The Factor Relate to Job Performance of Nurse with Health Nursing Documentation at Paniai General Hospital Papuan Province

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Abstract

Nurse as tip of spear in health care at Hospital, having task gives upbringing in to care. Upbringing documentation to care as medium of communication, accountability and takes on sue, statistical information, education medium, observational data source, ministering quality surety, planning data source upbringing to extended care. Data documents helat nursing at Paniai General Hospital upbringing was maximal being done. The goal of this research is to know the regard factor job performance of nurse with health nursing documentation at paniai general hospital. Observational method : This observational type is descriptive analytic with approaching crossectional study. Research is done on month of September- October 2016 at Paniai general hospital. Population is overall nurse at spatial nursed Paniaigeneral hospital as much 81 person consisting of room HCU as much 14 person, room dissects 18 person, coherent room 17 person, mature room 18 person and spatial childs 13 person. The result of this research shwes that there is corelations among nurse age(ρ-value = 0,927; RP = 0,937; CI95%= 0,937; 0,667 – 1,316), gender(ρ -value = 0,933; RP = 1,058; CI95%= 0,768 – 1,457), education (ρ -value = 0,092; RP = 2,080; CI95%= 0,664 – 6,514), working life(ρ -value = 0,927, RP = 0,927; CI95%= 0,667 – 1,316) and nurse science(ρ-value = 0,125, RP= 1,367; CI95%= 1,031 – 1,814) to helath nursing documentation at Paniai General Hospital.

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Meanwhile there is no corelation among nurse attitude(ρ -value = 0,002; RP = 1,711; CI95%= 1,206 – 2,426), nurse motivation(ρ -value = 0,047, RP = 1,447; CI95%= 1,015 – 2,062), supervision to nurse care(ρ -value = 0,024; RP = 1,484; CI95%= 1,123 – 1,960) and reward (ρ-value= 0,002; RP = 1,855; CI95%= 1,206 – 2,855) to helath nursing documentation at Paniai General Hospital.

Keywords: Performance; Health of Nursing Care Documentation; Nurse.

1. Introduction

Hospital care refers to the service quality of various components contained in a hospital as a sistem.Mutu health services in hospitals are also strongly influenced by health personnel who work at the hospital. One of the health workers in hospitals have a large enough role in improving the quality of service is a nurse. This is because the proportion of nurses working at almost 50% of all human resources available in the hospital [1]. Nurses as the spearhead in health services in hospitals, has the task to provide care in nursing. The details of this task is to assess the needs of patients, nursing action plan, implementing the plan of action, evaluating the results of nursing care, nursing care documenting and participating in doing counseling [2]. Documentation of nursing care as a means of communication, responsibility and accountability, statistical information, educational facilities, source of research data, quality assurance services, sustainable source of planning data nrsing care [3].

Documentation of nursing care is one of the tasks that are not less important than the duties of other nurses. Documentation is a testament to the performance of nurses who must be accountable and can be used as a liability if there are patients who are not satisfied with the services provided. Documentation of nursing care in inpatient hospital units, still does not meet the prescribed standards [2]. This is consistent with the results of research Martini [4] in Salatiga Semarang that the documentation of nursing care according to standards provided only 59% away from the specified standard is 75%.Documenting the nursing is one form of performance assessment by the nurse. Performance (performance) is the result of the quality and quantity of work accomplished by an employee in performing their duties in accordance with the responsibilities assigned to him or the patient [5].

Several factors affect the compliance of nurses in the nursing documentation process of the research results Sabarulin [2], which is their motivation, leadership and influence in return for the performance of nurses. Associated with the knowledge and attitude of nurses further Nuryani [6], revealed that knowledge affect the compliance of Nurses In the documentation, the knowledge of good nurses completeness in filling nursing documentation complete.

Research [7], revealed that the workload of nurses affect the nursing documentation denganbeban even heavier work makapelaksanaan documentation was 10.7 times not dilakukan.Selain research results Sandra [7] work motivation influence on nursing care documentation is influenced by the characteristics of nurses covering age, ie age, sex, education, length of employment and employee status.

The number of nurses in hospitals Paniai in the inpatient unit as many as 91 people. From the initial survey

results, the management of hospitals Paniai has laid down rules for the nurse to every nurse doing nursing care documentation. But in kenyataanyang authors obtained in the field, the majority of nurses carry out documentation keperawatansecara optimal care, while some nurses who perform nursing care documentation but did not complete the format berlaku.Pendokumentasian nursing care is the responsibility of each nurse to a patient and a medical report the development of the patient's health.

The impact of incomplete documentation of nursing care on a nurse is when their lawsuits from the families of patients and nursing care dokuemntasi incomplete may be an issue for nurses as malpractice suits.

Additionally as a form komuniasi in continuous nursing care among nurses at shift change, for services to patients in accordance with the action that has been done before to prevent Pasian deteriorating health conditions.Examining of the above problems, researchers interested in conducting a study entitled "Factors Associated With Compliance Nurses In nursing in hospitals Paniai PendokumentasianAsuhan Papua province".

2. Materials and Methods

This research is descriptive research study analitikdengan Sectional approach that data collection is done at the same time.

The reason researchers used cross sectional design disebankan data retrieval is categorical independent variables were age, gender, level of education, level of knowledge, attitudes, motivation, supervision, working life and reward as well as the dependent variable is the performance of nurses in nursing care documentation. This research was conducted at Inpatient room of Paniai Hospital.

This study on bulanSeptember lasts until October 2016.Populasi in this study is the overall perawatdi inpatient hospital Paniaisebanyak81orang HCU consists of a total of 14 people, 18 people operating room, integrated room 17, room 18 adults and 13 children space. The data were obtained using a questionnaire and analyzed using chi square test.

3. Results

3.1 Characteristics of Respondents

Based on Table 1, show that the majority of nurses in the age group <30 years as many as 61 people (75.3%), the type of woman kelamoin 55 people (67.9%), education Nursing D-III 75 people (92.6 %) and a new work as many as 61 people (75.3%).

Knowledge, Attitude, Motivation, Supervision, Reward and Nursing

3.2 Documentation

Based on Table 2, shows that most nurses have a good knowledge of as many as 67 people (82.7%), a lack of as

many as 42 people (51.9%), lack of motivation sevbanyak 47 people (58%), good nursing supervision 54 people (66.7%), reward as many as 51 people (63%) and care documentation keperawtaan as many as 54 people (66.7%).

3.3 Analysis Bivariat

Relationships age of nurses in nursing care documentation

Based on Table 3, shows bahwadari 61 nurses aged <30 years as many as 40 people (65.6%) with documentation of nursing care less higher compared with nurses aged> 30 years who do good nursing care documentation at least 21 people (34, 4%).

The results of chi square test values obtained ρ-value = 0.927> 0,05.Hal this means that there are no relations between the age of nurses to the documentation of nursing care in hospitals Paniai. When viewed from the RP = 0.937; CI95% = 0.937 (0.667 to 1.316) interpreted that age is meaningless.

Table 1: Distribution of respondents Nurses in hospitals Paniai

No	Variabel	(n)	(%)
1	**Age**		
	< 30 year	61	75,3
	≥ 30 year	20	24,7
2	**sex**		
	male	26	32,1
	female	55	67,9
3	**education**		
	D-III nursing	75	92,6
	S1 nursing	6	7,4
4	**Working period**		
	New	61	75,3
	Old	20	24,7
	Number	81	100

Table 2: Distribution of respondents Nurses in hospitals Paniai

No	Variabel	(n)	(%)
1	**Knowledge**		
	Less	14	17,3
	Good	67	82,7
2	**Attitude**		
	Less	42	51,9
	Good	39	48,1
3	**Motivation**		
	Less	47	58
	Good	34	42
4	**Nursing Supervisi**		
	Less	27	33,3
	Good	54	66,7
5	**Reward**		
	Less	51	63
	Good	30	37
6	**Nursing Dokumentation**		
	Less		
	Good	54	66,7
		27	33,3
Number		81	100

Table 3: Relationship age of nurses in nursing care documentation in RSUD Paniai

| No | Age | nursing care documentation | | | | Number | |
| | | less | | Good | | | |
		n	%	n	%	n	%
1	< 30 year	40	65,6	21	34,4	61	100
2	≥ 30 year	14	70	6	30	20	100
Total		54	66,7	27	33,3	81	100
p-value = 0,927; RP = 0,937; CI95%= (0,667 – 1,316)							

Relations gender in documentation of nursing care

Table 4: Relationship sex nurses in nursing care documentation diRSUD Paniai

| No | Sex | nursing care documentation | | | | Number | |
| | | Less | | Good | | | |
		n	%	n	%	n	%
1	Male	18	69,2	8	30,8	26	100
2	Female	36	65,5	19	34,5	55	100
Total		54	66,7	27	33,3	81	100
p-value = 0,933; RP = 1,058; CI95%= (0,768 – 1,457)							

Based on Table 4, shows that of the 26 people on the sexes - men as much as 18 people (69.2%) with less documentation of nursing care and nursing care documentation well as 8 people (30.8%).

The results obtained value of chi-square test ρ-value = 0.933> 0,05.Hal this means that there are no relations between the sexes nurses to documentation of nursing care in hospitals Paniai. When viewed from the RP = 1,058; CI95% = (0.768 to 1.457) which interpreted that respondents are manifold kelaminlaki - men likely did not perform nursing care documentation 1,058 times compared to women.

Relationships education in documentation of nursing care

Based on Table 5, shows that of the 75 nurses that D-III Nursing education of 62 people (69.3%) did less nursing care documentation and documentation of nursing care either as many as 23 people (30.7%).

The results of chi square test values obtained ρ-value = 0.092> 0,05.Hal this means that there are no relations

between nurse education to the documentation of nursing care in hospitals Paniai.

When viewed from the RP = 2.080; CI95% = (0.664 to 6.514) which interpreted that respondents with education D-III keperawtan likely not perform nursing care documentation 2,080 times greater than the nurse S1 Nursing.

Table 5: Relationship of education of nurses in nursing care documentation diRSUD Paniai

No	Education	nursing care documentation				Number	
		Less		Good			
		n	%	n	%	n	%
1	D-III nursing	52	69,3	23	30,7	75	100
2	S1 nursing	2	33,3	4	66,7	6	100
Total		54	66,7	27	33,3	81	100
p-value = 0,092; RP = 2,080; CI95% = (0,664 – 6,514)							

Relationships tenure in documentation of nursing care

Table 6: Relationship tenure in nursing care documentation diRSUD Paniai

No	Working period	nursing care documentation				Number	
		Less		Good			
		n	%	n	%	N	%
1	New	40	65,6	21	34,4	61	100
2	Old	14	70	6	30	20	100
Total		54	66,7	27	33,3	81	100
p-value = 0,927; RP = 0,937; CI95% = (0,667 – 1,316)							

Based on Table 6, show that of the 61 respondents in the working lives of as many as 40 people (65.6%) did less nursing care documentation and documentation of nursing care either as many as 21 people (34.4%).

The results of chi square test values obtained ρ-value = 0.927> 0,05.Hal this means that there are no relations between nurses working lives to documenting nursing care in hospitals Paniai.

When viewed from the RP = 0.927; CI95% = (0.667 to 1.316) which is interpreted that the working period is not meaningful.

Relationships level of knowledge in nursing care documentation

Table 7: Relationship level of knowledge of nurses in nursing care documentation diRSUD Paniai

No	Knowledge	nursing care documentation				Number	
		Less		Good			
		n	%	n	%	n	%
1	Less	12	85,7	2	14,3	14	100
2	Good	42	62,7	25	37,3	67	100
Total		54	66,7	27	33,3	81	100
p-value = 0,125; RP = 1,367; CI95%= (1,031 – 1,814)							

Based on Table 7 shows bahwadari 14 respondents with less knowledge level as many as 12 people (85.7%) did less nursing care documentation and documentation of good nursing care as much as 2 people (14.3%). The results of chi square test values obtained ρ-value = 0.125> 0,05.Hal this means that there are no relations between the nurse's knowledge of the documentation of nursing care in hospitals Paniai. When viewed from the RP = 1,367; CI95% = (1.031 to 1.814) which interpreted that respondents with less knowledge likely not perform nursing care documentation 1,367 times greater than the nurse who has good knowledge.

Relations attitude in documentation of nursing care

Table 8: Relationships attitude of nurses in nursing care documentation diRSUD Paniai

No	Attitude	nursing care documentation				Number	
		Less		Good			
		n	%	n	%	n	%
1	Less	35	83,3	7	16,7	42	100
2	Good	19	48,7	20	51,3	39	100
Total		54	66,7	27	33,3	81	100
p-value = 0,002; RP = 1,711; CI95%= (1,206 – 2,426)							

Based on Table 8, shows that of the 42 respondents who have less attitude by documenting nursing care less as many as 35 people (83.3%) and good nursing care and documentation of as many as 7 people (16.7%). The results of chi square test Obtained values ρ-value = 0.002 <0,05.Hal this means that there are relations between nurses attitude towards documentation of nursing care in hospitals Paniai. When viewed from the RP = 1,711; CI95% = (1,206 to 2,426) roomates interpreted that respondents with less attitude Likely not perform nursing care documentation 1,711 times greater than the attitude of a good nurse.

Relationships motivation in documentation of nursing care

Table 9: Relationships motivation in documentation of nursing care diRSUD Paniai

No	Motivation	nursing care documentation				Number	
		Less		Good			
		N	%	n	%	n	%
1	Less	36	76,6	11	23,4	47	100
2	Good	18	52,9	16	47,1	34	100
Total		54	66,7	27	33,3	81	100
p-value = 0,047; RP = 1,447; CI95%= (1,015 – 2,062)							

Based on Table 9 shows bahwadari 47 respondents with less motivation as many as 36 people (76.6%) did less nursing care documentation and documentation of nursing care either as many as 11 people (23.4%). The results of chi square test values obtained ρ-value = 0.047 <0,05.Hal this means that there are relations between the motivation of nurses towards documentation of nursing care in hospitals Paniai. When viewed from the RP = 1,447; CI95% = (1.015 to 2.062) which interpreted that respondents with less motivation likely not perform nursing care documentation 1,447 times greater than the motivation of a good nurse.

Relations nursing supervision in nursing care documentation

Table 10: Relationship of nursing supervision in nursing care documentation diRSUD Paniai

No	Supervition	nursing care documentation				Number	
		Less		Good			
		n	%	n	%	n	%
1	Less	23	85,2	4	14,8	27	100
2	Good	31	57,4	23	42,6	54	100
Total		54	66,7	27	33,3	81	100
p-value = 0,024; RP = 1,484; CI95%= (1,123 – 1,960)							

According to Table 10, shows that of the 27 respondents with less supervision as many as 23 people (85.2%) did less nursing care documentation and documentation of good nursing care as much as 4 people (14.8%). The results of chi square test values obtained ρ-value = 0.024 <0,05.Hal this means that there is hubungansupervisi nursing documentation nurses to nursing care in hospitals Paniai. When viewed from the RP = 1,484; CI95% = (1.123 to 1.960) which interpreted that respondents with nursing supervision are less likely to not perform

nursing care documentation 1,484 times greater than the supervision kerperawtan done well.

4. Discussion

4.1 Documentation of nursing care

The results of this research generally indicates that the majority of nursing care documentation with less category, which accounted for 63% and with good category by 37%. This is in line with etildayati [8], found that the average achievement of the completeness of the documentation of nursing care in hospitals Tugurejo Semarang reached 62.04%. Meanwhile, the results Etildawati [8] illustrates that the implementation of the documentation of nursing care performed by nurses diruang Pariaman Hospital inpatient 60.5% of 86 respondents with bad category. According Ardika [9] influenced nursing pendokumentasianasuhan completeness olehberbagai belakangpendidikan of factors such as background, length of service, knowledge, skills, motivation and psychological. Good documentation akanmampu prevent overlapping tindakankeperawatan for documentation tindakankeperawatan a alatkomunikasi among nursing personnel. Perawatdengan enough knowledge mengenaipengetahuan documentation asuhankeperawatan still not optimally in conducting documentation asuhankeperawatan [10].

The results of the current study indicate that the documentation of nursing care in hospitals with less category Paniai most likely caused by not adanyaupaya dalampendokumentasian performance evaluation conducted by nurses. In addition, due to the experience dalambekerja and social factors that telahmenjadi habit. It will make a performance becomes kurangmaksimal hasildari.

Lack of awareness of the importance of documenting nursing care and it made a habit so it appears that nursing documentation was not optimal due to the lack of socialization about the documentation of nursing care by the hospital management. Documentation is aspekpenting of nursing practice karenaberisi records useful untukkomunikasi, bill finance, education, assessment, research, audit and dokemenatasi legal, documentation defined sebagaisegala something written or tercetakyang reliable as catatantentang evidence for individual yangberwenang, documentation baikmencerminkan not only kualitasperawatan but also membuktikan pertanggunggugatan each member timperawat in providing care [11].

4.2 The relationship of age to the performance of nursing care documentation

The results of this research generally indicates that the largest age group is <30 years, namely (75.3%)). This is in contrast with the results of research Mastini [12] which shows that the age of a nurse at General Hospital Sanglah, Bali highest between 31-40 years, amounting to 57.9% (44 people), then aged between 20-30 years, ie 27.6% (21 people), and aged between 41-50 years at 14.5% (11 people). Age under 30 years of age produktif.Pada merupakanumur that one can only achieve optimal hasilkerja. According to Dessler [13], the productive age, ie at the age of 25 years. At this age an individual early career, and age 25-30 tahunmerupakan determining step for someone to pick bidangpekerjaan appropriate for the individual's career. Age 30-40tahun a consolidation stage career options to achieve goals. Meanwhile, career peak occurred at the age of 40 years. In usiadiatas 40 years has been a decline in the career.

Similarly Siagian [14] , that umurmempunyai closely related to various aspects of kinerja.Kaitan umurdengan kedewasaanpsikologis rate shows kematangandalam meaning individuals become semakinbijaksana in mengambilkeputusan for the benefit of individuals with increasing usiaberhubungan organisasi. Kematangan closely dengankemampuan analytical terhadappermasalahan or phenomenon found.

Age has an indirect effect on the behavior and performance of the individual. The older a person, not necessarily able to demonstrate intellectual maturity baiksecara cognitive, psychomotor and while doing their job, particularly dalampelaksanaan nursing assessment documentation. It kemungkinandisebabkan by personal values held by individuals yangbersangkutan, flexibility as well as psychological factors that influence [15]. The results of this study indicate that the majority of nurses in hospitals are at the age produktif.Usia Paniai is the number of days, months, tahunyang have passed since the birth until a certain time. Age also bisadiartikan as time unit that measures waktukeberadaan an object or creature, both hidupmaupun dead. For example human life is said to be fifteen years measured since birth until the age when it is calculated.

The results showed bahwapendokumentasian asuhankeperawatan lacking in nurses aged <30 years as many as 40 people (65.6%) higher compared with nurses aged> 30 years as many as 14 people (70%). The results of chi square test values obtained ρ-value = 0.927> 0,05.Hal this means that there are no relations between the age of nurses to the documentation of nursing care in hospitals Paniai. When viewed from the RP = 0.937; CI95% = 0.937 (0.667 to 1.316) interpreted that age is meaningless.

4.3 Relationships gender factor on the performance of nursing care documentation

The results of this research generally indicates that the gender most prevalent female respondents (67.9%). This is in line with the results of research Tarigan [16] note that the documentation of nursing care Medical Surgical Unit PKSC highest Jakarta with female sex, which amounted to 97.6% (123 people) and the rest of the male sex, which amounted to 2.4% (3 people).

The results of chi square test values obtained ρ-value = 0.933> 0,05.Hal this means that there are no relations between the sexes nurses to documentation of nursing care in hospitals Paniai. When viewed from the RP = 1,058; CI95% = (0.768 to 1.457) which is interpreted that the respondents were male sex - men likely did not perform nursing care documentation 1,058 times compared to women.

Results of research suggests that the relationship sex with documentation of nursing care by nurses, from 37 to 49.3% of female respondents had melakukanpendokumentasian well and 50.7% is still not good. Statistical analysis showed no relationship between the sexes dengankegiatan documentation of nursing care. The results of the research in hospitals Paniaia show bahwapendokumentasian nursing care less on sexes - male (69.2%) rates are not much different from the women (65.5%). According to Robbins [16,17] there was no difference between the sexes wanitadan men in increasing knowledge, but the ability halanalisa better men than women.

4.4 Relationships educational factors on the performance of nursing care documentation

The results of this research generally indicates that most nurse education with D-III Nursing (92.6%) and S1

Nursing (7.6%). The results of this study are consistent with sumarni [19] which shows that the education nurse at General Hospital Sanglah, Bali is the most D3 Nursing. Increasingly tinggipendidikan someone, the easier to receive information so make a decision to do documentation [20] that the higher education akanmeningkatkan motivation, desire and intellectual maturity in penerapanpendokumentasian complete assessment. The basic concept of education is suatuproses meaningful learning in the education terjadiproses growth, development, or change kearahyang more mature better and more mature in diriindividu, group or community. Belajarmempunyai activity characteristics, namely: learning is an activity yangmenghasilkan change in individuals, groups, ataumasyarakat who are learning, both actual and potensial.Perubahanyang obtained because of new capabilities berlakuuntuk relatively long time. In addition, changes occur because of the effort and conscious, and not due to chance [21].

Education is one of the basic human needs necessary for self-development. The higher the education level, the more easily they accept and develop knowledge and technology, which will increase productivity which will ultimately improve the welfare of the family. For nurses are motivated to improve their performance, we recommend the hospital to use his skills as a basis for the calculation of compensation. The nurse also needs to be explained that compensation, calculated based on the skills and ability to complete the tasks assigned to the nurse.

The results of chi square test values obtained ρ-value = 0.092> 0,05.Hal this means that there are no relations between nurse education to the documentation of nursing care in hospitals Paniai.Hasil this study is different from the Pratiwi, Syriac and Sayono [22] who found that there a significant relationship between the level of education of nurses dengankelengkapan charging documentation of nursing care in hospitals Tugurejo Semarang.

4.5 Relationship tenure factors on the performance of nursing care documentation

The results of this research generally shows that the majority of nurses working life with working life tenure category of new (75.3%). This is not in line with the results of research Tarigan [16] tenure nurse at Medical Surgical Unit PKSC Jakarta mostly in the category of long working lives lebihdari 5 years. Kerjayang long period bagiseorang nurses in work will support the ability to do a job including documentation of nursing care. This is in line with Indiyah [15]who argued that the longer a person works makasemakin skilled people working. Similar feelings were expressed by [18] that long working lives tend akanmembuat a nurse feels at home in a organisasi.Halini caused by having to adapt to its environment yangcukup long that will feel comfortable denganpekerjaanya. Working period is a period of time or duration of manpower to work somewhere. Future work may affect the performance of both positive maupunnegatif. A positive effect on performance when working with more personal lamanyamasa more and more experience in implementing tugasnya.Sebaliknya will negatively impact if the more lamanyamasa work habits will arise in labor. Masa someone affect the quality of his work, the spirit yangdimiliki can improve their skills, and a strong motivation, which akanberdampak on a change for the better.

4.6 Relationship factors on the performance level of knowledge documenting nursing care

The results of this study showed that most of the knowledge level of nurses about documenting the good category (82.7%). The results are consistent with the results of research Mastini [12] note that the level of knowledge about the documentation of nursing care nurse at General Hospital Sanglah , Bali highest good category. The results of chi square test values obtained ρ-value = 0.125> 0,05.Hal this means that there are no relations between knowledge perawatterhadap documentation of nursing care in hospitals Paniai.Hasil this study are not consistent with research conducted [6], that nurses have a good knowledge more banyakmengisi keperawatansecara complete care documentation form. While nurses are less likely mempunyainilai memilikipengetahuan high incompleteness. Further Setiyarini [24] suggested that one of the main factors affecting pelaksanaanpendokumentasian is knowledge.

4.7 Relationships attitude factor on the performance of nursing care documentation

According Gamea & Faustino attitude is positive or negative feelings or keadaanmental are always prepared, studied, and diaturmelalui experience, which gives pengaruhkhusus on a person's response to the people, objects, and circumstances. The results of this research generally shows that most of the attitude of nurses regarding documentation with less category (51.9%). The results are consistent with the results of research [12], which shows that the percentage of respondents who have a poor attitude, have incomplete documentation practices larger (91.7%) compared to respondents who have a good attitude. The results of this study indicate bahwasikap less likely to nurses in hospitals Paniai caused by the possibility of motivation and guidance is minimal. In addition, it can also be triggered by a lack of appreciation of the work so that the nurse job satisfaction decreases.

According to Huber [25], sikappositif nurse terhadappekerjaannya be achieved apabiladiberikan motivation, guidance danpenghargaan of his work which shall be creating job satisfaction of nurses. Factors that support a change in attitude is the presence of reward and punishment in which individumengasosiasikan reaction with reward and punishment, stimulus contains individusehingga can hope for a change in attitude, and the stimulus contains prejudice to the individual yangmengubah original attitude [26]. Attitude is not innate, but learned and shaped by experience and practice throughout the development of the individual. As social beings, humans can not be separated from the influence of interactions with others (external). Internal factors that influence a person's attitude is physiological factors (hunger, thirst and pain) while the external factors that influence the attitude consists of experiences, norms, situation, obstacles and driving. Both of these factors affect the attitude [27]. The results of chi square test values obtained ρ-value = 0.002 <0,05.Hal this means that there are relations between nurses attitude towards documentation of nursing care in hospitals Paniai. When viewed from the RP = 1.711; CI95% = (1.206 to 2.426) which interpreted that respondents with less attitude likely not perform nursing care documentation 1.711 times greater than the attitude of a good nurse.

Nurses in hospitals Paniai doing less with documentation of nursing care less attitude as many as 35 people (83.3%) higher compared with a good attitude as many as 19 people (48.7%). The results of this study indicate that the attitude of nurses in hospitals Paniai affect the sincerity to work in the nursing documentation process. The results of this study are consistent with Haris, Sjattar and Budu which conducted in 2014; which found no relationship between attitude toward nursing documentation perawatdalam performance Hospital Level II

Pelamonia Makassar.

4.8 Relationship motivational factor towards documenting nursing care

The results of this study showed that most of the motivation of nurses with less category (58%). This is similar to the results Sandra, Sabri and Wanda (2012) at the Inpatient Hospital Pariaman, namely of 86 nurses and 44.2% are motivated by bad categories. Similarly Rugaya in 2006 showed that the majority (81.4%) nurses had performance less in documentation. According to the researchers, that motivation is lacking at the moment is probably caused by because nurses are not able memberikanpelayanan best health kepadapasien, low morale, discipline, loyalty, responsibility and dimiliki.Motivasi semangatkerja which is one of the factors that will determine the outcome of the work seorangperawat. If someone is motivated dalambekerja then will try to do sekuattenaga to realize what a daunting task and finih their job. Motivation can dipastikanmempengaruhi performance although not satusatunyafaktor constitutes performance [28].

Motivation of one's work is very influential on the performance that can be achieved in their work because of the encouragement of work that arise in a person will make the person compelled to behave in achieving the goals set [29]. If someone nurses have great expectations can berprestasitinggi and if he suspects that with the achievement of high achievement he akanmerasakan consequences he expected, he would have a high motivasiyang to work. Conversely, if the nurse feels confident that he can achieve tidakakan work as expected, then it will less motivation to work [30].

5. Conclusion

The results of this study with the title of the factors relating to the performance of

nurses in documentation of nursing care in hospitals Paniai can be summarized as

follows:

1. There is no relationship between the age of nurses to the documentation of nursing care in hospitals Paniai (ρ-value = 0.927; RP = 0.937; CI95% = 0.937; 0.667 to 1.316)

2. There are no relations between the sexes nurses to documentation of nursing care in hospitals Paniai (ρ-value = 0.933; RP = 1,058; CI95% = 0.768 to 1.457).

3. No nurse educational relations between the documentation of nursing care in hospitals Paniaiρ-value = 0.092; RP = 2.080; CI95% = 0.664 to 6.514).

4. There are no relations between nurses working lives to documenting nursing care in hospitals Paniai (ρ-value = 0.927, RP = 0.927; CI95% = 0.667 to 1.316).

5. There is no relationship between the knowledge of nurses towards documentation of nursing care in hospitals Paniai (ρ-value = 0.125, RP = 1,367; CI95% = 1.031 to 1.814).

6. There are relations between nurses attitude towards documentation of nursing care in hospitals Paniai (ρ-value = 0.002; RP = 1.711; CI95% = 1.206 to 2.426).

7. There are relations between the motivation of nurses towards documentation of nursing care in hospitals Paniaiρ-value = 0.047, RP = 1,447; CI95% = 1.015 to 2.062)

8. There are relations between the supervision of nursing documentation nurses to nursing care in hospitals Paniai (ρ-value = 0.024; RP = 1,484; CI95% = 1.123 to 1.960)

9. There is a relationship between the reward to the documentation of nursing care in hospitals Paniai (ρ-value = 0.002; RP = 1.855; CI95% = 1.206 to 2.855).

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