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THE INFLUENCE OF WORKLOAD, WORK FATIGUE, SELF-EFFICACY AND WORK ENVIRONMENT ON THE PERFORMANCE OF MEDICAL WORKERS POST THE REVOCATION OF PPKM AT XYZ HOSPITAL IN GIANYAR

[1]Putu Chintya Nitiyani Santika , [2]Rudy Pramono
[1,2] Faculty of Economics and Business, Pelita Harapan University, Jakarta

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ABSTRACT

This study was to analyze the effect of workload, work fatigue, self-efficacy, and work environment on the performance of medical personnel after the revocation of PPKM at XYZ Hospital. In this study, the cross-sectional method was used to obtain quantitative data from online questionnaires. The questionnaire was modified based on pre-existing questions from previous literature. Data was collected purposively from a group of 142 medical personnel including doctors, dentists, nurses and midwives who had worked in XYZ private hospitals for at least one year using a non-probability sampling technique. PLS-SEM software is then used to analyze it. The results showed that workload had a positive and significant effect on the performance of medical staff at XYZ General Hospital, Gianyar, Bali, work fatigue had a positive but not significant effect on the performance of XYZ General Hospital medical staff, Gianyar, Bali, self-efficacy had a positive and negative effect. supported on the performance of medical staff at XYZ General Hospital, Gianyar, Bali, the work environment has a positive influence and is supported on the performance of XYZ General Hospital medical staff, Gianyar, Bali. The implications of this research for the performance of medical staff at XYZ General Hospital, Gianyar, Bali are that it requires periodic evaluation of factors affecting workload, workload, work fatigue, self-efficacy, and work environment after the revocation of PPKM.

E-mail:
chintyasantika@gmail.com,
rudy.pramono@uph.edu

1. INTRODUCTION

At the beginning of 2020 there was an outbreak of the Corona virus (Covid-19) which infected almost all countries in the world. This Corona Virus (Covid-19) started in December 2019 in Wuhan, China, is a new infectious disease called Novel Coronavirus Disease or what is referred to as Covid-19 (Huang & Zhao 2020). Especially in Indonesia itself, the government has issued a disaster emergency status as of February 2020 related to this pandemic virus with a total time of 91 days. One of the steps that have been taken by the government to resolve this case is socializing the social distancing movement and the use of masks. Furthermore, due to an increase in cases and spreading between regions, the government issued Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions (PSBB) in the context of Accelerating the Management of Corona Virus Disease 2019 (Covid-19). (Kementerian Kesehatan RI., 2020).

The decline in the number of Covid-19 cases has led to several changes, such as changing the PSBB to Imposing Restrictions on Community Activities or PPKM. PPKM was first held on January 11 th. January 25, 2021, in seven provinces including DKI Jakarta, West Java, Banten, Central Java, Yogyakarta, East Java and Bali. As time goes by and adjusting to the conditions of each region in Indonesia, PPKM is carried out on an ongoing basis starting from Java Island, Sumatra Island, Kalimantan Island, Sulawesi Island, to a national scale. The term PPKM began to appear from what was originally PPKM Volume I then switched to PPKM Volume II, Micro-Based PPKM to Emergency PPKM. From these terms, each PPKM has a differentiating parameter which is detailed so that it can be used as a reference for regional control in limiting community activities. (Kementrian Keuangan RI., 2021).

The President of the Republic of Indonesia stopped PPKM through the Instruction of the Minister of Home Affairs Number 50 of 2022 concerning the Enforcement of Restrictions on Community Activities (PPKM) in the Conditions of Corona Virus Disease 2019 in the Java-Bali Region and the Instruction of the Minister of Home Affairs Number 51 of 2022 concerning the Enforcement of Restrictions on Community

Activities in The conditions of the 2019 Corona Virus Disease in the Regions of Sumatra, Nusa Tenggara, Kalimantan, Sulawesi, Maluku and Papua were revoked and declared invalid as of December 30, 2022 (Sekretaris Kabinet RI., 2022).

Medical personnel are making intensive efforts by risking their lives in the Emergency Unit (ER), infection control units, intensive medical personnel units and wards for Covid-19 patients. Psychological problems are also rampant among medical personnel during the Covid-19 pandemic. The influence of negative information and involvement in front-liner duties as a workload seems to be the main risk factor that has an impact on the performance of medical personnel. The importance of the performance of medical personnel for an organization because it relates to the work carried out in accordance or not with its original purpose. In the era of the Covid-19 pandemic, medical personnel treating Covid-19 patients had a high workload due to the increasing number of infected patients during the pandemic who were required to wear Personal Protective Equipment (PPE) which was not matched by the limited capacity of Human Resources (HR). yes, the working hours which were originally only 6-8 hours became more than that time and even overtime was not spared so that the medical staff sometimes slept in the hospital. So that it can cause workload and work stress to increase. According to Kusumaningsih, et all. (2020), most medical personnel have a very high workload and physical work activities that exceed the capacity of medical personnel can reduce performance, so that many medical personnel do not carry out their duties according to established procedures in prioritizing patient safety. Stressful working conditions are correlated with a negative impact on the welfare of medical personnel, the quality of patient care and the health of medical personnel.

Workload is a collection or number of activities that must be completed by an organizational unit or position holder within a certain period of time (Rolos, Sambul, & Rumawas, 2018). According to Inayah, Solin, & Sitepu (2021), the factors that affected the performance of medical personnel during the Covid-19 pandemic included an increase in the workload of medical personnel due to the complexity and total dependence of patients, a reduction in the number of medical personnel due to several rotations to Covid-19 services. 19, as well as incidents of medical personnel who were exposed to the Covid-19 virus and died. Zhang (2020), stated that when treating Covid-19 patients, medical personnel feel that they have a heavy workload, fatigue, frustration, difficulty sleeping, decreased appetite, often cry, lose motivation and occasionally have thoughts of suicide. Preliminary evidence suggests that medical personnel who are directly involved in the diagnosis, treatment, and health care of Covid-19 patients are at risk of developing mental health symptoms.

Medical workers experienced moderate levels of burnout and high levels of fear in Wuhan China. About half of medical personnel reported moderate and high job burnout, emotional exhaustion (60.5%), depersonalization (42.3%), and personal accomplishment (60.6%). Hu, D. et al. (2021) indicating that the factors that influence the performance of medical personnel in during the Covid-19 pandemic, including an increase in the workload of medical personnel due to the complexity and total dependence of patients, a reduction in the number of medical personnel due to several rotations to Covid-19 services, as well as incidents of medical personnel who were exposed to the Covid-19 virus and died.

Apart from workload, the performance of medical personnel can also be affected by self-efficacy. Self-efficacy is a person's ability to influence one's way of thinking, how to motivate oneself and how to act, individuals who have high self-efficacy will be able to complete work (Ghufron & Risna, 2014). Good performance can be achieved, if medical personnel have the ability and motivation, then a person's abilities and motivation will be well formed if medical personnel have good self-efficacy. This is evidenced by Robbins (2013) who states that self-efficacy affects performance. In addition, the work environment also plays an important role in helping employees perform better. A good work environment can provide comfort for employees or medical personnel, conversely if the work environment is not good it will cause an increase in employees' desire to leave their jobs (Gede et al., 2017).

This research was conducted in RSU XYZ which is a general hospital in the area. This hospital has the slogan "serve with love". RSU XYZ has several services and medical equipment intended for the wider community. Seeing the Covid-19 pandemic situation that has occurred since 2019, it has had an impact on the company's performance because the increasing number of Covid-19 patients requires an increased isolation room in the hospital resulting in reduced general patient service hours and increased patient service hours with Covid-19 which has made some medical staff in this hospital experienced fatigue. This has an impact on the performance and work motivation of medical personnel which decreases. Reduced hospital revenue will also have an impact on incentives received by employees and medical personnel. Factors that affect the decreased performance of medical personnel, namely the use of level 3 PPE which is layered causing more limited body movements, fatigue more easily because the atmosphere while using

PPE is hot, enduring hunger; thirsty; and to the restroom because this PPE can only be used once. In addition to incentives and PPE, the increase in Covid-19 patients can also increase service hours which causes work boredom and loss of work motivation. According to the HR department at the hospital, after the repeal of the PPKM regulation, there was an increase in the performance of medical personnel, although it was still small. This is due to a decrease in the level of use of PPE, which initially used PPE level 3 now to PPE level 1. However, this cannot be ascertained because there has been no specific assessment of changes in the performance of medical personnel during PPKM and after PPKM.

2. LITERATURE REVIEW

Performance of Medical Workers

Workload is a burden borne by employees which can be in the form of physical or mental forms (Mahawati et al., 2021). Not all employees have the same work impact when given a workload, some employees are only able to bear one load and maybe other employees are able to bear twice the burden. According to Chandra & Andriansyah (2017), there are three indicators of workload, namely 1. working conditions. This is something that is felt by employees at work, whether it is pleasant or not; 2. Use of working time. This is the time to do the tasks given either using working time or completing outside working hours; 3. Targets to be achieved. This is something that has been determined by the company and must be fulfilled by employees.

The relationship between Workload and Performance of Medical Workers

According to Jeky et al. (2018), the higher the degree of workload, the lower the employee's performance. According to Kusumaningsih et al., (2020) said that the majority of medical personnel have a very high workload. Physical work activities that exceed the capacity of nurses can reduce performance, so that many medical personnel do not carry out their work according to established procedures in prioritizing patient safety. According to Kamila, Tasya (2022), workload has a negative effect and is supported on the performance of medical personnel at the Regional General Hospital. This can be interpreted, if the workload increases, the performance of the medical personnel at the Regional General Hospital will experience a significant decrease.
H1: Workload has a significant effect on performance.

The relationship between Work Fatigue and Performance of Medical Workers

Work fatigue is related to several types of feelings such as feelings of tiredness that occur due to emotional aspects, feelings of worthlessness and feelings of low personal achievement. According to Nurdiana, Astri (2022), work fatigue affects performance, based on this it is necessary for hospitals to prevent the occurrence of fatigue syndrome in employees working in hospitals, in order to improve their performance at work.
H2: Work fatigue has a significant effect on the performance of medical personnel.

The relationship between Self-Efficacy and Performance of Medical Workers

Self-efficacy in a person is very important because to produce good performance requires strong and good self-confidence, but if self-confidence is still lacking then the resulting performance is also not good or optimal. Medical personnel who have high self-efficacy will act more purposefully and persistently in an effort to achieve their goals. The results of research by Kim et al., (2020); Suprajitno et al., (2021); Wiratna & Chei (2022) stated that self-efficacy has a significant effect on the performance of medical personnel. Based on the explanation of the variables and previous research above, the researcher makes the following hypothesis:
H3: Self-Efficacy has a significant effect on the performance of medical personnel.

The relationship between Work Environment and Performance of Medical Workers

According to the results of research from Sihaloho, RD and Siregar H (2019), the work environment partially has a positive and significant effect on employee performance. In addition, in the research of Nisak Q and Andriani D (2022), concluded that the work environment simultaneously and partially has a positive and significant effect on the performance of medical personnel. This has been proven by a comfortable, safe and conducive work environment. Such as lighting, spatial planning, air circulation and the relationship between other medical personnel showed positive responses from respondents, so that this could improve the performance of medical personnel. Based on the explanation of the variables, the previous research

above and according to Ita et al., (2019), that the lower the degree of work environment will result in lower employee performance, the researchers make the following hypothesis:
H4: The work environment has a significant effect on performance.

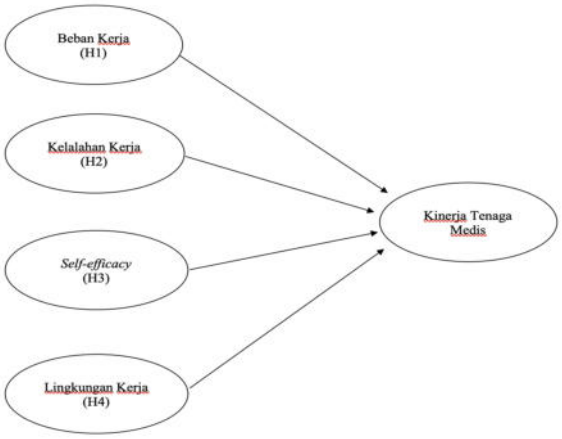

Figure 1. Research Model

3. METHOD

In this study, a cross-sectional method was used to obtain quantitative data from an online questionnaire (Sekaran & Bougie, 2020). The dependent variable of this study is the performance of medical personnel. On the other hand, the independent variables are workload, work fatigue, self-efficacy and work environment (I Made, 2020). The sample of this study consisted of 142 medical personnel including doctors, dentists, nurses and midwives with at least one year's work experience at XYZ Gianyar General Hospital. The sampling procedure was carried out using a non-probability sampling technique in a purposeful way (Sekaran & Bougie, 2020). When calculating the samples for the Partial Least Square Structural Equation Model (PLS-SEM), the ratio of samples to variables, and G-power are often used. Calculations show the minimum sample size for this study was between 132 and 148 (Santoso, 2017; Hair et al., 2021).

The questionnaire was adapted from previous research and modified to meet research needs. To simplify the language used so that respondents can easily understand it, the questionnaire has been translated into Indonesian. The questionnaire used a five-scale Likert scale including (1) Strongly disagree, (2) Disagree, (3) Neutral, (4) Agree, and (5) Strongly Agree (Sekaran & Bougie, 2020). Workload adapted from Aslian (2019); questions about work fatigue adapted from Hijriahni, N. (2017); Questions about Self-efficacy adapted from Riggs et al. (in Nurmawaddah, 2016); and work environment questions adapted from Rokhimatun, RN. (2019). As the dependent variable, questions about performance are adapted from Widyastuti et al (2018).

PLS-SEM is used in this research analysis, which includes external and internal models. Outer model analysis is used to test the validity and reliability of the data. There are four items that must be monitored in the external model analysis, namely by testing convergent validity and discriminant validity and for reliability testing can be done with composite reliability and Cronbach's alpha. The internal model or structural model is then tested. To do this, we first tested the coefficient of determination (R^2), then tested the effect size (f^2), then performed the Goodness of Fit (GoF) test, and then performed the Cross Validated Redundancy (Q^2) test. Finally, we analyze the hypothesis testing carried out by means of t-statistical analysis using bootstrapping of all the variables in this study. The following table shows the results of the Path Coefficient, t-statistic, and p-value tests.

The director of the hospital and the HR department have given permission for research sampling at the hospital. To ensure that the research sample knows the data collected and the intended use, the authors also included informed consent on the questionnaire of each research sample.

4. RESULT AND DISCUSSION

The result data obtained included all respondents who were medical personnel aged over 18 years, with each percentage covering the group aged 18 years - 25 years obtained at 7.5%; 26 - 35 years obtained by 31.3%; 36 - 45 years obtained by 54.4%; 46 - 55 years is 5.4%; and 56 - 65 years obtained by 1.4%.

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Based on the gender of the group with female gender, there were 122 respondents with a percentage of 85.9%; and the group with male sex was obtained by 20 respondents with a percentage of 14.1%. Based on the last education, Bachelor (S1) was obtained at 66.7%; Masters (S2) / Specialist obtained by 2.7%; Doctorate (S3) was obtained at 0.7%. Based on years of service, the 1-2 year group was 5.67%; 3-4 years obtained by 10.5%; > 4 years was obtained at 83.8%.

A. Outer Model

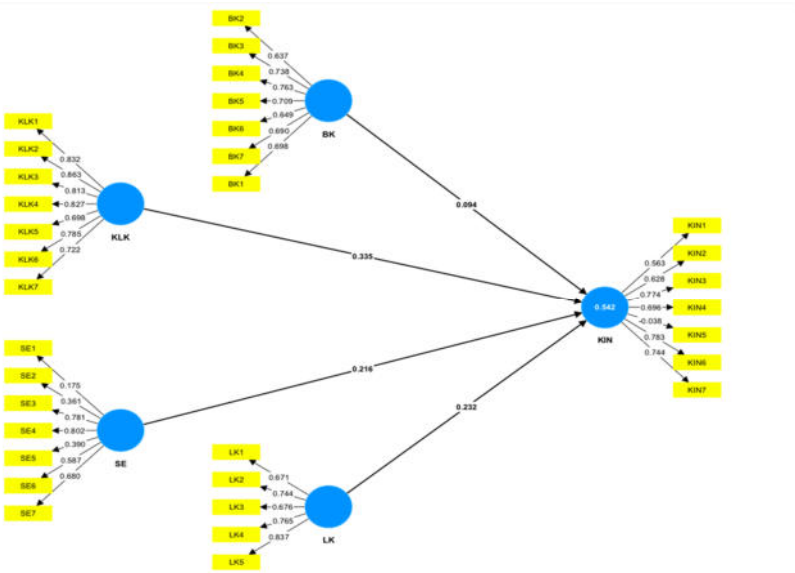

Figure 2. Outer Model

Measurement consists of convergent validity, discriminant validity. Convergent validity according to AVE > 0.5 (Hair et al., 2021). All variables are valid due to AVE for workload (0.582), burnout (0.675), self-efficacy (0.648), work environment (0.598), and performance (0.604). Not all loading factors and 33 indicators also meet the criteria above 0.7 so that BK2, BK6, BK7, KLK5, SE1, SE2, SE5, SE6, LK1, KIN1, KIN2, and KIN5 will be deleted because they do not meet the validity requirements.

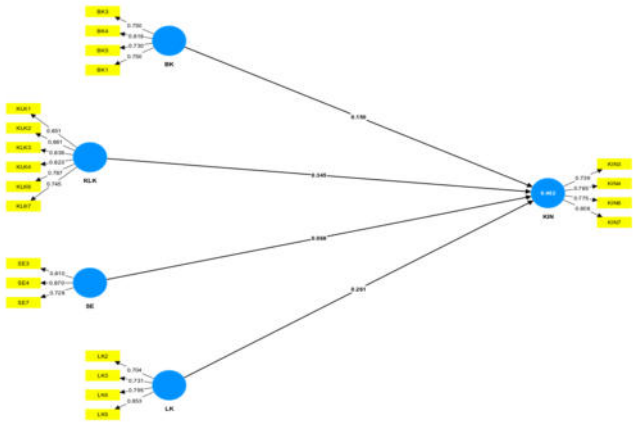

Figure 3. Outer Model after eliminating invalid indicators.

Furthermore, in the discriminant validity test, we test the Fornell Larcker, namely the correlation value between the variables and the variables themselves and these variables with other variables.

Table 1. Discriminant Validity

	WL	WF	*SE*	WE	PR
Workload (WL)	0,763				
Work Fatigue (WF)	0,591	0,777			
Self efficacy *(SE)*	0,690	0,606	0,822		
Work Environment (WE)	0,635	0,566	0,460	0,773	
Performance (PR)	0,566	0,545	0,567	0,758	0,805

From the results of the first Fornell-Larcker test, it was found that all variable values with the variable itself are greater than these variables with other variables, for example the values between workload and workload variables are greater than the value of the workload variable with work fatigue, as well as fatigue. work and other variables. So it can be concluded that all the variables used have fulfilled the validity requirements with the Fornell-Larcker test.

Reliability test can be done using composite reliability and cronbach's alpha. To get correct and accurate results, both analyzes must have a value > 0.7 (Ghozali, I. 2016).

Table 2. Reliability Test

Variable	Cronbach's Alpha	Composite reliability
Workload (WL)	0,760	0,847
Work Fatigue (WF)	0,905	0,926
Self-efficacy	0,726	0,846
Work Environment (WE)	0,774	0,855
Performance (PR)	0,784	0,859

Based on the analysis table above, the results show that all composite reliability values and Cronbach's alpha are above 0.7; so that it can be said that the indicators we have are able to assess each variable and have fulfilled the validity test requirements.

B. Inner Model

This analysis was carried out with the aim of predicting the relationship of one variable to another. Inner model analysis is carried out with the coefficient of determination (R^2), then tested the effect size (f^2), then performed the Goodness of Fit (GoF) test, and then performed the Cross Validated Redundancy (Q^2) test.

The coefficient of determination (R^2) for the performance variable is 0.482. From these results it can be concluded that the performance construct which can be explained by construct variability of workload, work fatigue, self-efficacy, and work environment variables is 48.2%, where the rest is influenced by other variables not examined in this study.

If the results of the calculation of the effect size (f^2), produce a value of 0.02, the effect of exogenous latent variables is small, a value of 0.15 is stated to have a medium effect and a value of 0.35 is declared to have a large influence (Ghozali, I. 2016). Results obtained:

1. The workload variable on the performance variable has an f2 value of 0.017, so it has a moderate effect.
2. The work fatigue variable on the performance variable has an f2 value of 0.105, so it has a big influence.
3. The variable self-efficacy on the performance variable has an f2 value of 0.046, so it has a big influence.
4. The work environment variable on the performance variable has an f2 value of 0.003, so it has a small effect.

The purpose of the GoF assessment is to measure the performance of the PLS model at either the measurement stage or the structural model stage by making predictions about the overall performance of the model. The criterion value is 0.10 (GoF small), value is 0.25 (GoF medium), and value is 0.36 (GoF large) (Ghozali I. 2016). GoF test is calculated using Microsoft Excel. The result is 0.612, so the GoF value is high.

Testing the fit model can also be done by looking at the estimated output of SmartPLS at the Standardized Root Mean Square Residual (SRMR) value. From the output obtained, it is known that the SRMR value is 0.094 so that the model is appropriate or meets the goodness of fit model criteria.

The Q2 value is used to assess the level of research observation, with a value above 0 considered good. The calculation of the Q2 value was carried out using the blindfolding technique in PLS-SEM. By looking at the Q2 value in the table above, it is found that it is 0.269 on performance, so the power of observation in this study is considered good.

Table 3. Hypothesis Testing

Hypothesis	*Path Coefficient*	*T-statistic*	*P value*	Decision
H1: Workload has a significant effect on performance.	0,150	3,228	0,001	Supported
H2: Work fatigue has a significant effect on the performance of medical personnel.	0,345	1,013	0,311	Unsupported
H3: Self-Efficacy has a significant effect on the performance of medical personnel.	0,068	6,335	0,000	Supported
H4: The work environment has a significant effect on performance.	0,261	2,578	0,000	Supported

Based on the table above, it can be concluded that the workload, self-efficacy, and work environment variables on performance have a t-statistic > 1.96 so that they meet the requirements and are declared significant. While work fatigue on performance has a t-statistic <1.96 so it is declared insignificant. Meanwhile, if the p-value ≤ 0.05 then the variable is stated to have an influence, but if the p-value is > 0.05 then it is stated that there is no effect.

The first hypothesis, there is an influence between workload and performance. Based on table 3 above, the results show that the workload variable is proven to have a positive relationship to the performance of medical personnel at XYZ General Hospital and has significant results because it has a path coefficient between 0 - 1, t-statistics> 1.96 or p-value <0 ,05.

The second hypothesis is that there is no effect between work fatigue and performance because the p-value is 0.311 where the p-value is > 0.05. Based on table 3 above, the results show that the work fatigue variable is proven to have a positive relationship to the performance of medical personnel at XYZ General Hospital but has insignificant results because it has a path coefficient between 0 - 1, and t-statistics results <1.96.

The third hypothesis, there is an influence between self-efficacy and performance. Based on table 3 above, the results show that the self-efficacy variable is proven to have a positive relationship to the performance of medical personnel at XYZ General Hospital and has significant results because it has a path coefficient between 0 - 1, t-statistics> 1.96 or p-value < 0.05.

The fourth hypothesis, there is an influence between work environment and performance. Based on table 3above, the results show that the work environment variable is proven to have a positive relationship to the performance of medical personnel at XYZ General Hospital and has significant results because it has a path coefficient between 0 - 1, t-statistics> 1.96 or p-value <0 ,05.

DISCUSSION

The study was conducted to analyze the effect of workload, work fatigue, self-efficacy and work environment variables on the performance of medical personnel at XYZ General Hospital after the revocation of PPKM. The questionnaire collected consisted of 142 respondents who were medical personnel aged over 18 years, actively working during Covid-19 and having worked for at least 1 year. This questionnaire is distributed online using the Google form. From the results of data processing, it is known that the age of most respondents as medical staff is in the age range of 36-45 years with the most sex being women. The highest respondent's last education was in the Bachelor class (S1) with the highest percentage of work experience in the group > 4 years.

Based on the respondents' responses to the questionnaires that have been distributed, the data is then processed using Smart PLS. The average respondent has relatively positive answers to workload, work fatigue, self-efficacy and work environment.

Based on the results of the outer model analysis using validity tests, which include factor loading, AVE, Fornell-larcker and cross loading analysis, there are several indicators that must be removed because they do not have a minimum value requirement; and using a reliability test which includes composite reliability and Cronbach's alpha, the results show that all composite reliability and Cronbach's alpha values are above 0.7; so that it can be said that the indicators we have are able to assess each variable and have fulfilled the validity test requirements. After deleting the indicator values, all remaining indicators

examined in this study have results that can be said to be valid and reliable so that they can be used as a measure of each variable.

The inner model analysis is carried out after the outer model analysis. The analysis used is the analysis of the coefficient of determination (R^2), then tested the effect size (f^2), then performed the Goodness of Fit (GoF) test, and then performed the Cross Validated Redundancy (Q^2) test. In the first analysis stage, the calculation of the coefficient of determination or R2 was carried out and the result was that workload, work fatigue, self-efficacy and work environment affected the performance variable by 48.2% and the remaining 51.8% was influenced by other variables not examined in this study.

From 73.1%, the self-efficacy variable has the greatest t-statistics value for the relationship with performance. This shows that the variable self-efficacy is the most significant variable. The second analysis carried out is the effect size (f^2) of work fatigue is the biggest predictor that determines the ups and downs of performance with the largest effect size (f^2) value. The next analysis is to calculate the GoF where the result is 0.612, which means that this study has a fit relationship. Then perform a cross-validated redundancy or Q^2 calculation which shows a result of 0.269 for performance. Results that are greater than 0 indicate that the variables studied in this study have predicted the research model well. Furthermore, the analysis was carried out by looking at the path coefficient values discussed above with the conclusion that workload, work fatigue, self-efficacy and work environment have a positive relationship with performance.

Then an analysis is performed to find the value of t-statistics using bootstrapping analysis. This t-statistics test uses a minimum value of 1.96 to obtain significant results with a p-value or probability value of 5% or α = 0.05. Thus, from this study it was found that workload, self-efficacy and work environment, had a significant positive effect on performance, while work fatigue had a positive but not significant effect on performance because the t-statistics value was <1.96 and or the p-value >0.05.

The results of the first hypothesis are regarding workload variables that have an influence on performance. The results of this study are in line with research conducted by Surijadi H. (2020) and Rohman (2021) which shows that workload has a positive and significant effect on performance. These findings indicate that the more workload that can be completed, the better the employee's performance will be.

The results of the second hypothesis are regarding the work fatigue variable which has no influence, is not significant on performance, and has a positive effect meaning that the more employees or medical personnel feel work fatigue, the more their performance will increase. The results of this study are in line with research conducted by Saputri (2022) that work fatigue has a positive but not significant relationship to performance.

The results of the three are regarding self-efficacy variables that have an influence on performance. The results in this study are in line with research conducted by Kamila (2022) that self-efficacy has a significant positive effect on performance.

The results of the fourth hypothesis are regarding work environment variables with performance. The results in this study are in line with research conducted by Setiawan (2022) that the work environment has a positive and significant influence on performance.

5. CONCLUSION

Workload has a positive and significant effect on performance. This shows that if the workload received by the medical staff at RSU XYZ increases, the performance of the medical staff will increase significantly. This can be explained that the duties and burdens received by the XYZ RSU medical staff when performing post-revocation PPKM services make them want to finish as soon as possible which causes performance to increase so that they can more quickly complete the tasks assigned. Work fatigue has a positive but not significant effect on performance. This shows that if the work fatigue received by the medical staff at RSU XYZ increases, the performance of the medical staff will increase significantly. This can be explained by the fact that when filling out the survey, many employees felt tired at work because of the high number of patient visits after the revocation of the PPKM. However, at the time the questionnaire was distributed, XYZ RSU staff were ready to face the surge in patients with full responsibility.

Self-efficacy has a positive and significant effect on performance. This shows that if self-efficacy increases, the performance of XYZ RSU medical staff will increase significantly. This is because the employees of RSU XYZ have motivation and confidence in their abilities in providing health services. The work environment has a positive and significant effect on performance. This shows that if the work environment improves, the performance of XYZ RSU medical personnel will increase significantly. This can be explained that a comfortable environment, not noisy, reduced levels of PPE used, accessible areas and rooms will help improve the performance of medical personnel in hospitals.

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