

Conference Paper

Implementation of Format for the Nursing Problem Oriented Record (Por)Performance in Investment Health Center in Ternate City 2018

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Abstract

Completeness of nursing documentation is one of the quality indicators of nursing care provided. Based on the nursing practice law no. 38 article 37, nurses in carrying out Nursing Practices are obliged to document Nursing Care in accordance with the standards. Documentation in Inpatient PKM consisting of Siko, Jambula and Sulamadaha PKM itself, based on the observations of researchers found several obstacles, namely the lack of nurses given the large number of PKM programs that must be run, varying levels of education so documentation has a different understanding, this also supported by the lack of education and training related to temporary nursing care documentation relating to the Nursing Process and Documentation experiencing some recent changes. The purpose of this study was to determine the effect of applying the nursing documentation format for the model *Problem Oriented Record* (POR) on the performance of nurses in the Inpatient Health Center in Ternate City. The design of this study is quasi experimental, namely *pre and post test without control group*. The population is nurses with 41 people in PKM Inpatient who are in Ternate City. Samples were taken by total sampling technique and analyzed using statistical tests t-test, Anova and *correlation*. The results of the study found a significant difference between the performance of nurses before and after the application of the documentation format for nursing care in the POR model (p Value: 0,0005 α : 0.05) while the characteristics of respondents included age, sex, marital status, length of work and education had no effect on performance.

Keywords: Nurse, Performance, Documentation

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1. Introduction

The importance of Puskesmas services that are the organizers of the first health effort in their respective working areas requires quality health services. Improving the quality of services in Puskesmas must involve all elements, including the elements of management. One of the functions of management is the coordination function which includes

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reporting. The function of recording and reporting (*reporting*) is one of the functions related to the implementation of documentation.

Documentation is an activity of writing health data so that it can be read which is a nursing process as the basis for providing nursing care. (Huston, 2008; Heartfield 2008). This is supported by Kozier (2005), documentation is evidence of the accountability of nursing actions performed by nurses in their nursing services to patients. Nurses are also required to apply nursing documentation as a professional responsibility and legal aspects. Completeness of nursing documentation is one of the quality indicators of nursing care provided (Ardenny&Hirzal, 2016).

Nurses' performance in documenting nursing care was assessed from conformity with nursing care documentation standards. More detailed is how to write adequately and accurately, complete, organized, based on facts and secrets as well as ease of reading about nursing care provided at each stage starting from assessment activities to evaluation. Based on the nursing practice law no. 38 article 37, nurses in carrying out Nursing Practices are obliged to document Nursing Care in accordance with the standards (President of the Republic of Indonesia, 2014).

The implementation of nursing documentation so far in Indonesia is still not in accordance with the standards, so problems often arise in the implementation of nursing care. The problem is the incomplete nursing care documentation carried out both in the hospital and other nursing services. According to Widyantoro (2011), the problem is the complexity of the nursing care documentation system, the use of documentation that is still manual, and the understanding of nurses who are still low about the importance of documentation.

Some nurses feel that in carrying out the documentation of the nursing process is not a professional obligation but as a burden (Keliat et al., 2009).

The Puskesmas within Ternate City consists of 3 (Three) PKM inpatient care and 4 (four) outpatient PKM. On this occasion the place used for the implementation of the study was only on PKM inpatient care so that the continuity of nursing care documentation in accordance with the standards can be monitored by researchers. Documentation in PKM Inpatient itself, based on observations of researchers found several obstacles, namely the lack of nurses given the large number of PKM programs that must be implemented, varying levels of education so that documentation has a different understanding, this is also supported by the lack of education and training related to documentation Temporary nursing care related to the Nursing Process and Documentation experienced some recent changes.

This study wanted to see whether there was an effect of applying the nursing documentation format for the model *Problem Oriented Record (POR)* in improving the performance of nurses at the Inpatient Health Center in documenting nursing care.

1.1. General purpose

To determine the effect of applying the nursing documentation format for the model *Problem Oriented Record (POR)* on the performance of nurses in inpatient health centers in Ternate City.

1.2. Special Purpose

- a. To determine the performance of nurses in PKM hospitalization before and after the application of nursing documentation format the model *Problem Oriented Record (POR)*
- b. Identifying the relationship between age, marital status, length of work, level of education and knowledge with the performance of nurses in Inpatient PKM.

2. Research Methods

The design of this study is quasi experimental, namely *pre and post test without control group*. Measurements on the performance of nurses were carried out before and after obtaining interventions in the form of workshops and the implementation of mutually agreed documentation models. Research on Inpatient Health Centers in Ternate City includes the Siko PKM, Sulamadaha PKM, Jambula PKM in March to November 2018. The population in this study used *total sampling*, namely the method of sampling 41 people in total with questionnaire instruments and analyzed using a system computer.

3. Results

Provide a description of the characteristics of nurse nurses before and after the application of the Nursing Care Model POR documentation format. The characteristics of nurses here are gender, marital status, level of education shown in table 1, then age and duration of work which can be seen in table 2.

In the table above, shows that the majority of nurses in the Inpatient Health Center of Ternate City are female by 33 people (80.5%), also most of them are married which

TABLE 1: Characteristics of Gender, Marriage Status and Nursing Education Level in PKM Inpatient Year 2018.

Variabel	f	%
Gender		
Male	8	19,5
Female	33	80,5
Total	41	100
Marriage status		
Not Married	12	29,3
Married	29	70,7
Total	41	100
Education Level		
SPK	2	4,9
D-III	30	73,2
Sarjana	9	22,0
Total	41	100

is 29 people (70.7%), DIII Nursing is the most recent education owned by nurses that is equal to 30 people (70.3).

Table 2 shows that the average age of nurses is 32.27 years (95% CI: 29.70-34.84). The fastest working period is one year and the longest is 37 years. Interval estimation results with a confidence level of 95% can be concluded that the average length of work of nurses is between 4.35 to 8.83 years.

TABLE 2: Average Age and Duration of Puskesmas Nurse Inpatient Care in Ternate City in 2018.

Variabel	Mean	SD	(Min -Max)	(95% CI)
Age	32,27	8,152	22 - 58	29,70 – 34,84
Length of Work	6,59	7,096	1 - 37	4,35 – 8,83

An overview of the performance of the implementing nurse includes performance before and after the application of the Nursing Care documentation format The POR model which includes a picture of performance according to its components can be seen in table 3. which shows that the mean score the average performance of nurses according to their components before the application of the nursing care documentation method of the POR Model is; on the achievement aspects of the average performance score before 40.95 (95% CI: 39.88-42.02) increased by 1.58; on the aspects of responsibility the average score of performance before 33.93 (95% CI: 33, 30-34,56) increased by 0.92; the obedience aspect of the average performance score before 32.76 (95% CI: 30.46-32.76) rose by 1.39; honesty aspects of the average performance score before 30.71 (95% CI: 30.17-31.24) rose by 0.73; the aspect of cooperation the

average score of performance before 29.76 (95% CI: 28.82-30.70) rose by 1.31 after the application of the nursing care documentation format in the POR model. Total score of the average performance of nurses before receiving training 166.95 (95% CI: 163.42-170.49) increased to 174.24 (95% CI: 172.65-175.84) after applying the POR nursing model documentation format.

TABLE 3: Average Nurse Performance Before and After the Application of the POR Model Documentation Format According to the Performance Components.

Components Performance	Mean	md	SD	Min-Max	95 % CI
Work Achievement					
Before	40,95	42	3,398	29-44	39,88-42,02
After	42,73	43	1,342	39-44	42,31-43,16
Responsibilities					
Before	33,93	35	1,992	28-36	33,30-34,56
After	34,85	35	1,333	31-36	34,43-35,27
Obedience					
Before	32,76	33	3,632	22-36	30,46-32,76
After	34,15	34	1,892	30-36	33,55-34,74
Honesty					
Before	30,71	32	1,692	26-32	30,17-31,24
After	31,44	32	0,808	39-32	31,18-31,69
Collaboration					
Before	29,76	30	2,981	17-32	28,82-30,70
After	31,07	32	1,367	26-32	30,64-31,50
Performance					
Before	166,95	170	11,196	128-179	163,42-170,49
After	174,24	176	5,059	162-180	172,65-175,84

To find out the difference in performance before and after the application of the Nursing Care Model POR documentation format to nurses in the Ternate Inpatient Health Center, the overall t-test was conducted. Furthermore, to find out the difference in performance after the nurse applied the documentation format for Nursing Care, the POR Model was carried out by the Anova test. Then to see the relationship between the variable *confounding* and the performance after applying the nursing care documentation format the POR model was carried out t-independent test, anova and *correlate Pearson product moment*.

To analyze the difference in performance of nurse implementers according to its components can be seen in table 5 which shows that the average score of nurses' work performance aspects increased by 1.78, the average score of aspects of responsibility increased by 0.92, the average score of obedience aspects experienced an increase

of 2.54, the average score of the honesty aspect also increased by 0.73 after the nurse applied the nursing care documentation format to the POR Model, as well as the average score of the collaboration aspect which increased by 1.31.

TABLE 4: Analysis of Different Components of Executing Nurses' Performance Before and After the Application of the Askep Format POR Model in Inpatient PKM.

Components Performance	Mean	SD	N	Df	t	pValue
Work Achievement			41	40	3,849	0,001
Before	40,95	3,398				
After	42,73	1,342				
Difference	1,78	2,962				
Responsibilities			41	40	3,702	0,0005
Before	33,93	1,992				
After	34,85	1,333				
Difference	0,92	1,603				
Obedience			41	40	4,930	0,0005
Before	31,61	3,632				
After	34,15	1,892				
Difference	2,54	3,295				
Honesty			41	40	3,312	0,0005
Before	30,71	1,692				
After	31,44	0,808				
Difference	0,73	1,415				
Collaboration			41	40	3,290	0,001
Before	29,76	2,981				
After	31,07	1,367				
Difference	1,31	2,564				

TABLE 5: Analysis of Differences in Executing Nurses' Performance Before and After Application of Documentation Format Askep POR Model in Ternate Inpatient PKM 2018.

Performance of Nurese	Mean	SD	N	Df	t	pValue
			41	40	4,643	0,0005
Before application	166,95	11,196				
After application	174,24	5,059				
Difference	7,29	10,058				

Table 6 shows that scores the average nurse's performance increased before the application of nursing care documentation format POR model of 166.95 increased by 7.29 after the nurse appliesthe care documentation format nursingPOR model to 174.24.

The results of further analysis showed a significant difference between the performance of nurses before and after application (p Value: 0.0005 α : 0.05).

Characteristics of implementing nurses as a variable *confounding* that will be analyzed for their influence on nurse performance after the application of the Nursing Care POR Model documentation format are gender, marital status, age, length of work and level of education. For gender and marital status can be seen in table 7, age and duration of work in table 8 and education level in table 9.

TABLE 6: Analysis of Differences in Nurse Performance After Application of Askep Format POR Model with Gender and Marriage Status in Inpatient PKM Ternate City In 2018.

Variabel	Mean	SD	N	df	t	pValue
Gender				39	1,097	0,279
Male	176	4,375	8			
Female	173,82	5,181	33			
Marriage status				39	1,164	0,252
Not Married	175,67	4,228	12			
Married	173,66	5,320	29			

Based on table 7 the average score of male nurses' performance was 176 while the average score of female nurses' performance was 173.82. The results of further statistical tests showed that there were no significant differences between the performance of male and female implementing nurses (p Value: 0.279, α : 0.005).

The results also showed the score average of the performance of unmarried nurse nurses 175.67 and the average score of the performance of married nursing nurses 173.66. The results of further statistical tests show that there is no significant difference between the performance of unmarried nurse nurses who are married (p Value: 0.252, α : 0.005).

TABLE 7: Analysis of the Relationship between Nurse Performance After the Application of the Askep Format POR Model with Age and Duration in Inpatient PKM 2018.

Variabel	Pearson Product Moment (r)	pValue
Age	0,076	0,637
Length of Work	0,043	0,788

Table 8 shows that the results of the analysis of age and duration of work are not related to nurse performance ($r = 0.00-0.25$) with the direction of a positive relationship. On the results of statistical tests also did not find a significant relationship between age and duration of work with nurse performance (p Value > 0.05).

Based on Table 9 shows that the average score of the performance of implementing nurses who have SPK education 173, the average score of the performance of implementing nurses who have DIII 174.20 education and the average score of the performance of implementing nurses who have S1 education is 174.67. The results of further statistical tests showed that there was no significant difference between the performance of nurses who were SPK-educated, DIII and S1 (p Value: 0.658, α : 0.005).

TABLE 8: Analysis of Differences in Nurse Performance After the Application of Askep Format POR Model with Education Level in Ternate Inpatient PKM in 2018.

Education	Mean	SD	N	F	pValue
SPK	173	9,899	2	0,089	0,915
DIII	174,20	4,679	30		
S1	174,67	5,979	9		

From the statistical test results it can be concluded that the level of education is not related to nurse performance after the POR Nursing Documentation Formation although the average score the performance of nurses who have a Bachelor degree is higher than the others and the majority of nurses at the Inpatient Health Center are DIII Nursing.

4. Discussion

In this study, nurses in Inpatient PKM in Ternate City (Siko, Jambula and Sulamadaha) were invited to take part in a workshop on the preparation of the POR model nursing care documentation and equate perceptions of the format. The workshop also agreed on the format model used by the 3 PKMs so that there was uniformity that began also with refreshment through the provision of material on nursing documentation. Then the researcher summarized the format based on the results of the discussion at the workshop. For the documentation format agreed on based on documentation standards nursing care includes assessment, nursing diagnosis, intervention, implementation and evaluation. Of the 5 components, the assessment component that is the most obtained is input to be summarized according to the needs in PKM.

The format for documenting nursing care for the POR model based on the results of the workshop was then applied to three inpatient PKM. The impact of this study was measured by performance appraisal by nurses with the method *self appraisal*.

4.1. Differences in Nurse Performance Before and After the Application of Nursing Care Documentation Forms

Based on the results of the analysis it was found that there were significant differences between the performance of nurses before and after the application of the documentation format for nursing care in the POR model (p Value: 0.0005 α : 0.05). Nurse performance after application based on workshop results increased by 1.78. This is also in accordance with the results of a study by Gustomi and Churin'in (2015) that there is an influence in the application of the POR nursing care documentation model to the performance of nurses at Muhammadiyah Gresik Hospital (p Value: 0,000 α : 0.05), which distinguishes this research from research we are evaluating its performance. In this study, performance appraisal is based on nursing care documentation standards, then observation is carried out through a check list sheet. *According to Lees(2010)in* Yenia, F (2014), improving the quality of nursing care documentation can be done through training or courses. Lees further explained that the increase in knowledge / understanding gained through training or courses would support more complete documentation. The research conducted by Tallaut (2003) in Yenia, F shows that increasing knowledge through training correlates with increasing the accuracy of documentation and performance of nurses. Training is expected to develop nurses working effectively and efficiently, including improving the ability to document nursing care in Puskesmas.

Performance is the appearance of the work of personnel both quantity and quality in an organization (Ilyas, 2002). According to Umar (1997); Hasibuan (2003); Ilyas (2002) the elements that must be assessed in performance are loyalty, work performance, honesty, discipline, creativity, cooperation, leadership, personality, initiative, skill, and responsibility. The assessed elements are almost similar to the elements of DP3 assessment commonly used by civil servants related to employee work behavior. In this study, only aspects of work performance, responsibility, obedience, honesty and cooperation were assessed. The results of this study indicate that all components of nurse performance which include achievement, responsibility, obedience, honesty and cooperation in the Inpatient PKM of Ternate City have increased.

4.1.1. Nurse Performance Based on Aspects of achievement

The results showed that the average aspect of work performance of nurses experienced a significant increase before and after the application of the nursing care documentation format of the POR model based on the results of a workshop of 1.78. Work performance,

is the result of implementing the work achieved by a person in carrying out the tasks assigned to him (Ilyas, 2002). Achievement

4.1.2. Performance Based Nurse Responsibility Aspects

The results showed an average aspect nurse's responsibility has increased significantly before and after the implementation of nursing care documentation format POR models based on the results of the workshop at 0.92. Responsibility is the ability of a person to complete the work submitted to him properly, on time, and dare to take risks for decisions made or actions taken (Ilyas, 2002).

4.1.3. Nurse Performance Based on nurses Obedience Aspects The

Results showed that the average aspect of adherence to experienced a significant increase before and after the application of the POR model nursing care documentation format based on the workshop results of 2.54. Obedience is the highest component compared to other components.

Obedience is the ability of a person to obey all official regulations that apply, and obey official orders given by an authorized supervisor, and be able to not violate a prescribed prohibition (Ilyas, 2002).

4.1.4. Performance of Executing Nurses Based on Honesty Aspects

The results showed that the average aspect of honesty of caregivers experienced a significant increase before and after the application of the documentation format for nursing care of the POR model based on the results of the workshop of 0.73. Honesty is a mental attitude that comes out from within man himself. He is sincere in carrying out the task and is able to abuse the authority and responsibility given to him (Ilyas, 2002).

4.1.5. Executing Nurse performance Nurses Based on Collaborative aspects

The results showed that the average aspect of collaboration between had a significant increase before and after the application of the POR model nursing care documentation format based on the results of the workshop of 1.31.

Collaboration is the willingness of employees to participate and work together with other employees vertically or horizontally inside and outside the work so that the work results will be better (Hasibuan, 2003).

4.2. Effect of Characteristics of Nurses and Performance After Application of Formatting Documentation of Nursing Care POR Model

4.2.1. Influence of Age on Executing Performance

The results of the study show that the age of the nurse is not related to performance but with a positive relationship means increasing age, while Gibson, Ivancevich, and Donnelly (1996) says that age affects individual performance. The same thing was also stated by Siagian (2003) that there is a correlation between age and job satisfaction, where ultimately satisfaction will affect a person's performance.

4.2.2. The Influence of Sex on the Performance of Nurse Executors

The results showed that gender was not related to nurse performance after the application format of the POR model nursing care documentation. Robbins (2006) says that there are only a few important differences between men and women that affect their performance. The ability of men and women to solve problems, analytical skills, competitive motivation, motivation, sociability and learning ability are the same. Gibson, Ivancevich, and Donnelly (1996) suggest that there are still debates about the differences between men and women regarding work performance, absenteeism, and turnover rates.

4.2.3. The Influence of Marriage Status on Executing Nurse Performance The

results of the study show that there is no significant difference between the performance of unmarried nurses who are married so that it can be concluded that marital status is not related to nurse performance after the application of POR model nursing care documentation. The results of this study are in accordance with Panjaitan (2004) which shows that there is no significant difference in the performance of nurses who are married and unmarried.

4.2.4. The Effect of Education on Nurse Performance

The results of the study showed that there was no significant difference between the performance of nurses who were educated SPK, DIII and S1 so that it could be concluded that the level of education did not affect the performance of implementing nurses. This is also in line with research from Tafwidhah,

Nurachmah, Hariyati (2015) regarding community health and the level of implementation of public health care activities. It also found that education did not have a significant relationship with the level of implementation of community health activities.

4.2.5. The Influence of Work Duration on Executing Nurse Performance The

results of the study show that the length of work is not related to nurse performance with a positive relationship direction which means that the longer the nurse's work increases, the more performance increases. The results also show that there is no significant relationship between work duration and nurse performance. This is in contrast to research from Tafwidhah, Nurachmah, Hariyati (2015) regarding community health and the level of implementation of public health care activities that found that the length of work had a significant relationship with the level of implementation of the community health activities.

5. Conclusion

1. The results of the study on 41 respondents found a significant difference between the performance of nurses before and after the application of the documentation format for nursing care POR models (p Value: 0,0005 α : 0.05). Nurse's performance after application based on the results of the workshop has increased as well as all its components which include work performance, responsibility, obedience, honesty and cooperation.

2. For karakteristik respondents including age, length of work, sex of education, and status marital are not related to nurse performance after the application of the nursing care documentation format POR model.

3. In increasing the professionalism of work nurses, activities such as training, workshops, seminars and other scientific disseminations are needed to increase knowledge,

refresh the nurses and equate perceptions in work so that they can influence morale and work commitment which ultimately improves nurse performance.

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