

A Model of Nurse Performance in Nursing Documentation At Puri Husada Tembilahan Regional General Hospital

Agus Salim¹, Ida Yustina², Heru Santoso³, Setiawan⁴

¹Faculty of Public Health, Universitas Sumatera Utara, Indonesia. email: royyanfaraz85@gmail.com

²Department of Health Administration and Policy, Universitas Sumatera Utara, Indonesia. email: ida@usu.ac.id

³Department of Population and Biostatistics, Universitas Sumatera Utara, Indonesia. email: heru_php2@yahoo.com

⁴Faculty of Nursing, Universitas Sumatera Utara, Indonesia. email: setiawan@usu.ac.id

Abstract

Nursing documentation is the evidence of recording and reporting held by nurses that serves the interests of patients. Nurses play an important role in carrying out nursing documentation. However, the evidence shows that the implementation of nursing documentation remains suboptimal. To address the gap in the implementation of nursing documentation, this study examines the factors that influence nurse performance in nursing documentation, with data collected from 123 nurses in inpatient wards. This study employed the SEM-PLS technique to analyze the data and test the hypotheses in order to achieve the research objectives, and the results show that organizational and psychological factors, together with job satisfaction as a mediator, influence nurse performance in nursing documentation at Puri Husada Tembilahan Regional General Hospital. This article also recommends a model of nurse performance in nursing documentation based on strengthening organizational factors, psychological factors, and job satisfaction.

Keywords: Individual, Organization, Psychology, Job Satisfaction, and Nurse Performance.

INTRODUCTION

A hospital, as one of the health service facilities, is part of the health resources that are essential in supporting the delivery of health efforts. The provision of health services in hospitals has highly complex characteristics and organization. Various types of health workers, each with their own body of knowledge, interact with one another. The very rapid development of medical science and technology, which health workers must keep pace with in order to deliver quality services, makes the problems within hospitals increasingly complex (Salim, 2020).

Referring to Law No. 36 of 2014, health workers play an important role in improving the quality of health services to the community to the fullest extent, so that the community is able to increase its awareness, willingness, and ability to live a healthy life. This in turn will realize the highest possible degree of health as an investment in the development of socially and economically productive human resources and as one element of public welfare as mandated in the Preamble to the 1945 Constitution of the Republic of Indonesia. One of the health workers who play an important role in delivering health services to the community is the nurse.

According to Law No. 38 of 2014, a nurse is a person who has graduated from higher education in nursing, either domestically or abroad, that is recognized by the Government in accordance with the provisions of the laws and regulations. Furthermore, Article 37 states that one of the obligations of nurses is to document nursing care in accordance with the standards.

Nursing documentation is a record that can be verified or used as evidence in any kind of claim, containing complete, factual, and recorded data not only on the patient's level of illness but also on the type, quality, and quantity of health services provided to meet the patient's needs (Hastuti, 2022). Nursing documentation is the evidence of recording and reporting held by nurses that serves the interests of patients, nurses, and the health team in providing health services on the basis of complete written communication and in line with the nurse's responsibilities. Nursing documentation is not only a legal record but also complete information covering the patient's health status, needs, and the responses received (Salim, 2020).

Nurses play an important role in carrying out nursing documentation. However, the evidence shows that the implementation of nursing documentation remains suboptimal. Several studies show that poor implementation of nursing documentation occurs throughout the world, in the form of incomplete, inaccurate, and low-quality

documentation. A study by Balang et al. (2017), which aimed to explore nursing practice in Malaysia, explained that nurses were unable to document care properly, so that nursing practice, as one of the professional care providers in hospitals, was of poor quality. A study by Sumilat (2017) on the standards of nursing care documentation at the RSUD RSUD of Baubau City explained that nursing care documentation was not carried out optimally. A study conducted by Tasew, Mariye, & Teklay (2019) in hospitals in Tigray, Ethiopia, explained that the implementation of nursing care documentation was only 47.8%. Low-quality nursing documentation was also found in psychiatric hospitals in Norway, where documentation of nursing diagnoses was 19%, documentation of nursing interventions 5%, and nursing outcomes 14% (Instefjord et al., 2014).

The same condition also occurs at Puri Husada Tembilahan Regional General Hospital (RSUD Puri Husada Tembilahan). A preliminary survey conducted by the researchers through observation and limited interviews with several informants indicated that nursing documentation at RSUD Puri Husada Tembilahan has not been carried out optimally. During the observation of 128 sampled nursing documents, only 39% had complete nursing care documentation, while 61% fell into the incomplete category, consisting of interventions (93%), implementation (80%), and evaluation (only 39%).

Based on the background of the problem above, the authors were interested in conducting research on nurse performance in nursing documentation at RSUD Puri Husada Tembilahan, with the aim of designing a model of nurse performance in nursing documentation at RSUD Puri Husada Tembilahan.

LITERATURE REVIEW

According to Gibson, Ivancevich, and Donnelly (1997), performance is the result of work related to organizational goals such as quality, efficiency, and other performance criteria. Robbins and Judge (2020) state that performance is a function of ability (ability), motivation, and opportunity or the work environment (opportunity). Ability (can do factor) is built on a person's knowledge and skills, whereas motivation is built on attitudes and situations.

The individual variable group consists of skills and abilities, personal background, and demographic variables. According to Gibson, Ivancevich, and Donnelly (1997), among these variables, abilities and skills are the most important factors influencing individual behavior and performance. Psychological variables consist of perception, attitudes, personality, learning patterns, and motivation. These variables are strongly influenced by family, social class, previous work experience, and demographic variables. The organizational variable group consists of resources, leadership, rewards, organizational structure, and workload. The reward sub-variable increases work motivation, which in turn directly improves individual performance. Individual performance or achievement contributes to group success, and group performance contributes to organizational performance. Individual performance is the foundation of organizational performance. Ineffective performance at any level is a signal for management to take corrective action immediately.

Luthans (2012) states that job satisfaction is an emotion that represents a response to the work situation; thus, job satisfaction cannot be seen but can be felt, and it is reflected in attitudes such as greater loyalty to the organization, working to one's fullest, and complying with the rules set by the organization.

According to Robbins & Judge (2020), job satisfaction is "a general attitude toward one's job that reflects the difference between the amount of rewards workers receive and the amount they believe they should receive".

Armstrong & Baron (1998) state that job satisfaction relates to a person's attitudes and feelings toward their job. In their view, a positive attitude and enjoyment of the job indicate job satisfaction. Conversely, a negative attitude and dislike of the job indicate job dissatisfaction.

Luthans (2012) states that the main influences on job satisfaction are reflected in the following five dimensions: the work itself, pay, promotion opportunities, supervision, and coworkers. He also adds working conditions as a dimension of job satisfaction.

Nursing services are assessed by the quality of the services provided. Quality services can reflect nurse performance in delivering nursing care. Performance in terms of the quality of nurses' work can be seen in the completeness of nursing documentation (Watmanlussy, 2020).

A documentation standard is a statement regarding the quality of documentation that is considered adequate in a given situation, that is, a standard that measures the quality of nursing documentation. Nurses need documentation standards to validate the recording model and to serve as a practical guide or guideline for documentation in the delivery of nursing work (Fischbach, 1991).

Good nursing documentation is based on facts (Factual Base), accurate (Accuracy), complete (Completeness), brief (Briefness), organized (Organization), timely (Timeliness), and readable (Readability) (Potter & Perry, 2010).

METHODOLOGY

This study is quantitative research using an explanatory research design. The study was conducted in the inpatient wards of RSUD Puri Husada Tembilahan. The population comprised all 288 nurses at RSUD Puri Husada Tembilahan. The sampling technique used purposive sampling with inclusion and exclusion criteria. The sample consisted of 123 respondents, and the instruments used were a questionnaire and an observation sheet.

Data analysis in this study used a multivariate non-parametric statistical approach. The multivariate test used was structural equation modelling (SEM) with a partial least square (PLS) approach. The analysis examined the relationships between exogenous (independent) and endogenous (dependent) variables using the SEM-PLS analysis technique.

THEORETICAL FRAMEWORK

Accordingly, this study proposes the following hypotheses:

H1: There is an effect of individual factors on nurse performance in nursing documentation.

H2: There is an effect of organizational factors on nurse performance in nursing documentation.

H3: There is an effect of psychological factors on nurse performance in nursing documentation.

H4: There is an effect of job satisfaction on nurse performance in nursing documentation.

H5: There is an effect of individual factors on nurse performance in nursing documentation through job satisfaction.

H6: There is an effect of organizational factors on nurse performance in nursing documentation through job satisfaction.

H7: There is an effect of psychological factors on nurse performance in nursing documentation through job satisfaction.

ii. Sample

Based on the primary data collected from nurse respondents at RSUD Puri Husada Tembilahan, the distribution of respondent characteristics was obtained, consisting of the nurses' gender, employment status, and age.

Based on the field findings, the distribution of respondent characteristics was as follows: the nurse respondents consisted of 94 women (76.4%) and 29 men (23.6%). It can therefore be concluded that the respondents were predominantly female.

In terms of employment status, most of the nurse respondents were honorary (non-permanent) staff, totaling 78 respondents (63.4%), while 45 respondents (36.6%) were civil servants (ASN). This indicates that the sample in this study included more nurses with honorary status than nurses with civil servant status.

By age, 74 respondents (60.2%) were aged 20–40 years, more than the 49 respondents (39.8%) aged 41–60 years. This means that the respondents in this study were dominated by nurses aged 20–40 years compared with those aged 41–60 years.

Based on the research data obtained from the distributed questionnaires, data on the respondents' education showed that 60 respondents (49%) had completed the Professional Nurse (Ners) program. Respondents whose highest education was a Diploma III in Nursing numbered 45 (37%), while those whose highest education was a Bachelor of Nursing numbered 18 (15%). This indicates that the respondents' level of education is fairly high, because recruitment for both civil servant and honorary nurses requires completion of the professional Ners program. Meanwhile, the respondents holding a Bachelor of Nursing are Diploma III in Nursing graduates who have continued their studies to the Bachelor of Nursing level but have not yet completed the professional Ners stage.

The respondents' length of service in this study was divided into three categories: new (<6 years), moderate (6–10 years), and long (>10 years). The findings show that respondents with long service (>10 years) had the largest share, at 37.4% or 46 respondents, followed by respondents with moderate service (6–10 years), at 45 respondents or 36.6%, while respondents with new service (<6 years) had the smallest share, at 26% or 32 respondents. This means that most respondents have long service and, accordingly, extensive work experience.

RESULTS AND FINDINGS

Multivariate analysis was conducted to determine which independent variable has the greatest effect on the endogenous (dependent) variable. The multivariate test used was structural equation modelling (SEM) with a partial least squares (PLS) approach (Haryono, 2016).

The measurement model (measurement model), or outer model, is the model that tests the indicators linking each indicator to its latent variable; in other words, it is an indicator test that specifies the relationship between the latent variables and their indicators, thereby explaining the other variables.

The tests performed on the outer model are convergent validity, whose value is the loading factor of the latent variable on its indicators; the expected value is > 0.7 , although values of 0.50 to 0.60 are considered adequate. Next, discriminant validity is assessed through the cross loading correlation values with the latent variables, which serve to determine whether a construct has adequate discriminance, namely by checking whether the target construct is greater than its correlation with the other latent constructs. A composite reliability value > 0.7 indicates good reliability. The expected average variance extracted value is > 0.5 , while the expected cronbach alpha value is > 0.6 for all constructs.

This outer model analysis is used to show that the statements for each latent variable in this study were understood by the respondents in the same way as intended by the researchers. An indicator is considered reliable and in the good category if its Outer Loading or Loading Factor is > 0.7 . Based on the analysis results, the indicators that met the criteria or fell into the good category were declared feasible and usable for further analysis and have a relationship between the latent variable and its indicators.

The next stage is to compare the square root of the Average Variance Extracted (AVE) with the correlations between constructs. The recommended result is that the square root of the AVE should be higher than the correlations between constructs. A model is declared to have good discriminant validity if the square root of the AVE for each indicator is greater than the correlation between two constructs in the model. The required AVE value is > 0.5 . Based on the analysis using SmartPLS, the AVE values for each indicator were as follows:

Table 1. Average Variance Extracted (AVE) Values

Variable	AVE	Remarks
Individual (X_1)	0.558	Valid
Organization (X_2)	0.775	Valid
Psychology (X_3)	0.668	Valid
Job Satisfaction (Y_1)	0.676	Valid

Based on the results in Table 1, each AVE value is > 0.5 . Therefore, it can be stated that each variable has good discriminant validity (a good model).

In this study, the reliability test was performed using the composite reliability method. Composite reliability measures the true reliability value of a construct. Composite reliability is considered better at estimating the internal consistency of a construct.

The next stage assesses whether the model has construct validity. This is used to show the internal consistency of an indicator within a latent variable. A variable can be declared to meet composite reliability if its composite reliability value is > 0.7 . The composite reliability values of each variable used in this study are presented below:

Table 2. Composite Reliability Values

Variable	Composite Reliability	Remarks
Individual (X_1)	0.844	Reliable
Organization (X_2)	0.935	Reliable
Psychology (X_3)	0.948	Reliable
Job Satisfaction (Y_1)	0.922	Reliable

Based on the results in Table 2, the composite reliability values of all research variables are > 0.7 . This shows that each variable meets the composite reliability criterion, so it can be concluded that all variables have a high level of reliability or meet the criteria for good construct reliability.

Research Hypothesis Testing

The full results of hypothesis testing using Smart-PLS analysis are divided into two parts, namely hypothesis testing for direct effects (direct) and indirect effects (indirect).

Table 3. Research Hypothesis Testing Results

Hypothesis	Original Sample (O)	Sample Mean (M)	Std Deviation	T-Statistics	P-Values	Remarks
Individual → Performance	-0.001	0.003	0.018	0.066	0.474	Not Significant
Organization → Performance	0.228	0.225	0.055	4.128	0.000	Significant
Psychology → Performance	0.538	0.534	0.039	13.638	0.000	Significant
Job Satisfaction → Performance	0.132	0.130	0.032	4.130	0.000	Significant
Individual → Job Satisfaction → Performance	0.001	0.000	0.008	0.155	0.438	Not Significant
Organization → Job Satisfaction → Performance	0.088	0.085	0.024	3.616	0.000	Significant
Psychology → Job Satisfaction → Performance	0.027	0.028	0.015	1.734	0.042	Significant

The hypothesis testing results in Table 3 show the direct effects between variables: there is no significant effect of the individual variable on nurse performance, with a p-value of 0.474 and a t-statistic of 0.066. However, there is a significant effect of the organizational variable on nurse performance, with a p-value of 0.000 and a t-statistic of 4.128; a significant effect of the psychological variable on nurse performance, with a p-value of 0.000 and a t-statistic of 13.638; and a significant effect of the job satisfaction variable on nurse performance, with a p-value of 0.000 and a t-statistic of 4.130.

Based on the results of testing the indirect effects in Table 3, it can be concluded that there is no indirect effect of the individual variable on nurse performance through job satisfaction, with a p-value of 0.438 and a t-statistic of 0.155; there is a significant indirect effect of the organizational variable on nurse performance through job satisfaction, with a p-value of 0.000 and a t-statistic of 3.616; and there is an indirect but non-significant effect of the psychological variable on nurse performance through job satisfaction, with a p-value of 0.042 and a t-statistic of 1.734.

The results of this study are consistent with the study by Tua & Mardiyah (2022), which found no evidence that educational level had a significant effect in the nursing department of Padangsidempuan Regional General Hospital, meaning that a higher level of education did not significantly affect employee performance. Andoko & Putri (2020) stated that facilities and infrastructure have an effect on nurse performance (p value = 0.002; OR = 9.8). Likewise, Mose (2020), who studied class III ward nurses at Husada Hospital Jakarta, reported that the results of a simple research analysis showed that the contribution of leadership was considered important and had a significant effect on improving nurse performance, at 91.3%. Another study, by Aswad & Ferrial (2016), stated that compensation partially had a significant effect on nurse performance at UIT Hospital Makassar. In addition, Rosyidawati, Noor, & Zulkifli (2020) showed that workload has an effect on nurse performance at Dr. Tadjuddin Chalid Regional General Hospital and Makassar City Hospital. Meanwhile, Afthina & Hidayat (2022) revealed that the training variable has an effect on nurse performance at Pambalah Batung Regional General Hospital, Amuntai, South Kalimantan. Similarly, Kapantow, Luddin, & Kambey (2020) showed that work motivation has a significant direct effect on nurse performance. The study by Dinc, Kuzey, & Steta (2018) is also consistent with the results of this study, stating that job satisfaction has a strong effect on performance. Hospitals are therefore expected to take nurses' job satisfaction into account when formulating policies.

Therefore, this issue requires serious attention from the management of RSUD Puri Husada Tembilahan so that appropriate steps can be taken to address the organizational and psychological indicators and to improve nurses' job satisfaction based on its indicators, thereby improving nurse performance in nursing documentation. This is important for the management of RSUD Puri Husada Tembilahan because, according to this study, the level of nurses' job satisfaction is very low, and nurse performance in nursing documentation is likewise low, since one of the influencing factors is the low level of nurses' job satisfaction.

Referring to the results of the hypothesis tests, it can be concluded that nurse performance in nursing documentation is influenced by the organizational variable, consisting of the indicators of resources, leadership, rewards, and workload; the psychological variable, consisting of the indicators of learning patterns and motivation; and the job satisfaction variable, consisting of the indicators of satisfaction with the work itself, rewards, coworkers, promotion, supervision, and working conditions. Meanwhile, the individual variable, whether directly or through job satisfaction, has no significant effect on nurse performance in nursing documentation.

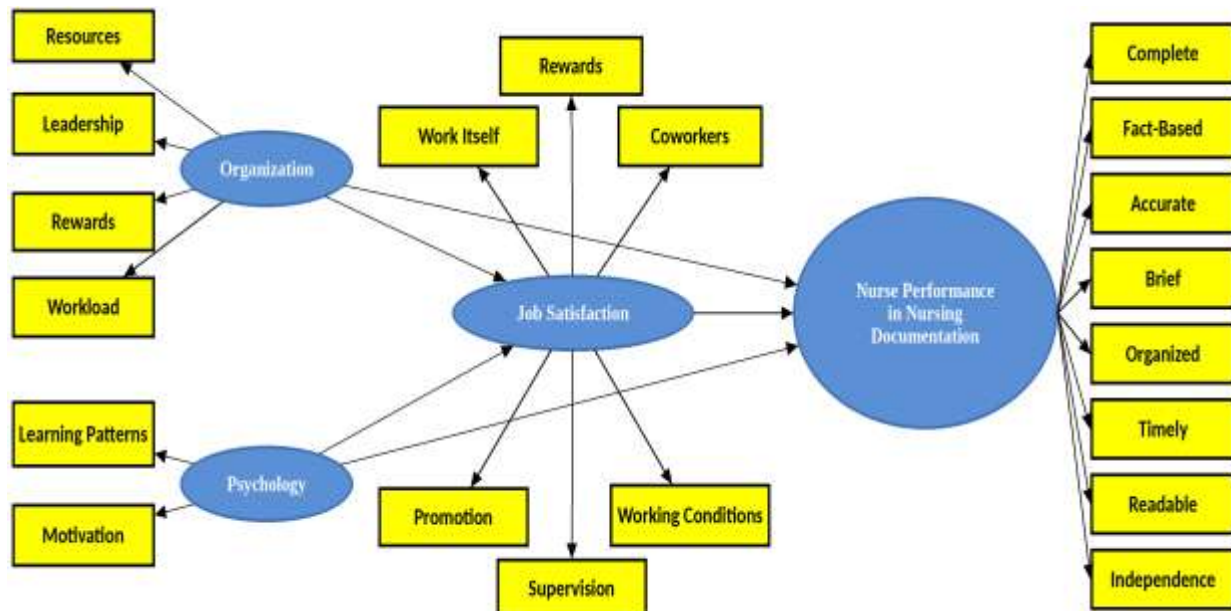


Figure 1. The Resulting Nurse Performance Model

Thus, based on the findings of this study, the Novelty of this study is the development of a model of nurse performance in nursing documentation based on strengthening organizational factors, psychological factors, and job satisfaction.

CONCLUSION

Based on the results of this study, the variables that have a significant effect on nurse performance in nursing documentation are the organizational variable, consisting of the indicators of resources, leadership, rewards, and workload; the psychological variable, consisting of the indicators of learning patterns and motivation; and the job satisfaction variable, consisting of satisfaction with the work itself, satisfaction with rewards, satisfaction with promotion opportunities, satisfaction with coworkers, satisfaction with supervision, and satisfaction with working conditions. Meanwhile, the individual variable, consisting of abilities and skills, education, and length of service, has no significant effect on nurse performance in nursing documentation.

Referring to the hypothesis testing results for each variable, the indicators found to have a strong effect on nurse performance in nursing documentation are the reward and workload indicators of the organizational variable, the motivation indicator of the psychological variable, and the job satisfaction variable.

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