

The Impact of Competency on the Performance of Homecare Nurses in Bandung City

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Abstract: In Indonesia, homecare services have become increasingly popular due to their flexibility and cost-effectiveness, particularly for individuals requiring long-term care such as patients with degenerative diseases. The quality of homecare services is closely tied to the performance of nurses, who serve as the frontline providers of healthcare in this setting. This study aims to examine the effect of nurses' competency levels on their performance within homecare service providers in Bandung City. A descriptive explanatory survey design was employed to analyze the relationship between nurse competency and performance. The study population included all 99 nurses working in homecare service providers in Bandung. A non-probability sampling technique was used to include the entire population. Nurses' performance was evaluated across four key dimensions: quantity of output, quality of output, timeliness, and attendance. The total performance score was 2,475 (61.16%). Among these, the quantity dimension scored the lowest, while quality was the highest. Regression analysis revealed a beta coefficient of -0.021, and the partial test showed a t-value of 2.56, exceeding the critical value of 1.65. Although homecare nurses in Bandung demonstrate high competency, the statistical analysis indicates a significant yet negative correlation between competency and performance. This suggests that decreases in competency are associated with lower performance levels among homecare nurses in Bandung City.

Keywords: Nurse Competency; Homecare; Performance

1. Introduction

In the United States, organized homecare began in the 1880s during an era marked by widespread infectious diseases and high mortality rates. Although hospitals were being established, many individuals preferred receiving care at home. Over time, homecare developed professionally, and by 1990, the U.S. had over 12,000 trained nurses involved in various forms of home-based care—visiting nurses provided direct care to underserved families, public health nurses emphasized health promotion and disease prevention, and independent nurses delivered tailored home-based care (Lerman & Eric, 1993 in Nursalam, 2014).

In Indonesia, the preference for homecare is influenced by the perception that institutional care limits daily activities and diminishes quality of life due to institutional rules. Homecare provides an alternative for individuals with financial limitations, particularly those with chronic degenerative conditions requiring extended care. As demand increases for continued nursing services at home, the performance of homecare nurses becomes a critical factor. Effective nursing performance not only ensures quality service but also builds trust among patients, families, and communities (Mudayana, 2010; Putri, 2020).

Nursing performance reflects a combination of individual ability, effort, and opportunities, resulting in measurable outcomes related to job responsibilities (Cantika et al., 2024). Optimizing nurse competence is one of the key strategies organizations can adopt to improve service quality. According to Walidah (2024), enhancing nurse competencies enables safe, professional care delivery in alignment with healthcare standards, improving institutional quality and client satisfaction.

Previous studies by Budiawan (2015) and Mayenti (2024) also suggest that higher competence levels are positively correlated with improved nursing performance. Competence encompasses both knowledge and skill-based characteristics necessary for professional effectiveness (Samari et al., 2022). Clinical competence specifically supports the provision of safe care that meets professional standards (Watung, 2022). With strong competence, nurses are better equipped to fulfill organizational expectations and deliver high-quality care.

Furthermore, studies by Suaedi (2017), Fowler, Robbins, and Lucero (2021), and Çalışkan and Şenyuva (2022) reinforce the argument that competence significantly enhances nurse performance in clinical and homecare settings.

2. Methods

Based on previous studies and theoretical frameworks highlighting the relationship between competence and performance, this study aims to determine the impact of nurse competence on the performance of homecare nurses in Bandung City.

This study employed a descriptive explanatory survey design to analyze the causal relationship between variables, specifically the effect of competence on performance. The explanatory survey approach allows researchers to test hypotheses using data collected through observations and structured questionnaires.

The population comprised all nurses employed by homecare service providers in Bandung City as of January 2025, totaling 99 individuals. The sample included both permanent and contract nurses who were actively working and available (i.e., not on leave for more than one month) during the data collection period.

Sampling was conducted using a non-probability technique known as saturated sampling or census, in which every eligible member of the population was included as a respondent (Sugiyono, 2017).

To assist the researcher in developing the instrument, an operational definition of variables was created. Operational variables provide a detailed explanation of each variable in order to measure the indicators of those variables. For further clarity, please refer to the table below:

Table 2.1 Operational Definition of Competence (X)

Variable	Dimension	Indicator	Measurement	Scale	No Instrument
Variable Dimension	<i>Knowledge</i>	knowledge about their work Nurses	knowledge level	Ordinal	1

Variable	Dimension	Indicator	Measurement	Scale	No Instrument
Indicator Size Scale No Instrument "Competence is the ability to achieve organizational goals". (Boulter 2003)	Skill	Nurses' understanding of their work	Nurses understanding level	Ordinal	2
		Nurses' abilities	Level of ability	Ordinal	3
	Attitude	Attitude Nurses' attitudes toward their work	Nurses' moral attitude level	Ordinal	4
		Nurses' discipline in working according to standard operating proceduresoperasional prosedur	Nurses' discipline level	Ordinal	5

Table 2.2 Operational Definition of Performance (Y)

Variable	Dimension	Indicator	Measurement	Scale	No Instrument
Employee performance is what influences how much they contribute to the organization including quantity of output, quality of output, duration of output, attendance at work and cooperative attitude. (Mathis and Jackson, 2006)	Quantity of output	Compliance of work results with the specified target number	Quantity level	Ordinal	1
		Compliance of work results with specified quality targets	Quality level	Ordinal	2
	Timeliness of output	Employee accuracy in work	Level of accuracy	Ordinal	3
		Compliance of work results with specified deadlines	Level of conformity	Ordinal	4
		Conformity of targets achieved with the specified time	Level of conformity	Ordinal	5
	Presence at work	Punctuality of employee attendance	Attendance rate	Ordinal	6
		Punctuality of employee return time	Level of accuracy	Ordinal	7

3. Results and Discussion

This study examines and examines variables that can influence, namely Competence and Performance variables. This study is described by providing scores obtained through

questionnaires. The numbers in the scoring indicate a description of the variables tested in this study.

3.1. Data Description Competency Variable (X)

The description of competence can be seen from several dimensions, namely knowledge, skills, and attitudes. From the three dimensions, it is described into 5 statements that are used as measures of the competency variable. The recapitulation of the results of the score calculation for each dimension of the competency variable is as follows.

Table 3.1 Respondents' Responses Regarding Competency Variables

No	Dimension	Alternative Answers					Score (Frequency x Weight)	%
		Very low	Low	Neutra 1	High	Very high		
		1	2	3	4	5		
1	Knowledge	22	84	168	156	195	625	63,13
2	Skill	6	32	72	92	150	35	71,11
3	Attitude	11	82	90	100	455	738	66,19
Total Score							1.715	69.29

Based on table 3.1 above, it can be seen that the total score of each dimension of the competency variable is 1,715 or 69.29%. When viewed from the value of each dimension, the smallest percentage value is knowledge, and the largest percentage value is skill. Furthermore, the total score is entered into the continuum line with the following measurement steps:

- Maximum value : $5 \times 5 \times 99 = 2.475$
- Minimum value : $5 \times 1 \times 99 = 495$
- Interval distance : $(\text{maximum value} - \text{minimum value}) : 5$
 $(2.475 - 495) : 5$
396

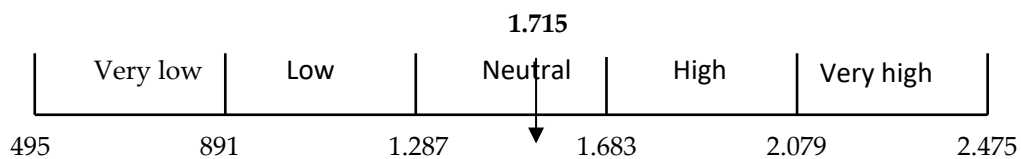


Figure 3.1 Competency Continuum

Figure 3.1 shows that the respondents' responses regarding the competency variable are in a high position. This shows that homecare nurses already have the knowledge, skills and abilities to support their work.

3.2. Description of Performance Variable Data (Y)

The description of performance can be seen from several dimensions, namely Quantity of output, Quality of output, Timeliness of output, Presence at work. The four dimensions are described into 7 statements that are used as measures of performance variables. The recapitulation of the results of the score calculation for each dimension of the performance variable is as follows.

Table 3.2 Respondents' Responses Regarding Performance Variables

No	Dimension	Alternative Answers					Score (Frequency x Weight)	%
		Very low	Low	Neutra 1	High	Very high		
		1	2	3	4	5		
1	Quantity	9	18	81	112	130	350	70.71
2	Quality	6	46	186	256	215	709	71.62
3	Time	5	44	204	248	205	706	71.31
4	Presence	12	28	183	272	215	710	71.72
Total Score							2.475	61.15

Based on table 3.2 above, it can be seen that the total score of each dimension of the Performance variable is 2475 or 61.159%. When viewed from the value of each dimension, the smallest percentage value is quantity and the largest percentage value is quality. Furthermore, the total score is entered into the continuum line with the following measurement steps:

- Maximum value : $5 \times 5 \times 99 = 2,970$
- Minimum value : $5 \times 1 \times 99 = 594$
- Interval distance : $(\text{maximum value} - \text{minimum value}) : 5$
 $(2.970 - 594) : 5$
475

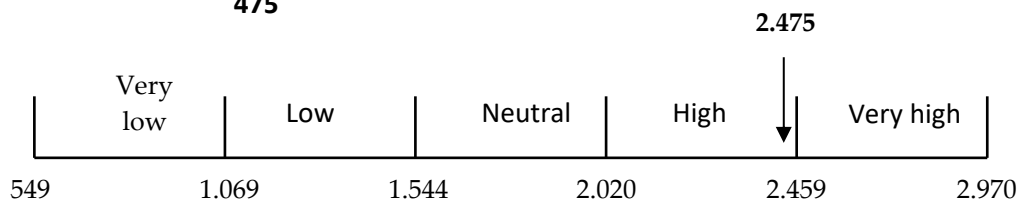


Figure 3.2: Performance Continuum

Figure 3.2 shows that the respondents' responses regarding the performance variables are in the very high category. This is the success of Bandung Homecare in managing good and orderly human resources, so that efforts to improve the quality of homecare nurses in Bandung City are achieved optimally.

3.3 The Influence of Competence on the Performance of Homecare Nurses in the City of Bandung

Based on the test results, competence has a positive and significant influence on the performance of homecare nurses in the city of Bandung. In general, this study shows that the majority of nurses—99 homecare nurses in Bandung—possess a high level of competence.

In this study, the first beta coefficient is -0.021. Partially, the competence variable obtained a t-count value of 2.56, which is greater than the t-table value of 1.65. Therefore, the result of this statistical test indicates that Competence (X) has a direct negative effect on Performance (Y). This suggests that a decrease in the level of competence leads to a decline in the performance of homecare nurses in the city of Bandung.

This study supports previous research by Puspitasari (2013), Ahsan (2022), and Kurniasih (2022), which demonstrated a relationship between nurses' competence—based on diagnostic functions, the implementation of therapeutic interventions, and the organization of work roles—and nurse performance. The findings of this study also align with the theory proposed by Spencer and

Spencer (1993), which states that competence, consisting of five characteristics (motives, personal traits, self-concept, knowledge, and skills), has a causal relationship with employee performance. These five characteristics are expected to predict an individual's behavior and, ultimately, their performance.

In this study, the highest tendencies in the competence variable were found in the Knowledge dimension at 63.13%, and in the Attitude (behavior) dimension at 66.19%, particularly in building trust with clients' families and maintaining professional relationships with colleagues. The Skills dimension also showed a high score of 71.11%, indicating that competence is indeed shaped by skill, attitude, and knowledge. According to Boulter (2003), "competence is the ability to achieve organizational goals."

4. Conclusions

The study found that competence has a negative effect on the performance of homecare nurses in the city of Bandung. This suggests that increasing the competence of homecare nurses—through enhanced experience and targeted training—can be a strategic approach to improving their performance levels.

To enhance nurses' competence, several efforts can be implemented:

- Curriculum updates in theoretical nursing education to align with current clinical practices.
- Provision of clinical training, including emergency care certifications such as Basic Trauma Cardiac Life Support (BTLS), Basic Trauma and Cardiac Life Support (BTCLS), and other relevant programs.
- Soft skills development, focusing on communication, empathy, teamwork, and decision-making to support their roles as professional healthcare providers.
- Monitoring and evaluation of nursing care delivery to ensure adherence to care standards.
- Strengthened supervision to promote compliance with established nursing protocols and procedures.

References

- Ahsan, Z. (2022). Hubungan Antara Kecemasan dengan Kualitas Tidur pada Pasien Kemoterapi di RSUD dr. Saiful Anwar Malang. *Jurnal Sosial Dan Sains*, 2(4), 490–499. <https://doi.org/10.59188/jurnalsosains.v2i4.380>
- Boulter. (2003). *Manusia dan kompetensi*. Jakarta: Gramedia Pustaka.
- Çalışkan, F., & Şenyuva, E. (2022). A valid and reliable tool to assess nursing professional competences: The Nursing Professional Competence Scale. *Medical Journal of Bakirkoy*, 18(2), 177–188. <https://doi.org/10.4274/BMJ.galenos.2021.2021.11-2>
- Cantika, O., Hesty, B., Noor, L., Trijono, A., & Armstrong. (2024). Pendahuluan manajemen sumber daya manusia adalah komponen vital keseluruhan manajemen perusahaan. *Jurnal Manajemen Sumber Daya Manusia*, 4(2), 52–60.
- Fowler, K. R., Robbins, L. K., & Lucero, A. (2021). Nurse manager communication and outcomes for nursing: An integrative review. *Journal of Nursing Management*, 29(6), 1486–1495. <https://doi.org/10.1111/jonm.13324>

- Kurniasih, N. (2022). Pengaruh motivasi dan kompetensi terhadap kinerja perawat di Instalasi Paviliun Tandang pada Rumah Sakit Umum Daerah Kabupaten Sumedang. *Entrepreneur: Jurnal Bisnis Manajemen dan Kewirausahaan*, 3(1), 336–352. <https://doi.org/10.31949/entrepreneur.v3i1.1167>
- Mayenti, F. (2024). Rumah sakit merupakan hal penting bagi masyarakat dalam hal kesehatan. *Jurnal Kesehatan Masyarakat*, 13, 256–264.
- Metode, B., Penelitian Kuantitatif, & Kualitatif, D. (2017). *Sugiyono: Metode penelitian kuantitatif, kualitatif dan R&D*. (Edisi revisi). Jakarta: Alfabeta.
- Nursalam. (2014). *Metodologi penelitian ilmu keperawatan*. (Edisi revisi). Jakarta: Salemba Medika.
- Puspitasari. (2013). Analisis efektivitas, efisiensi dan kontribusi pajak dan retribusi daerah Kabupaten Blora tahun 2009–2013. *Skripsi*, Fakultas Ekonomi dan Bisnis, Universitas Diponegoro, Semarang.
- Putri, E. M. I. (2016). *Standarisasi sistem penilaian kinerja berbasis caring di RS Aisyiyah Bojonegoro* [Skripsi, Universitas Airlangga].
- Putri, E. M. I. (2020). *Sistem penilaian kinerja perawat pelaksana berbasis caring* (Vol. 53).
- Samari, B., Sadeghian, E., Sattari, M., & Aghaie, B. (2022). Explaining the dimensions of specific competence in training specialist nurses in multiple sclerosis: A qualitative study. *Frontiers of Nursing*, 9(3), 311–317. <https://doi.org/10.2478/FON-2022-0040>
- Spencer, L. M., & Spencer, S. M. (1993). *Competence at work: Models for superior performance*. New York: John Wiley & Sons.
- Suaedi, F. (2017). Pengembangan kompetensi sumber daya manusia dalam rangka meningkatkan pelayanan di Rumah Sakit Haji Surabaya. *Jurnal Ilmu Administrasi*, 3(1), 79–102.
- Walidah, H. A., Sugiyarti, A. T., & Gusti, T. E. (2024). Hubungan kompetensi dengan kinerja perawat di Rumah Sakit Umum 'Aisyiyah Siti Fatimah Tulangan tahun 2024. *Jurnal Ilmu Keperawatan*, 8, 6930–6936.
- Watung, S. R. (2022). Functional factors related to nursing performance in inpatient installation. *Jurnal Keperawatan Indonesia*, 03043.