

# The Affecting Factors of Nurses' Compliance in Nursing Documentation

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**Abstract---Background,** the lack of nurses' adherence in making nursing documentation will result in the decrease of quality and completeness of hospital records. The factor that mainly affects the nurses' compliance is that not all nurses have similar knowledge and ability in making the documentation based on the specified rule.

**Aim** To analyze the relation between nurses' compliance and their knowledge, attitude, and motivation in making nursing documentation.

**Method:** This study applied descriptive analytical design with cross sectional approach, with 20 nurses as the respondents. The independent variable from this research is the predisposing factors, namely knowledge, attitude, and motivation. While the dependent variable is the compliance of nurses towards nursing documentation. The data were collected using questionnaires and analyzed using Spearman's Rank Correlation Coefficient with  $p = 0.05$ .

**Result:** Knowledge ( $r = 0.457$ ) and attitude ( $r = 0.467$ ), has a rather low correlation, while motivation has a sufficient correlation ( $r = 0.649$ ) towards nursing documentation.

**Conclusion** Knowledge, attitude, and motivation of nurses go in line with their compliance in nursing documentation. Through this study, nurses are expected to be able to improve their literature study in terms of nursing documentation or be more active in participating in any activity related to nursing documentation.

**Keywords---**Attitude, Compliance, Knowledge, Motivation Attitude, Nursing Documentation

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## I. Introduction

Nurse is one of the medical professionals whose contribution plays a great role in determining the quality of health services in hospitals. The health services in hospitals may operate well based on the services given by the medical professionals (1). Based on L. Green's theory, attitude is influenced by three factors; predisposing factors, supporting factors, and driving factors (2). The lack of completeness in nursing documentation is related to the nurses' low understanding towards documentation, heavy workload, varied personal motivation, the absence of reward, the number of clients which surpasses the number of medical professionals, and the minimum supervisions towards the nurses (3). The nurses' disobedience in doing nursing documentation causes the incompleteness of documents that may result in the decrease of medical service quality (4).

Nursing documentation is the report done by nurses in doing nursing care which is important for the patients, nurses, and other health professionals in giving services based on the accurate communication and written report on behalf of the nurses (5). If the nursing documentation is incomplete, the information received by the medical records

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will be lacking, inaccurate, and invalid (6). The incompleteness of nursing documentation may affect other medical records such as administration, law, research, education, finance, and documentation (7).

Compliance is the result of social influence in which individual's action becomes the response of a direct action from those who serves as the authority (8). Nurses' compliance includes the nurses' attitudes towards the procedures that they have to carry on professionally. The health service system, which includes nursing care, has experienced fundamental changes throughout the years. Those changes were the impacts of society transition in which the society becomes more educated, aware of their rights and law, and critical towards any form of healthcare services (9).

One evidence of the professionalism of nurses is the nursing documentation which covers assessment, diagnoses, nursing plan, and the execution of nursing care and evaluation, written systematically so that it will be valid and accountable both lawfully and morally. Some factors that affect the documentation process is that not all nurses have the same knowledge and capability in documenting their nursing activity based on the given procedure. The lack of compliance in documenting will decrease the quality of documentation. Based on the reasons mentioned above, the researchers tried to find the predisposing factors that caused the disobedience of nurses in making nursing documentation.

## II. Methodology

This study was conducted in January 2017 at a hospital in the city of Surabaya, Indonesia. The respondents were 24 nurses of the hospital, while the sample size in this study were 20 people. The sample was selected based on inclusion and exclusion criteria. The inclusion criteria were nurses with more than 1 year of service, while the exclusion criteria were nurses who were on outstation when the study was conducted and nurses who were on a leave.

This study only focuses on the predisposing factors because they can affect nurses' compliance in nursing care documentation that includes attitude and motivation. The factors identified in this study are knowledge, attitude and motivation (10).

The research instrument was a questionnaire on questions about knowledge, attitudes, motivation, and nurses' compliance towards nursing documentation. Details of each questionnaire are of the following 1.) Knowledge variable consists of 14 question items with several alternative answers. The correct statement scores 1 and 0 for wrong. 2.) Attitude variable instrument consists of 20 questions measured using Likert scale with a score range of 0-4. 3.) Motivation consists of 10 question items. All statements are positive with scoring as follows; strongly agree (SA) = 4, agree (A) = 3, doubtful (D) = 2, disagree (DS) = 1, strongly disagree (SD) = 0. Nurses' motivation for documenting was considered to be the strong if it scored 28-40, sufficient motivation scored 13-27, and weak motivation ranged  $\leq 13$ . 4.) Compliance towards documentation consists of 30 item statements divided into 6 sub-variables including: assessment (5 statements), nursing diagnoses (5 statements), nursing action plan (5 statements), implementation (5 statements), and evaluation (5 statements). Scoring was given based on; "never" = 1, "rarely" = 2, "sometimes" = 3, "often" = 4, "always" = 5. The assessment criteria are said to have good adherence if the total score is 111-150, moderate compliance if the score is 71-110, adherence is less if the score is 30-70. Data that had been collected was analyzed using SPSS software based on uses Spearman's Rank Correlation Coefficient with  $p < 0.05$ .

This study was approved by the Health Research Ethics Committee of Rumah Sakit Umum Dr. Soetomo Surabaya (No. 74 / Panke.KKE / II / 2017).

### III. Findings

Table 1 presents the demographic data of respondents. The demographic characteristics of nurses show that most nurses were male (70%), half of the respondents (50%) were aged 26-35 years, almost half of the respondents (45%) had a Diploma 3 education degree, and almost half (45%) had a working period of 2-5 years.

The knowledge of most respondents was categorized to be good, as can be seen on 11 respondents (55%) and a small number in the deficient category, as much as 3 respondents (15%). Based on the distribution of respondents, 25 respondents were categorized to be having positive attitude (75%) and a small part in the negative attitude category, which only consisted of 5 respondents (25%). Distribution of respondents based on motivation showed that the majority of respondents (14 respondents) had strong motivation (70%) and a small number had weak motivation, which was only 1 respondent (5%). From the distribution of respondents based on documentation compliance is known that the majority of respondents have good compliance with nursing care documentation, as can be seen on 15 respondents (75%), while the compliance of a small number was in the fair category(5 respondents, 25%).

Table 1:Distribution of Nurse Based on Demography Characteristic

| Characteristic | Category                      | n (%)   |
|----------------|-------------------------------|---------|
| Sex            | Male                          | 14 (70) |
|                | Female                        | 6 (30)  |
| Age            | 17-25                         | 3 (15)  |
|                | 26-35                         | 10 (50) |
|                | 36-45                         | 5 (25)  |
|                | 46-55                         | 2 (10)  |
| Education      | SPK (Nursing school graduate) | 2 (10)  |
|                | Diploma III                   | 9 (45)  |
|                | Diploma IV                    | 1 (5)   |
|                | Bachelor degree               | 8 (40)  |
| Work Duration  | 2-5 years                     | 9 (45)  |
|                | 6-10 years                    | 5 (25)  |
|                | > 15 years                    | 6 (30)  |

Table 2: Results of Each Variable Towards Nurses' Compliance

| Variable   | Good (%) | Fair (%) | Deficient (%) |
|------------|----------|----------|---------------|
| Knowledge  | 55       | 30       | 15            |
| Attitude   | 75       | 0        | 25            |
| Motivation | 70       | 25       | 5             |

|                          |    |    |   |
|--------------------------|----|----|---|
| Documentation Compliance | 75 | 25 | 0 |
|--------------------------|----|----|---|

Half of the respondents with good knowledge have a good compliance of documentation (50%), while the lesser numbers of respondents with less knowledge have average documentation compliance (10%). The analysis based on Spearman's Rank Correlation Coefficient showed  $p = 0.043$ , thus it can be concluded that there is a relation between the nurses' knowledge and their compliance towards nursing documentation. Based on the correlation coefficient it is known that  $r = 0.457$ , indicating that the relation is low, yet the better the knowledge of the nurses, the better their compliance in nursing documentation.

Table 3: Cross Tabulation of Knowledge Factor with Nurses' Compliance in Nursing Documentation

|                             |           | Documentation Compliance |   |      |             |           |    | Total |     |
|-----------------------------|-----------|--------------------------|---|------|-------------|-----------|----|-------|-----|
|                             |           | Good                     |   | Fair |             | Deficient |    |       |     |
|                             |           | f                        | % | F    | %           | f         | %  | f     | %   |
| Knowledge                   | Good      | 0                        | 0 | 1    | 5           | 10        | 50 | 11    | 55  |
|                             | Fair      | 0                        | 0 | 2    | 10          | 4         | 20 | 6     | 30  |
|                             | Deficient | 0                        | 0 | 2    | 10          | 1         | 5  | 3     | 15  |
| Total                       |           | 0                        | 0 | 5    | 25          | 15        | 75 | 20    | 100 |
| Spearman's Rank Test Result |           |                          |   |      | $p = 0.043$ |           |    |       |     |
| Correlation coefficient     |           |                          |   |      | $r = 0.457$ |           |    |       |     |

All respondents (100%) answered correct on the questionnaire in terms of nursing documentation standard, focusing on the document evaluation standard. Almost half of the respondents (40%) answered correct on the parameter of documentation responsibility, especially in terms of the person in charge of the documentation.

Table 4: Cross Tabulation of Attitude Factor with Nurses' Compliance in Nursing Documentation

|                             |           | Documentation Compliance |   |      |             |           |    | Total |     |
|-----------------------------|-----------|--------------------------|---|------|-------------|-----------|----|-------|-----|
|                             |           | Good                     |   | Fair |             | Deficient |    |       |     |
|                             |           | f                        | % | F    | %           | f         | %  | f     | %   |
| Attitude                    | Good      | 0                        | 0 | 2    | 10          | 13        | 65 | 15    | 75  |
|                             | Fair      | 0                        | 0 | 0    | 0           | 0         | 0  | 0     | 0   |
|                             | Deficient | 0                        | 0 | 3    | 15          | 2         | 10 | 5     | 25  |
| Total                       |           | 0                        | 0 | 5    | 25          | 15        | 75 | 20    | 100 |
| Spearman's Rank Test Result |           |                          |   |      | $p = 0.038$ |           |    |       |     |
| Correlation coefficient     |           |                          |   |      | $r = 0.467$ |           |    |       |     |

In Table 4, the majority of respondents with positive attitudes had documentation compliance in the good categories (65%). While a small proportion of respondents with negative attitudes had documentation compliance in the fair category (15%). Nevertheless, it was found that two respondents (10%) with negative attitudes had documentation compliance in the good categories. The analysis on Spearman's Rank Correlation Coefficient showed that  $p$  value = 0.038, it can be concluded that there is a relationship between attitudes and compliance with nursing

care documentation. The calculation results of the correlation coefficient obtained the relationship value of  $r = 0.467$ , which means that the relationship is rather low, with a positive direction, indicating that the more positive the nurse's attitude, the better the compliance of nursing care documentation.

The best value of attitudinal variables is in the attitude parameters of the implementation of nursing care, namely the question about writing nursing care is the responsibility of the nurse evidenced by the majority of respondents answered correctly on the question. The worst value of attitudinal variables is in the attitude parameter questionnaire implementing nursing care specifically in the matter of feeling less like writing nursing care because of the presumption of the nurse that the most important thing is the service to the patient is proven by more than half of the respondents (63%) correctly answering the question.

Table 5: Cross Tabulation of Motivation Factor with Nurses' Compliance in Nursing Documentation

|                             |        | Documentation Compliance |   |      |           |           |    | Total |     |
|-----------------------------|--------|--------------------------|---|------|-----------|-----------|----|-------|-----|
|                             |        | Good                     |   | Fair |           | Deficient |    | f     | %   |
|                             |        | f                        | % | F    | %         | f         | %  |       |     |
| Motivation                  | Strong | 0                        | 0 | 1    | 5         | 13        | 65 | 14    | 70  |
|                             | Fair   | 0                        | 0 | 3    | 15        | 2         | 10 | 5     | 25  |
|                             | Weak   | 0                        | 0 | 1    | 5         | 0         | 0  | 1     | 5   |
| Total                       |        | 0                        | 0 | 5    | 25        | 15        | 75 | 20    | 100 |
| Spearman's Rank Test Result |        |                          |   |      | p = 0.002 |           |    |       |     |
| Correlation coefficient     |        |                          |   |      | r = 0.649 |           |    |       |     |

The documentation compliance of most of the respondents with strong motivation was in the good category (65%). While the compliance a small proportion of respondents with weak motivation was in the fair category (5%). The Spearman's Rank Correlation Coefficient showed that  $p$  value = 0.002 with significance level  $p < 0.05$ , it can be concluded that there is a relationship between attitudes and compliance with nursing care documentation. The calculation results of the correlation coefficient obtained the value of the relationship as  $r = 0.649$  which means it is strong enough, and with a positive attitude indicating the stronger the motivation of the nurse, the better the compliance of nursing care documentation. The best value of the motivation variable is in the work productivity motivation parameters, which are questions in terms of the motivation to carry out nursing documentation as the responsibility of nurses, as can be seen by how the majority of respondents (81%) answered correctly on the question. The worst value of the motivation variable is found in the work discipline motivation parameter questionnaire, specifically in the matter of motivation, such as making complete nursing documentation without waiting for instructions from the leadership, as evidenced by more than half of the respondents correctly answering the question.

#### IV. Discussion

Behavior is influenced by predisposing factors; knowledge. Knowledge is the result of receiving and knowing new information, and this happens after people have sensed a certain object. Most of the respondents with knowledge in the good category had documentation compliance in the good category, while a small proportion of respondents with

knowledge in the category lacked documentation compliance in the fair category. An environment that supports disobedience will affect a person's non-compliance along with their environment, even though compliance is something important (11), this is because it is easier to resist orders from authority, especially if the person between the person in charge and the subordinate is not too close (12). One factor that causes non-compliance is the presence of colleagues who refuse to obey the rule (13).

Good knowledge will increasingly support good and correct documenting activity. Good and correct documentation is one component of compliance with the implementation of nursing documentation. The best value aspect of nurses' knowledge as can be seen on the questionnaires is about the standard parameters of nursing care documentation, especially questions about documentation evaluation standards, while the worst values on aspects of implementation responsibility, especially about the person in charge of carrying out evaluation of nursing documentation. This indicates that, in general, the nurses know about the technical writing standard of nursing care so that documentation compliance related to the ignorance of writing is not a problem, but the focus of the problem of knowledge for nurses in equivalence II is related to the main task of implementation responsibility. Knowledge of implementation responsibilities needs to be improved through supervision, seminars, or workshops. The duration of work factor affects the respondents in a way that, even though their knowledge is in the deficient category, their documentation compliance is in the good category. Based on demographic data it was found that the respondents have been working for 15 years. This is related to the driving factors, namely the long interaction with other nursing colleagues.

The process of interaction becomes a strengthening factor for the nurses' compliance in documentation. Nurses become accustomed to documentation and strengthened by peer behavior that is orderly carried out in the process of documentation, good documentation compliance is then formed, regardless of the knowledge factor, while one respondent with good knowledge but has sufficient documentation compliance is a respondent with a Bachelor's education background with working for 2-5 years. This indicates that respondents have adequate knowledge of nursing documentation from formal education. However, since the working period is still in the range of 2-5 years, it is possible for respondents to be less loyal or perhaps not adaptive to the nursing documentation system in the room, so the level of compliance is still in fair category.

The compliance of the respondents with positive attitude is on the good category, while a small proportion of respondents with negative attitudes have documentation compliance in the fair category. The analysis from the Spearman's Rank Correlation Coefficient concluded that there was a relationship between attitudes and compliance with nursing care documentation with a rather low level of relationship and a positive relationship direction. The best value of attitudinal variables is in the attitude parameters of the implementation of nursing care, namely the question about writing nursing care is the responsibility of the nurse evidenced by the majority of respondents answered correctly on the question. The worst value of attitudinal variables is in the attitude parameter questionnaire about implementing nursing care specifically in the matter of reluctance on writing nursing documentation due to the presumption that the most important thing is the service to the patients, as proven by more than half of the respondents correctly answering the question.

Attitude is the readiness and willingness to act and not merely an implementation of certain motives. The attitude of nurses in achieving compliance with nursing documentation has several stages starting with receiving information

about nursing documentation, this information can be obtained from hospital operational standards, documentation or documentation seminars, then nurses will form a response in the form of giving answers when asked about nursing documentation, working on and completing nursing documentation tasks. The positive attitude shown by nurses is a form of self-awareness about the values of professionalism of nurses. Respondents realized that one of the important legal aspects in implementing nursing care for patients was nursing documentation.

The results of questionnaire support the attitude that nursing documentation is an absolute responsibility of nurses. This awareness forms the relationship between attitudes and compliance with nursing documentation. There were two respondents with negative attitudes, yet their nursing documentation compliance was in the good category. The absence of these rewards makes the nurse associate his reaction to negative attitude tendencies, such as forming an indifferent attitude towards documentation because it does not have an immediate impact on the increase of their income. This is supported by the worst score in the questionnaires which reveals that respondents tend to be less likely to write nursing documentation because they understand that the most important thing is service to patients, the tendency is very logical because more positive actions carried out by the nurses towards the patients will be more beneficial to the patients, they increased number of action so that they may project the self-image of an active nurse for patients.

The documentation compliance of the majority of respondents with positive attitudes is in good categories, while the compliance of a small proportion of respondents with negative attitudes is in the fair category. Based on the analysis from the Spearman's Rank Correlation Coefficient test, it was concluded that there was a relationship between motivation and compliance with the documentation of nursing care with a sufficiently positive relationship.

Motivation is a characteristic of human psychology that contributes to the level of one's commitment (14). The stronger the nurses' motivation, the better the compliance of nursing care documentation (15). The best value of the motivation variable is in the work productivity motivation parameters, such as the motivation to carry out nursing documentation because it is a nurse's responsibility as evidenced by how the majority of respondents answered correctly. The worst value of the motivation variable is found in the work discipline motivation parameter questionnaire, specifically in the matter of motivation making complete nursing documentation without waiting for instructions from the leadership as evidenced by more than half of the respondents correctly answering the question. Motivation to do nursing documentation is related to the regulations that are applied in the hospital. The documentation policy begins with filling in the initial nursing assessment sheet, filled in when the client arrives, and if there is a new problem the nurses must fill in and revise the nursing plan. The hospital socializes each time there is a change in the format of filling in client status by requesting representatives from each room. Furthermore, the representative or head of the room socializes to his subordinates at their meetings. In addition to hospital policy and administrative factors in increasing nurse motivation, it is also likely related to nurse supervision activities. Supervision of the documentation is still done even though it is not scheduled regularly. The function of supervision is not only to oversee the performance of nursing documentation, but also contains elements of appreciation for performance (achievement) and the recognition of the existence of involvement as a nursing service team (*recognition*), it fosters motivation from external factors so that individuals are motivated to perform well in carrying out nursing documentation properly.

## V. Conclusion

Knowledge has a rather low relationship to compliance with nursing care documentation. This is due to knowledge being the basic information capital of documentation compliance. Attitudes also has a rather low relationship to the compliance of nurses since attitude is a form of reaction to determine decision making in nursing documentation. Different from the previous two factors, motivation has a fair relationship to the compliance because motivation is an encouragement to act so that it complies with nursing documentation.

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