospital's current leadership practices. The data also suggest that nurses may need to engage more proactively in communication with their supervisors, as many of the lowest-scoring indicators relate to limited dialogue and infrequent interaction between nurses and head nurses. This is consistent with insights from previous interviews, which indicated that head nurses tend to prioritize administrative responsibilities over leadership activities that involve inspiring, guiding, and motivating their teams in alignment with transformational leadership principles.

The lack of communication is further reflected in the observed phenomenon of minimal group discussion or collaborative problem solving among nurses. For example, during shift changes, nurses often rely solely on written handover notes rather than engaging in verbal discussions to convey critical patient information. This limited interaction reduces opportunities for shared learning, mutual feedback, and collective decision-making practices that are central to transformational leadership and essential for strengthening teamwork and enhancing care coordination[14].

5. CONCLUSION

This study confirms that nurse performance at Islamic Hospital Ibnu Sina Pekanbaru is shaped by both structural and leadership-related factors. Workload emerges as a key determinant, where the alignment

between task demands, available time, and staffing capacity influences nurses' ability to maintain accuracy, responsiveness, and consistency in patient care. Although the overall workload is categorized as moderate, the findings reveal that such conditions still carry latent risks, including fatigue and performance instability, particularly in contexts with increasing patient demand and staffing imbalances.

In parallel, transformational leadership also plays an important role in shaping nurse performance. While elements of transformational leadership are present, their implementation remains fragmented and largely constrained by administrative dominance in leadership roles. This limits the extent to which leaders can provide individualized support, inspire professional growth, and foster meaningful engagement among nurses. As a result, the potential of transformational leadership to enhance performance has not been fully realized.

Taken together, the results suggest that improving nurse performance requires a dual approach that integrates better workload management with the strengthening of leadership practices. Hospitals need to move beyond procedural and administrative routines by creating space for leaders to engage more actively in mentoring, motivating, and guiding their teams. At the same time, more balanced staffing strategies and workload distribution are necessary to ensure that nurses can perform under sustainable and supportive working conditions.

These findings contribute to a more nuanced understanding of how operational pressures and leadership dynamics interact in shaping performance within healthcare settings, particularly in institutions with unique service systems such as sharia-based hospitals.

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