

TIME MANAGEMENT, WORK STRESS, AND BURNOUT AS DETERMINANTS OF NURSE PERFORMANCE IN CIREBON CITY



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Abstract

The efficacy of nurses is a vital indicator of healthcare service quality and patient safety. Nurses frequently face time limitations, job stress, and burnout, which can impair their ability to provide quality care. This study aims to investigate the effects of time management, occupational stress, and burnout on the performance of nurses in Cirebon City. This study utilized a quantitative explanatory design. The population consisted of 1,505 nurses employed in hospitals and healthcare facilities in Cirebon City. The minimum sample size was 316 respondents, determined using the Slovin formula, whereas 350 valid responses were analyzed. Data were collected by a structured questionnaire utilizing a five-point Likert scale and analyzed with SPSS, including descriptive statistics, validity and reliability evaluations, classical assumption tests, multiple linear regression, t-tests, F-tests, and determination coefficients. The findings indicated that time management positively and significantly influenced nurse performance, whereas work stress and burnout negatively and significantly impacted it. The concurrent assessment indicated that time management, work-related stress, and burnout collectively impacted nurse performance. The adjusted R-squared value of 0.207 signifies that 20.7% of nurse performance is elucidated by the three factors. This study concludes that improving nurse performance requires effective time management, stress control, and burnout prevention strategies. The findings provide practical implications for health care managers to strengthen workload management, supportive supervision, and psychological well-being programs for nurses.

Keywords: Time Management, Work Stress, Burnout, Nurse Performance, Health Care Management

INTRODUCTION

Nurses play a strategic role in health care services because they are directly involved in providing continuous clinical care, monitoring patient conditions, coordinating treatment activities, and ensuring that health services are delivered safely and effectively. Nurse performance in hospitals and other healthcare institutions is intricately linked to service quality, patient safety, patient happiness, and the overall efficacy of healthcare organizations. Nurse performance is not only determined by clinical competence, but also by the ability to manage work demands, time pressure, emotional burden, and organizational expectations in a dynamic work environment. Previous research has demonstrated that the psychological well-being and work environment of nurses are critical factors that influence patient outcomes and service quality (Li et al., 2024; Schlak et al., 2021).

In practice, nurses often face complex work situations, including high workload, limited working time, administrative responsibilities, emotional demands from patient care, and pressure to provide accurate and timely services. These disorders may exacerbate occupational stress and compromise the quality of nursing care if not adequately addressed. Nurses' caregiving behaviors and health-related quality of life are adversely affected by occupational stress, which suggests that stress impacts both the character of their patient relationships and the nurses themselves (Sarafis et al., 2016). Likewise, Babapour et al. (2022) discovered that nurses' professional stress was linked to a decline in their quality of life and their caregiving behaviors. Therefore, work stress is an important issue that must be considered when examining nurse performance.

Burnout has also become a major concern in the nursing profession. Burnout symptoms among nurses have been documented worldwide across diverse countries, specialties, and healthcare environments, indicating that burnout is not merely a localized organizational concern but a widespread occupational health issue within the nursing profession. (Woo et al., 2020). Burnout is typically characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment as a consequence of prolonged job stress (Maslach & Leiter, 2016). In nursing, burnout is intricately linked to detrimental job attributes including excessive workload, insufficient staffing, extended working hours, time constraints, position ambiguity, limited autonomy, and ineffective leadership. The repercussions may encompass diminished job performance, substandard care quality, compromised patient safety, adverse incidents, prescription errors, patient falls, and a desire to resign from the position. (Dall'Ora et al., 2020).

The Job Demands–Resources theory can conceptually clarify the relationship between performance, fatigue, and work demands. This theory posits that if employment resources, including organizational support, supervisory assistance, autonomy, feedback, and developmental opportunities, are insufficient to mitigate heightened job expectations, they may result in exhaustion and strain (Bakker & Demerouti, 2017). In the nursing context, insufficient job resources may make nurses more vulnerable to psychological fatigue and reduced work effectiveness. Empirical evidence also supports this view. Li et al. (2024) discovered that nurse fatigue was linked to a reduction in patient safety, a decrease in patient satisfaction, and a compromise in the quality of treatment. Shah et al. (2021) demonstrated that burnout is an organizational risk, as it is associated with nurses who are contemplating or have already resigned from their positions due to burnout.

An essential feature that may enhance nurse effectiveness is time management. Time management denotes the capacity to plan, organize, prioritize, and regulate the utilization of work time efficiently to accomplish activities in accordance with anticipated criteria. Time management is crucial in nursing as it requires nurses to balance clinical treatment, paperwork, collaboration with other healthcare providers, and direct patient involvement. Terefe et al. (2023) elucidated that time management behaviors among healthcare professionals are affected by organizational policies, planning experience, procrastination, and performance evaluation systems. Zyoud (2023) also emphasized that time management skills among nurses include planning, organizing, prioritizing activities, and setting goals, which are essential for improving nursing effectiveness. Poor time management may lead to delayed services, work accumulation, increased stress, and reduced work efficiency.

Numerous prior studies have investigated the correlation among time management, work-related stress, burnout, and nursing performance. Addis et al. (2023) found that time management among health professionals is related to planning, implementation, responsibility, and effective use of working time. Faeni et al. (2023) showed that workload and work stress influenced nurse performance in an Indonesian hospital context. Meanwhile, Nantsupawat et al. (2023) found that nurse burnout was associated with missed nursing care and poor care quality after the COVID-19 pandemic. In Indonesia, Juanamasta et al. (2024) also highlighted burnout as an important issue among nurses, indicating that psychological fatigue is relevant to the Indonesian health care system.

However, most previous studies have tended to examine these variables separately. Some studies focused on time management among health workers, others examined work stress and burnout, while several others analyzed burnout in relation to patient safety, missed nursing care, or quality of care. Limited studies have integrated time management, work stress, and burnout simultaneously as predictors of nurse performance, especially in the context of urban health care services in Indonesia. This gap is important because, in real nursing work, these variables do not operate independently. Good time management may help nurses reduce work pressure and complete tasks effectively, while excessive work stress may increase burnout and weaken performance. Consequently, a complete analysis is essential to elucidate the elements affecting nurse performance.

This study aims to investigate the effects of time management, occupational stress, and burnout on nursing performance in Cirebon City. The objective of this investigation is to enhance the healthcare sector's human resource management and organizational psychology by presenting empirical data regarding the influence of psychological and behavioral factors on nurse performance. The results of this study may offer guidance to hospital administrators, healthcare organizations, and policymakers to enhance nurse performance via improved time management, stress regulation, workload oversight, staffing assistance, and burnout mitigation techniques.

REVIEW OF LITERATURE

Time Management

Time management denotes an individual's capacity to strategize, arrange, prioritize, and regulate the utilization of time to accomplish tasks effectively and efficiently. In the healthcare sector, time management is a crucial managerial and behavioral competency, since health workers must accomplish clinical, administrative, and coordination activities within

constrained working hours. Terefe et al. (2023) explained that time management practices among health workers are influenced by organizational policies, previous planning experience, procrastination behavior, and performance evaluation systems. This indicates that time management is not merely an individual ability, but also part of organizational work management.

For nurses, time management is particularly important because nursing work involves direct patient care, documentation, communication with other health professionals, and timely response to patient needs. Zyoud (2023) stated that time management skills among nurses include goal setting, planning, scheduling, organizing activities, and prioritizing tasks. Nurses who are able to manage their time properly tend to be more capable of reducing work delays, avoiding task accumulation, and maintaining service quality. In contrast, poor time management may increase work pressure, reduce efficiency, and lead to psychological strain.

Time management also has a close relationship with health care performance. Addis et al. (2023) found that time management practice among health professionals was associated with planning, implementation, responsibility, and effective use of working time. In line with this, Unger et al. (2022) suggested that time perspective could influence perceived stress and burnout tendencies among health care professionals. Consequently, this study identifies time management as a crucial element that might enhance nurse performance by enabling nurses to execute duties more efficiently, minimize unwarranted delays, and uphold service quality amidst work-related stress.

Work Stress

Work stress is a psychological and physiological reaction that arises when job expectations surpass an individual's skill, capability, or available resources to manage those needs. In nursing, occupational stress may stem from an excessive workload, time constraints, emotional demands, role ambiguity, insufficient staffing, and the obligation for patient safety. Sarafis et al. (2016) demonstrated a correlation between occupational stress in nurses and health-related quality of life and caregiving behaviors. This indicates that professional stress affects both nurses' psychological health and the quality of their patient relationships.

Babapour et al. (2022) discovered that nurses' occupational stress adversely affected quality of life and caregiving behaviors. This finding strengthens the argument that work stress can reduce the emotional and professional capacity of nurses in providing quality care. When nurses experience excessive stress, they may find it more difficult to maintain concentration, patience, accuracy, and empathy in their work. In the long term, stress can weaken work motivation and reduce the effectiveness of nursing services.

The relationship between work stress and burnout can be understood through a resource-depletion perspective, in which stressful work conditions gradually reduce nurses' time, energy, emotional capacity, and recovery opportunities. This viewpoint highlights that stress arises when individuals deplete valuable resources, encounter dangers of resource depletion, or do not acquire adequate resources despite exerting effort. In the nursing context, resources may include time, energy, emotional capacity, social support, professional competence, and organizational support. Jin et al. (2023) demonstrated a favorable correlation between job pressures and burnout in clinical nurses, highlighting the significant significance of recovery needs in this association. This implies that stressful work conditions

can drain nurses' psychological resources and increase fatigue when adequate recovery is not available.

The efficacy of nurses in an Indonesian general hospital was found to be influenced by occupational stress and workload by Faeni et al., (2023). Bagiada & Netra (2019) also found that work stress, burnout, and work motivation influenced nurse performance. These findings indicate that work stress is a relevant issue in nursing performance studies, both internationally and nationally. Consequently, work-related stress in this study is anticipated to adversely impact nursing performance. High levels of stress in nurses can lead to diminished concentration, motivation, accuracy, and emotional stability, ultimately leading in decreased service quality and impaired work performance.

Burnout

Burnout is a psychological syndrome that is typically characterized by emotional depletion, depersonalization, and a diminished sense of personal accomplishment, and it is the result of prolonged occupational stress. A condition of being psychologically depleted as a result of occupational pressures is referred to as emotional exhaustion. Depersonalization denotes aloof, cynical, or impersonal attitudes towards patients or colleagues. Reduced personal accomplishment denotes a diminishing perception of efficacy and success in one's professional endeavors (Maslach & Leiter 2016). These dimensions are highly relevant in the nursing profession because nurses are exposed to intensive emotional interaction, high workload, time pressure, and continuous responsibility for patient care.

Burnout has become a global concern in the nursing profession. Woo et al. (2020) shown that indicators of exhaustion in nurses were observed across various nations, specialties, and healthcare environments. This indicates that burnout is not limited to specific organizations or regions, but represents a broader occupational health problem in nursing. Juanamasta et al. (2024) identified burnout among nurses in Indonesia as a significant concern, emphasizing many drivers associated with personal and organizational factors. These findings show that burnout should be viewed as a serious concern in health care human resource management.

The Job Demands–Resources theory can also account for burnout. Bakker & Demerouti (2017) contend that job demands, such as workload, time pressure, emotional demands, and role conflict, can lead to strain if not mitigated by adequate employment resources. In healthcare companies, job resources may encompass supervisory support, sufficient staffing, autonomy, equitable workload distribution, explicit processes, and opportunity for professional advancement. When job demands are elevated and employment resources are inadequate, nurses are increasingly susceptible to burnout.

Dall'Ora et al. (2020) elucidated that burnout in nursing is significantly linked to detrimental job features, including excessive workload, inadequate staffing, extended shifts, limited autonomy, ineffective leadership, and insufficient support. The ramifications of burnout are significant, encompassing diminished job performance, substandard treatment quality, compromised patient safety, adverse incidents, prescription errors, patient falls, and a propensity to resign. Shah et al. (2021) further emphasized that burnout is correlated with nurses leaving or considering leaving their jobs, which means that burnout should also be understood as an organizational risk. Thus, burnout may affect not only individual nurses but also health care institutions, staffing stability, and service continuity.

Recent empirical research has validated that burnout impacts health care outcomes. Li et al. (2024) identified a relationship between nurse burnout and patient safety, patient satisfaction, and treatment quality. Nantsupawat et al. (2023) discovered a correlation between burnout, missing nurse care, and diminished care quality following the COVID-19 pandemic. These studies indicate that burnout has direct consequences for nurse performance and health care quality. This study anticipates that exhaustion will adversely impact nurse performance. Nurses experiencing burnout may struggle to uphold empathy, accuracy, responsiveness, and professional dedication, potentially diminishing the quality of nursing care and overall job performance.

Nurse Performance

Nurse performance refers to the achievement of nurses in carrying out clinical and administrative tasks according to professional standards, organizational expectations, and patient care requirements. Nurse performance includes service quality, timeliness, responsibility, work effectiveness, cooperation, and accuracy in delivering care. In health care organizations, nurse performance is one of the main indicators of service quality because nurses interact directly and continuously with patients.

Previous studies have shown that nurse performance is influenced by psychological and organizational factors. Saputri et al. (2023) discovered that burnout adversely impacted nurse performance in an Indonesian hospital. Najooan et al. (2024) established an association between burnout and the performance of executive nurses. These findings indicate that psychological fatigue can reduce nurses' ability to perform optimally. Furthermore, Schlak et al. (2021) underscored that a conducive work environment might mitigate the adverse effects of nurse burnout on patient outcomes, indicating that organizational factors are crucial in sustaining nursing performance.

The efficacy of nurses is closely associated with the standard of care and patient safety. Tawfik et al. (2019) demonstrated that burnout among healthcare providers correlated with diminished quality of service. Li et al. (2024) shown that nurse burnout is associated with patient safety, patient satisfaction, and treatment quality. Thus, improving nurse performance requires not only technical skills but also effective management of work demands, psychological stress, and burnout risk.

In this study, nurse performance is considered as the outcome variable influenced by time management, work stress, and burnout. Better time management is expected to improve performance because it helps nurses organize tasks and complete work efficiently. In contrast, high work stress and burnout are expected to reduce performance because they weaken concentration, emotional stability, empathy, and work engagement. This integrated model provides a broader explanation of nurse performance because it combines behavioral, psychological, and organizational aspects in one analytical framework.

Hypothesis Development

Effective time management is anticipated to enhance nurse performance. Nurses who can organize job activities, establish goals, and utilize time effectively are more likely to finish duties punctually and uphold service quality. Previous studies have shown that effective time management supports performance, responsibility, and productivity among health professionals (Addis et al., 2023; Terefe et al., 2023; Zyoud, 2023). Consequently, the initial hypothesis is articulated as follows:

H1: Time management has a positive effect on nurse performance.

Occupational stress is anticipated to adversely impact nursing performance. Elevated work stress might diminish concentration, motivation, emotional stability, and empathetic behavior. In the nursing profession, stress caused by workload, time pressure, role conflict, and emotional demands can weaken nurses' ability to provide optimal care. Previous studies have demonstrated a relationship between professional stress and decreased caring behavior, lower quality of life, and an elevated risk of burnout in nurses. (Babapour et al., 2022; Jin et al., 2023; Sarafis et al., 2016). Consequently, the second hypothesis is articulated as follows:
H2: Work stress has a negative effect on nurse performance.

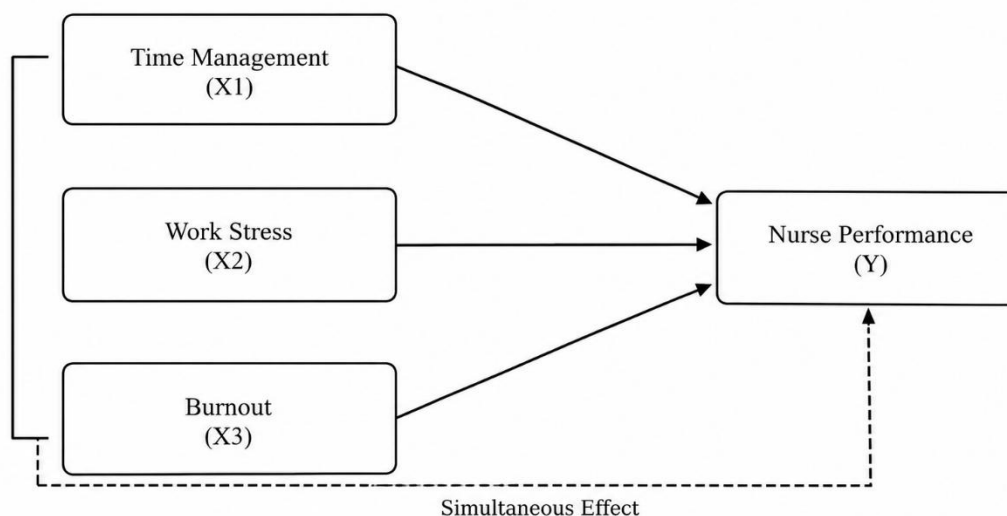
Burnout is anticipated to adversely impact nurse performance. Nurses suffering from emotional weariness, depersonalization, and diminished personal accomplishment may exhibit decreased empathy, reduced work engagement, and compromised service quality. Prior research indicates that burnout correlates with diminished nurse performance, neglected nursing care, inferior quality of care, and a propensity to resign from the position (Dall'Ora et al., 2020; Li et al., 2024; Najoan et al., 2024; Nantsupawat et al., 2023; Shah et al., 2021). Consequently, the third hypothesis is articulated as follows:

H3: Burnout has a negative effect on nurse performance.

Time management, work stress, and burnout are also expected to influence nurse performance simultaneously. Time management may support nurses in completing tasks effectively, while work stress and burnout may reduce their psychological capacity and professional performance. Given the linked nature of these aspects in nursing practice, they should be collectively evaluated to furnish a more thorough elucidation of nurse performance. Consequently, the fourth hypothesis is articulated as follows:

H4: Time management, work stress, and burnout simultaneously affect nurse performance.

Figure 1.
Conceptual Framework



RESEARCH METHOD

This study employed a quantitative explanatory design. This design was utilized to examine the effects of time management, occupational stress, and burnout on nursing performance in Cirebon City. A quantitative method was considered appropriate as the research investigated the relationship between independent variables and a dependent variable using numerical data and statistical analysis. The independent factors in this study comprised time management, work stress, and burnout, while the dependent variable was nursing performance.

The study population consisted of nurses working in hospitals and healthcare institutions in Cirebon City. The overall population consisted of 1,505 nurses. The required sample size was determined using the Slovin formula with a 5% margin of error, resulting in a minimum of 316 respondents. The conclusive valid data utilized in the statistical study comprised 350 respondents. This study employed proportional random sampling, enabling respondents to be picked in accordance with their respective work units or health care facilities. This strategy was utilized to ensure that each nurse in the population had an equal opportunity to be selected for the study sample.

The study encompassed both primary and secondary data. Primary data were collected by a standardized questionnaire distributed to nurses in Cirebon City. The questionnaire sought to evaluate respondents' attitudes regarding time management, occupational stress, burnout, and nursing efficacy. The employed assessment technique was a five-point Likert scale, with values spanning from 1 = strongly disagree to 5 = strongly agree. The Likert scale was employed because to its prevalent use in social and behavioral research for assessing attitudes, perceptions, and responses about certain constructs (Joshi et al., 2015). Secondary data were acquired from scholarly journals, research reports, and other pertinent sources to substantiate the theoretical and empirical framework of the study.

The research instrument consisted of four variables. Time management was measured using indicators of time planning, priority setting, interruption control, time efficiency, and task completion. Work stress was measured using indicators of workload, time pressure, emotional tension, role conflict, and job uncertainty. Burnout was evaluated across three dimensions: emotional exhaustion, depersonalization, and reduced personal achievement. Nurse performance was assessed according to service quality, punctuality, job responsibility, work effectiveness, and accuracy. Table 1 delineates the operational definitions and measurement indicators.

Table 1.

Operational Definition and Measurement Indicators			
Variable	Operational Definition	Indicators	Scale
Time Management	The ability of nurses to plan, organize, prioritize, and use working time effectively to complete clinical and administrative tasks according to work standards.	Time planning, priority setting, interruption control, time efficiency, task completion	Likert 1–5
Work Stress	A psychological and physical response experienced by nurses when job demands exceed their	Workload, time pressure, emotional tension, role conflict, job uncertainty	Likert 1–5

	capacity, resources, or ability to cope with work pressure.			
Burnout	A psychological condition characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment due to prolonged work stress.	Emotional exhaustion, depersonalization, reduced personal accomplishment	Likert 1–5	
Nurse Performance	The achievement of nurses in carrying out clinical and administrative duties according to professional standards, organizational expectations, and patient care requirements.	Service quality, punctuality, work responsibility, work effectiveness, accuracy	Likert 1–5	

Prior to executing hypothesis testing, the research instrument underwent assessment through validity and reliability evaluations. The validity assessment utilized Pearson Product-Moment correlation, juxtaposing the calculated correlation coefficient with the r-table value at a 5% significance threshold. An item was considered valid when the calculated r-value surpassed the r-table value. Reliability testing utilized Cronbach's Alpha to assess the internal consistency of each construct. Cronbach's Alpha is frequently employed to assess the reliability of multi-item measuring tools, especially in research utilizing questionnaire-derived data. (Taber, 2018).

The data analysis was conducted using the Statistical Package for the Social Sciences (SPSS). The analysis began with descriptive statistics to specify the minimum value, maximum value, mean, and standard deviation of each variable. Subsequent classical assumption tests were conducted to validate the efficacy of the regression model. The assessments included the normality test, heteroscedasticity test, multicollinearity test, and autocorrelation test. After meeting the conventional assumption conditions, multiple linear regression analysis was utilized to examine the effects of time management, work stress, and burnout on nursing performance.

The regression model employed in this investigation is articulated as follows:

$$Y = a + b_1X_1 + b_2X_2 + b_3X_3 + e$$

Where:

Y	= Nurse Performance
a	= Constant
X ₁	= Time Management
X ₂	= Work Stress
X ₃	= Burnout
b ₁ , b ₂ , b ₃	= Regression coefficients
e	= Error term

Hypothesis testing was conducted with the t-test and F-test. The t-test was used to investigate the individual effects of each independent variable on nurse performance, while the F-test was applied to analyze the combined effects of time management, work stress, and burnout on nurse performance. The coefficient of determination was employed to evaluate

the extent to which the independent variables explained variations in nurse performance. The significance level employed in this investigation was 5%.

RESULTS AND DISCUSSION

Descriptive Statistics

Descriptive statistics were utilized to encapsulate the distribution of the research variables, including the minimum value, maximum value, mean, and standard deviation. Table 2 displays the descriptive statistics.

Table 2.
Descriptive Statistics

Variable	Minimum	Maximum	Mean	Std. Deviation
Time Management	10	50	42.22	6.170
Work Stress	10	48	31.23	13.466
Burnout	10	40	29.00	9.059
Nurse Performance	15	50	41.67	4.523

Source: SPSS output, processed by the researchers.

Table 2 reveals that time management produced a mean score of 42.22, with a standard deviation of 6.170. This indicates that respondents generally perceived their ability to regulate working hours as significantly high. The average score for nurse performance was 41.67, with a standard deviation of 4.523, indicating that respondents typically reported excellent execution of nursing tasks. Meanwhile, work stress had a mean score of 31.23 and burnout had a mean score of 29.00. These results suggest that work stress and burnout were present among respondents and should be considered important psychological factors in explaining nurse performance.

Validity and Reliability Test

Validity testing was conducted to see whether each item in the research instrument accurately assessed the intended concept. An item was considered valid when the calculated correlation coefficient surpassed the r-table value of 0.113 at the 5% significance level. Reliability testing utilized Cronbach's Alpha to evaluate the internal consistency of the measurement device. Table 3 presents the summary of validity and reliability tests.

Table 3.
Validity and Reliability Test Summary

Variable	Number of Items	Range of r-count	r-table	Cronbach's Alpha	Result
Time Management	10	0.784-0.862	0.113	0.947	Valid and Reliable
Work Stress	10	0.921-0.945	0.113	0.984	Valid and Reliable
Burnout	8	0.799-0.879	0.113	0.939	Valid and Reliable
Nurse Performance	10	0.599-0.676	0.113	0.834	Valid and Reliable

Source: SPSS output, processed by the researchers.

The findings in Table 3 demonstrate that all measuring items were legitimate, as the computed r-values surpassed the r-table value of 0.113. The reliability results demonstrate that all variables displayed Cronbach's Alpha values over 0.70, indicating strong internal consistency. The Cronbach's Alpha coefficients were: time management 0.947, work stress 0.984, burnout 0.939, and nurse performance 0.834. Consequently, the questionnaire was deemed suitable for assessing the constructs in this investigation.

Classical Assumption Test

Before doing multiple linear regression analysis, classical assumption testing was executed to confirm that the regression model met the requisite statistical assumptions. The assessments encompassed normality, heteroscedasticity, multicollinearity, and autocorrelation. The summary is displayed in Table 4.

Table 4.
Classical Assumption Test Summary

Test	Indicator	Result	Criteria	Conclusion
Normality	Kolmogorov-Smirnov Sig.	0.858	> 0.05	Normal
Heteroscedasticity	Sig. Time Management	0.222	> 0.05	No heteroscedasticity
Heteroscedasticity	Sig. Work Stress	0.391	> 0.05	No heteroscedasticity
Heteroscedasticity	Sig. Burnout	0.252	> 0.05	No heteroscedasticity
Multicollinearity	VIF X1; X2; X3	1.028; 1.033; 1.035	< 10	No multicollinearity
Autocorrelation	Durbin-Watson	1.828	$du < DW < 4-du$	No autocorrelation

Source: SPSS output, processed by the researchers.

Table 4 demonstrates that the normality test produced a significance value of 0.858, surpassing the 0.05 threshold. This indicates that the residuals displayed a normal distribution. The heteroscedasticity test revealed that all independent variables demonstrated significance values beyond 0.05, indicating the lack of heteroscedasticity. The multicollinearity evaluation indicated that all VIF values were below 10, demonstrating no substantial correlation among the independent variables. The Durbin-Watson statistic of 1.828 is between du and 4-du, indicating no autocorrelation. Thus, the regression model was considered suitable for hypothesis testing.

Multiple Linear Regression Analysis

Multiple linear regression analysis was utilized to examine the partial effects of time management, work stress, and burnout on nursing performance. The regression findings are displayed in Table 5.

Table 5.
Multiple Linear Regression Results

Variable	B	Std. Error	Beta	t	Sig.	Decision
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Constant	31.286	1.895	-	16.510	0.000	-
Time Management	0.307	0.035	0.419	8.675	0.000	Accepted
Work Stress	-0.038	0.016	-0.114	-2.344	0.020	Accepted
Burnout	-0.048	0.024	-0.097	-1.997	0.047	Accepted

Source: SPSS output, processed by the researchers.

According to Table 5, the regression equation is expressed as follows:

$$Y = 31.286 + 0.307X_1 - 0.038X_2 - 0.048X_3 + e$$

The coefficient for time management was positive ($B = 0.307$) with a significance level of 0.000. This indicates that time management exerted a beneficial and substantial impact on nursing performance. Enhanced time management among nurses correlates with superior performance. The standardized coefficient value of 0.419 also indicates that time management had the strongest standardized effect among the independent variables in this model.

The job stress coefficient was negative ($B = -0.038$) and statistically significant at the 0.020 level. This signifies that occupational stress adversely and significantly impacted nursing performance. In other terms, increased work stress correlated with diminished nursing performance. The burnout coefficient was negative ($B = -0.048$) with a significance level of 0.047, indicating that burnout negatively and significantly affected nursing performance. These results support the proposed hypotheses that psychological pressure and burnout can reduce nurses' ability to perform their duties optimally.

Simultaneous Test and Coefficient of Determination

The F-test was utilized to evaluate the concurrent effects of time management, occupational stress, and burnout on nursing performance. The coefficient of determination was utilized to evaluate the explanatory power of the regression model. The results are presented in Table 6.

Table 6.
Simultaneous Test and Coefficient of Determination

Model	F	Sig.	R	R Square	Adjusted R Square	Conclusion
Regression Model	31.429	0.000	0.463	0.214	0.207	Significant

Source: SPSS output, processed by the researchers.

Table 6 reveals an F-value of 31.429, with a significance level of 0.000. A significance score < 0.05 shows that time management, work stress, and burnout all have a considerable impact on nurse performance. The R Square score of 0.214 indicates that 21.4% of the variance in nurse performance is explained by the three independent variables. Following adjustment, the Adjusted R Square value was 0.207, signifying that 20.7% of nurse performance could be elucidated by time management, work stress, and burnout, whereas the remaining 79.3% was attributable to extraneous factors not encompassed in this model, including workload, leadership style, compensation, organizational support, job satisfaction, work engagement, and work environment.

Discussion

This study's findings indicate that time management, work-related stress, and burnout significantly impact nursing performance in Cirebon City. The findings of the multiple linear

regression indicate that time management has a favorable and significant impact on nursing performance. but work stress and burnout exert negative and significant impacts. The simultaneous test also confirms that the three independent variables jointly influence nurse performance. These findings indicate that nurse performance is shaped not only by clinical competence, but also by behavioral and psychological factors that influence how nurses manage work demands in health care settings.

The discovery that time management positively and significantly influences nurse performance corroborates the initial idea. The regression coefficient for time management is positive, signifying that improved time management correlates with enhanced nurse performance. Nurses who can effectively plan activities, establish priorities, manage interruptions, and complete work punctually generally excel in providing nursing services. In the realm of healthcare, time management is crucial as nurses must navigate clinical care, administrative documentation, communication with other healthcare professionals, and direct patient involvement within constrained working hours.

This discovery is consistent with Terefe et al. (2023), who discovered that time management methods among healthcare personnel correlated with planning experience, organizational policy, performance evaluation, and work efficacy. Similarly, Zyoud (2023) emphasized that time management skills among nurses include planning, organizing, goal setting, and prioritizing tasks, which are important for maintaining effective work performance. Addis et al. (2023) also showed that time management among health professionals is related to responsibility, implementation, and effective use of work time. Therefore, the present study strengthens the argument that time management is a key behavioral factor in improving nurse performance.

From a practical perspective, good time management allows nurses to reduce work delays, avoid task accumulation, and maintain service quality even under pressure. Nurses who can organize their work effectively are more likely to respond quickly to patient needs, complete documentation accurately, and coordinate care more efficiently. This is particularly relevant in health care facilities where workloads are high and time pressure is common. Thus, improving time management skills through training, work scheduling, and priority-setting mechanisms may be an effective strategy to improve nurse performance.

The findings indicate that work-related stress adversely and significantly impacts nursing performance, hence corroborating the second hypothesis. This means that higher work stress tends to reduce nurse performance. Occupational stress may arise from an overwhelming workload, time constraints, emotional demands, role ambiguity, insufficient resources, and accountability for patient safety. High stress in nurses can diminish their concentration, motivation, emotional stability, and accuracy, so compromising the quality of nursing service.

This finding aligns with Sarafis et al. (2016), who identified that work stress in nurses affects caregiving behaviors and health-related quality of life. Babapour et al. (2022) revealed occupational stress among nurses negatively impacted quality of life and caregiving practices. These findings suggest that work stress does not only affect nurses psychologically but may also influence the way they interact with patients. In addition, Jin et al. (2023) showed that job stressors were associated with burnout among clinical nurses, indicating that stress can drain psychological resources and increase fatigue when recovery is inadequate.

The detrimental impact of occupational stress on nursing performance can also be comprehended through a resource-depletion framework. Nurses require sufficient resources such as time, energy, emotional capacity, supervisor support, and organizational support to perform effectively. When work demands exceed available resources, nurses may experience psychological strain. This condition can reduce their capacity to provide accurate, responsive, and empathetic care. Therefore, hospitals and health care institutions need to manage work stress through fair workload distribution, adequate staffing, clear job descriptions, supportive supervision, and stress management programs.

The third hypothesis is corroborated, as burnout exerts a detrimental and severe impact on nursing performance. Burnout is defined by emotional weariness, depersonalization, and diminished personal achievement. Nurses experiencing burnout may feel emotionally depleted, exhibit diminished empathy towards patients, and see a decline in their professional efficacy. These conditions can reduce responsiveness, accuracy, responsibility, and service quality.

These results align with Maslach & Leiter (2016), who articulated that burnout constitutes a psychiatric syndrome arising from extended work stress. The study further substantiates the Job Demands–Resources theory, which asserts that increased job demands might lead to burnout if not mitigated by adequate job resources (Bakker & Demerouti, 2017). In nursing, elevated workload, time constraints, emotional demands, and insufficient organizational support might heighten the risk of burnout. Dall’Ora et al. (2020) further underscored that burnout in nursing correlates with detrimental job attributes, including excessive workload, inadequate staffing, extended shifts, ineffective leadership, limited autonomy, and insufficient support.

This discovery is consistent with current empirical results. Li et al. (2024) identified that nurse burnout is associated with compromised patient safety, decreased patient satisfaction, and substandard quality of treatment. Nantsupawat et al. (2023) It was shown that burnout correlated with neglected nursing care and diminished care quality following the COVID-19 pandemic. In the Indonesian context, Juanamasta et al. (2024) highlighted burnout as a relevant issue among nurses, while Najooan et al. (2024) discovered a correlation between burnout and nursing performance. These studies support the present finding that burnout can weaken nurse performance and negatively affect the quality of health care services.

Burnout should also be understood as an organizational risk, not only as an individual psychological problem. Shah et al. (2021) discovered that burnout was associated with nurses leaving or considering leaving their jobs. This indicates that burnout may affect staffing stability, service continuity, and organizational performance. Therefore, reducing burnout requires institutional interventions, including workload management, adequate staffing, supervisor support, psychological support programs, and early burnout detection systems.

The concurrent analysis indicates that time management, work-related stress, and burnout collectively exert a substantial influence on nursing performance. This finding supports the fourth hypothesis and indicates that nurse performance is influenced by the interaction of behavioral, psychological, and organizational factors. Time management helps nurses organize work and maintain efficiency, while work stress and burnout may weaken psychological capacity and reduce professional performance. These three variables are

interrelated in daily nursing work. Poor time management may increase stress, prolonged stress may contribute to burnout, and burnout may reduce work performance.

The coefficient of determination indicates that the model accounts for 20.7% of the variability in nurse performance. This indicates that time management, work stress, and burnout are important predictors of nurse performance, although other factors outside the model also contribute to performance. These other factors may include workload, job satisfaction, leadership style, organizational support, compensation, work engagement, work environment, professional competence, and staffing adequacy. Consequently, while this model offers a significant explanation, subsequent research should incorporate more variables to achieve a more thorough comprehension of nurse performance.

The findings of this study include both theoretical and practical advancements. This study theoretically endorses the incorporation of time management, work stress, and burnout as determinants of nursing performance. The results strengthen the view that nurse performance should be understood through a combination of behavioral capability and psychological well-being. Practically, the findings suggest that health care managers should not focus only on technical competence, but also on improving time management, reducing work stress, and preventing burnout. Health care institutions in Cirebon City should consider implementing time management training, workload evaluation, stress management programs, supportive supervision, and burnout prevention policies to improve nurse performance and service quality.

CONCLUSION

This study finds that time management, occupational stress, and burnout substantially affect nurse performance in Cirebon City. Effective time management positively and significantly influences nurse performance, suggesting that nurses who effectively plan work activities, prioritize tasks, and utilize working hours efficiently have superior performance. Effective time management helps nurses complete clinical and administrative responsibilities on time, reduce work delays, and maintain service quality. This finding supports previous studies emphasizing that good time management practices are important for improving work effectiveness and productivity among health care workers (Terefe et al., 2023; Addis et al., 2023; Zyoud, 2023).

Occupational stress adversely and substantially impacts nursing performance. This outcome suggests that increased work stress may diminish concentration, motivation, emotional stability, and precision in performing nursing responsibilities. In healthcare environments, occupational stress frequently stems from overwhelming workload, time constraints, emotional demands, and role ambiguity. Improper management of these disorders can diminish nurses' capacity to deliver optimal care. This finding aligns with prior studies indicating that occupational stress might adversely impact nurses' quality of life, caregiving behavior, and professional outcomes (Babapour et al., 2022; Jin et al., 2023).

Burnout adversely and substantially impacts nurse performance. Emotional weariness, depersonalization, and diminished personal accomplishment might undermine nurses' professional commitment, empathy, responsiveness, and quality of care. This discovery reinforces the Job expectations–Resources framework, which posits that elevated job expectations coupled with inadequate job resources can result in burnout and diminished performance (Bakker & Demerouti, 2017). The results correspond with previous research

demonstrating that nurse burnout is associated with reduced patient safety, worse patient satisfaction, neglected nursing care, and impaired quality of care (Li et al., 2024; Nantsupawat et al., 2023; Schlak et al., 2021).

Simultaneously, time management, work stress, and burnout significantly affect nurse performance. This indicates that nurse performance cannot be understood only from technical competence, but also from behavioral and psychological factors that shape the daily work experience of nurses. Good time management may support work effectiveness, while high work stress and burnout may reduce nurses' psychological capacity and professional performance. Therefore, an integrated approach is needed to improve nurse performance by strengthening time management skills, controlling work stress, and preventing burnout.

This study theoretically advances human resource management and organizational psychology within the healthcare sector by incorporating time management, work stress, and burnout as determinants of nurse performance. The findings provide empirical support that nurse performance is influenced by both work management capability and psychological well-being. Practically, the results suggest that hospital managers and health care institutions should provide time management training, improve workload distribution, strengthen supervisor support, develop stress management programs, and implement early burnout detection systems. These efforts are important to maintain Enhance nurse well-being and elevate the quality of healthcare services.

This research possesses multiple limitations. The research was exclusively conducted in Cirebon City; hence, the findings may not comprehensively represent nurses in other places with varying organizational situations. Second, this study employed a quantitative cross-sectional design, which constrains the capacity to elucidate causal linkages comprehensively. Third, this study focused only on time management, work stress, and burnout, while nurse performance may also be influenced by other factors such as workload, job satisfaction, organizational support, leadership style, compensation, work engagement, and work environment. Future studies should incorporate these variables and utilize more sophisticated analytical techniques, such as Structural Equation Modeling or mediation analysis, particularly if burnout is considered a mediating variable between work stress and nurse performance.

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