

Analytical Study of Factors Influencing the Implementation of the Team-Model Professional Nursing Care Method at HNGV, Timor-Leste, 2025

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Abstract

Introduction: The Professional Nursing Care Method (PNCM) of Team Model is an approach that emphasizes collaboration between nurses in providing quality nursing care. However, the implementation of this method often faces various challenges, such as ineffective leadership, suboptimal supervision, limited knowledge, low motivation, and high workload. **Objective:** to analyze the factors that influence the implementation of Professional Nursing Care Method (PNCM) of Team Model in Inpatient Ward, National Hospital Guido Valadares, Dili, Timor-Leste, Year 2025. **Methods:** Using analytic design with a cross-sectional study approach. The total population was 93 nurses, and a sample of 76 nurses was taken using stratified random sampling technique. **Results and Discussion:** The partial hypothesis analysis showed that leadership ($p = 0.007$, $OR = 4.15$) and knowledge ($p = 0.000$, $OR = 19.77$) had a significant positive influence on the application of the PNCM team model, while workload had a significant negative effect ($p = 0.032$, $OR = 0.28$). In contrast, supervision ($p = 0.094$) and motivation ($p = 0.254$) showed no significant partial influence. Simultaneously, leadership, supervision, knowledge, motivation, and workload contributed 37.8% to the application of the Professional Nursing Care Method (PNCM) of the Team Model. **Conclusion:** Leadership, knowledge, and workload factors have a partial influence to the Application of Professional Nursing Care Method (PNCM) of Team Model, but supervision and motivation factors have no partial influence, at the simultaneous test stage it was found that all factors had a simultaneous influence to the Application of Professional Nursing Care Method (PNCM) of Team Model.

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Introduction

The Professional Nursing Care Method (PNCM) of Team Model is an approach that emphasizes collaboration between nurses in providing quality nursing care. However, the implementation of this method often faces various challenges, such as ineffective leadership, suboptimal supervision, limited knowledge, low motivation, and high workload. Research by Yunita and Rabithah showed that these factors can affect nurses' performance in the application of PNCM of team model (Yunita S., & Rabithah, 2020)

Challenges in the application of the PNCM of team model not only affect nurses, but also the quality of nursing services as a whole. Research by Setyawan et al. showed that ineffective application of team methods can affect patient satisfaction and the quality of nursing services. (Setyawan, A., Setiyadi, N. A., & Sugiharto, 2024)

At the Guido Valadares National Hospital (HNGV), as the main referral hospital in Timor-Leste, effective application of the PNCM of team model is essential to ensure quality nursing services that meet international standards. In 2024, HNGV served more than 24,000 inpatients, with a 98% recovery rate. However, the high workload can affect the quality of care provided (TATOLI Agência Noticiosa de Timor-Leste., 2025)

Along with the development of the health system in Timor-Leste, HNGV has attempted to implement the PNCM of team model to improve the quality of nursing services. However, this implementation still faces various obstacles, such as lack of training, high workload, and limited organizational support. Research by Suhartini et al. emphasized the importance of training and developing nurses' competencies as well as organizational support in implementing this method. (Rika Widianita, 2023)

In addition, the data shows that most nurses in HNGV have an educational background of Basic School Of Nursing (BSN), with only a few having Diploma III or Bachelor of Nursing education. This may affect nurses' knowledge and skills in applying the PNCM of team model. (Research Center REACH., n.d.)

To overcome the challenges in the application of PNCM of team model, several strategies can be implemented:

1. **Nurse Competency Training and Development:** Provide ongoing training to improve nurses' knowledge and skills in applying the PNCM of team model.
2. **Organizational Support:** Increase support from hospital management, including in terms of leadership, reward systems, and conducive working conditions. Research by Yunita and Rabithah showed that good organizational support was positively associated with the implementation of the team method. (Yunita S., & Rabithah, 2020)
3. **Workload Management:** Organizing nurses' workload fairly to prevent fatigue and improve work efficiency. Suhartini et al. (2023) emphasized the importance of workload management in the implementation of the team method.
4. **Evaluation and Monitoring:** Conduct periodic evaluations of the PNCM application of the team model to identify areas for improvement and ensure sustainability of implementation.

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Methods

This study used a *cross-sectional analysis* design. The total population was 93 nurses and the sample was 76 nurses sampling with *stratified random sampling* technique. Independent variables: Leadership, Supervision, Knowledge, Motivation and workload. Dependent variable: Application of the Professional Nursing Care Method of Team Model, The research instruments used were questionnaires and observation sheets, the data analysis technique used was descriptive analysis with frequency distribution test, and hypothesis testing with ordinal regression. This study was conducted in 4 inpatient wards of HNGV: Male Inpatient Ward (MIW), Female Inpatient Ward (FIW), Male Surgical Ward (MSW) and Female Surgical Ward (FSW).

Result and Discussion

1. Results

Respondent Characteristics

Table 1

Frequency distribution of characteristics based on Gender, Age, Education level, Job category, Length of service, Position and Duration of Assume position

No	Respondent Charcateristics	The Frequency based on Inpatient Wards									
		MIW		FIW		MSW		FSW		I.W HNGV	
		N		N		N		N		N	
Gender											
1	Female	13	72	14	74	15	70	0	0	60	79
	Male	5	28	5	26	6	30	19	100	16	21
	Total	18	100	19	100	20	100	19	100	76	100
Age (Classification based on WHO, 2024)											
2	12-20	0	0	0	0	0	0	0	0	0	0
	20-45	16	83	16	84	11	55	9	47	52	69
	46-59	2	17	3	16	8	40	10	53	23	30
	≥60	0	0	0	0	1	5	0	0	1	1
	Total	18	100	19	100	20	100	19	100	76	100
Last education											
3	Diploma III	4	22	5	26	8	40	7	37	24	32
	Bachelor	12	67	11	58	11	55	11	58	45	59
	Bachelor + Ners	2	11	3	16	1	5	1	5	7	9
	Total	18	100	19	100	20	100	19	100	76	100
Employment Category											
4	Contract	8	44	5	26	5	25	5	26	23	30
	Permanent	10	56	14	74	15	75	14	74	53	70
	Total	18	100	19	100	20	100	19	100	76	100
Duration of Employment											
5	< 1 Year	0	0	0	0	0	0	0	0	0	0
	1-3 Years	5	28	4	21	6	30	3	16	18	24
	4-5 Years	1	6	2	11	0	0	1	5	4	5
	6-10 Years	8	44	8	42	4	20	6	32	26	34
	>10 Years	4	22	5	26	10	50	9	47	28	37
	Total	18	100	19	100	20	100	19	100	76	100
Duty											
6	Executive nurse	14	78	15	79	16	80	16	84	61	80
	Team leader	4	22	4	21	4	20	3	16	15	20
	Total	18	100	19	100	20	100	19	100	76	100
7	Duration Assume Position										

< 1 year	0	0	1	5	0	0	0	0	1	1
1-3 Years	5	28	4	21	8	40	3	16	20	26
4-5 Years	2	11	2	11	0	0	1	5	5	7
6-10 Years	9	50	11	58	2	10	9	47	31	41
>10 Years	2	11	1	5	10	50	6	32	19	25
Total	18	100	19	100	20	100	19	100	76	100

Univariable Analysis

Table 2

Frequency distribution by Leadership variables (n=76)

The Inpatient ward	Category of Leadership							Total
	Less		Enough		Good			
	N		N		N			
MIW	8	44	6	33	4	22	18	100
FIW	10	53	5	26	4	21	19	100
MSW	11	55	5	27	4	20	20	100
FSW	8	42	7	37	4	21	19	100
Inpatient Ward	37	49	23	30	16	21	76	100

Table 3

Frequency distribution by PNCM team implementation variable (n=76)

The Inpatient ward	Category of Application PNCM Model Team							
	Less		Enough		Good		Total	
	N		N		N		N	
MIW	11	61	5	28	2	11	18	100
FIW	12	63	5	26	2	11	19	100
MSW	13	65	5	25	2	10	20	100
FSW	12	63	5	26	2	11	19	100
Inpatient Ward	48	49	20	37	8	14	76	100

Table 4

Frequency distribution by Supervision variable (n=76)

Frequency distribution of Supervision variables (n = 76)								
The Inpatient ward	Category of Supervision						Total	
	Less		Enough		Good			
	N		N		N		N	
MIW	9	50	6	33	3	17	18	100
FIW	10	53	7	37	2	10	19	100
MSW	10	50	6	30	4	20	20	100
FSW	9	47	6	32	4	21	19	100
Inpatient Ward	38	50	25	33	13	17	76	100

Table 5

Frequency distribution by Knowledge variable (n=76)

The Inpatient ward	Category of Knowledge							Total
	Less		Enough		Good			
	N		N		N			
MIW	15	83	3	17	0	0	18	100
FIW	15	79	4	21	0	0	19	100
MSW	16	80	4	20	0	0	20	100
FSW	16	84	3	16	0	0	19	100
Inpatient Ward	62	82	14	18	0	0	76	100

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Table 6
Frequency distribution based on work motivation variable (n=76)

The Inpatient ward	Category of Motivation							
	Less		Enough		Good		Total	
	N		N		N		N	
MIW	0	0	8	44	10	56	18	100
FIW	0	0	6	32	13	68	19	100
MSW	0	0	9	45	11	55	20	100
FSW	0	0	7	37	12	63	19	100
Inpatient Ward	0	0	30	39	66	61	76	100

Table 7
Frequency distribution by workload variable (n=76)

Frequency distribution of workload variables (n = 76)								
The Inpatient ward	Category of Workload						Total	
	Low		Medium		Heavy			
	N		N		N		N	
MIW	0	0	7	39	11	61	18	100
FIW	0	0	7	37	12	63	19	100
MSW	0	0	6	30	14	70	20	100
FSW	0	0	4	21	15	79	19	100
Inpatient Ward	0	0	21	32	52	68	76	100

Partial Hypothesis Test

Table 8
Partial influence of Leadership, Supervision, Knowledge, Motivation and Workload factors to Application PNCM of Team Model (n=76)

		Estimate B	Std. Error	Wald	Df	Sig.	Exp(β) = odds Ratio
Threshold	[PNCM=1]	1.597	2.233	.511	1	.475	
	[PNCM=2]	4.001	2.312	2.994	1	.084	
	Leadership	1.423	.530	7.204	1	.007	4.1495504
	Supervision	.039	.511	.006	1	.940	1.039770484
Location	Knowledge	2.984	.720	17.190	1	.000	19.76673
	Motivation	-.653	.573	1.299	1	.254	1.92129608
	Workload	-1.286	.599	4.612	1	.032	0.2763741

Link function: Logit.

Simultaneous Hypothesis Test

Table 9
Simultaneous influence of Leadership, Supervision, Knowledge, Motivation and Workload factors to Application PNCM of Team Model (n=76)

Model	Model Fitting Information				Pseudo R-Square	
	-2 Log Likelihood	Chi-Square	Df	Sig.	Cox & Snell	Nagelkerke
Intercept Only	122.477				0.378	
Final	86.344	36.133	5	.000		

Link function: Logit.

2. Discussion

Characteristics of Respondents

Based on the results of the frequency distribution analysis on the characteristics of respondents, it shows that the respondents in the gender section are mostly women with a total of 60 people with a percentage of 79% and men with a total of 16 people with a percentage of 21%. From the age group, the majority are 20-45 (young adults) with a total of 52 people with a percentage of 69%. From the last level of education, most of them are Bachelor with a total of 45 people with a percentage of 59%, Bachelor 14 people with a percentage of 32% and Bachelor + Ners with a total of 7 people with a percentage of 9%. From the category of tenure, the majority are permanent with a total of 53 people with a percentage of 70% and contract with a total of 7 people with a percentage of 9%. In terms of position, the majority of executive nurses with 61 people with a percentage of 80% and team leaders with 15 people with a percentage of 20%. In terms of length of service, the majority of respondents held positions with a length of service of 6-10 years with a total of 31 people with a percentage of 41% and <1 year with a total of 1 person with a percentage of 1%.

The results of research on the characteristics of respondents, there will be nurses (32%) with a DIII education level including secondary data there are also nurses whose education level is less than baccalaureate, namely Elementary School of Nursing. On the other hand, the majority of nurses (69%) are young adults, and also 30% are adults, and influence the development of nurses' knowledge in nursing. This condition shows that the level of education has an influence on public knowledge (Fikri, Kurniawati, Qur, & Hadi, 2024) .

Leadership in the Implementation of PNCM of Team Model

Based on the results of the analysis of the frequency distribution of leadership factors, it shows that the leadership of the head of the nursing field and the team leader in the application of the PNCM of the team model in the inpatient ward of HNGV Hospital in 2025 which is in the low category as many as 37 people with a percentage of 49%, moderate category as many as 23 people with a percentage of 49%, good category as many as 23 people with a percentage of 30% and good category as many as 16% with a percentage of 21%. The majority of leadership factors are in the low category and a small proportion are in the good category. The leadership referred to in this study is the leadership of the head of the room in managing professional nursing care of the team model in the inpatient ward of HNGV Hospital. The results showed that the leadership capacity of the head of the room and team leader in managing professional nursing care of team model in the inpatient ward of HNGV Hospital has not been running well. The head of the room often did not explain the targets to be achieved in the application of PNCM of team model, never led in the process of nursing care activities in patients ranging from new patient admissions, handover, centralized drug management, nursing supervision, nursing rounds, discharge planning and nursing documentation, did not provide direction to team members in nursing services to patients, rarely held discussions with all nurses about the need to make nursing care plans and also the team leader did not coordinate with the head of the room in providing nursing care to patients, the team leader did not provide explanations to his team members about the team's activity plan.

This poor leadership is due to the fact that many nurse managers and team leaders do not understand the PNCM team model because most of them have never received professional nursing management training. The level of knowledge of a person affects leadership, this condition is due to the level of education available, knowledge of changes in nursing care and training including continuing education that accompanies it (Muryani, 2019)

Supervision in PNCM Application of Team Model

Based on the results of the frequency distribution analysis on the supervision factor, it shows that the supervision of the head of the room on the application of the PNCM of the team model in the inpatient ward of HNGV Hospital in 2025 is in the Lack category as many as 38 people with a percentage of 50%, Good category as many as 25 people with a percentage of 33% and Good category 13 people with a percentage of 17%.

Supervision evaluation is mostly lacking. The results showed that supervision activities in professional nursing care of the team model were not carried out according to supervision standards. The head of the room does not directly supervise the activities carried out by nurses during the shift, and also does not compile a supervision schedule, most do not use SOPs in nursing to supervise, do not teach nurses during supervision when performing actions not in accordance with SOPs provide positive *feedback* to staff, lack of evaluation of documentation filled by nurses sometimes evaluate attendance lists but there is no positive feedback, do not create indirect supervision through the level of satisfaction with officers from nurses and do not receive positive information to develop staff through external parties.

Supervision that does not work is due to nursing leaders' lack of understanding about nursing supervision. The perception of nursing leaders and nurses is that supervision in nursing is only carried out by a supervision team prepared by the hospital, and supervision carried out by nursing leaders only assesses nurse behavior, punctuality, and attendance at work. Likewise, the leadership character that has been adopted since long ago is to consider the position as an opportunity to command. This code of ethics is based on research by Fitriana, Fadila RA. that knowledge, motivation and leadership influence supervision (Fitriana & Fadila, 2023)

According to Swenberg Supervision is to directly observe or control the implementation of work that has a routine nature (Nursalam, 2022). Nursing supervision is the process of providing the resources needed by nurses to create planned work tasks (Oktariani, 2020)

Nurse Knowledge in Implementing PNCM of Team Model

Based on the results of the frequency distribution analysis based on knowledge factors, it shows that the knowledge of executive nurses about the application of the PNCM team model in the inpatient ward of HNGV Hospital in 2025 is in the Lack category with a total of 62 people with a percentage of 82%, Moderate category with a total of 14 people with a percentage of 18% and Good category 0%.

The results showed that most of the implementing nurses in the inpatient ward lacked knowledge about the Professional Nursing Care Method of Team Model. The condition of many nurses who do not understand the application of the Professional Nursing Care Method of Team Model shows the results of nurses answering correctly to the question that reads "Professional Nursing Care Method of Team Model consists of a

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primary nurse, team leader and team members" This condition shows that nurses' knowledge about nursing care needs to be improved. Lack of knowledge will lead to doubts in the implementation of work, lack of responsibility in service development and lack of confidence when providing services.

Knowledge can be defined as actionable information or information that can be used as a basis for taking action, making decisions, and determining direction and strategy. Knowledge is a guide to shape one's actions. Knowledge is the result of knowledge after someone understands an object (Fish, 2020) .

Work Motivation in Application PNCM of Team Model

Based on the results of the frequency distribution analysis, it shows that the work motivation of executive nurses in the HNGV inpatient ward in 2025 is in the Good category with a total of 66 people with a percentage of 61%, the Good category with a total of 30 people with a percentage of 39%, and the Moderate category with a percentage of 0%.

The results showed that the motivation of nurses in performing nursing care with the team method in the HNGV inpatient ward was mostly in the good category. Although nurses are less satisfied with the salary received each month because it does not match the position, and the work done in the nursing department, most nurses have high work motivation because many nurses have attended training provided by HNGV so they want to practice their skills and responsibilities. As a nurse, a work environment that always helps each other, the opportunity from the hospital for nurses to get training or continuing education, including high confidence in doing nursing when they have good skills.

Motivation is a psychological element that exists within an individual that encourages that individual to do something. Motivation is also defined as a feeling or thought that encourages individuals to do work or exert energy, especially in terms of behavior (Oktaviana, Lestari, Ibnu, & Jainurakhma, 2022)

Nurses' Workload in the Implementation of PNCM of Team Model

The results of the study showed that the workload of nurses in the implementation of the PNCM of Team Model in 2025 was categorized as Di'ak (66%) with a percentage of 61%, Natoon (30%) with a percentage of 39%, and Kategoria Kamaan (0%). The results showed that the workload of nurses in the HNGV inpatient ward was mostly in the heavy category. Nurses do the most direct productive activities, generally using 5.8 hours and the activities that use the most hours are wound care and bathing patients which use almost all morning shift hours with an average of 4 hours. Indirect Productive Activities use 3.8 hours with the activity that uses the most hours is preparing medication for patients using almost 1.5 hours. And the least is non-productive activities with a total of almost 2.38 hours which most nurses use time to sit at the nurse station, play phone and walk back and forth with an average of 2 hours.

In addition, the number of patients per day is mostly with partial care and total care dependency levels and an average BOR of 93.9%, including working hours which are divided into 4 shifts, and every day there are 2 working teams and 2 free teams, and each team is 3 people and the day shift involves 1 permanent nurse. This condition is the reason why nurses in the inpatient ward of HNGV have not implemented professional nursing care of team model according to the standard. This is also in line with Nursalam's theory

which states that factors that affect workload are the number and level of dependence of patients who enter each day, work schedules, and the number of activities carried out in the treatment room (Nursalam, 2022)

Nurse workload is the volume of work of nurses in a hospital unit. While the volume of work of nurses is the time needed to care for patients every day. Workload is very important to know as a basis for identifying nurse capacity to balance nurse strength with workload. The workload of nurses is calculated through nurse activities and the level of patient dependence in nursing care. Nurse activities are divided into two, namely productive activities consisting of direct and indirect activities, and there are also activities and productivity (Nursalam, 2022)

Application PNCM of Team Model

Based on the results of the frequency distribution analysis of PNCM variables, it shows that the application PNCM of the team model in the inpatient ward HNGV in 2025 is in the Less category with a total of 48 people with a percentage of 49%, the Medium category with a total of 20 people with a percentage of 37%, and the Good category with a total of 8 people with a percentage of 14%. The results of observations of new patient admissions only reached 76%, patient handover reached 54%, centralization of treatment only reached 48%, nursing rounds on the team nursing care model in the inpatient ward were almost not realized and only reached 11%, patient discharge planning reached 73%. and nursing documentation only reached 63%.

This condition shows that the implementation of the Professional Nursing Care Method of Team Model does not depend on the division of work teams. The application of the Professional Nursing Care Method of Team Model with its implementation components consisting of new patient admissions, handover, drug centralization, nursing rounds, and discharge planning can run smoothly if the elements of leadership, effective communication, coordination and delegation are carried out optimally. The results showed that the application of PNCM of team model applied in the inpatient ward, HNGV still requires more efforts to complete the elements involved in its management.

Professional Nursing Care Method of Team Model is a working method consisting of the head of the room, team leader and team members, and each team is led by a team leader to handle a group of patients during the shift (Nursalam, 2022) . When the PNCM of team model is applied less effectively, it will have an impact on the quality of service and provide less satisfaction to patients with the nursing care provided (Hidayah, Kurniawati, Umaryani, & Ariyani, 2023) .

Influence of Leadership to Application PNCM of Team Model

Based on the results of the study, it shows that the leadership factor has partially and significantly influence to the application of the PNCM of the team model in the inpatient ward of the HNGV Hospital, the level of relationship shows that the leadership factor has an influence of 4.1495504 times the application of the PNCM of the team model and the direction of the influence is positive, meaning that if the leadership of the head of the room and the head of the team is good, the application of the PNCM of the team model is also well implemented, as well as if the leadership is not good, the application of the PNCM team model will not be implemented properly. These results are in line with Milati Rida's research conducted at Dr. H. Moch. Ansari Saleh Banjarmasin

Hospital, Indonesia, which shows that leadership factors have an effect of 2.372 times the application of PNCM and the direction of influence is positive (Millati, 2019)

Leadership in nursing care is the responsibility of the head of the room. The PNCM activities of the team model are principally influenced by the leadership responsible for the patient in the nursing care plan through the team leader (KUSUMASTUTI, 2024). Leadership is the ability to influence something. The team leader as a registered nurse selected by the head of nursing must have a leadership mentality because the team leader is responsible for a certain group of patients in the nursing care plan. Another task of the team leader is to plan work assignments for team members. This Professional Nursing Care Method in practice team leaders can gain experience in democratic leadership to teach and guide their members

Influence of Supervision to Application PNCM of Team Model

In this study, supervision did not have a partial and significant influence to the application PNCM of the team model. This condition can be caused by various conditions such as lack of supervision schedules, lack of personal capacity to supervise and supervision is considered an unimportant activity. Therefore, the head of nursing should supervise well and follow a regular schedule. Other research related to supervision shows that there is a significant increase in performance (Muryani, 2019) .

Influence of Knowledge to PNCM Application of Team Model

The results of the analysis in this study indicate that the knowledge factor has a partial and significant influence to the application of the PNCM team model. The magnitude of the influence is 19.76673 times the application of the PNCM of team model and the direction of the influence is positive, meaning that when the nurse's knowledge of the PNCM of team model increases, the application is well done, when the knowledge is lacking, the application will not be well done. This condition is also supported by Milati Rida's research which shows that the knowledge factor has an effect of 5.868 times the application of PNCM and the direction of the effect is positive (Millati, 2019). Also supported by Fish B's research which states that knowledge affects the application of PNCM of team model-primary in the inpatient ward (Fish, 2020)

Efforts to increase nurses' knowledge, especially about professional nursing care knowledge. By increasing nurses' knowledge about professional nursing care in providing non-routine care. Nurses are expected to have creativity based on the development of science and technology in providing nursing care to patients, so that patients' needs for nursing care can be met.

Increasing nurses' knowledge is done by making seminars and training conducted through inhouse training and exhouse training. This condition is in line with the results of research conducted by James K that training will improve skills, knowledge and confidence between people who prepare themselves to take care and people who receive care (Fikri et al., 2024) .

Research conducted by Rika Levy-Malmberg RNT et al., shows that good knowledge increases the capacity of nurses in decision making, clinical decision making, effective team communication, including the use of Standard Operating Procedures (SOP) (Rika Levy-Malmberg RNT, PhD, Senior Lecturer¹, 2 Erika Boman RNT, PhD, Lecturer¹, 3 Daniela Lehwaldt RGN, RNT, FESC, PhD, Associate Professor⁴ Lisbeth

Maximiano Oqui, Heliodoro Goncalves Beremane, José Ximenes da Conceição, Agostinho Maria De Jesus Araujo, Eduardo C. Gaio, Artur Natalino Corte Real Araújo, Manuel da Costa Fernandes/KESANS

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Fagerström RN, MSc, PhD, Professor1, & Emily B Lockwood RGN, RNP, RANP, PhD, 2024).

Influence of Motivation on Application PNCM of Team Model

The results of the analysis show that there is no has partial and significant influence of motivational factors to the application of PNCM of team model in the Inpatient ward of HNGV Hospital. Work motivation is focused on staff because it will have an impact on work performance in an organization, a supportive environment and facilities will create high motivation for workers to perform better for the institution, increased motivation will show the results of a lot of effort, good performance or achievement. This condition is in line with the research of Oktaviana R, Lestari I, that motivation is related to work performance. (Oktaviana et al., 2022) .

Influence of Workload to Application PNCM of Team Model

The results showed that the workload factor had a partial and significant influence to the application PNCM of the team model. The magnitude of the influence is 3.618284 times on the application PNCM of the team model and the direction of the influence is negative, meaning that when the nurse's workload is heavy, the application PNCM of the team model will not be carried out properly, as well as when the workload is low.

The results of this study are supported by the results of Muryani's research conducted in the Inpatient ward of Bajawa Hospital, which showed that workload has a significant relationship with the application of the PNCM of team model (Muryani, 2019). High workload will increase the risk of adverse events and patient mortality, there is a significant relationship between workload and patient safety and mortality(Khairi, 2023) . Therefore, people who become leaders must manage the available resources optimally.

Discussion of Simultaneous Hypothesis Analysis Results

The results showed that leadership, supervision, knowledge, motivation and workload factors have simultaneously influenced to the application of the PNCM of team model in the Inpatient ward of HNGV with the level of influence reaching 37.8% while the remaining 62.2% was influenced by other factors not involved in this study.

Muryani's research shows that factors such as Organization consist of Leadership, Supervision, Reward System, Development and Training, Organizational Structure; Human Resources factors consist of: Knowledge, Motivation, Nurse character; Job Characteristics: Workload, roles and responsibilities of the team leader and team member nurses, these factors have a significant relationship to the implementation of PNCM of team model (Muryani, 2019) .

Although partially, supervision and motivation factors do not have a significant influence. The supervision factor is involved in the simultaneous influence because to carry out supervision requires leaders who have good willingness and knowledge, so that supervision can be carried out in accordance with the nursing supervision process. Because the results of the study showed that the leadership of the head of the nursing field

would be lacking and also showed that knowledge of the application of PNCM would also be lacking, making it difficult to carry out the nursing supervision process.

Conclusions

Professional Nursing Care Method (PNCM) of the team model in the HNGV inpatient ward has not met established standards due to several contributing factors. The leadership of the head of the ward has not been optimal in carrying out managerial functions, resulting in inadequate guidance and partial yet significant influence on PNCM implementation. Supervision has also been insufficient, as routine monitoring, socialization, and orientation regarding the team model were not conducted, although this factor did not show a significant partial influence on the implementation. Nurses' knowledge of the team model PNCM was found to be lacking, significantly affecting its application and serving as the most dominant influencing factor in this study.

Despite high motivation among nurses, the team model was still not implemented according to standards, and motivation itself did not have a significant partial influence. Furthermore, the workload in the inpatient ward was categorized as heavy, with nurses focusing more on collaborative invasive actions than on independent nursing interventions, and workload showed a significant partial influence on PNCM implementation. Overall, several key nursing activities—including patient admission, handover, drug centralization, nursing rounds, and discharge planning—were not carried out optimally or according to standard procedures, and incomplete nursing documentation further reflected gaps in practice, largely due to insufficient attention from nurses.

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