



ANALYSIS OF FACTORS RELATING TO NURSES' PERFORMANCE IN NURSING CARE DOCUMENTATION BASED ON KOPELMAN THEORY

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ABSTRACT

Nurses have an important role in determining the quality of health services, however, some nurses are still found to have less than optimal performance in documentation of nursing care due to internal and external factors. Therefore, this research aims to analyze the development of training, leadership, attitudes, competencies, motivation, work design and performance of nurses in documenting nursing care based on Kopelman's theory. Method: This research used a cross-section design with a sample of 1406 nurses at RSUD Dr. Soetomo. This research used a purposive sampling technique, namely infectious disease installation nurses with the criteria of being an executive nurse and not being on leave. Data collection using a questionnaire includes independent variables in the form of training development, leadership, attitudes, competence, motivation, and work design, and the dependent variable in the form of nurses' performance in documenting nursing care. All questionnaire instruments in this research have a correlation r value of <0.5 and a Cronbach's alpha value of 0.650. Data were analyzed using logistic regression with a p -value ≤ 0.05 . Results: The research results show that there is an influence between training and development (0.028), leadership (0.004), attitude (0.026), competency (0.031), motivation (0.029), and job design (0.009) on nurse performance. Conclusion: The development of training, attitudes, competencies, motivation, and good work design has an impact on high nurse performance in documenting nursing care. The performance of nursing care documentation will be optimal with democratic leadership.

Keywords: individual; organization; nurse performance; nursing care; work

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INTRODUCTION

Nurses make up the majority of hospital staff, their work has a direct impact on the quality of care patients receive (Nursalam et al., 2018). Internal causes of individual nurses and external influences from the workplace continue to cause some nurses to perform below standards in nursing care documentation (Wisuda and Putri, 2019). Completeness of nursing documentation with electronic systems is still found to be incomplete in health services. The quality of nursing care can suffer if only partial records are kept about patient care (Zamroni, Nursalam and Wahyudi, 2021). So, it is important to evaluate how well nurses record patient care. The evolution of nursing documentation into the modern Electronic Medical Record (EMR) illustrates this trend. Even though the EMR system is used to record nursing care at Dr Soetomo Surabaya Regional Hospital, data on assessing the completeness of nursing care documentation at Dr Soetomo Surabaya Regional Hospital from May to July 2022 has on

average been 76.6 percent complete with the majority of gaps occurring in documentation relating to nursing care. Completeness of nursing care documentation is still lacking due to the low confidence of some nurses regarding the use of (Çamveren, Kocaman and Vatan, 2022). Self-confidence influences nurses' self-concept which can shape perceptions of work orientation and work productivity of nurses (Tasew, Mariye and Teklay, 2019; Eskandari et al., 2021). It has been demonstrated that some nurses continue to provide substandard care due to internal causes (within themselves), external (in their leaders and organizations), and environmental variables (Wisuda and Putri, 2019). Despite the importance of nurses' documentation skills, research examining the elements that most influence their field of work is sparse.

According to 2016 data from the United States, poor performance was attributed to 134 of 399 registered nurses (Dyrbye et al., 2019). The average performance of nurses is 3.90 with a standard deviation of 0.58, according to research conducted in Turkey in 2017. (Özer et al., 2019). In 2020, a study conducted at Madiun District Hospital found that the majority of nurses provided competent care (Zamroni, Nursalam and Wahyudi, 2021). Meanwhile, research in 2022 regarding nurses' self-confidence in the completeness of electronic-based nursing care documentation was in the sufficient category at 51.7% (Resia, 2022). Research Wahyudi and Gunarto, (2019), explains that there is a direct influence of nurses' self-confidence on nurses' work productivity of 26.77%. Nursing documentation is a source of clinical information regarding patient actions and progress in manual or electronic form (Tasew, Mariye and Teklay, 2019). Assessment, diagnosis, planning, implementation, and evaluation are all components of nursing performance documentation (Nursalam, 2020). The quality of care provided to patients may be negatively affected by inadequate nursing documentation (Zamroni, Nursalam and Wahyudi, 2021). Complex nursing procedures require time and planning to balance patient care time and completing documentation. Staff education and understanding of technology are very influential in nurses' acceptance of documenting nursing care (Shala et al., 2021).

Nurse performance is influenced by the internal factors of the individual nurse and external factors of the job (Zamroni, Nursalam and Wahyudi, 2021). A nurse's sense of self will be shaped by his or her own unique experiences and perspectives in nursing, knowledge, staff interactions, and leadership (Kusnanto et al., 2020). Confident nurses are more likely to do their best for their patients (Sumarni, 2021). Thus, producing effective and efficient productivity in nurse performance (Olaolorunpo, 2019). According to Kopelman, human qualities, organizational features, and job characteristics all play a role in the definition of labor productivity (Nursalam, 2020). Personal characteristics, such as ability, knowledge, skills, motivation, and nursing standards. A person's age, gender, education level, ethnicity, socioeconomic class, and years of work experience all play a role in how they behave at work and how productive their company is. Organizational characteristics include rewards, goals, MBO, selection, training, framework, vision, goals, and leadership. The contemporary workplace includes elements such as performance goals, feedback, correction, job design, and scheduling. One of the organizational variables that influences both individual and group performance is leadership, as stated by Kopelman (1986). Other types of organizational determinants, such as knowledge, skills, and talents, have similar effects (Nursalam, 2020).

When nurses are given training, guidance, and supportive leadership, they provide better patient care (Zamroni, Nursalam and Wahyudi, 2021). Research (Beni, Nursalam and Hasinuddin, 2020), explains that individual factors in the form of attitude, motivation, and competence influence performance, while the work environment has a very main influence

through job design. Leadership, training, attitudes, motivation, competencies, and job design were all investigated as potential influences on the documentation of care provided by nurses. The quality of health care depends largely on accurate documentation of the care provided. Nurses' work productivity including assessment, diagnosis, planning, implementation, evaluation, and documentation is influenced by organizational, individual, and job characteristics. No research examines the most influential characteristics in nurse performance. This research aims to explain how organizational, individual and professional factors influence nurses' ability to record nursing care effectively according to Kopelman's theory which inspired a work at RSUD Dr. Sutomo Surabaya.

METHOD

The design of this study is a cross-sectional study that links organizational, individual, and job characteristics with the performance of nurses documenting nursing care. The population of this study was 1406 nurses at RSUD Dr. Soetomo. This research used a purposive sampling technique, namely infectious disease installation nurses with the criteria of being an executive nurse and not being on leave. Research data was collected through questionnaires from The development and training instrument uses a questionnaire from the Forssen & Haho Theory, 2001 developed by (Beni, Nursalam and Hasinuddin, 2020) with a correlation r value of <0.5 and a Cronbach's alpha value of 0.650. The Leadership Instrument uses a questionnaire from the Theory of Hersey and Blanchar, 2010 which has been modified by (Zamroni, Nursalam and Wahyudi, 2021) with a valid value (0.663-0.969) and a Cronbach's alpha of 0.839. The nurse's attitude instrument uses a questionnaire (Beni, Nursalam and Hasinuddin, 2020) based on the theory of Spreitzer, 1995 with an r value for the attitude questionnaire correlation of 0.0802 and a Cronbach alpha value of 0.807. The competency instrument uses the Spreitzer, 1995 questionnaire developed by (Beni, Nursalam and Hasinuddin, 2020) with an r value of 0.838 and a Cronbach alpha value of 0.807. The motivation instrument uses the Sievoid GL, 1994 questionnaire developed by (Beni, Nursalam and Hasinuddin, 2020) with an r value of 0.743 with an r table (0.632 and a Cronbach alpha value of 0.807. This research uses a job factor instrument in the form of work design with a questionnaire adopted from Theory (Bektas and Peresadko, 2013) with a person correlation value of <0.5 , namely 0.001 and a Cronbach's alpha value of 1,000 >0.6 . The nursing care performance instrument provided by hospital staff nurses is documented in a nurse performance questionnaire based on Theory (Nursalam, 2020b). modified by (Diniyah, 2020) with a Pearson correlation value of between 0.644 and a Cronbach Alpha value of 0.761. Research data was processed using the description test and logistic regression test with a p -value ≤ 0.05 . This research was approved by the Health Research Ethics Committee of RSUD Dr. Soetomo Surabaya with letter number No: 0798/KEPK/X/2023.

RESULTS

Table 1 contains information regarding the demographics of 60 respondents representing infectious disease installation nurses at Dr. RSUD. Soetomo Surabaya. Nearly half of the respondents in this study were aged 31 - 40 years, 28 (46.7%), and most were female, 45 (75%). Almost all nurse respondents were married, 54 (90%), and most had a bachelor's degree, 31 (51.7%). Almost half of the respondents came from RIK III, 18 (30%) nurses and most of them had a career path of PK II, 33 (55%).

Table 1.
Demographic Characteristics of Nurses (n=60)

Demographic	Category	f	%
Age	21-30 years	14	23,3
	31-40 years	27	45,1
	41-50 years	11	18,3
	51-60 years	8	13,3
Gender	Male	13	21,7
	Female	47	78,3
Marital Status	Married	52	86,7
	Not Married	8	13,3
Education	D3	28	46,7
	S1	32	53,3
Length of Work	1-7 years	18	30,1
	8-14 years	21	35,0
	15-21 years	11	18,3
	22-28 years	5	8,3
	29-35 years	5	8,3
Employment Status	Civil Servant	29	48,3
	Non Civil Servant	31	51,7
Unit Work	RIK 3	16	26,7
	RIK 4	15	25,0
	RIK 5	16	26,7
	RIK 7	13	21,7
Career Path	PK I	16	26,7
	PK II	33	55,0
	PK III	8	13,3
	PK IV	3	5,0

Table 2.
Logistic Regression Hypothesis Testing of Organizational, Individual and Job Characteristics on Nurse Performance in Documenting Nursing Care in Infectious Disease Installations

Variable	Regression Coefficient (B)	S.E	Regression Wald	dF	Sig.	Exp (B)	Remarks
Training and Development	1.740	0,794	4.802	1	0,028	5.696	Significant
Leadership	-1.929	0,677	8.122	1	0,004	0.145	Significant
Attitude	1.257	1,039	4.465	1	0,026	3.516	Significant
Competency	1.276	0,591	4.659	1	0,031	3.581	Significant
Motivation	1.220	0,558	4.787	1	0,029	3.387	Significant
Job Design	1.309	0,526	2.986	1	0,044	2.482	Significant

Table 2 contains information on hypothesis analysis using regression tests of organizational, individual, and job characteristics on nurses' performance in documenting nursing care at the Infectious Diseases Installation at Dr. Soetomo Surabaya. Based on the results of the regression test, show that there is an influence between training and development (0.028), leadership (0.004), attitude (0.026), competency (0.031), motivation (0.029), job design (0.044) on nurses' performance in documenting nursing care. The regression coefficient value (B) shows positive results in development and training, attitudes, competencies, motivation, and job design, which in line means that if the characteristics improve, the performance of nurses will improve. Meanwhile, negative results on leadership mean that the influence is reversed so that democratic leadership will improve nurse performance. Based on the Wald regression value, Leadership has the greatest value (8.112). Leadership has the greatest influence on nurses' performance in documenting nursing care in the Infectious Disease Installation.

DISCUSSION

Based on the research results, show that organizational, individual, and job characteristics have a significant influence on nurses' performance in documenting nursing care in the Infectious Disease Installation. The development of training, attitudes, competencies, motivation, and good work design has an impact on high nurse performance in documenting nursing care. Leadership has the greatest influence on nurses' performance in documenting nursing care in the Infectious Disease Installation. Kopelman's theory (1986) explains that organizational characteristics in the form of development and training as well as leadership influence the characteristics of nurses through motivation and increased competence. Support in development and training is carried out by encouraging the involvement of hospital organizations in making policies as well as ongoing skills training for nurses. Development and training are provided as a planned effort by the hospital to facilitate the learning and development of nurses in the form of support and opportunities (Nursalam, 2020). Development and training provided to nurses can take the form of opportunities and support. The hospital encourages nurses to develop teamwork skills to increase knowledge and skills regarding nursing care documentation. In addition, nurses receive training related to improving documentation of nursing care so that in carrying out their work they always carry out actions that are oriented towards nursing care.

This research is in line with Susilowati, Ratnasari and Nasrul, (2020), stating that there is an influence of development and training on nurse performance. The relationship between development and training and nurse performance is positive, which means that as the value of development and training increases, nurse performance increases. This research is also by Beni, (2020), stating that development and training through opportunities and organizational support will have an impact on improving nurse performance. Opportunities and support for nurses through development and training can improve nurses' performance in documenting nursing care in hospitals. Apart from improving teamwork attitudes, training can also increase knowledge of nursing teamwork in documenting nursing care. Organizational support through development and training has an impact on individual readiness to change within the organization in achieving nursing care documentation performance. Increasing the capacity of skilled and competent human resources can be done through development and training. The opportunity for nurses to take part in training is an effort by hospital organizations to improve the attitudes, competence, and motivation of nurses in carrying out nursing care documentation optimally.

The leadership of nurses in the Infectious Disease Installation with a total of 12 items shows that in situations where the work group does not respond to conversations in a friendly manner and with clear concern for the welfare of members, most nurses use democratic actions. Nurses often use democratic actions in situations where group performance can be observed to increase. In addition, the majority of nurses also use democratic action in situations where nursing team members are unable to resolve team problems and consider a change in nursing care. In situations where the nursing team needs to be reminded of tasks that must be completed on time, many nurses use authoritarian actions. Meanwhile, to maintain a productive situation by starting to build interpersonal relationships using democratic actions. When considering a new change in the nursing team, many nurses use participative action. Most nurses used democratic action in situations of uncertainty about deficiencies in directing the team, leading study groups that were late learners making requests for recommendations for change and team groups that did not respond to the division of new job responsibilities. Meanwhile, in the situation of leading a new group with a good

category, many nurses use authoritarian actions. Also, many nurses use free action in situations of internal difficulties among the team.

The results of this research are in line with Yunarsih's research, that leadership style has a positive and significant effect on the performance of nurses in hospitals. Leadership style will motivate nurses to work, thereby improving the quality of hospital services (Yunarsih et al., 2020). Likewise, Rahayu's research explained that there was a significant relationship between leadership style and the performance of implementing nurses in hospitals. The leadership style that has the most influence on good nurse performance is the democratic leadership style, while the poor performance of nurses is most influenced by the action-free leadership style (Rahayu, Wahyuni and Sulasmini, 2019). The democratic leadership style influences other people to work together to achieve goals by respecting the characteristics and abilities of staff. Meanwhile, the action-free leadership style is centered on the leader and allows staff to work independently according to their wishes (Deniati and Putri, 2019).

The average attitude of nurses in infectious disease installations is 17.90 which can be interpreted as positive (16-20). This is proven by indicators of nurses' attitudes in the form of opinions and beliefs. The average opinion indicator is 8.83 which is interpreted as positive (11-20). The average confidence indicator is 8.55 which is interpreted as positive (4-10). Attitudes form a person's reaction or response which is still close to a stimulus or object. Attitude components, the attitude structure consists of 3 mutually supporting components, namely cognitive, affective, and conative (Beni, Nursalam, and Hasinuddin, 2020). On the opinion indicator, nurses on average agreed that nurses liked and were happy if they could invite medical parties to work together to improve patient care. Meanwhile, the nurses' belief parameters strongly agree that nurses like and enjoy being able to work together with fellow nurses in trying to improve nursing care.

This research is in line with Ompusungu, Lousiana and Yesayas, (2022), explaining that nurses' attitudes influence nurses' performance. A good nurse's attitude will have a positive effect on improving nurse performance. This is because the nurse's positive attitude treats patients by accepting, responding, appreciating, and being responsible in reacting to objects. The nurse's response or acceptance and responsibility for the performance of documenting nursing care is good or positive, meaning that this attitude means that the nurse receives a stimulus to document nursing care which has become her responsibility for everything she has obtained with all the risks (Kurniasari and Ilham, 2022). The average competency of nurses in infectious disease installations is 22.18 which can be interpreted as good (20-25). This is proven by indicators of nurse competency in the form of cognitive, affective, and psychomotor. On a cognitive level, nurses on average agreed regarding the ability to do work as a nurse in improving documentation of nursing care. On average, nurses agreed that nurses reported completeness of nursing care documentation to improve service quality. The psychomotor parameters of the average nurse have mastered the skills necessary for the job.

This research is in line with Halawa, Nadapdap and Silaen, (2020), stating that there is a significant relationship between competency and nurse performance. Nurses who have good competence have the potential to provide good performance. Meanwhile, less competent nurses have a partially significant influence on nurse performance. This is because nursing competency is holistic, both performance and potential competency, and is an integrated concept built from complex activities. Nurses in hospitals have confidence in relatively high cognitive, affective, and psychomotor abilities to achieve understanding and commitment to achieving a vision and commitment to truth. The nurse competency model that is expected to

improve personal vision and commitment to truth is a combination of cognitive, affective, and psychomotor abilities and personality characteristics.

The average motivation of nurses is 23.80 which can be interpreted as good (21-27). This is proven by indicators of nurse motivation in the form of intrinsic and extrinsic. The average intrinsic indicator is 12.83 which is interpreted as sufficient (12-15). The average extrinsic indicator is 10.87 which is interpreted as sufficient (9-11). On average, nurses agree that nursing work helps individuals achieve personal goals. Meanwhile, extrinsically, the average nurse strongly agrees that it is very important to carry out team work in completing good nursing care documentation. Motivation can explain the process of intensity, direction and persistence of an individual to achieve their goals (Muhith & Nursalam, 2013). This research is in line with Carliastuti and Stella, (2021), there is a relationship between the motivation of implementing nurses and documentation of nursing care. This is because the high motivation of nurses to complete nursing care documentation will make the quality of nursing care documentation complete. This research is not in accordance with Suhartini, Washilah and Hadi, (2023), stating that there is no relationship between work motivation and the implementation of documentation. The nursing care documentation system really helps nurses in shortening documentation time and makes it easier for nurses to record the results of nursing care. These conditions are in accordance with the influencing motivational factors, such as time, facilities, management and training, which do have an impact on the documentation of nursing care.

The average nurse job design is 21.69 which can be interpreted as good (20-25). This is proven by job design indicators in the form of experience, needs and job descriptions. The average experience indicator is 8.67 which is interpreted as good (8-10). The average needs indicator is 8.6 which is interpreted as good (8-10). The job description indicator is 4.42 which is interpreted as good (4-5). In their experience, nurses on average strongly agree that nurses carry out nursing care documentation based on SPO and KARS. On average, the needs stated that they strongly agreed that nurses were introduced to SOPs related to documentation of nursing care. In the job description, the nurse agrees that the nurse has a job description of carrying out nursing care documentation. This research is in line with Zamroni, (2021), stating that there is a relationship between nurse job design and nurse performance in documenting nursing care. Nurses who have good job design tend to perform well. Job design is the composition or workload of nursing in work experienced by nurses, such as job satisfaction, workload, autonomy, staffing, and work assignments. This research is in line with research (Nursalam, et al., 2018) which states that nurse involvement and autonomy influence the quality of nurses' work. Excessive workload of nurses can reduce performance to less than optimal levels.

Nurses always assess client data when they enter the hospital with subjective and objective data. Nurses always formulate a diagnosis based on the nursing problem specified in the diagnostic parameters. During the intervention, nurses always described collaboration with other health teams. Meanwhile, in terms of implementation parameters, nurses always take holistic actions and respect client rights. Nurses always evaluate using the SOAP approach. Nurses also always document each action by including initials, clear name, date and time. Performance is the final result of an individual's efforts to fulfill the tasks assigned to him in a timely manner (Nursalam, 2020). The performance of nurses in documenting nursing care is the performance of nurses in completing the patient's clinical information sources related to the patient's actions and progress in electronic form (Moy et al., 2021). Nursing care

documentation includes all components of a nurse's productive care record, namely assessment, diagnosis, planning, implementation and evaluation.

This research is in line with the (Zamroni, 2021), states that the predictor that has the most influence on nurse performance in the completeness of nursing care documentation is leadership. Leadership is defined as a nurse's ability to influence other people to carry out their duties and responsibilities in providing nursing care in services, both hospitals and others (Zamroni, Nursalam and Wahyudi, 2021). So, persuasiveness which is directive and motivating causes someone to be more active in working. This is by Kopelman's theory (1986) which explains that organizational characteristics in the form of leadership influence the characteristics of nurses through motivation and increased competence. The leadership style that has the most influence on good nurse performance is the democratic leadership style, while the poor performance of nurses is most influenced by the action-free leadership style (Rahayu, Wahyuni and Sulasmini, 2019). The democratic leadership style influences other people to work together to achieve goals by respecting the characteristics and abilities of staff. Meanwhile, the action-free leadership style is centered on the leader and allows staff to work independently according to their wishes (Deniati and Putri, 2019).

CONCLUSION

Organizational, individual, and job characteristics have a significant influence on nurses' performance in documenting nursing care in the Infectious Disease Installation. The development of training, attitudes, competencies, motivation, and good work design has an impact on high nurse performance in documenting nursing care. The performance of nursing care documentation will be optimal with democratic leadership.

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