

The Relationship Between Nurses' Knowledge Levels and Their 3S Competency (SDKI, SIKI, SLKI) as Standards for Nursing Care Documentation at Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo City



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ABSTRACT

Globally, nursing care documentation remains a major challenge, particularly in Indonesia, where variability and errors in practice highlight the need for evaluation. This study aimed to examine the relationship between nurses' knowledge levels and their 3S competency (SDKI, SIKI, SLKI) as a standard for nursing care documentation at Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo City. A cross-sectional observational design was conducted in inpatient wards with 116 nurses selected through proportionate random sampling. Data were collected using questionnaires assessing nurses' knowledge of 3S documentation standards and their documentation competency. Bivariate analysis using the Kendall Tau test revealed a significant positive relationship between knowledge and 3S competency ($p = 0.000 < 0.05$), indicating that higher knowledge levels are associated with better documentation performance. These findings suggest that nurses' understanding of the 3S standards is a key factor influencing their ability to accurately and effectively document nursing care, emphasizing the importance of education and training to enhance documentation quality.

Keywords:

Nursing documentation
Knowledge level
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SLKI

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INTRODUCTION

Nursing is an integral part of healthcare, aimed at fulfilling basic human needs, whether individuals are healthy or ill, to achieve optimal health status (Zahra, 2020). As a profession, nursing involves delivering healthcare actions based on scientific knowledge while bearing responsibility for these actions (Sari, 2020). Nursing care activities are documented and verified through nursing care documentation, which serves as evidence of the care provided (Gultom, 2018).

Globally, nursing care documentation remains a significant challenge. Research in the United States, Australia, and Europe shows that documentation rates are relatively low, often below 50% (Fitri & Ramadini, 2019). In Indonesia, documentation practices average 77%, which still falls short of the national health department standard of over 85% (Shewangizaw, 2015). Nursing documentation involves recording all activities performed during the nursing process for the benefit of patients, nurses, and healthcare teams (Yanti & Warsito, 2013). The



documentation process follows a continuous cycle, including assessment, nursing diagnosis, planning, intervention, implementation, and evaluation, with data obtained through direct or indirect interviews or questionnaires (Endang, 2020).

In Indonesia, the implementation of nursing care remains suboptimal, with low rates observed in assessment (45.5%), diagnosis formulation (37.7%), planning (22.2%), implementation (29.3%), evaluation (15.4%), and documentation (31.7%) (Agustina et al., 2021). To standardize nursing care and unify nursing principles, the Indonesian National Nurses Association (PPNI) introduced the 3S-based standards: Indonesian Nursing Diagnosis Standard (SDKI), Indonesian Nursing Intervention Standard (SIKI), and Indonesian Nursing Outcome Standard (SLKI) (PPNI, 2016). Documentation serves as critical evidence of nurses' performance, yet variations and errors in practice indicate the need for continuous evaluation (Putri, 2020). A nurse's ability to document care accurately is influenced by knowledge, skills, expertise, and formal training, which are most effective when initiated during education (Sukei, 2021).

Proper nursing documentation is essential for managerial purposes and serves to protect both patients and nurses (Nursalam, 2013). In Indonesia, clear, practical guidelines for nursing documentation across all healthcare levels are still lacking (Silalahi, 2020). Inadequate documentation can impede nurses' ability to justify their actions legally or professionally (Yuswandi, 2022). For instance, if family members dispute care delivery, insufficient documentation may place nurses at fault, whereas comprehensive documentation reflects care quality and accountability (Anita, 2023; Marbun, 2020).

Factors contributing to poor documentation include individual knowledge, psychological motivation, and organizational support (Isyawara, 2021). Limited knowledge can compromise care quality, continuity, accountability, and patient safety (Hidayat, 2023). Higher knowledge levels facilitate complete and responsible documentation practices (Isyawara, 2021). In response, PPNI issued SDKI in 2016, followed by SIKI and SLKI in 2018, to provide national reference standards for nursing diagnosis, interventions, and outcomes (Anastasia et al., 2023). Hospital nursing management and committees are responsible for ongoing education and dissemination of 3S standards to ensure nurses are competent and prepared to implement them (Anastasia et al., 2023).

At Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo, nurses hold Bachelor/Ners and Diploma III qualifications. Observations and interviews with 15 nurses on June 5, 2024, revealed that the hospital's nursing standards have not fully implemented 3S standards; some nurses still use NANDA, NIC, and NOC frameworks. While some nurses have received 3S training through seminars and formal education since 2019, knowledge remains uneven across staff.

Documentation serves as an indirect measure of healthcare quality, and adherence to standardized nursing documentation is essential for patient safety management (Zahra, 2020; Lubis, 2012). Although previous studies have examined nursing documentation, evidence regarding 3S implementation remains limited. Therefore, this study aims to investigate the relationship between nurses' knowledge levels and their 3S competency (SDKI, SIKI, SLKI) as

a standard for nursing care documentation at Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo City.

METHODS

Type and Design of Research

This study is a quantitative research, which is conducted to answer research questions following scientific principles that are clear, measurable, objective, systematic, and rational, and the research data are presented numerically and analyzed using statistical methods (Sugiyono, 2020). This study is observational with an analytical approach using a cross-sectional design. A cross-sectional study investigates the relationship or correlation between exposure (independent variable) and outcome or effect (dependent variable) (Sugiyono, 2020).

Study Location and Duration

The research was conducted at RSUD Prof. Dr. H. Aloei Saboe, Gorontalo City. The study was carried out from October to December 2024. The research process included proposal preparation, report writing, and publication of the scientific findings in December 2024.

Population and Sample

1. Population

The population consists of all subjects in the study, such as humans who meet predetermined inclusion criteria (Nursalam, 2020). In this study, the population included 163 nurses working in inpatient wards.

2. Sample

A sample is a part of the population that will be studied, representing the larger population (Hidayat, 2017). The Slovin formula was used to determine the sample size from the known population of 163 nurses, with a precision level of 5% (Sugiyono, 2020):

$$n = \frac{N}{1 + N(e)^2}$$

Where:

- n= sample size
- N = population size
- e= tolerated error (0.05)

$$n = \frac{163}{1 + 163(0.05)^2} = 116.42$$

Thus, the sample size was rounded to 116 respondents.

The sampling technique used was Proportionate Random Sampling, which ensures that all members of the population have an equal opportunity to be selected according to their proportion in each ward (Sugiyono, 2020; Hidayat, 2017). The sample distribution by ward is shown in Table 1.

Table 1. Room Sample

Ward	Number of Nurses	Sample Calculation	Sample
Interna	35	$35 \times 116 \div 163 = 24.90$	25
Surgery	30	$30 \times 116 \div 163 = 21.34$	21
Isolation	14	$14 \times 116 \div 163 = 9.96$	10
Pediatrics	18	$18 \times 116 \div 163 = 12.94$	13
VIP	25	$25 \times 116 \div 163 = 17.79$	18
ICU	20	$20 \times 116 \div 163 = 14.23$	14
Post-Op	21	$21 \times 116 \div 163 = 14.94$	15
Total	163		116

3. Sample Criteria

a. Inclusion Criteria

Inclusion criteria define the general characteristics that subjects must possess to be selected from the target population (Setyawan, 2017). The inclusion criteria for this study were:

1. Nurses working in inpatient wards.
2. Nurses actively providing healthcare services.
3. Nurses willing to participate, indicated by signing informed consent.
4. Nurses with education level D3 to D4/S1 Nursing/Ners.

b. Exclusion Criteria

Exclusion criteria refer to members of the population who cannot be selected as a sample (Setyawan, 2017). The exclusion criteria were:

1. Nurses on maternity or work leave.
2. Nurses attending study or training programs that take them away from duties.
3. Nurses who were ill.
4. Nurses who refused to participate.

Research Variables

1. Independent Variable

The independent variable is the factor that can influence other variables in the study (Nursalam, 2020). In this study, the independent variable was the level of knowledge.

2. Dependent Variable

The dependent variable is influenced by the independent variable (Nursalam, 2020). In this study, the dependent variable was the 3S competency (SDKI, SIKI, SLKI) as the standard for nursing care documentation.

Operational Definitions

Operational definitions describe how variables are measured based on observable characteristics (Hidayat, 2017), as shown in Table 2.

Research Instruments

The instrument is the tool used to measure research variables (Sugiyono, 2020). A questionnaire was used, adapted from Lutfiani and Mulyaning, covering:

1. Knowledge questionnaire (scores: Good, Fair, Poor)
2. 3S competency questionnaire (scores: Competent, Not Competent)

Validity and Reliability Testing:

1. Validity ensures the instrument measures what it intends to measure (Nursalam, 2020). Items with correlation $r \geq 0.30$ were considered valid (Sugiyono, 2020).
2. Reliability ensures consistency of responses. Cronbach's alpha was used: Knowledge questionnaire: $\alpha = 0.808$ (reliable) and 3S competency questionnaire: $\alpha = 0.913$ (reliable) (Hidayat, 2017).

Table 2. Operational Variable

Variable	Operational Definition	Instrument	Measurement Scale
Knowledge Level	Nurses' understanding in answering questions about nursing care documentation according to 3S standards at RSUD Prof. Dr. H. Aloei Saboe	Questionnaire	Ordinal (Good: 15-20; Fair: 10-14; Poor: 1-9)
3S Competency (SDKI, SIKI, SLKI)	Nurses' ability to implement nursing documentation based on 3S standards using case-based competency tests	Questionnaire	Ordinal (Competent: > mean; Not Competent: < mean)

Data Collection Techniques

According to Table 1, the necessary instruments and materials were prepared. The mangosteen peel extract and red dragon fruit peel extract were each dissolved in 5 mL of propylene glycol. The gelling agent, Carbopol 940, was then dispersed in warm distilled water (80°C) according to the concentration in each formulation and stirred continuously in a mortar to facilitate hydration and gel formation. Triethanolamine (TEA) was added gradually and triturated until a uniform gel mass was obtained. Separately, methyl paraben was dissolved in 5 mL of distilled water heated to 75°C and then combined with the remaining propylene glycol, stirring until homogeneous. The previously dissolved extracts were added into the gel base and mixed thoroughly until a uniform dispersion was achieved. Finally, the remaining distilled water was added to make up to 100 mL, and the mixture was stirred until homogenous (Lestari, 2024). The prepared gels were then transferred into tightly closed containers for further evaluation.

RESULTS AND DISCUSSION

Univariate Analysis

1. Respondent Characteristics

Based on the frequency distribution presented in Table 1, the majority of nurses working in the inpatient wards of Prof. Dr. H. Aloei Saboe Regional Hospital in Gorontalo City were female, accounting for 103 participants (88.8%), while only 13 participants (11.2%) were male. In terms of educational background, most respondents held a Bachelor of Nursing degree with a professional Ners qualification, totaling 64 nurses (55.2%). More than half of the respondents, specifically 80 nurses (69%), were within the age range of 22-32 years. A substantial proportion of respondents, amounting to 86 nurses (74.1%), had a work tenure of

0-10 years, and the majority were employed under honorary status, comprising 82 respondents (70.7%). Furthermore, more than half of the nurses (60 respondents, 51.7%) had never attended any training related to nursing documentation, whereas most respondents (107 nurses, 92.2%) reported having participated in socialization activities regarding the use of the 3S documentation module (SDKI, SIKI, and SLKI).

Table 1 Frequency Distribution of Nurse Characteristics at Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo City

Criteria	Frequency (f)	Percentage (%)
Gender		
Male	13	11.2
Female	103	88.8
Total	116	100
Education		
Diploma in Nursing (D3)	38	32.8
Applied Bachelor in Nursing (D4)	2	1.7
Applied Bachelor in Nursing (D4) + Registered Nurse	7	6.0
Bachelor of Nursing (S1)	5	4.3
Bachelor of Nursing (S1) + Registered Nurse	64	55.2
Total	116	100
Age		
22-32 years	80	69.0
33-42 years	29	25.0
43-52 years	7	6.0
Total	116	100
Length of Employment		
0-10 years	86	74.1
11-20 years	24	20.7
21-30 years	6	5.2
Total	116	100
Employment Status		
Honorary Staff	82	70.7
Non-ASN	1	0.9
Civil Servant (PNS)	27	23.3
Government Contract Staff (PPPK)	5	4.3
Contract Worker	1	0.9
Total	116	100
Training		
No	60	51.7
Yes	56	48.3
Total	116	100
Socialization		
No	9	7.8
Yes	107	92.2
Total	116	100

2. Knowledge Level

The distribution of nurses' knowledge levels regarding the 3S documentation system is presented in Table 2. Of the 116 respondents, 17 nurses (14.7%) demonstrated a low level of knowledge, while the majority—70 nurses (60.3%)—were categorized as having a moderate level of knowledge. Meanwhile, 29 respondents (25%) exhibited a high level of knowledge.

These findings indicate that although most nurses possess an adequate understanding of nursing documentation standards, a considerable proportion still requires improved knowledge to meet optimal documentation competencies.

Table 2 Frequency Distribution of Nurse Knowledge Levels at Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo City

Knowledge Level	Frequency (f)	Percentage (%)
Low	17	14.7
Moderate	70	60.3
High	29	25.0
Total	116	100

3. 3S Documentation Competence

As shown in Table 3, documentation competence among the respondents revealed that 55 nurses (47.4%) fell into the non-competent category, while 61 nurses (52.6%) were classified as competent in implementing the 3S documentation system. This distribution suggests that although more than half of the respondents have achieved competence in 3S documentation, nearly half still lack the required proficiency, indicating the need for supportive interventions such as training, mentorship, or continuous supervision.

Table 3 Frequency Distribution of 3S Documentation Competence at Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo City

Documentation Competence	Frequency (f)	Percentage (%)
Not Competent	55	47.4
Competent	61	52.6
Total	116	100

Bivariate Analysis

Based on the results presented in Table 4, the analysis demonstrates a significant relationship between nurses' knowledge levels and their competence in implementing 3S nursing documentation at Prof. Dr. H. Aloei Saboe Regional Hospital in Gorontalo City. Among the respondents with low knowledge levels (17 nurses), 14 nurses (12.1%) were categorized as non-competent, while only 3 nurses (2.6%) were competent. In the moderate knowledge category (70 nurses), the distribution was balanced, with 35 nurses (30.2%) classified as non-competent and 35 nurses (30.2%) as competent. Meanwhile, among those with high knowledge levels (29 nurses), 6 nurses (5.2%) were non-competent and 23 nurses (19.8%) were competent. The statistical test using Kendall's Tau produced a p-value of 0.000, which is lower than the significance threshold ($\alpha = 0.05$), indicating that the null hypothesis is rejected and confirming a statistically significant relationship between knowledge level and 3S documentation competence. The correlation coefficient was 0.364, suggesting a weak positive correlation. This means that although the strength of the relationship is categorized as weak, the direction of the relationship is positive, indicating that higher levels of knowledge are associated with a greater likelihood of being competent in performing 3S documentation. In practical terms, these findings imply that improving nurses' knowledge can contribute to

enhancing their documentation performance, although other supporting factors may also play a role.

Table 4 Correlation Between Knowledge Level and 3S Documentation Competence at Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo City

Knowledge Level	3S Documentation Competence	Total	P-value	Correlation Coefficient (r)
	Not Competent	Competent		
Low	14 (12.1%)	3 (2.6%)	17 (14.7%)	0.000
Moderate	35 (30.2%)	35 (30.2%)	70 (60.3%)	
High	6 (5.2%)	23 (19.8%)	29 (25%)	
Total	55 (47.4%)	61 (52.6%)	116 (100%)	

Respondent Characteristics

a. Gender

The findings indicate that the majority of respondents were female nurses (88.8%), while only a small proportion were male (11.2%). This aligns with the observations of Sujono (2019), who reported that the nursing profession is predominantly composed of women due to traditional perceptions linking caregiving roles with maternal instincts. Consequently, the number of male nurses tends to be significantly lower, which is further influenced by the higher proportion of female graduates produced by nursing education institutions. Similarly, Ilyas (2018) noted that gender differences may influence work motivation, although his study found no significant association between gender and documentation quality. In contrast, Nurniningsih (2017) identified an association between gender and nurse performance in an outpatient setting, suggesting that gender-related factors may influence certain job aspects. However, the present study assumes that gender does not directly influence the quality of nursing documentation. This interpretation is supported by Robbins and Timothy (2020), who argue that men and women generally do not differ in cognitive abilities, analytical skills, motivation, or problem-solving capacity within professional environments. Therefore, the researcher concludes that both male and female nurses have equal potential to perform nursing documentation according to standards.

b. Age

Most respondents were aged 22-32 years (69%), which falls within the young adult category. According to Robbins and Timothy (2020), individuals in this age range typically demonstrate peak physical and cognitive functioning, enabling them to apply their knowledge and skills optimally. Wahjudi (2018) also supports this by stating that young adults generally possess advanced cognitive abilities and moral reasoning. In line with these theories, Setiyaningsih et al. (2019) reported that age did not significantly influence nurses' performance in inpatient units, whereas Nurimi (2017) similarly found no meaningful association between age and work motivation among nurses. Consistent with these findings, the present study assumes that all adult age groups are capable of performing nursing documentation adequately, and age alone does not significantly determine documentation quality.

c. Education Level

More than half of the respondents held a Bachelor of Nursing degree with professional registration (S1 + Ners). This finding corresponds with Yanti et al. (2016), who reported that education level does not significantly influence the quality of nursing documentation. Higher education is generally associated with improved knowledge, competence, and readiness to assume responsibilities, which can positively influence nursing practice (Henderson 2015). However, the current study assumes that although higher education enhances theoretical and practical knowledge, it does not automatically guarantee better documentation performance. Instead, factors such as motivation, workplace support, and continuous supervision may play more substantial roles in determining documentation quality. Nevertheless, nurses with higher educational attainment may exhibit greater confidence and initiative in improving the quality of nursing documentation.

d. Length of Employment

The majority of nurses had worked for 0-10 years (74.1%). Yanti et al. (2016) reported that length of employment did not significantly influence documentation quality, consistent with the findings of this study. Mardhatillah (2018) explained that nurses with more than five years of service may experience job saturation or burnout, potentially reducing their enthusiasm for completing documentation tasks. The present study assumes that length of employment alone does not determine documentation quality, as other factors—such as workload, supervision, and supportive work environments—may be more influential in encouraging consistent and accurate documentation practices.

e. Employment Status

A large proportion of respondents were honorary staff (70.7%). Research by Fithriyani et al. (2017) found no significant relationship between employment status and documentation quality. Similarly, Setiawan et al. (2018) emphasized that although permanent employees may experience greater job security than honorary staff, documentation practices are more strongly influenced by competence and training than employment status. Based on these findings, the researcher assumes that both honorary and permanent nurses can produce high-quality documentation, provided they receive adequate training, supervision, and institutional support. Employment status alone is not sufficient to determine performance outcomes in nursing documentation.

f. Training Participation

More than half of the respondents (51.7%) had never received formal training on nursing documentation. Sulastri (2019) found that training did not significantly improve documentation skills due to limited implementation of training content in daily practice, often caused by heavy workloads and inadequate supervision. This finding is also supported by Yunita et al. (2018), who argued that training without follow-up reinforcement and supportive systems fails to produce meaningful improvements in documentation quality. Based on these insights, the present study assumes that training in isolation does not automatically enhance documentation competence. Effective improvement requires consistent practice, supportive supervision, and periodic evaluation to ensure that training outcomes are integrated into daily nursing care.

g. Socialization

Most respondents (92.2%) had attended socialization sessions on the 3S documentation system (SDKI, SIKI, SLKI). However, studies by Apriliani et al. (2020) indicated that routine socialization alone does not significantly improve documentation quality due to heavy workloads and lack of structured follow-up. This is further supported by findings from La Ode et al. (2021), who reported that although nurses may understand the content presented during socialization sessions, practical implementation often remains limited due to time constraints, insufficient resources, and high patient-to-nurse ratios. The present study assumes that socialization serves primarily as an informational activity and is insufficient to improve competence unless accompanied by hands-on training, supervision, and periodic assessments.

The findings of this study demonstrate a significant relationship between nurses' knowledge levels and their competence in implementing 3S-based nursing care documentation (SDKI, SIKI, SLKI) at Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo City. The statistical analysis using Kendall's Tau revealed a p-value of 0.000 ($p < 0.05$), confirming that nurses with higher knowledge levels are more likely to demonstrate competent documentation practices. Although the correlation strength is categorized as weak ($\tau = 0.364$), the positive direction indicates that improved knowledge contributes meaningfully to enhancing documentation quality. These results reinforce the understanding that documentation competence is not achieved solely through routine clinical practice but requires a solid conceptual foundation regarding standards and procedures.

The observation that nurses with low knowledge levels exhibited predominantly non-competent documentation highlights ongoing challenges in maintaining uniform documentation standards across inpatient units. This aligns with longstanding issues in Indonesia and other developing countries, where variability, incompleteness, and inconsistency in nursing documentation remain significant concerns despite regulatory guidelines. Adequate knowledge appears to serve as a prerequisite for accurate identification of nursing diagnoses (SDKI), formulation of nursing interventions (SIKI), and evaluation of outcomes (SLKI). In contrast, limitations in foundational understanding predispose nurses to errors such as incomplete recording, improper selection of standardized terminology, or noncompliance with procedural documentation flow.

Meanwhile, the balanced distribution of competence among nurses with moderate knowledge suggests that knowledge alone may not fully determine documentation performance. Factors such as workload, time constraints, availability of supervision, familiarity with electronic documentation systems, and unit-specific routines may contribute to inconsistent documentation behavior. Nurses with high knowledge, however, showed a clear dominance of competent documentation, indicating that strong mastery of 3S standards provides both confidence and ability to apply structured documentation reliably in clinical settings. This pattern reinforces the central role of targeted training and continuing professional development in elevating documentation competencies.

Overall, the findings emphasize that improving nurses' knowledge of the 3S standards is essential for enhancing documentation quality. However, knowledge enhancement should be accompanied by supportive organizational strategies such as regular training workshops, competency audits, managerial supervision, and the incorporation of standardized documentation tools. Strengthening these components is expected to not only improve

compliance but also ensure that nursing documentation fulfills its intended functions—providing legal accountability, supporting continuity of care, improving communication among healthcare providers, and contributing to patient safety and clinical decision-making.

CONCLUSIONS

The study concluded that the majority of inpatient nurses at Prof. Dr. H. Aloei Saboe Regional Hospital were female, aged 22–32 years, and held a Bachelor of Nursing with Ners qualification. Most nurses demonstrated a moderate level of knowledge regarding 3S nursing documentation (SDKI, SIKI, SLKI), with slightly over half showing competent documentation skills. Bivariate analysis revealed a significant positive correlation between nurses' knowledge level and their 3S documentation competence, indicating that higher knowledge contributes to better documentation practices. These findings highlight the importance of targeted education and continuous training to improve nursing documentation quality and overall patient care standards.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

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