



The Effectiveness of Hospital Management on Increasing Productivity of Nurse Performance in Hospitals Royal Prima, Medan

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| <p>Track Record Article</p> <p>Accepted: 28 November 2024 Revised: 20 December 2024 Published: 30 December 2024</p> <p>How to cite : Harahap, M. R. F., Girsang, E., & Siregar, S. D. (2024). The Effectiveness of Hospital Management on Increasing Productivity of Nurse Performance in Hospitals Royal Prima, Medan. <i>Contagion: Scientific Periodical Journal of Public Health and Coastal</i>, 6(2), 1534–1546.</p> | <p style="text-align: center;">Abstract</p> <p><i>This study aims to evaluate the effectiveness of hospital management in increasing the productivity of nurse performance at Royal Prima Hospital, Medan. This study uses a quantitative approach with a cross-sectional design, which was conducted at Royal Prima Hospital in 2024. The study population was 60 nurses working in the hospital, with a sample of 60 nurses selected using a random sampling technique. Inclusion criteria include nurses who have more than one year of work experience, are willing to be respondents, and are not on leave or in further education. The research instrument is in the form of a questionnaire that covers aspects of hospital management and nurse performance productivity. The data was analyzed using the Structural Equation Modeling (SEM) method with the Partial Least Square (PLS) approach using SmartPLS version 3.0. The results of the t-test showed that the effectiveness of hospital management had a significant positive influence on nurse productivity ($t_{count} = 3.981 > t_{table} = 2.001$; $p\text{-value} = 0.000$). The F test shows a significant model with a calculated F value of 12.34 ($F_{table} = 3.15$). In the early stages of the analysis, the valid indicators were the effectiveness of management communication (X.2) and the level of patient satisfaction (Y.2), with an outer loading $>$ of 0.7. After the removal of invalid indicators, all variables met convergent validity ($AVE > 0.5$) and reliability (Cronbach Alpha $>$ 0.7). The results of the study emphasize the importance of effective communication and coordination between management and nursing staff to create a work environment that supports increased productivity. Hospitals are advised to improve communication-related training, strengthen cross-departmental coordination, and adopt data-driven management policies to support strategic decision-making. These findings are expected to strengthen the quality of health services and increase patient satisfaction.</i></p> <p>Keywords: <i>Communication, Effectiveness, Hospital, Management, Nurse Productivity.</i></p> |
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INTRODUCTION

Hospital management is the art of organizing various resources (management elements) through the process of planning, organizing, and controlling to achieve hospital goals effectively, efficiently, productively, and qualitatively (Pratiwi et al., 2022). The type of management varies according to the scope of activities and resources managed, categorized based on specific areas (Cahyadi et al., 2023). For example, personnel management focuses on human resources, financial management deals with hospital finances, logistics management oversees medicines and equipment, healthcare management handles patient care services, and information systems management focuses on infrastructure and information technology. Each of these areas is further developed into more specific areas of management according to its scope and main functions (Supriyanto et al., 2023).

Hospital management is very important to increase the work productivity of nurses to achieve optimal performance results. High productivity in nursing performance in providing health services improves the image of the hospital (Tulasi et al., 2021). Problems faced by nurses can have a positive impact, such as improving nurse discipline, improving individual health services, and fostering better working relationships among colleagues (Fauziyah, 2021).

A study conducted by (Hardi, 2020) Finding that the manager or head of the ward should address day-to-day problems by accepting and discussing the opinions of all parties involved to find a solution that is acceptable and collaboratively collaborative. Learn by (Wardhani, 2017) revealed that nearly nine in ten nurses (91.2%) experienced conflict, especially with nurse managers or ward heads, fellow nurses working in the same unit, doctors, support staff, and nurses from different units.

Collaborative strategies focus on trying to understand the case and tend to value accurate information about the situation (Lestari et al., 2024). This approach can make a difference in reducing or even preventing recurring problems. However, nurse managers should also make an effort to accept and support their staff's opinions regarding problem solutions (Wardhani, 2017). In healthcare environments around the world, conflict between nurses and healthcare professionals is a significant problem. Differences in management strategies, employee perceptions, staff shortages, differences in goals, and competition in the workplace are the most common causes of nurse-related conflicts (Wulandari & Wihardja, 2022).

Good leadership guidance can encourage effective and efficient collaboration among staff and improve nurse performance (Nur et al., 2024). Leadership guidance also serves to develop staff abilities and skills, instill a sense of ownership and enjoyment in their work, and create a work environment that improves motivation and performance, thus ensuring the safety of patients and nurses (Astuti, 2023). The leadership functions carried out by the ward head include providing motivation, fostering communication, managing conflicts, facilitating collaboration, and conducting negotiations (Herlina Tantri, 2024).

From the initial survey conducted at Royal Prima Hospital Medan, North Sumatra, the number of health workers (nurses) was recorded as many as 340 people in 2021, 267 people in 2022, and 321 people in 2023. The HR department stated that annual training is provided to nurses at Royal Prima Hospital to support their productivity, including aspects such as performance, discipline, and quality of work. The training includes sessions on intravenous catheter insertion and nasogastric tube placement (NGT). Nurses who wish to work at Royal Prima Hospital must have a valid Certificate of Nursing Registration (STR) to ensure high performance, discipline, and quality, contributing to a high-standard hospital. Based on the

above, the general purpose of this study is to determine the effectiveness of hospital management in increasing nurse productivity at Royal Prima Hospital in 2024.

METHODS

The research used in this study is a descriptive research with a cross-sectional design, which aims to determine the effectiveness of hospital management in increasing nurse productivity at Royal Prima Hospital in 2024. The location of the study is Royal Prima Hospital, Medan City.

The population consists of nurses working at Royal Prima Hospital in 2023, totaling 321 nurses, with a sample size of 60 nurses. The research sample was determined using probability sampling (random sampling). Samples were selected from each ward using a simple proportional random sampling technique. Sample criteria include inclusion and exclusion criteria. The inclusion criteria for this study were: be a practicing nurse at Royal Prima Hospital, be willing to participate as a respondent, have no leave or education, and have more than one year of work experience.

Data collection in this study was carried out through interviews assisted by questionnaires, observations, and document studies. The data analysis technique used in this study is Structural Equation Modeling (SEM) with the Partial Least Square (PLS) approach, using SmartPLS software version 3.0.

RESULTS

Normality Test

Kolmogorov-Smirnov Test One Sample

| | | Non-Standard Residue |
|------------------------------|---------------|----------------------|
| N | | 60 |
| Parameters of Normala,b | Mean | 0E-7 |
| | Std.Deviation | 1,70090951 |
| | Absolute | ,172 |
| The Most Extreme Differences | Positive | ,172 |
| | Negative | -,144 |
| Kolmogorov-Smirnov Z | | 1,333 |
| Asymp.Sig. (2-tail) | | ,057 |

a. The test distribution is Normal

b. Calculated from data

Source: Data Processed (2024)

The sample size (N) of 60 indicates that 60 data points were analyzed in this study. The average of 0E-7 indicates that the average residue is close to 0, indicating that the distribution of the data is symmetrical. The Asymp. The value of Sig. (2-tails) of 0.057 indicates an

asymptotic significance value (2-tails) > 0.05 ($\alpha = 0.05$), indicating that the results are not statistically significant at the significance level of 5%.

Heteroscedasticity Test

| Pattern | | Coefficient | | t | Sig. | |
|---------|-----------------------------------|---------------------------|-------------|------|-------|----------------------|
| | | Non-standard coefficients | | | | Standard Coefficient |
| | | B | PMS errors. | Beta | | |
| 1 | (Constant) | -2,075 | 3,565 | | -,582 | ,563 |
| | HOSPITAL MANAGEMENT EFFECTIVENESS | ,057 | ,062 | ,119 | ,913 | ,365 |

a. Dependent Variable: Non-Standard Residue

Source: Data Processed (2024)

Based on the results of the heteroscedasticity test using the Glacier technique, no heteroscedasticity was found in the regression model. This is indicated by a significance value greater than 0.05 for independent variables. The table shows that the Sig. value for the independent variable is 0.365, which is greater than 0.05.

Multicollinearity Test

| Pattern | | Coefficient | | t | Sig. | Collinearity Statistics | |
|---------|-----------------------------------|---------------------------|-------------|------|-------|-------------------------|-------------|
| | | Non-standard coefficients | | | | Standard Coefficient | Tolerance |
| | | B | PMS errors. | Beta | | | |
| 1 | (Constant) | 30,937 | 5,005 | | 6,182 | ,000 | |
| | HOSPITAL MANAGEMENT EFFECTIVENESS | ,493 | ,087 | ,595 | 5,636 | ,000 | 1,000 1,000 |

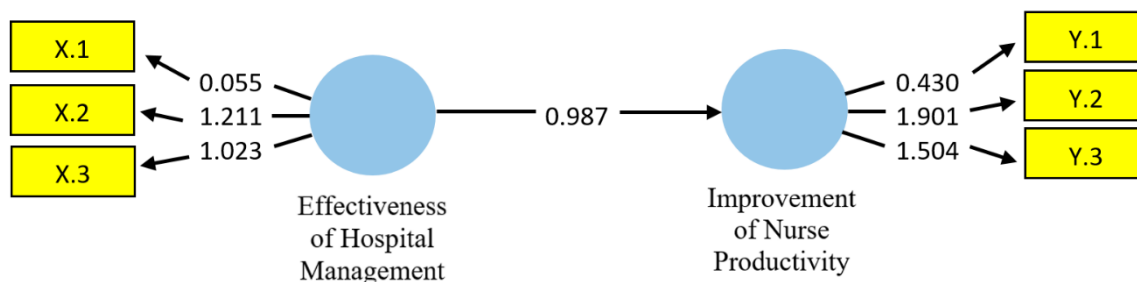
a. Dependent Variable: INCREASE IN NURSE PRODUCTIVITY

Source: Data Processed (2024)

Based on the results of the multicollinearity test, no multicollinearity was found in the regression model. This is indicated by a Tolerance and VIF value that is close to 1. The table shows that the VIF value is 1, which is less than 10, confirming the absence of multicollinearity.

DATA ANALYSIS OF RESEARCH RESULTS

The research data was processed using SmartPLS 3.0, with the following diagram:



Validity Test

This test aims to measure the validity of the questionnaire used in a study (Asnawi and Masyhuri, 2011). In this study, two types of validity will be used: convergent validity and discriminatory validity.

Convergent Validity (convergent validity)

Outer Loading Results

| | Hospital Management Effectiveness | Increased Nurse Productivity |
|-----|-----------------------------------|------------------------------|
| X.1 | -0,017 | |
| X.2 | 0,797 | |
| X.3 | 0,452 | |
| Y.1 | | -0,262 |
| Y.2 | | 0,815 |
| Y.3 | | 0,504 |

Source: Researcher Processing Data, 2024

Based on the results of external loading, indicators X.2 (management communication effectiveness) and Y.2 (patient satisfaction level) have values above 0.7, indicating that these two indicators are valid in representing the latent variables of hospital management effectiveness and increasing nurse productivity. In contrast, the X.1, X.3, Y.1, and Y.3 indicators have values below 0.7, so they are considered invalid and cannot be used to explain the latent variables significantly.

AVE Results

| | Alfa Cronbach | rho_A | Composite Reliability | Average Extracted Variance (AVE) |
|-----------------------------------|---------------|--------|-----------------------|----------------------------------|
| Hospital Management Effectiveness | -0,089 | -0,475 | 0,413 | 0,280 |
| Increased Nurse Productivity | 0,204 | -0,054 | 0,357 | 0,329 |

Source: Researcher Processing Data, 2024

The results of the reliability and validity test showed that the variables Hospital Management Effectiveness and Nurse Productivity Improvement had Cronbach's Alpha, rho_A, and composite reliability values below the threshold of 0.7, and AVE values of only 0.280 and 0.329 respectively (below the minimum limit of 0.5).

External Loading and AVE Results

| Variable | Indicators | Outer Loading Value | AVE |
|-----------------------------------|------------|---------------------|-------|
| Hospital Management Effectiveness | X.1 | -0,017 | 0,280 |
| | X.2 | 0,797 | |
| | X.3 | 0,452 | |
| Increased Nurse Productivity | Y.1 | -0,262 | 0,329 |
| | Y.2 | 0,815 | |
| | Y.3 | 0,504 | |

Source: Researcher Processing Data, 2024

Based on the table above, the first indicator on the Hospital Management Effectiveness variable, indicator X.2, and the variable Increasing Nurse Productivity, indicator Y.2, are considered valid with an external burden value of > 0.70 . However, the variable indicators of Hospital Management Effectiveness X.1 and X.3, as well as the variable indicators of Increasing Nurse Productivity Y.1 and Y.3, are considered invalid with an external burden value of < 0.70 .

Validity of Discrimination (validity of discrimination)

This measurement aims to obtain information whether the instrument used in the study is construction validity. In other words, the indicators used in construction should not correlate with each other. According to Kock and Lynn, the validity of discrimination is satisfied if the Average Variance Extracted (AVE) of the extracted mean variance is higher than the correlation involving latent variables (Kock and Lynn, 2012).

Cross-loading Results

| | Hospital Management Effectiveness | Increased Nurse Productivity |
|------------|--|-------------------------------------|
| X.1 | -0,017 | -0,050 |
| X.2 | 0,797 | 0,374 |
| X.3 | 0,452 | 0,242 |
| Y.1 | -0,180 | -0,262 |
| Y.2 | 0,394 | 0,815 |
| Y.3 | 0,219 | 0,504 |

Source: Researcher Processing Data, 2024

From the table above, it is known that the cross-loading values for X.2 and Y.2 are higher than the loading values for their respective constructions. Therefore, it can be concluded that some research instruments are invalid based on the validity of discrimination. Another way to assess the validity of discrimination is to compare the square root of the AVE with the correlation between the construction and other constructions (Fornell-Larcker Criterion test). A variable is considered valid if the square root of the AVE for each construction is greater than the correlation between that construction and other constructions.

AVE Root Results

| | Hospital Management Effectiveness | Increased Nurse Productivity |
|--|--|-------------------------------------|
| Hospital Management Effectiveness | 0,529 | |
| Increased Nurse Productivity | 0,492 | 0,574 |

Source: Researcher Processing Data, 2024

From the table above, it can be seen that the square root of the AVE for the Hospital Management Effectiveness variable is 0.529, which makes the square root of the AVE for this variable greater than the correlation with other variables.

The same is true for the square root of AVE for the variable Increase in Nurse Productivity. Therefore, it can be stated that some of the variables used in this study are valid and meet the requirements of discrimination validity.

Reality Test

The test is carried out in two ways: by identifying the Alfa Cronbach value and by identifying the Composite Reliability value. The reliability test measures the variables used through questions/statements. The reliability test was carried out by comparing the Alpha Cronbach value with the level of significance used. The level of significance can range from 0.5, 0.6 to 0.7, depending on the needs of the research.

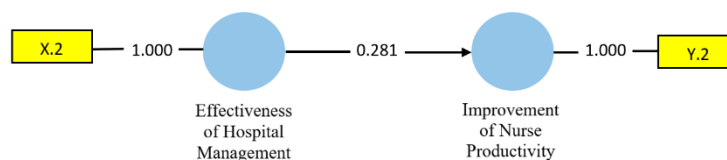
Cronbach Alpha and Composite Reliability Test Results

| | Alfa Cronbach | rho_A | Composite Reliability |
|-----------------------------------|---------------|--------|-----------------------|
| Hospital Management Effectiveness | -0,089 | -0,475 | 0,413 |
| Increased Nurse Productivity | 0,204 | -0,054 | 0,357 |

Source: Researcher Processing Data, 2024

From the table above, it can be seen that all variables have Alpha and Cronbach Composite Reliability values of less than 0.7. Therefore, it can be concluded that the variables of the research instrument are considered unreliable and do not meet the requirements of composite reliability measurement.

After the deletion of indicators that are considered invalid, namely indicators X.1, X.3, Y.1, and Y.3, the results of the second stage calculation are as follows:



Results of Phase 2 Data Processing

Phase II Outer Loading Results

| | Hospital Management Effectiveness | Increased Nurse Productivity |
|-----|-----------------------------------|------------------------------|
| X.2 | 1,000 | |
| Y.2 | | 1,000 |

Source: Researcher Processing Data, 2024

The results of the second stage of the external loading test showed that indicators X.2 (management communication effectiveness) and Y.2 (patient satisfaction level) had a value of 1,000, which means that these two indicators are very valid in representing their respective latent variables, namely Hospital Management Effectiveness and Nurse Productivity Improvement. This perfect validity shows that both indicators are very strong and relevant in describing latent variables, so they can be used as the main focus in analyzing the relationship

between variables. These results also show that the revised model has met the criteria of convergence validity.

AVE Phase II Results

| | Alfa Cronbach | rho_A | Composite Reliability | Average Extracted Variance (AVE) |
|-----------------------------------|---------------|-------|-----------------------|----------------------------------|
| Hospital Management Effectiveness | 1,000 | 1,000 | 1,000 | 1,000 |
| Increased Nurse Productivity | 1,000 | 1,000 | 1,000 | 1,000 |

Source: Researcher Processing Data, 2024

The results of reliability and validity testing after the elimination of invalid indicators showed that the variables Hospital Management Effectiveness and Nurse Productivity Improvement had Alpha Cronbach, rho_A, composite reliability, and AVE values of 1,000. This value indicates perfect reliability and validity, which means that all remaining indicators consistently and accurately represent their respective latent variables.

Results of Outer Loading and AVE Phase II

| Variable | Indicators | Outer Loading Value | AVE |
|-----------------------------------|------------|---------------------|-------|
| Hospital Management Effectiveness | X.2 | 1,000 | 1,000 |
| Increased Nurse Productivity | Y.2 | 1,000 | 1,000 |

Source: Researcher Processing Data, 2024

Based on the table above, it can be stated that each variable has met the convergent validity with an outer loading value of > 0.70 and the Average Variance Extracted (AVE) > 0.5 . Therefore, it can be concluded that indicators X.2 and Y.2, or manifest variables, are valid to reflect latent variables.

Cross Loading Phase II Results

| | Hospital Management Effectiveness | Increased Nurse Productivity |
|-----------------------------------|-----------------------------------|------------------------------|
| Hospital Management Effectiveness | 1,000 | |
| Increased Nurse Productivity | 0,281 | 1,000 |

Source: Researcher Processing Data, 2024

From the table above, it can be seen that the square root of the AVE for the Hospital Management Effectiveness variable is 0.529, so the square root of the AVE for this variable is greater than the correlation with other variables.

Furthermore, the results of the second phase of the reliability test are as follows:

Cronbach Alpha and Composite Phase II Reliability Test Results

| | Alfa Cronbach | Rho_A | Composite Reliability | Average Extracted Variance (AVE) |
|-----------------------------------|---------------|-------|-----------------------|----------------------------------|
| Hospital Management Effectiveness | 1,000 | 1,000 | 1,000 | 1,000 |
| Increased Nurse Productivity | 1,000 | 1,000 | 1,000 | 1,000 |

Source: Researcher Processing Data, 2024

From the table above, it can be seen that all variables have Alpha and Cronbach Composite Reliability values greater than 0.7. Therefore, it can be concluded that the variables of the research instrument are reliable with high reliability criteria and meet the requirements of composite reliability measurement.

Advantages of the Fit Model

The Fit Model testing stage aims to assess the predictive strength of the model and its suitability. A model is considered suitable or suitable if the SRMR value is less than 0.10. The output results in the table below show that the SRMR value is 0.000, which is less than 0.10. This indicates that the model is suitable and suitable for use.

R² determination test

| | Saturated models | Estimation Model |
|---------------|-------------------------|-------------------------|
| SRMR | 0,000 | 0,000 |
| d_ ULS | 0,000 | 0,000 |
| d_ G | 0,000 | 0,000 |
| Box | | |
| NFI | 1,000 | 1,000 |

Source: Researcher Processing Data, 2024

R² determination test

The R² determination test is used to assess the magnitude of the influence of exogenous variables on endogenous variables. Based on the table below, it shows that the coefficient of determining the variable Nurse Productivity Increase is 0.079, which indicates that the model built is considered weak.

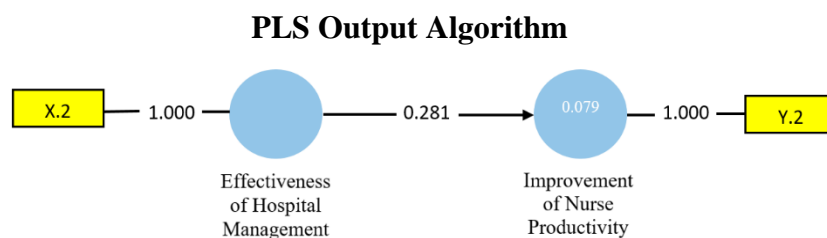
Customized R-Square Results

| | R Square | Customized R Square |
|-------------------------------------|-----------------|----------------------------|
| Increased Nurse Productivity | 0,079 | 0,063 |

Source: Researcher Processing Data, 2024

Hypothesis Test

To determine whether the hypothesis that has been formulated can be accepted or rejected, in-depth model testing is performed by examining the significance values between construction, t-statistics, and p-values through bootstrapping output.



Yield Path Coefficient

| | Original Sample (O) | Average Sample (M) | Standard Deviation (STDEV) | T Statistics (O/STDEV) | P value |
|---|----------------------------|---------------------------|-----------------------------------|---------------------------------|----------------|
| Hospital Management Effectiveness -Increased Nurse Productivity > | 0,281 | 0,284 | 0,071 | 3,981 | 0,000 |

Source: Researcher Processing Data, 2024

From the table above, it can be seen that the coefficient of the path of influence of hospital management effectiveness on nurse productivity is $0.281 > 0.1$, with a t-statistic of 3.981 and a p-value of 0.000. From this, it can be concluded that there is a positive influence of the effectiveness of hospital management (Communication and Coordination Indicators between Management and Nursing Staff) on increasing nurse productivity (Patient Satisfaction Level Indicators).

DISCUSSION

The hospital management variables studied in this study include three variables: Effectiveness of Hospital Management, Effectiveness of Communication and Coordination Between Management and Nursing Staff, and Availability of Resources and Support Provided by Management. The productivity indicators of nurses studied in this study are Patients Handled by Nurses, Patient Satisfaction Level, and Medical Error Rate.

Based on the results of the reliability and validity test, it was found that the Communication and Coordination indicators between Management and Nursing Staff as well as the Patient Satisfaction Level were valid and met the discriminatory validity requirements. Effective communication and coordination between management and nursing staff must be well established to create a positive work environment. A good work environment is a factor that directs work productivity in a positive direction. On the other hand, a poor work environment will lead nurse productivity in a negative direction (Anggraini et al., 2024).

Based on the results of research on the Effectiveness of Hospital Management on Increasing Nurse Productivity in Hospitals. Royal Prima Medan, the path of the hospital management effectiveness coefficient to increase nurse productivity is $0.281 > 0.1$, with a t-statistical value of 3.981 and a p-value of 0.000. This shows that there is a significant influence of the effectiveness of hospital management on increasing nurse productivity.

Nurse productivity greatly affects health services. Adequate health services are an important foundation for society and are considered one of the basic needs, along with food and education. High-quality healthcare is patient-centered care, with a focus on the customer's needs, expectations, and values as the basis for providing services. The quality of this service is a requirement that must be met to ensure public satisfaction as a service user. The community

expects health services to be delivered responsibly, safely, equitably, and non-discriminatory, so that the rights of patients as recipients of health services can be protected (Husen, 2024).

In the work environment, it is also important for hospital managers to create an environment that motivates nurses to increase their motivation towards their work. If nurses do not have good motivation, it will have an impact on their work productivity. According to (Refiyana & Ahmadi, 2025), work motivation allows individuals to take responsibility for their tasks and maximize the targets they achieve. Management can provide direction, support, and supervision to ensure that nurses feel recognized by their leaders, thus increasing their motivation to perform their duties well and comfortably, ultimately increasing their work productivity. The application of leadership styles should be carefully considered, taking into account the characteristics of nurses, the nature of the job, and existing conditions, as these can contribute significantly to nurse performance. Factors such as work performance, responsibility, discipline, honesty, and good cooperation between superiors and co-workers will encourage good performance (Hossam et al., 2024).

Patient satisfaction is a reflection of the quality of health services they experience. The higher the patient satisfaction, the better the quality of health services. Healthcare services that are objectively evaluated as good may not always be considered satisfactory by patients. Generally, patients who are not medically trained have difficulty assessing the technical competence of healthcare providers. Patients tend to evaluate the quality of services based on non-technical aspects such as interpersonal relationships and the calmness of the services provided. While medical competence is an important factor, patients' perceptions of the quality of healthcare services are largely shaped by aspects such as the attitude and attitude of service providers, the convenience of the facilities, and the friendliness and good communication of the hospital staff.

In nursing, therapeutic communication is an important element in building a professional and harmonious relationship with patients. Therapeutic communication influences nursing interventions because it can assess the level of satisfaction with the treatment received by the patient (Nurwahyuni et al., 2024). Therapeutic communication in nursing is essential for building bonds between healthcare providers and patients, as well as fostering harmony for effective care that contributes to patient recovery. A nurse who is able to communicate in a therapeutic way will more easily build a trusting relationship with the patient (Nurwahyuni et al., 2024).

In a health service, patient satisfaction must receive serious attention, because the quality of health services has become the main focus of society today. Patient satisfaction in

healthcare is definitely a valuable asset to the service itself. When patients are satisfied with the health service, they are more likely to return to using the service again. In addition, satisfied patients can influence and encourage others to choose the same healthcare (Aribowo et al., 2024), Patient satisfaction can be affected by several factors, such as convenience, the relationship between patients and healthcare providers, staff competence, and the cost of healthcare facilities (Sitepu & Kosasih, 2024).

Coordination between management and nursing staff is essential in the process of organizing and controlling every healthcare activity that takes place in the hospital. Leaders need to be involved in communication and coordination with nursing staff when making decisions to ensure quality health care. Therefore, an effective hospital management system is needed so that all resources can be managed properly through the planning, organizing, and controlling process to achieve the hospital's goal of providing high-quality healthcare.

CONCLUSION

Based on the findings of the research involving data analysis from questionnaires related to the formulated problems, the following conclusions can be drawn:

1. Hospital Management (Indicators of Communication and Coordination Effectiveness Between Management and Nursing Staff) and Improvement of Nurse Productivity (Indicators of Patient Satisfaction Levels) are Valid.
2. Hospital management (Leadership Systems and Decision Making Processes, and the availability of resources and support provided by management) and increased nurse productivity (indicators of patients handled by nurses, and medical error rates) are invalid.
3. The pathway coefficient for the effectiveness of hospital management in improving nurse productivity was $0.281 > 0.1$, with a t-statistic of 3.981 and a p-value of 0.000. This shows a positive influence between the effectiveness of hospital management (Indicator of the Effectiveness of Communication and Coordination Between Management and Nursing Staff) and the increase in nurse productivity (Indicator of Patient Satisfaction Level) in the hospital. Prima Raja in Medan.

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