

# Factors Affecting Performance of Nurse to Medical Record Documentation Care Giver Health Care at Dekai Regional Public Hospital Papuan Province

Joram Payage<sup>1</sup>, A.L. Rantetampang<sup>2</sup>, Bernard Sandjaja<sup>3</sup>, and Anwar Mallongi<sup>4</sup>

## ABSTRACT:

**Background:** Medical record Documentation is vital importance to nurse as responsibility between nurse and patient, so that nurse claimed to conduct treatment upbringing documented at the same time as follow-up from given treatment care giver health care service. But from antecedent study in Dekai hospital not conducted maximal. So this research to know the factors affecting with performance of nurse to medical record documentation care giver health care at dekai Regional Public Hospital Papuan Province.

**Method Research:** Descriptive analytic with approach cross sectional study in October 2017 with amount of sample counted 46 total nurse of population. Data approach used questionnaires and analyzed by chi square.

**Result of research:** Obtained that factor performance an effect on documentation medical record Dekai regional public hospital is attitude ( $p$ -value = 0,031;  $RP = 1,604$ ;  $CI95\% = 1,064 - 2,418$ ). While factor not have an effect on documentation medical record Dekai regional public hospital is knowledge ( $p$ -value = 0,506,  $RP = 1,232$ ;  $CI95\% = 0,874 - 1,737$ ), motivation ( $p$ -value = 0,167,  $RP = 1,422$ ;  $CI95\% = 0,891 - 2,270$ ), supervision nursing ( $p$ -value = 0,724;  $RP = 1,143$ ;  $CI95\% = 0,798 - 1,638$ ), reward ( $p$ -value = 0,145;  $RP = 1,463$ ;  $CI95\% = 0,858 - 2,495$ ), year of service ( $p$ -value = 1,000,  $RP = 0,903$ ;  $CI95\% = 0,601 - 1,358$ ), age ( $p$ -value = 1,000;  $RP = 0,937$ ;  $CI95\% = 1,026$ ;  $CI95\% = 0,701 - 1,501$ ), education ( $p$ -value = 1,000;  $RP = 0,952$ ;  $CI95\% = 0,627 - 1,446$

**Keyword:** Medical Record Documentation, Nurse, Dekai Public Hospital

## I. INTRODUCTION

Hospital services refers to the quality of services of various components in the hospital as a system. Quality of health services in hospitals is also strongly influenced by health workers working in the hospital. This is because the proportion of nurses work almost 50% of all human resources in the hospital (Fatmawati, 2013).

The nurse in the nursing care of hospitals, has the duty to provide care in nursing by reviewing the needs of patients,

planning nursing actions, implementing action plans, evaluating the results of nursing care, documenting nursing care and participating in counseling (Sabarulin, 2013). Documentation of nursing care as a means of communication, responsibility and accountability, statistical information, educational facilities, research data sources, quality assurance services, data sources of care planning sustainable care (Generous, 2012).

Several factors that influence nurse compliance in nursing documentation process from result of Sabarulin research (2013), that is the existence of motivation, leadership and influence of reward with nurse performance. Associated with the knowledge and attitude of the nurse then Nuryani (2014), reveals that knowledge influences the Nurses compliance in Documentation, namely the knowledge of the nurse good completeness in filling complete nursing documentation.

## II. MATERIALS AND METHODS

### A. Type of Research

This research is a kind of descriptive analytic research with cross-sectional study approach which collected data simultaneously in one time (Swarjana, 2013).

### B. Place and Time of Research

#### 1. Place

This research was conducted at Inpatient Room of RTUD District of Yahukimo of Papua Province

#### 2. Time of study

The study was completed in October 2017.

### C. Population and Sample

#### 1. Population

The population in this study is the total of nurses in the inpatient ward of RSUD Dekai of Yahukimo Regency of Papuan Province 1313 people.

#### 2. Large Sample

The sample is a representative generalization of the population (Sugiyono, 2013). The sampling technique used in this research is purposive sampling, that is the nurse in the room of internal

disease as many as 11 people, surgical room as many as 16 people, children as many as 19 people with the amount of 46 people with the following criteria:

- a. Inclusion criteria
  - 1) Nurses who are actively working in documenting nursing care
  - 2) Willing to be involved as research respondents
  - 3) Nurses with good health status.
- b. Exclusion criteria
  - 1) Nurse who is sick.
  - 2) The nurse who is studying.
  - 3) Nurses who are active but run the leave.

### III. RESULTS

#### Research variable

Variable in this research is independent variable and dependent variable. The independent variables are knowledge, attitude, motivation, supervision, length of service and reward. While the dependent variable is the documenting performance of nursing care.

- a. The influence of knowledge on documenting nursing care

Table 1. Effect of nurse knowledge level on documenting nursing care in RUDUDA Dekai

No	Knowledge	Documenting nursing care				amount	
		Less		Good		n	%
		n	%	n	%		
1	Less	10	83,3	2	16,7	12	100
2	Good	23	67,6	11	32,4	34	100
Total		33	71,7	13	28,3	46	100
<i>p-value = 0,506; RP = 1,232; CI95% = (0,874 – 1,737)</i>							

Based on Table 1, it shows that from 12 respondents with less knowledge as much as 10 people (83,3%) who do not less and good nursing care as much as 2 people (16,7%). Whereas from 34 respondents with good knowledge as much as 23 people (67,6%) who do not less and good nursing care as much as 11 people (32,4%). The result of chi square test is  $p\text{-value} = 0,506 > 0,05$ . This means that there is no significant effect of nurse knowledge on documenting nursing care in RSUD Dekai.

- b. Influence attitudes toward documenting nursing care

Table 2. Effect of nurse's attitude toward documenting nursing care in RUDUDUDA Dekai

No	Attitude	Documenting nursing care				amount	
		Less		GOOD		n	%
		n	%	n	%		
1	Less	21	87,5	3	12,5	24	100
2	GOOD	12	54,5	10	45,5	22	100
Total		33	71,7	13	28,3	46	100
<i>p-value = 0,031; RP = 1,604; CI95% = (1,064 – 2,418)</i>							

Based on Table 2, it shows that out of 24 people have less documented attitude of nursing care less than 21 people (87,5%) and good as many as 3 people (12,5%). While from 22 people who have good attitude do documentation nursing care less as much as 12 people (54,5%) and good as much 10 people (45,5%). Chi square test results obtained value  $p\text{-value} = 0,031 < 0,05$ . This means that there is influence of nurse attitude toward documenting nursing care in RSUD Dekai. When viewed from the value of  $RP = 1.604$ ;  $CI95\% = 1,604-2,418$  who interpreted the respondent with the least chance of not doing nursing care documentation 1.711 times greater than the attitude of a good nurse

- c. Influence of motivation against the documentation of nursing care

Table 3. Effect of nurse motivation on documentation of nursing care in RUDUDUDA Dekai

No	Motivation	Documenting nursing care				amount	
		Less		GOOD		n	%
		n	%	n	%		
1	Less	24	80	6	20	30	100
2	GOOD	9	56,3	7	43,8	16	100
Total		33	71,7	13	28,3	46	100
<i>p-value = 0,167; RP = 1,422; CI95% = (0,891 – 2,270)</i>							

Based on Table 3, it shows that out of 30 people with less motivation as many as 24 people (80%) who documented less and good nursing care as many as 66 people (20%). Whereas from 16 people with good motivation as much as 9 people (56,3%) who do not less and good nursing care as much as 7 people (43,8%). Chi square test results obtained value  $p\text{-value} = 0,167 > 0,05$ . Hal this means that there is no meaningful influence between nurse motivation to documenting nursing care in RSUD Dekai.

- d. The effect of nursing supervision on the documentation of nursing care

Table 4. The effect of the nursing supervisors on the documentation of nursing care in RTUD Dekai

No	Supervision	Documenting nursing care				amount	
		Less		GOOD		n	%
		n	%	n	%		
1	Less	11	78,6	3	21,4	14	100
2	GOOD	22	68,8	10	31,3	32	100
Total		33	71,7	13	28,3	46	100

*p-value* = 0,724; *RP* = 1,143; *CI95%* = (0,798 – 1,638)

Sumber: Data Primer, 2017

Based on Table 4, shows that out of 14 people with less supervision as many as 11 people (78,6%) who do less and good nursing care as much as 3 people (21,4%). Whereas from 32 people with good supervision as much as 22 people (68,8%) did documentation of less and good nursing care as many as 10 people (31,3%). Chi square test results obtained value  $\rho$ -value = 0.724 > 0.05. Hal this means that there is no nurse nursing supervision of nursing care documenting in RSUD Dekai.

e. The effect of the doctor is to document the care of nursing care

Table 5. The effect of the draft is on the documentation of nursing care in RTUD Dekai

No	Reward	Documenting nursing care				J amount	
		Less		GOOD		n	%
		n	%	n	%		
1	Less	26	78,8	7	21,2	33	100
2	GOOD	7	53,8	6	46,2	13	100
Total		33	71,7	13	28,3	46	100

*p-value* = 0,145; *RP* = 1,463; *CI95%* = (0,858 – 2,495)

Based on Table 5, it shows that of 33 people with less reward answers as many as 26 people (78.8%) did documentation of less and good nursing care as many as 7 people (21.2%). While from 13 people with the answer of less reward as much as 7 people (53,8%) did documentation of less and good nursing care as much 6 people (46,2%). Chi square test results obtained value  $\rho$ -value = 0.145 > 0.05. Hal this means that no significant influence between rewards to documenting nursing care in RSUD Dekai.

f. The effect of the working period on the documentation of nursing care

Table 6. The effect of the working period on the documentation of nursing care in RUDUDA Dekai

No	Years of service	Documenting nursing care				Jamount	
		Less		GOOD		n	%
		n	%	n	%		
1	Less	26	70,3	11	29,7	37	100
2	GOOD	7	77,8	2	22,2	9	100
Total		33	71,7	13	28,3	46	100

*p-value* = 1,000; *RP* = 0,903; *CI95%* = (0,601 – 1,358)

Based on Table 6, it shows that out of 37 people in the new working period as many as 26 people (65.6%) did documentation of less and good nursing care as many as 11 people (29.7%). While from 9 people with long working period, there were 7 people (77,8%) who did not do documentation of good nursing care as much as 2 people (22,2%). Chi square test results obtained value  $\rho$ -value = 1,000 > 0,05. This means that there is no effect of nurse's working period on documenting nursing care in RSUD Dekai.

Table 7. The effect of nurse age on the documentation of nursing care in RUDUDA Dekai

No	Age of Nurse	Documenting nursing care				amount	
		LESS		GOOD		n	%
		n	%	n	%		
1	< 30 year	21	72,4	8	27,6	29	100
2	≥ 30 year	12	70,6	5	29,4	17	100
Total		33	71,7	13	28,3	46	100

*p-value* = 1,000; *RP* = 1,026; *CI95%* = (0,701 – 1,501)

Based on Table 7, it shows that of 29 nurses aged <30 years 21 people (72.4%) did documentation of less and good nursing care as many as 8 people (27,6%). Whereas from 17 nurses > 30 years old, there were 12 people (70,6%) did documentation of less and good nursing care as many as 5 people (29,4%). Chi square test results obtained value  $\rho$ -value = 1,000 > 0.05. Hal this means that there is no influence of nurse age on documenting nursing care in RSUD Dekai.

h. The influence of education on documenting nursing care

Table 8. Effect of nurse education on documenting nursing care in RUDUDA Dekai

No	Education	Documenting nursing care				Number	
		Less		Good		n	%
		n	%	n	%		
1	D-III Nursing	9	69,2	4	30,8	13	100
2	S1 Nursing	24	72,7	9	27,3	33	100
Total		33	71,7	13	28,3	46	100

*p-value* = 1,000; *RP* = 0,952; *CI95%* = (0,627 – 1,446)

Based on Table 8, it shows that from 13 nurses namely Nursing D-III education as many as 9 people (69.2%) did documentation of less and good nursing care as many as 4 people (30.8%). While from 33 people of education > D-III of Nursing, there were 24 people (72,7%) did documentation of less and good nursing care as many as 9 people (27,3%). Chi square test results obtained value  $p\text{-value} = 1,000 > 0,05$ . This means that there is no influence nurse education to documentation nursing care in RSUD Dekai.

## DISCUSSION

The results of this study generally indicate that documentation of the most nursing care with the category less, that is equal to 71.7%. This shows that the documentation of nursing not maximal done by nurses as one of the performance that is beneficial for self nurse and patient in service of next nursing care.

This is in line with Mayasari (2009), found that the average achievement of documentation of nursing care at Tugurejo General Hospital in Semarang reached 62.04%. Meanwhile, the results of Etildawati (2012) study illustrates that the implementation of nursing care documentation conducted by nurses in the inpatient room of Pariaman Hospital 60,5% from 86 respondents with bad category.

The results of the current study indicate that the documentation of nursing care in RSUD Dekai most with less category due to the absence of evaluation efforts nursing supervision performance in documentation conducted by nurses. In addition, it is also caused by experience in work as well as social factors that have become habits. This will make the results from a performance to be less maximal.

Lack of awareness of the importance of documenting nursing care and it made a habit that it appears that the documentation of nursing is not maximal due to lack of socialization about documenting nursing care by the management of the Hospital.

Documentation is an important aspect of nursing practice because it contains useful notes for communication, financial billing, education, review, research, audit and legal documentation. Documentation is defined as anything written or printed that can be relied upon as a record of evidence for authorized individuals, good documentation reflects not only quality care but also proves the responsibility of each team member in providing care (Potter & Perry, 2005).

### 1. The influence of knowledge factors on the performance of documenting Nursing Care

The results of this study indicate that most of the level of nurse knowledge about documentation with good category (73.9%). The results of this study in line with the results of research Mastini (2013) note that the level of nurse knowledge about documenting nursing care at Central Hospital Sanglah Denpasar, Bali mostly with good category.

Chi square test results obtained value  $p\text{-value} = 0.506 > 0.05$ . Hal this means that there is no influence of nurse knowledge on documenting nursing care in RSUD Dekai. The results of this study are not in line with research conducted Nuryani and Susanti (2014), that nurses who have good knowledge more fill out the nursing care documentation form completely. While nurses who have knowledge are less likely to have a high incompleteness value. Further Setiyarini (2004) suggests that one of the factors that influence the implementation of documentation is knowledge

Knowledge of the implementation of documentation must be owned by various health professionals one of which is a nurse. A nurse has a role in carrying out the documentation of nursing care in the medical record (Damayanti, 2013). Notoatmodjo (2010) suggests that knowledge is a very important factor to determine one's actions, so that the behavior based on knowledge will be more prolonged than that which is not based on knowledge, both the behaviors he showed.

The results showed that the documentation of nursing care was less on the responder with less knowledge level as much as 10 people (83,3%) who did documentation of less and good nursing care as much as 2 person (16,7%). Respondents with good knowledge as many as 23 people (67,6%) did documentation of less good and good nursing care as many as 11 people (32,4%) This indicates that the better the knowledge, the better documented nursing care, but this become meaningless because there are other factors that encourage the lack of nurses in implementing nursing care documentation. This is evidenced from the results of the prevalence ratio test (RP) = 1.232; CI95% = (0.874 - 1.737) interpreted that respondents with less than likely knowledge do not perform nursing care documentation 1.367 times greater than those with well-informed nurses. Walaun statistically there is no significant influence of knowledge on documenting nursing care in RSUD Dekai, but good knowledge will improve the documentation of nursing care completely.

### 2. The influence of attitude factors on the performance of documenting Nursing Care

According to Gamea & Faustino attitude is a positive or negative feeling or a well-prepared situation, learned, and organized through experience, which gives particular influence to a person's response to people, objects, and circumstances. The results of this study

generally indicate that most attitudes of nurses about documentation with the category of less (52.2%). The results of this study are in line with the results of Martini's research (2007) which shows that the percentage of respondents who have bad attitude, has a less complete documentation practice is greater (91.7%) than the respondents who have a good attitude.

The results of this study indicate that the tendency that is less on the nurses in Dekai Hospital may be caused by minimal motivation and guidance. In addition, it can also be triggered by a lack of appreciation of the work so that nurses job satisfaction decreases.

According Huber (2006), positive attitude nurses to her job will be achieved when given motivation, guidance and award to the results of his work that will create job satisfaction nurse. Factors that support attitudinal change are the rewards and punishments in which individuals associate their reactions with rewards and punishments, the stimulus contains hope for the individual so that there can be a change in attitude, and the stimulus contains prejudices for the individual who changed his original attitude (Umar, 2001).

Attitudes are not brought about at birth, but are learned and shaped based on experience and practice throughout individual development. As a social being, human beings are not free from the influence of interaction with others (external). Internal factors that affect one's attitude are physiological factors (hunger, thirst and pain) while external factors affecting attitudes consist of experience, norms, situations, obstacles and drivers. Both of these factors affect the attitude (Maulana, 2009).

The result of chi square test is statistic that there is influence of nurse attitude toward documenting nursing care in RSUD Dekai. When viewed from the value of  $RP = 0,031$ ;  $CI95\% = 1,604 (1,604-2,418)$  interpreted that respondents with less likely attitude did not perform nursing care documentation 1,711 times greater than good nurse attitude.

Nurses in RSUD Dekai who do less less nursing care with less attitude as much 21 people (87,5%) higher than good attitude as much as 12 people (54,5%). The results of this study indicate that the attitude of nurses in RSUD Dekai affect the seriousness of work in the process of documenting nursing. The results of this study in line with Haris, Sjattar and Budu (2014) that there is influence attitudes on the performance of nurses in documenting nursing care of Pelamonia Makassar Level II Hospital.

### **3. The influence of motivation factors on documenting Nursing Care**

The results of this study showed that most of the motivation of nurses with less category (65.2%). This is in line with the results of research Sandra, Sabri and Wanda (2012) in the Inpatient Room of RSUD Pariaman, which is from 86 implementing nurses there are 44.2% with bad

category motivation. Similarly, Rugaya (2006) showed that the majority (81.4%) of the implementing nurses had a low incidence of both in documentation.

According to the researcher, the current lack of motivation is probably caused by the fact that the nurse has not been able to provide the best health service to the patient, the low level of passion, discipline, loyalty, responsibility and the spirit of work. Motivation is one of the factors that will determine the work of a nurse. If a person is motivated in working it will try to do as much power to realize and finish what is the task and his job. Motivation can certainly affect performance even if it is not the only factor that shapes performance (Widodo, 2007 in Sandra, Sabri and Wanda, 2012).

Motivation of a person's work is very influential on the performance that can be achieved in his job because the work impulse that arise in a person will make the person is encouraged to behave in achieving the goals that have been set (Suyanto, 2008). According to Robbin (2009), work motivation and work of nurse executor is influenced by individual factors of nurse, that is education background, length of work and employee status. A person's motivation is influenced by the factor motivator / instrinsic factor that encompasses achievement, acknowledgment, responsibility, progress and growth. Meanwhile, extrinsic factors, namely the supervision of head of space, hospital policy, the influence of work with colleagues.

If a nurse has a high expectation he or she can be of high standing and if he suspects that by achieving a high achievement he will feel the consequences he expects, then he will have a high motivation to work. Conversely, if the nurse feels confident that she will not be able to achieve the job performance as expected, then she will be less motivated to work (As'ad, 2004).

The ability of nurses to carry out duties and responsibilities in the organization of nursing care is a key element in assessing the performance of a nurse. The ability of a person to perform the task without the support of the will and motivation of the task will not be completed (Nursalam, 2002).

The results showed that the documentation of nursing care was less on the responder with less motivation as much as 24 people (80%) higher than the good motivation of 9 people (56.3%). The results of chi square test statistics that the motivation does not significantly influence the documenting nursing care. When viewed from the value of  $RP = 1.422$ ;  $CI95\% = (0.891 - 2,270)$ , indicating that higher motivation improves documenting nursing care, but this is influenced by nurse attitude, where attitude is one component of motivation.

The results of this study are in line with the research Suarni, Hadju, and Sjattar (2013) showed that there is influence of motivation on the performance of nurses in

documenting nursing care of Pelamonia Makassar Level II Hospital. This is probably caused by the influence of individual characteristics, job characteristics and work situation characteristics in the form of work environment, co-workers and supervisors as well as the leadership and climate they create.

Autonomy is the force that encourages an employee to direct behavior to two things, first of all being the need that influences the deficiency experienced by a person at a given time (Gibson 1990, in Pasolong, 2008). According to Nursalam (2001) that a person's ability to perform tasks without the support of the will and motivation of the task will not be solved.

Motivation is a desire that is in an individual individual that encourages him to perform actions, actions, behavior or behavior. Motivation is something that causes and that supports one's actions or behavior (Notoatmodjo, 2010).

#### **4. The influence of supervision factors on documenting Nursing Care**

The results of this study generally indicate that the supervision of the documentation of nursing care in the category of good (69.6%) and the rest with the category less as much as 8 people (15.6%). This is in line with Sodriques, Kresnowati, and Kun (2012) indicating that of 224 nurses most of the supervision with good category, that is 57,1% and with category still big enough, that is 42,9%. However, unlike the results of research Wirawan, Novitasari, and Wijayanti (2013) which shows that the chief supervision of the room in Ambarawa Hospital most with less good category that is equal to 45.7% of 81 nurses.

The results of this study found that the supervision of the category less likely to be caused by the head of the room has not maximally become the role model for the nurse, the explanation of follow-up and positive feedback is not done optimally by the head of space. According to Robbins (2003) supervision performed by superiors will greatly assist staff, because in supervising activities, a supervisor will provide support to the resources needed by the staff in completing the work.

According Suyanto (2009) nurse executor after the supervisory activities will be able to adaptive by taking care actions are taught. Supervision is an important part in nursing management. Nursing care need the ability of managers care in supervision. Head of the chamber is the manager front line and in charge of the room should be able to be a good supervisor against nurses, so as to improve the quality of care provided and at the end can improve the performance of the implementing nurse (Wirawan, Novitasari, Wijayanti, 2013). According to Keliat (2012) supervision is a process of supervision over the implementation of activities to ascertain whether the

activity runs according to organizational goals and standards that have been determined. Supervision is carried out by people who have competent skills in the supervised field. Supervision is usually done by superiors to subordinates or consultants to be executed.

Chi square test results obtained statistically that nursing supervision has no significant effect on the documenting of nursing care in RSUD Dekai and when viewed from the value of  $RP = 1.143$ ;  $CI95\% = (0.798 - 1,638)$  indicating that if supervision performed better improve the documentation of nursing care, but this does not become meaningful due to nurse attitude factor. The results of this study are different from Personal (2009) and Nindyanto (2012), that there is influence of supervision on documenting nursing care. Similarly, the research results Hasniati (2002) who found that there is influence of supervision conducted by the head of the room on the performance of nurses in the inpatient wards RSUD Sidoarjo.

The results of this study, still found supervision with the category less because of the absence of performance evaluation efforts in documentation conducted by the nurse, so that the level of education and employment also did not have a significant impact on the completeness of the documentation of care. In addition, also due to lack of direction from the head of the room to be the cause of poor motivation of nurses in the documentation done.

Supervision of documenting nursing care is an important activity in order to achieve optimal results. Supervision is required as a means of learning for the supervised person (Wirawan, Novitasari, Wijayanti, 2013). According to Handoko and Hani (2003), supervision by the supervisor is one of the decisive factors in the management system with the aim of providing assistance to subordinates directly so that subordinates have enough supplies to carry out the work. Nurses who have perceptions of good supervision tend to perform good nursing care documentation so that the need to be given facilities in nurse knowledge enhancement through the supervision of the head of space while improving the ability of the head of the room in supervising the nurse.

According Sukardjo (2013), the function of nursing supervision is to organize and organize the process of providing nursing services related to the implementation of nursing care policy about the agreed standard of care. However, from the research results obtained that although the supervision is done well but less in documenting nursing care. This indicates that the nurse at work does not heed the instructions given by nursing supervision in other words do not comply with rules or agreements that have been made.

#### **5. The influence of reward factors on documenting Nursing Care**

The results of this study indicate that the most reward with less categorical (71.7%). The results of this study are not in line with Haris, Sjattar and Budu (2014) which shows that of 30 nurses at Islamic Hospital Faisal Makassar, as many as 21 (70.0%) nurses who awarded rewards there were 9 (30.0%) nurses the granting of his grant is not there.

Provision of the most reward with less category in Dekai Hospital may be caused by lack of understanding of nurses associated with the provision of rewards with the implementation of nursing care in patients so that the implementation of nursing care is considered always lacking. Meanwhile, the provision of rewards with good category in Dekai Hospital is caused because the level of knowledge of nurses associated with the implementation of documentation nursing care is always supportive.

Rewards (rewards) to nurses is a given in the form of material and non-material such as the implementation of documenting nursing care. According Pamela (2006), the factors that affect the provision of rewards in the implementation of documenting nursing care begins with stages of assessment, diagnosis, planning, implementation and evaluation, this often affects the performance of care in carrying out patient care to the patient. Other factors usually affect the reward management system such as recruitment, selection, contract work, orientation, performance appraisal, and nurse staff development. This process is always done before opening the workspace and every new nurse adds up.

The results showed that the documentation of nursing care was less on the lack of rewards as much as 26 people (78.8%) higher than the good reward of 7 people (53.8%) with the prevalence ratio test (RP = 0.145) can improve the documentation of nursing care, but not significant ( $p\text{-value} = 0,145 > 0,05$ ) caused by other factor which strongly influence nurse like nurse attitude in documenting nursing care.

The results of research are in line with Triyanto's research (2008), that the rewards given increase the nurse's work motivation, so that the nurses will work better with high morale. Nurses who feel the rewards are satisfactory with fewer good performances compared to nurses who feel less reward and good performance. The remuneration or compensation given to the nurse is in accordance with the capability or income of the regularly arranged hospital so that a small number of nurses are satisfied to receive the benefits set by the hospital management and perform their duties and functions in accordance with their abilities.

According to Sabarulin (2013), that nurses who feel the rewards are lacking but are performing well, many of the nurses are motivated to document the nursing care because of intrinsic motives, ie the impulses within them to do their work, for example, work because the work is done according to talents and interests can be solved well

because it has the knowledge and skills in completing and carrying out the documentation of nursing care and feel that nursing work is a noble job that can not be compared with the rewards received. Although the rewards received do not fit with his conscience, he is still called to serve patients who need them (Sabarulin, 2013).

#### **6. Effect of working factors on the performance of documenting Nursing Care**

The results of this study generally show that most of the nurse work period with new working period (80,4%) and long working period is 19,4%. A long period of work for a nurse in work will support her ability to perform a job including documenting nursing care. This is in line with Indiyah (2001) who argued that the longer a work skilled people who work. The same thing also delivered by Robert & Kinicki (2003) that the long work period tends to will make a nurse feel at home in an organization. It is because it has been adapted to the environment long enough so that will feel comfortable with his work.

The period of work is a period or duration of labor work somewhere. The period of work can affect both positive and negative performance. Positive influence on performance if with more period personal work more experienced in carrying out its duties. Instead will give a negative influence if with more period work will arise habits on the workforce. The period of a person affects the quality of his work, the spirit possessed can improve skills, and strong motivation, which will impact on better change (Hidayat, 2000).

Chi square test results obtained statistically that the working period is not significant to the documentation of nursing care, so that nurses who have experience and know in documenting nursing care but have a lack of attitude in documenting nursing care have an impact on the lack of performance in documenting nursing care.

#### **7. Effect of age factor on documenting performance of Nursing Care**

The results of this study generally show that the age group is <30 years old, ie (63%)). This is different from the result of Mastini's research (2013) which shows that the age of nurses at Sanglah General Hospital Denpasar, Bali is between 31-40 years old, that is 57.9% (44 people), then age between 20-30 years, ie 27.6% (21 people), and age between 41-50 years of 14.5% (11 people).

Under 30 years of age is a productive age. At that age one can achieve optimal performance. According to Dessler (2002), productive age, ie at the age of 25 years. At this age is the beginning of an individual career, and the age of 25-30 years is the stage of determining a person to choose the field of work that is appropriate for the individual's career. Age 30-40 years is the stage of stabilizing career choices to achieve goals. Meanwhile, the peak of the career occurred at the age of 40 years. At the age of 40 years there has been a career decline.

Similarly, Siagian (2003), that age has a close relationship with various aspects of performance. The association of age with the level of psychological maturity indicates experienced of individual meaning becomes more wise in taking decisions for the interests of the organization. The individual's penchant with age increase affects the analytical ability to the problem or the phenomenon found.

Age has an indirect effect on individual behavior and performance. The older a person's age, not necessarily able to show the intellectual maturity both cognitive, and psychomotor while doing the work, especially in the implementation of documenting the assessment of nursing. This is likely to be due to the personal value possessed by the individual concerned, the flexibility and other influencing psychological factors (Gibson, (1996) in Indiyah, 2001).

The results of this study indicate that most of the nurses in Dekai Hospital are at productive age. The age is the number of days, months, years that have been passed since birth up to a certain time. Age can also be construed as a unit of time that measures the time of an object or creature, both living and dead. For example, the human age is said to be fifteen years of age measured since he was born until that age is calculated (Wiyanti, 2009).

The results showed that the documentation of less nursing care on nurses aged <30 years as many as 21 people (72.4%) is not so much different compared with nurses aged > 30 years as many as 12 people (70.6%), where the results of statistical tests age has no significant effect on documenting nursing care. The results of this study are in line with the results of research Martini (2007) that there is no influence of age correspondents with the practice of documenting nursing care at inpatient RSPRSUD Salatiga. This means that age is not a factor in the implementation of the process of documentation of the nursing process. This is probably caused by awareness and yet associated with a sense of responsibility, whether at <30 years old and age > 30 years of age have the same nursing documenting practices.

According Sandra (2013) age will affect the physical condition, spirit, burden and responsibility of someone both in work and in everyday life. In nurses aged less than 30 years, despite having good physical condition to perform physical activity but in general they have a sense of responsibility that is relatively less than those aged  $\geq$  30 years.

Indiyah (2001) states that age has indirect effect on the behavior and performance of individuals. The higher a person's age, not necessarily he is able to show intellectual maturity both cognitive, and psychomotor while doing the work, especially in the implementation of documenting nursing assessment. However, the growth and

development of a person at a certain point will be degraded due to degenerative factors (Suhaeni, 2005).

## V. CONCLUSION

The results of this study by the title of factors that affect the performance of nurses in documenting nursing care in RSUD Dekai can be concluded as follows:

1. There is no influence of nurse knowledge on documenting nursing care in RSUD Dekai ( $\rho$ -value = 0,506, RP = 1,232; CI95% = (0,874 - 1,737)).
2. There is influence of nurse attitude toward documenting nursing care in RSUD Dekai ( $\rho$ -value = 0,031; RP = 1,604; CI95% = (1,064 - 2,418)).
3. There is no influence of nurse motivation toward documenting nursing care in RSUD Dekai ( $\rho$ -value = 0,167, RP = 1,422; CI95% = (0,891 - 2,270)).
4. There is no influence of nursing supervision on nursing documenting nursing care in RSUD Dekai ( $\rho$ -value = 0,724; RP = 1,143; CI95% = (0,798 - 1,638)).
5. There is no effect of reward on documenting nursing care in RSUD Dekai ( $\rho$ -value = 0,145; RP = 1,463; CI95% = (0,858 - 2,495)).
6. There is no effect of nurse's working period on documenting nursing care in RSUD Dekai ( $\rho$ -value = 1,000, RP = 0,903; CI95% = 0,601 - 1,358)).
7. There is no influence of nurse age on documenting nursing care in RSUD Dekai ( $\rho$ -value = 1,000; RP = 0,937; CI95% = 1,026; CI95% = 0,701 - 1,501)).
8. There is no effect of nurse education on documenting nursing care in RSUD Dekai  $\rho$ -value = 1,000; RP = 0.952; CI95% = 0.627 - 1.446).

## DAFTAR PUSTAKA

- [1]. Andriani (2013). *Analisis Faktor-Faktor Yang Mempengaruhi Kinerja Tenaga Kesehatan Pada Penerapan Program Keluarga Sadar Gizi Di Kabupaten Sukoharjo*. *Manajemen Bisnis Syariah*, No: 01/Th.VII/Agustus 2012 - Januari 2013. www.uniba.co.id. diakses 10 April 2017.
- [2]. Arikunto, S (2010). *Prosedur Penelitian Suatu Pendekatan Praktek*, Rineka Cipta.Jakarta.
- [3]. \_\_\_\_Departemen Kesehatan Republik Indonesia(2001). *Instrumen Evaluasi Penerapan Standar Asuhan Keperawatan di Rumah Sakit*, Departemen Kesehatan. Jakarta.
- [4]. Dermawan, D (2012). *Proses Keperawatan. Penerapan Konsep & Kerangka Kerja*, Gosyen Publishing. Yogyakarta.
- [5]. Dessler, G. (20117). *Manajemen Sumber Daya Manumur Jilid 2*. Terjemahan Benyamin Molan, Prenhallindo. Jakarta.
- [6]. Fatmawati, E (2013). *Gambaran Faktor Kinerja Perawat Dalam Mendokumentasikan Askep di RSUD Syekh Yusuf Gowa*. <http://www.unhas.co.id>. diakses 20 April 2017.
- [7]. Fitriani. S (2010). *Promosi Kesehatan*, Graha Ilmu. Yogyakarta.



- [8]. Gaffar. L.O (2009). *Keperawatan Profesional*, EGC. Jakarta
- [9]. Handayani. P., T(2010). *Kamus Besar Bahasa Indonesia*, Giri Utama. Surabaya.
- [10]. Hasmi, (2016). *Metode Penelitian Kesehatan*. In media, Jakarta.
- [11]. Hastuti (2012). *Model dokumentasi keperawatan mata kuliah dokumentasi keperawatan politeknik kesehatan RS dr. Soepraoen program studi keperawatan malang 2011*. [www.poltekes\\_malang.co.id](http://www.poltekes_malang.co.id). diakses 20 April 2017).
- [12]. Manik. R (2013). *Faktor – Faktor Yang Mempengaruhi Efektivitas Asuhan Keperawatan*. <http://www.universitasesauinggul.coo.id>. diakses 20 April 2017. Pkl. 20.15 wit
- [13]. Mangkunegara A.P., 2010. *Evaluasi Kinerja SDM*. Bandung : Reika Aditama. Bandung.
- [14]. Mastini,P (2013). *Pengaruh Pengetahuan,Sikap,Beban Kerja Dengan Pendokumentasian Asuhan Keperawatan IRNA Di Rumah Sakit Umum Pusat Sanglah Denpasar*. Program Magister Program Studi Ilmu Kesehatan Masyarakat Program Pascasarjana Universitas Udayana Denpasar.
- [15]. Mubarak W. I (2011). *Promosi Kesehatan Untuk Kemandirian*. Salemba Medika, Jakarta.
- [16]. Munir A (2011). *Hubungan Pengetahuan, Sikap, Dan Perilaku Perawat Terhadap Pelaksanaan Standar Asuhan Keperawatan Di Ruang Penyakit Dalam Rumah Sakit Umum Daerah Yowari*. Program Studi Ilmu Keperawatan Fakultas Kedokteran Universitas Cenderawasih Jayapura.
- [17]. Nersten (2012). *Dokumentasi Dan Pelaporan Proses Keperawatan*. <http://www.infohealth.com>. Diakses 20 April 2017.
- [18]. Nurmiyati, E (2011). *Pengaruh Pemberian Reward Dan Punishment Dengan Kinerja Perawat Pada Bprs Harta Insan Karimah*. <http://www.uinsyarifhidayatullah.co.id>. diakses 20 April 2017.
- [19]. Nursalam (2012). *Manajemen Keperawatan: Aplikasi dalam Praktek Keperawatan Profesional*. Salemba Medika. Jakarta.
- [20]. Nuryani, N., Susanti, D., D (2014). Pengaruh pengetahuan perawat dengan kelengkapan dokumentasi asuhan keperawatan di RSUD dr. Soekardjo Kota Tasikmalaya. *Jurnal Manajemen Informasi Kesehatan Indonesia*. Jakarta.
- [21]. Nindyanto S. I. A (2012). *Pengaruh Supervisi Kepala Ruang Terhadap Dokumentasi Asuhan Keperawatan Di Ruang Rawat Inap RSUD Ungaran*. <http://www.akperhusadasemarang.co.id>. diakses 20 April 2017. Pkl. 20.10 wit.
- [22]. Notoatmodjo (2012). *Metode Penelitian Kesehatan*. Rineka Cipta. Jakarta.
- [23]. Pribadi. A (2009). *Analisis Pengaruh Faktor Pengetahuan, Motivasi dan Persepsi Perawat Tentang Supervisi Kepala Ruang Terhadap Pelaksanaan Dokumentasi Asuhan Keperawatan di Ruang Rawat Inap RSUD Keleet Jepara*. <http://www.eprint.undip.co.id>. diakses 10 April 2017.
- [24]. Rachmat (2012). *Biostatistika Penelitian Untuk Penelitian Kesehatan*. Jakarta: EGC.
- [25]. Supriadi., D (2013). *Studi Tentang Kinerja Pegawai Puskesmas Kecamatan Sesayap Hilir Kabupaten Tana Tidung*. ISSN 2337-8670, [ejournal.pin.or.id](http://ejournal.pin.or.id). diakses 10 April 2017.
- [26]. Supratman (2013). *Pendokumentasian Asuhan Keperawatan Ditinjau Dari Beban Kerja Perawat*. <http://www.ums.co.id>. diakses 10 April 2017.
- [27]. Suparyanto (2010). *Faktor – Faktor Yang Mempengaruhi Motivasi*. <http://www.suparyanto.wordpress.com>. diakses 20 April 2017.
- [28]. Triyanto. E., 2008. *Gambaran motivasi perawat dalam melakukan dokumentasi keperawatan di RSUD Prof. Dr. Margono Soekarjo Purwokerto*. *Jurnal Keperawatan Soedirman (The Soedirman Journal of Nursing)*, Volume 3 No.2 Juli 2008. Diakses 20 April 2017.
- [29]. Umar, H. 2001. *Sumber Daya Manumur Dalam Organisasi*. Gramedia Pustaka Utama. Jakarta.
- [30]. Wawan, A & Nuha M. D. 2010. *Teori dan pengukuran pengetahuan, sikap dan perilaku manumur*. Medika. Yogyakarta.
- [31]. Wawan, A dan M. Dewi. 2011. *Teori dan Pengukuran Pengetahuan, Sikap, Dan Perilaku Manumur*. Nuha Medika. Yogyakarta.
- [32]. Wibowo. 2007. *Manajemen Kinerja*. PT Raja Grafindo Persada. Jakarta.
- [33]. Wijono. S., 2011. *Psikologi Industri dan Organisasi. Dalam Suatu Bidang Gerak Psikologi Sumber Daya Manumur*. Kencana. Jakarta.
- [34]. Wirawan, E., A., Novitasari, D., Wijayanti, F. 2013. Pengaruh supervisi kepala ruang dengan pendokumentasian asuhan keperawatan di Rumah Sakit Umum Daerah Ambarawa. *Jurnal Manajemen Keperawatan*.
- [35]. Yuliana Surya Sodriques, Y., S., Kresnowati, L., Kun, K., S. 2011. *Pengaruh Supervisi, Motivasi Perawat Dengan Kelengkapan Pengisian Dokumen Asuhan Keperawatan Di RSUD Tugurejo Semarang*. Fakultas Kesehatan Universitas Dian Nuswantoro Semarang. Semarang.