ORIGINAL RESEARCH

Analysis of Nursing Behavior Factors in Documentation of Nursing Care in Emergency Unit Using Theory of Planned Behavior

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Abstract

The complicity of emergency unit (EU) working environment will certainly affect the quality of health care, including inaccurate or incomplete documentation. Incomplete nursing documentation indicates that nursing care process is not working properly and continuously. Theory of Planned Behavior (TPB) has been widely used to describe nurse's behavior and identify important factors that influence them. The purpose of this study is to analyze factors related to nurse behavior in documenting nursing care in EU using TPB. The research is designed as observational analysis with cross sectional approach. Sample is emergency nurses at EU of Level II Hospital Dr. Soepraoen, Panti Waluya Sawahan Hospital, and Islamic Hospital. Sample of 45 Emergency Nurses and 341 documents were selected according to inclusion and exclusion criteria. The result of statistical analysis of partial least square shows that there is a significant correlation between attitude and intention, perceived behavioral control and intention, and intention and nursing documentation behavior, evidenced by each value of T-Statistic equal to >1.68 . Conversely there is no relationship between subjective norms and intention in documenting nursing care and evidenced by the value of T-Statistics <1.68 . Hospital and Emergency Nurses is expected to develop a positive attitude and good perceived behavioral control (PBC) so that it causes good intention and forms good nursing documenting behavior as well.

Keywords: Emergency Unit; Emergency Nurse; Nursing Documentation; Theory of Planed Behavior

Introduction

Emergency nursing (Emergency Nurses) services has always become one of the most sensitive areas among other nursing services due to its urgency and crowding (Aacharya et al., 2011). The burden of work, crowd, disaster, death and critical patients condition has attributed to more complex and stressful working environment of the Emergency Unit (EU) (Healy & Tyrell, 2011). The complex EU working environment will affect the quality of care and patient safety, including incomplete documentation (Hoot & Aronsky, 2008; Powell et al., 2012).

Some of required capabilities of a nurse are the ability to do a rapid accurate assessment and well thorough documentation (Wolf, 2007). The emergency nursing documentation should provide a factual record of the client's condition, location, and bracelet for identification in the early process of client's entry, and further data on the initial assessment, intervention time, problems and procedures performed, client responses to interventions and solutions, nurse observation, communication with health care teams and client families, client education, home instructions and client care rejection (Newberry & Criddle, 2007). Ineffective nursing documentation will decrease the quality of the evaluation of patient care (Collins et al., 2013).

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The quality of nursing documentation in Indonesia is still questionable. It can be seen from a research conducted by Sabila (2009) that of 300 samples of medical records of nursing documentation, 69.3% are in incomplete category. Purwanti (2012) said that the percentage of complete nursing documentation was only 63%, completeness of study was only 53%, diagnosis and nursing planning was 61%, and implementation and evaluation was 75%. Füchtbauer, Nørgaard, & Mogensen (2013) conducted a study to determine the proportion of time spent by nurses in performing care for patients in the EU. The study revealed that nurses spent 25% of their time on direct contact with patient, 5.8% of their time spent on indirect treatment, 24% of their time spent for communicating with other staffs, 31% for documenting all actions conducted to the patient, and 6% were made to transport the patient.

Theory of Planned Behavior (TPB) is one of the best theories on behavioral science that has been widely used in several studies to explain behavior and identify important influential factors. This theory is used as a framework because numerous studies have shown its accuracy in predicting the intentions and behaviors of different groups of health workers (Eccles et al., 2006). TPB is based on the logical principle that people will evaluate the consequences before taking a specific action (Sharifirad et al., 2015). According to TPB, human actions are guided by three kinds of considerations: beliefs about the possible outcomes of behavior and behavior toward behavior, beliefs about the normative expectations of others and the motivation to abide by these subjective expectations, and beliefs about the existence factors that may facilitate or inhibit perceived behavioral control of the behavior and perceived power of these factors (Ajzen, 1991; Javadi et al., 2013).

According to the implementation of TPB from Ajzen, intention is the closest factor that can predict the appearance of nurse behavior in nursing documentation (Fishbein & Ajzen, 2010). Martini's research (2007) indicates that attitudes are correlated to nursing documentation. Rahim A (2009) and Nelfiyanti (2009) unveil that intrinsic motivation and job perception have a significant role to complete the filling of nursing documentation. Research by Sharifirad et al. (2015) found perceived behavioral control (PBC) as the strongest predictor of nurses in education. Based on the aforementioned background, we want to conduct analysis of nurse behavior factors in documenting nursing care in EU using TPB.

Method

This research uses observational analysis design with cross sectional approach. This research was conducted in 3 hospitals namely Level II Hospital Dr. Soepraoen, Panti Waluya Sawahan Hospital and Islamic Hospital. Sample of 45 Emergency Nurses and 341 documents were selected for the research. Data collection was conducted on May 18, 2017 to June 12, 2017. The research instrument used attitude questionnaire in documentation, questionnaire of subjective norm in documentation, questionnaire of PBC in documentation, questionnaire of intention in documentation, and documentation behavior in observation sheet.

Univariate analysis of categorical data consisting of sex, educational level, attitude, subjective norm, PBC, intention and behavior of nurses were analyzed by calculating frequency distribution of each group. Multivariate analysis use Partial Least Square (PLS) analysis to find out factors related to nurse behavior in documentation in EU. All observational protocols described in this study were approved by the Health Research Ethics Committee, Faculty of Medicine, Universitas Brawijaya.

Results

1. Respondent's Characteristic

Most of the respondents are female (28.2%), mostly of Diploma 3/Diploma 4 in nursing (91.1%), and of about 21-30 years old (55.6%) (Table 1).

2. Attitude Against Nursing Documentation Behavior

Table 2A shows that most of the nurses' strong beliefs about documentation behavior are well categorized with the highest scores for legal protection, for written evidence of nurse action, and as the responsibility of the nurse of the EU. The nurse's strong belief in documentation behavior for enough category with the lowest score is to increase the burden of EU work, and to spend many forms.

Table 2B shows that most nurses' feelings about the consequences are derived from nursing documentation in the EUs of good category with the highest score among which are for legal protection, for written evidence of nurse action, and for monitoring patient progress. The nurse's feelings about the consequences will be generated with the category of enough with the lowest score to increase the workload of EU, and to spend a lot of forms.

3. Subjective Norm Against Documentation of Nursing Care

Table 2C shows half of the nurses' perceptions of social support in both categories with the highest score of social support by the EU headroom, the head of nursing, and peers. Half of the nurses' perceptions of social support with sufficient categories are other health teams and outpatient heads. Table 2D shows most of the motivations of the nurses adhere to the recommendation of good category with the highest score ie by the head of the EU space, head of nursing and head of outpatient installation. A small percentage of nurse motivation adheres to recommendations with sufficient category with the lowest score being by other health teams, and by peers.

4. Perceived Behavioral Control Against Documentation of Nursing Care

Table 2E shows most of the nurses' beliefs about the causes of easy documenting behavior of nursing care are in good category with the highest scores of hospital regulations, hospital accreditation and quality, and nurse knowledge and availability of facilities. A small part of the nurse's belief about the causes of easy documenting behavior of nursing care is in the category of sufficient with the lowest score of the workload, and the condition of the patient's gravity.

Table 2F portrays that most of the nurses' perceptions of the encouragement of documented behavior of nursing care are in good category with the highest scores of available facilities, further obligations and responsibilities, and the need for written communication. A small percentage of nurses' perception of the encouragement of documented behavior of nursing care with sufficient category with the lowest score are the condition of the patient's gravity and work load.

5. Intention to Documentation of Nursing Care

Documentation is clear and concise. Table 2G indicates most of the components of the nurses' intentions towards the documented behavior of nursing care in the EU are in good category with clear and concise documentation, documentation according to nursing problem, and documentation describing independent action and collaboration.

6. Documentation Behavior of Nursing Care

Table 3 provides information that the nurse's behavior in documenting nursing care is mostly in the sufficient category of 207 RM documents (58.7%). Table 4 informs that the description of the behavior of documentation of good nursing care is dominated by nursing implementation that is 261 documents (76.5%), followed by nursing assessment that is 235 documents (68.9%). In contrast, the documenting behavior of nursing care is less dominated by the nursing plan that is 205 documents (60.1%), followed by nursing diagnosis that is 202 documents (59.2%).

7. Multivariate Analysis

Based on Table 5 the recapitulation of hypothesis test results is described as follows.

- a. There is a significant relationship between attitude and intention in documenting nursing care
- b. There is no significant relationship between subjective norms with intention in documenting nursing care
- c. There is a significant relationship between perceived behavioral control with the intention in documenting nursing care
- d. There is a significant relationship between the intention with the documenting behavior of nursing care
- e. The results show the greatest contribution to intention is given by attitude variable and followed by perceived behavioral control.

Discussion

1. Relationship Between Attitudes and Intention of Documentation of Nursing Care in Emergency Unit

The results of this study indicate that the nurses of EU have confidence and feelings about the consequences resulted from nursing documentation for legal interests of patients, nurses and health personnel involved as well as for the Hospital. Nursing documentation is also a written proof of all actions of nursing, disease progression, and treatment during hospitalization. The nurse also believes that nursing documentation is a part of the responsibility to be performed. This belief underlies the attitude of the Emergency Nurses to perform nursing documentation.

Setiadi (2012) states that the nursing documentation in the EU may be used as evidence in court in case there is a problem related to the nursing profession, where the nurse acts as the service provider and the client acts as the service user. This is primarily conducted to find out how far client issues can be solved and how new problems can be identified and monitored through accurate records. Cheevakasemsook et al., (2006) states that nursing documentation at EU aims to ensure the quality and continuity of care provided through communication and provide legal evidence of treatment processes and outcomes. Nursing documentation in accordance with applicable nursing standards will also demonstrate the quality of good documentation and competence as a professional nurse (Urquhart et al., 2009; Wang, Haley & Yu, 2011).

The results of research on the nurse's strong belief in documentation behavior with enough category with the lowest score is to increase the workload of EU, and to spend many forms. The results of this study indicate that Emergency Nurses has an ingrained belief that nursing documentation is not a burden, it does not require a lot of forms, but instead it can help nursing practice and solve nursing

problems.

The results of this study are different from that found by Hoot & Aronsky (2008); Kolb et al. (2008); Powell et al. (2012) that a large and excessive number of patients referred to as overcrowding is the most common problem in EU that gives the nurses a high burden and affects the quality of their nurses. According to Van Eeden (2009); Powell et al. (2012) the busy, crowded EU situation, the excessive number of patients and the high number of nurse activities lead to high stress affecting the process of implementation and nursing documentation as well as the quality of nursing services provided.

The belief on the strength of the nurse (belief strength) and the nurse's feelings about the resulting consequences (outcome evaluation) mutually support the positive attitude of nurse care givers in nursing documentation. In the figure it is revealed that the obtained value of outer loading confidence of nurse amounts to 1,420 ($> 0,7$) and feeling about consequence with value amounts to 2,207 ($> 0,7$). Thus, the two sub variables are valid to form a positive attitude of nurse EU. Based on the result of Partial Least Square analysis in Table 5 we get the T-statistics of 2,335 $>$ T-table (1,68) with the path coefficient of 0,024 so it is possible to conclude that the nurse's attitude in documenting the nursing care has significant relation with the intention in documenting the nursing care. The positive path of coefficient indicates that the more positive the nurse's attitude the better the nurse intention in documenting nursing care in the EU. Good intentions tend to be influenced by a positive attitude of the nurse.

TPB conveys that a person's attitude toward a behavior is based on the belief of a person on the consequences (outcomes) that will be generated if the behavior is done (outcome evaluation) and strength to the belief (belief strong) (Fishbein & Ajzen, 2010). Good intentions tend to be influenced by a positive attitude of the nurse. According to TPB individual behavior is influenced by the individual's intention (behavioral intention) towards a particular behavior. TPB is based on the logical principle that people will evaluate the consequences before taking a specific action (Sharifirad et al., 2015). According to TPB, human actions are guided one of which by the attitude of belief about the possible outcome of behavior and evaluation of the results (Javadi et al., 2013).

Attitude is considered as the first cause of a particular behavior intention, in this case the documenting behavior of nursing care. An individual will intend to display a certain behavior when he judges it positively. Emergency Nurses will intend (have a good intention) to display the documenting behavior of nursing care when the nurse assess the documentation of nursing care in a positive (positive attitude). Attitudes are determined by individual beliefs about the consequences of a behavior and based on the results of an evaluation of the consequences. Such attitudes are believed to have a direct influence on the intention of behaving.

Test results show that the more positive attitude of the nurse the better the intention of nurses in documenting nursing care in the EU. Negative attitudes can produce negative intentions to further result in negative documenting behavior as well, so there needs to be an improvement to improve the positive attitude of nurse EU in documenting nursing which in turn will also increase the level of intention to the good direction.

2 Relationship Between Subjective Norms and Intention In Documenting Nursing Care in Emergency Unit

Most of the subjective norms of nurses on documenting behavior of nursing care in EU are of sufficient category (53.3%). The good subjective norm is due to good nurse perception of social support and good nurse motivation to comply with nursing documentation suggestions.

Social support with good category has the highest score of social support by the head of the EU, head of nursing, and peers. The nurse's perception of social support with sufficient category is the head of the outpatient installation. Motivation nurses adhere to the recommendation with good category with the highest score that is to the head of space EU, head of nursing and head of outpatient installation. Motivation of nurses adhere to the recommendation with sufficient category of the lowest score that is by other health teams, and by colleagues.

The results of this study indicate that social support on the behavior of nursing care documentation according to nurses EU is required from several parties. The head of EU room as the closest leader who works with the executing nurse becomes the main support of the implementation of nursing documentation. The head of the nursing department as the nurse's boss is considered to have a well-documented role of nursing documentation. A colleague who is an interlocutor of EU and a nurse also has a large supporting role to remind colleagues and help each other with the implementation of nursing documentation.

Another factor that influences the nurse's subjective norm in documenting nursing care is peer review in the social environment. People tend to be together according to social groups such as age, sex, hobbies and same occupation. A person tends to act and behave like a member of that group. In the research Kusumadewi, Hardjajani, & Priyatama (2012) found a positive relationship between social support peer group with obedience to the rules. Coworkers who do the documentation of nursing care well will make other colleagues perform good nursing documentation. On the other hand, co-workers who tend to document the nursing care poorly will certainly affect other colleagues as well. A person tends to behave similarly to the same peer in his or her social environment (peer group).

Based on the result of Partial Least Square analysis, T-statistics $1.414 > T\text{-table } (1.68)$ indicate that the subjective norm of nurse of EU in documenting nursing care has no significant correlation to the intention of documenting nursing care.

Subjective norms are those who are considered to play a role in one's behavior and have hope in that person, and the extent to which they desire to fulfill those expectations (Ismail & Zain, 2008). Subjective norms are beliefs about normative beliefs and motivation to fulfill those expectations (Fishbein & Ajzen, 2010). Azwar (2010) convey that others around us is one of the social components that influence the belief. A person who is considered important, someone who is expected to be the intention for every behavior and our opinion, someone who does not want to disappoint us, or someone who affects the formation of attitudes and beliefs to something. In general, the individual tends to have a conformist attitude or belief in the direction of the person he considers important. This tendency is motivated, among other things, by the desire to avoid conflict with people who are considered important.

In this study people or groups who are considered to provide support to nurses in the conduct of doctors nursing care nursing is the head of the room, head of nursing and peers. So if the EU nurse believes that the referent will support the nurse to perform the documenting behavior of nursing care then this will be a social support for the nurse to do so. Conversely, if the EU nurse believes that the other person who influences her does not support the behavior, this will cause the nurse to have a tendency to avoid doing so.

Based on the results of statistical test analysis, it is revealed that the subjective norms of nurses in documenting nursing care has no significant relationship with the intention in documenting nursing care. These results can be caused by the proximity factor of authority, ie in the implementation of documentation required the presence or direct supervision of figures of authority. In this case, the authority figure is the head of the EU and the head of the nursing department. When an authority figure leaves the room or gives instructions indirectly then compliance will decrease (Atkitson, 1983 in Ulum & Wulandari, 2013). It is easier not to do a suggestion from an authority figure if they are not close (Dewey, 2007). Conversely, if the authority figure is close, obedience to the suggestion is relatively higher. The presence of authority figures can directly supervise and provide direct instruction or advice in documentation. This is in accordance with a research by Ulum & Wulandari (2013), unveiling that there is an influence between proximity of authority figure to compliance documenting nursing care. There is an increase in compliance rates when the proximity of authority figures is good. This is possible because of the convenience of communicating directly so that the instructions are given more clearly.

3 Relationship Between Perceived Behavioral Control and Intention in Documenting Nursing Care.

Most of PBC nurse to behavior of documentation of nursing care at EU with good category is 60%. PBC is formed by beliefs about easy or not performed and the perceptions of drivers and behavioral inhibitors. In this study, the nurse's belief about the causes of easy documenting behavior of nursing care are mostly in good category with the highest score that is hospital regulation, the accreditation of hospital and quality, knowledge of nurses and the availability of infrastructure facilities. A small part of the nurse's beliefs about the causes of easy documenting behavior of nursing care in the category is sufficient to have the lowest score of workload, followed by the condition of the patient's gravity. In other words, the workload and the patient's emergency conditions are not considered to be causing difficulties in documenting nursing in the EU.

Knowledge has a function as a basis for analyzing things, perceiving and interpreting, which is then followed by the decisions considered necessary (Achterberg & Vriens, 2002 in Pribadi, 2009). Knowledge in this regard is the definition, purpose, benefits, and documentation of nursing care. The nurse's knowledge about nursing care has an effect on the application of nursing care, so the nurse needs to develop science so that nursing service can be done appropriately. Good knowledge can be a benchmark of an action of implementation, so that the right and proper documenting of nursing care must be based on knowledge and experience (Yusuf, 2013). This is in accordance with Ardika & Bima's research (2012), that there is a nurse knowledge relation about nursing care with completeness of nursing documentation fulfillment.

One's education is expected to be a determinant of productivity, such as knowledge, skill, abilities and considerable behavior in carrying out its working activities (Newland, 1994 in Martini, 2007). On the basis of the research, it came to light that all respondents have various levels of college education background that is 41 people (91.1%) are of Diploma 3/Diploma 4 of nursing and only 4 people (8.9%) have an undergraduate degree. The nurse understands that knowledge with an educational background becomes the determinant to easily implement nursing documentation.

Table 2 shows that the drivers of documentation behavior of nursing care mostly have good category with the highest score that is available of infrastructure, obligation and responsibility, and written communication requirement. The availability of infrastructure facilities can be in the form of a practical and concise documentation format of ERs to be the reason for the implementation of nursing documentation. Facilities of infrastructure is any kind of equipment, work equipment or other facilities that serve as a tool in the execution of tasks. Facilities of appropriate standard is expected to improve the quality of service quality, in this case is documenting nursing care (Simamora, 2004). Parulian research (2011) argue that facilities have an effect on nurse performance in doing documentation.

Based on the result of Partial Least Square analysis in Table 5 we get T-statistic of $1.830 > T\text{-table}$ (1,68) with path coefficient of 0,074, so it can be concluded that PBC nurses in documenting nursing care has significant relation to intention in documenting nursing. The test results show the coefficient of positive signified relationship, which indicates that the more positive perceived behavioral control of respondents the better the intention of nurses in documenting nursing care. In Figure, it is apparent that 5.1 obtained outer loading control belief of 3.670 (> 0.7) and power belief with a value of 2.406 (> 0.7). Thus the two sub variables are valid form the PBC nurse EU.

The PBC variable is assumed to reflect past experiences, and to anticipate any constraints that may occur or PBC is a person's perception of the ease or difficulty to behave. PBC is assumed to have a motivational influence on the intention. Individuals who believe that he or she has no opportunity to behave will not have a strong intention, even if he is positive and supported by referents (Fishbein & Ajzen, 2010). Behavioral controls can predict physician's behavior regarding physician's intent to request a hospital autopsy as a job control function (Semenza, Ploubidis & George, 2011).

PBC is generated by past experience and individual estimates of how difficult or easy it is to perform documented behavior. PBC is very important when a person's confidence is deep enough to be in a weak condition, because PBC increases motivation. The results show that good intentions are produced by a good PBC.

4 Relationship Between Intention and Nursing Documentation Behavior

The result of the research shows that the nurses' intentions on the documenting behavior of nursing care in the EU are found to be mostly in the good category of 27 nurses (60.0%). A good intention is caused by almost all components of the nurse intention to the documenting behavior of nursing care in EU with good category with the highest score that is clear and concise documentation, followed by documentation according to nursing problem.

Nursing documentation of quality EU is based on priority, detailed and clear and concise data. Priority means giving priority to the problem of life-threatening patients or severe gravity, then down to non-life-threatening problems. Documenting in detail and clear data describes the accuracy of the data according to the patient's problem. The detail and concise data briefly shows the efficiency and effectiveness of EU documentation without compromising the quality of the documentation itself.

The process of nursing documentation in the emergency department has a different focus on the assessment stage because of the associated acute condition of the patient or life-threatening emergency (Iyer & Camp, 1999/2004; Asmadi, 2008). All data required to identify a client's nursing problem is recorded in detail. The collected data must be complete, in order to help resolve an adequate, accurate and real client problem (Potter et al., 2011). Kuehl (2005), adding that precise, readable and complete documentation will ensure the quality of care from potential malpractice suits.

Emergency Nurses is aware that the nursing documentation created should illustrate the problems experienced by the patient, because the nursing care provided aims to address the patient's problem. Therefore, accuracy or precision of data at the time of assessment is necessary to fit the actual patient problem. The results are in accordance with Van Eeden's (2009) statement that nursing documentation in nursing practice will help solve problems and meet patient health care needs. Tarwato & Wartonah (2006) reported that the process of nursing documentation is used to help carry out systematic nursing practice and solve nursing problems.

The results showed that the behavior of nursing documentation in the EU category was largely due to deficiencies in the part of the nursing plan and nursing diagnoses. Documented behavior in the EU focuses more on nursing assessment, implementation and evaluation. The situation of patients with threatening and critical EU causes data resulted from direct assessment to be implemented to the patient while observing the results of the action in the form of evaluation. In accordance with the statement of Iyer & Camp (1999/2004) and Asmadi (2008), the implementation of the nursing process in the EU is also different according to its characteristics, such as the review stage that is completed and then immediately followed up by the implementation stage to save life-threatening conditions.

The results indicate that the nurse's intention in documenting nursing care has a significant relationship with nurse behavior in documenting nursing care. Good documenting behavior of nursing care is influenced by good intentions.

Behavioral intentions are at the core of planned behavior, but the cause of the intention is not just two (attitudes toward the documenting behavior of nursing care and subjective norms) but three with the included behavior control aspect (Perceived Behavioral Control). These three components interact and become determinants for the intention which in turn will determine whether the behavior in question in this case the behavior of the doctors will be done or not (Azwar, 2010).

Ajzen states that the intentions of a person's conduct will determine whether or not the behavior is performed (Ajzen, Albarracin, & Hornik, 2010). Intentions are motivational factors that have an effect on behavior, so people can expect others to do something based on their intensity. Generally, intentions have high correlation with behavior, therefore they can be used to predict behavior. The intention is measured by a procedure that places the subject in the subjective probability dimension

involving a relationship between itself and the action (Fishbein & Ajzen, 2010). Intention is also a determining factor whether the behavior in question in this case documenting the behavior of nursing care will be done or not (Azwar, 2010).

On the basis of the study, it is revealed that the intention of nurses in documenting nursing care has a significant relationship to the behavior of nurses in documenting nursing care. This relationship can be predicted that the intention as a motivational factor that determines a documented nursing care and to identify how strong a person's belief will apply a behavior and how much effort will be used to perform the behavior.

Less intentions produce poorly documented behavior, resulting in incomplete or empty documentation ranging from assessment, nursing diagnosis, plan, implementation and evaluation. Good intentions produce good documenting behavior, because good intentions can be motivational factors that have an effect on behavior.

Conclusion

Nurse's attitude is related to the intention in documenting nursing care in EU with positive relationship direction. The subjective norm is not related to the intention in documenting nursing care in the EU. PBC is related to the intention in documenting nursing care in the EU with positive relationship direction. Intention relates to the behavior of nurses in documenting nursing care in EU with positive relationship direction.

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Author Profile

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Figure 1. Structure of factor analysis related to nurse behavior in documenting nursing care.

Table 1. Sex, Age, and Respondents Education Data

	n	%
Gender		
Men	17	37,8
Woman	28	62,2
Education		
D3/ D4 Nursing	41	91,1
S1 Nursing	4	8,9
Age		
21-30 years old	25	55,6
31-40 years old	18	40
41-50 years old	2	4,4

Table 2. A. Belief Strength of the Nursing Behavior of Nursing Documentation at EU. B. Nursing Considerations about Outcome Evaluation Of Nursing Documentation Behavior at EU. C. Perception of Nurses About Social Support Against Documented Behavior of Nursing Care at EU. D. Nurses Motivation Comply with the Recommendation of Nursing Documentation Behavior in the EU. E. Nurses' Confidence About Easily Or No Nursing Documentation Behavior In the EU. F. Perceptions of Nurses EU About Promoters and Inhibitors of Nursing Documentation Behavior at the EU. G. Nursing Intention Against Nursing Documentation Behavior in EU.

A. Strong Confidence of Nurses Against Nursing Documentation in EU	Score	Category
The writing of nursing care in EU	151	Good
The nurse's responsibilities	167	Good
Spend time reaching goals	113	Enough
Legal protection	171	Good
Patient development monitoring	141	Good
The focus of care according to the patient's condition	114	Enough
Adding EU workload	100	Enough
Written proof of nurse's action	168	Good
Nurse and team communication	161	Good
Spending a lot of form	101	Enough
Mean	139	
B. The Nurse's Feelings About The Consequences That Will Be Generated	Score	Category
The writing of nursing care in ER	142	good
The nurse's responsibilities	143	good
Spend time reaching goals	112	enough
Legal protection	161	good
Patient development monitoring	145	good
The focus of care according to the patient's condition	141	good
Adding EU workload	101	enough
Written proof of nurse's action	158	good
Nurse and team communication	142	good
Spending a lot of form	111	enough
Mean	136	
C. Nurse Perceptions About Social Support	Score	Category
Nursing committee	141	enough
Head nursing	153	good
Head of outpatient	133	enough
The head of room EU	154	good
A colleague	152	good
Another health care team	127	enough
Mean	143	
D. Nurse Motivation Comply with Advice	Score	Category
The nursing committee	121	good
Head nursing	139	good
Head of outpatient	139	good
The head of room EU	141	good
A colleague	94	enough
Another health care team	94	enough
Mean	121	

E. Nurse Confidence About Easy or Not Behavior	Score	Category
Hospital regulation	146	good
The need for good legal proof of ethics	139	good
Obligations and responsibilities of the nurse	139	good
EU rooms are busy	108	enough
Supervision tops	138	good
Hospital accreditation and quality	145	good
Needs written communication	137	good
The nurse's knowledge of nursing documentation	141	good
Availability of good facilities	140	good
The patient's emergency condition	99	enough
Workload	96	enough
Time limitation	112	enough
Low rewards	109	enough
Mean	127	
F. Perception of the nurses of EUs on the promoters and inhibitors	Score	Category
Hospital regulation	137	good
The need for good legal proof of ethics	140	good
Obligations and responsibilities of the nurse	142	good
EU rooms are busy	102	enough
Supervision tops	137	good
Hospital accreditation and quality	136	good
Needs written communication	141	good
The nurse's knowledge of nursing documentation	136	good
Availability of good facilities	143	good
The patient's emergency condition	95	enough
Workload	100	enough
Time limitation	104	enough
Low rewards	106	enough
Mean	125	
G. Nurse's Intention To Document Behavior	Score	Category
Complete documentation, accurate in format	130	enough
Documentation according to nursing issues	148	good
Documentation according to diagnosis, priority, detail and clear	136	enough
The documentation describes independent action, collaboration	147	good
Complete documentation, accurate in format	152	good
Mean	143	

Table 3. Documentation Behavior of Nursing Care at EU.

Behavior Documenting nursing care in EU	Number of Documentation of Medical Record	
	f	%
Good	141	41.3
Enough	200	58.7
Total	341	100.0

Table 4. Description of Nursing Documentation Behavior at the EU

Description of behavior of nursing documentation in EU	Categori	Number of Documentation of EU Medical Record	
		f	%
Assessment	Good	235	68.9
	Enough	106	31.1
Diagnosis	Good	139	40.8
	Enough	202	59.2
Plan	Good	136	39.9
	Enough	205	60.1
Implementation	Good	261	76.5
	Enough	80	23.5
Evaluation	Good	219	64.2
	Enough	122	35.8

Table 5. Recapitulation of Hypotheses Test Result Analysis of Factor Associated With Nurse Behavior In Documenting Nursing Care at EU.

Relationship between variables		T-Statistics	Coefficient Line	Description
Attitude	Intention	2,335	0,024	significant
Subjective norm	Intention	1,414	0,164	significant
PBC	Intention	1,830	0,074	significant
Intention	Documentation Behavior	1,933	0,409	significant