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Identification of The Relationship Between Behavioral Theory And Nurses' Intention in Documenting Nursing Care Using The Theory Of Planned Behavior in The Integrated Inpatient Care Unit Building A RSCM

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Abstract: Nursing documentation is an important aspect of health services. This study aims to analyze the perception of nurses in RSCM regarding the importance of documentation, attitudes towards documentation, and factors that affect documentation practices. This study used a quantitative descriptive design with a cross-sectional approach. The research sample is all nurses at RSCM. Data collection was carried out through questionnaires. The results of the study show that most of the nurses in Building A RSCM strongly agree with the importance of nursing documentation and realize that good documentation can improve the quality of patient service. This is indicated by the r-table ≥ calculation with 15 items that have been declared valid. With KMO values of 0.772, 0.696, and 0.624 above 0.5 with a significance value (Sig.) of 0.000. In addition, there is a positive correlation between subjective norms and attitudes. The relationship between attitudes and subjective norms is quite strong. The majority of nurses also have a positive attitude towards documentation, such as being confident, consistent, and having good intentions. Factors that influence documentation practices include: a supportive work environment, availability of assistive devices, sufficient time, and support from colleagues. Integrated inpatient nurses in Building A of RSCM have a high awareness of the importance of nursing documentation. Positive attitudes and support from the work environment are important factors in improving the quality of documentation. However, there are still several obstacles that need to be considered, such as limited time and lack of priority in documentation.

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Introduction

Nurses have a very vital role in providing health services, one of which is in terms of nursing care documentation. Accurate and timely documentation is an important part of the nursing process, because it is a means of communication between health workers, legal evidence, and a means of evaluating and improving the quality of health services (Minannisa, 2020; Manurung et al., 2023). In addition, documentation also has an important role in ensuring that every nursing action can be accounted for, both in terms of law and professionalism, and supports decision-making in patient care (Prastiwi et al., 2023; Kurniasari & Ilham, 2022).

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However, although nursing documentation has a very important role, research shows that nurses' compliance in documenting nursing care is still less than optimal. Many factors influence nurses' behavior in documentation, such as knowledge, attitudes, workload, and motivation of nurses in carrying out this task (Budianto in Syafawani, 2020; Dian Fadilah et al., 2020). One approach that can be used to understand the factors that influence nurses' intentions in carrying out documentation is the Theory of Planned Behavior (TPB), developed by Ajzen (1991). TPB states that individual behavior is influenced by intentions driven by attitudes, subjective norms, and behavioral control possessed by the individual.

In the context of nursing, this theory can help explain how nurses' attitudes towards documentation, social norms in the hospital environment, and the control felt by nurses can influence their intentions to document nursing care properly and correctly. Thus, this study focuses on identifying factors that influence nurses' intentions in carrying out nursing documentation in the Integrated Inpatient Unit Building A of Cipto Mangunkusumo Hospital (RSCM), which has problems in terms of completeness of documentation. Based on data obtained from the Integrated Inpatient Unit Building A in May 2022, the completeness of nursing care documentation was recorded at only 53.21%, which is included in the poor category.

Through this study, it is expected to find a relationship between nurses' attitudes, subjective norms, and behavioral control with nurses' intentions in documenting nursing care, and how these intentions ultimately influence actual documentation behavior. This study is important to provide a clearer picture of the factors that influence nurses' documentation behavior, as well as being the basis for developing interventions that can improve the quality of nursing documentation in hospitals. Based on the background that has been explained, this study poses several research questions as follows:

1. Is the attitude of nurses related to the intention of nurses in documenting nursing care?
2. Is the subjective norm related to the intention of nurses in documenting nursing care?
3. Is the perceived behavioral control related to the intention of nurses in documenting nursing care?
4. Is the intention of nurses related to the behavior of nurses in documenting nursing care?

Research Method

This study uses a quantitative method with an explanatory approach, which aims to test and strengthen the hypothesis in order to strengthen the theory used, especially the Theory of Planned Behavior. According to Singarimbun (1989), explanatory research emphasizes the relationship between research variables by testing hypotheses and describing the relationship between variables more clearly. This study aims to explain the relationship between behavioral theory and nurses' intentions in documenting nursing.

The study was conducted at the Integrated Inpatient Building A, Cipto Mangunkusumo Hospital (RSCM) in Central Jakarta in 2023, with a research period of three months. The data used in this study consisted of primary and secondary data. Primary data were obtained through questionnaires distributed to 100 nurses at RSCM, while secondary data were obtained through in-depth interviews, personal documentation, and direct observation at the research location. Data collection methods involved surveys, in-depth interviews, observations, and documentation, which were used to explore information about nurses' behavior in documenting nursing.

For data collection, researchers used a questionnaire compiled using a Likert scale of 1-5 to measure attitudes, intentions, behavioral control, and subjective norms that influence nurses'

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intentions. The survey method was used to collect information from a representative sample (Fraenkel & Wallen, 2011; Trianto, 2011; Cohen & Manion, 2003), while in-depth interviews provided deeper insight into nurses' views on nursing documentation (Sutopo, 2006; Esterberg, 2002; Moleong, 2005). Direct observation was conducted to observe nurses' behavior in a real context (Christensen, 2021; Hadi, 2021; Creswell, 2021), and documentation was used to support evidence from observations made (Mahon, 2024; Nicholas, 2024; Rappaport, 2024).

The population in this study was 420 nurses working in Integrated Inpatient Building A RSCM, with samples taken using a simple random sampling method, resulting in 81 samples based on calculations using the Slovin formula. To test the quality of the data, a validity test was carried out using factor analysis with the help of IBM SPSS 26 software, as well as a reliability test using Cronbach's alpha (Ghozali, 2005). This study also includes classical assumption tests such as normality, multicollinearity, and heteroscedasticity tests to ensure the validity of the regression model used (Sugiyono, 2017).

Data analysis was carried out using descriptive analysis to describe the characteristics of respondents and the results of the questionnaire answers. In addition, this study also used multiple linear regression analysis to test the effect of independent variables (attitude, behavioral control, subjective norms, and intentions) on nurses' intentions in documenting nursing. The F test was conducted to see the simultaneous effect of all independent variables, while the t test was conducted to see the partial effect of each variable on the dependent variable. Finally, the coefficient of determination was used to measure the contribution of independent variables to the dependent variable.

Result and Discussion

Validity and Reliability Test

The validity and reliability test was conducted to determine whether the questionnaire was valid or not. The researcher used IBM SPSS 26 with 81 respondents.

a. Validity Test

The questionnaire is said to be valid if the r-calculation value > r-table with a significance level of 0.05, namely 0.213.

Table 1. Validity test

No	Variable	Item	r count	r table	information
A	Attitude (X1)	P1	0,745	0,482	Valid
		P2	0,705	0,482	Valid
		P3	0,773	0,482	Valid
B	Behavioral control (X2)	P4	0,629	0,482	Valid
		P5	0,764	0,482	Valid
		P6	0,832	0,482	Valid
C	Subjective norm (X3)	P7	0,744	0,482	Valid
		P8	0,739	0,482	Valid
		P9	0,764	0,482	Valid
D	Intention (X4)	P10	0,706	0,482	Valid
		P11	0,686	0,482	Valid
		P12	0,617	0,482	Valid
E	Nurse behavior in nurse	P13	0,556	0,482	Valid

documentation (Y)	P14	0,605	0,482	Valid
	P15	0,521	0,482	Valid

b. Reliability Test

A variable is said to be reliable if it provides a Cronbach Alpha value >. The output results of SPSS version 26 show that Cronbach Alpha 0.775 > 0.60. So it can be concluded that the questionnaire construct which is the dimension of the attitude variable, subjective norms, behavioral control, behavior, and intention in nursing documentation is reliable.

c. Descriptive analysis

Respondent Characteristics Analysis

This overview of respondents aims to determine the characteristics of nurses who are respondents. The classification of respondents is based on gender, age, and length of service. Based on the results of the study that has been carried out in the Inpatient Unit of Building A RSCM Jakarta during April 2024 with 100 questionnaires that have been distributed and obtained 84 respondents through the filled questionnaires, the characteristics of the respondents can be described as follows:

1. Respondent Analysis Based on Gender.

Table 2. Analysis by Gender

JENIS_KELAMIN

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Pria	18	21.4	21.4	21.4
	Wanita	66	78.6	78.6	100.0
	Total	84	100.0	100.0	

Table 2. shows that female nurses are more dominant than male nurses. Of the 84 respondents, there were 66 women or 78.6% while 18 men or 21.4%. This shows that the nursing profession is still considered more suitable for women than men. This difference in numbers can be a consideration in planning future nursing recruitment programs. In addition, the difference in the number of female and male nurses can also affect the dynamics of the work team in hospitals or health centers. It is important to pay attention to gender equality in career development in the health sector.

2. Respondent Characteristics Based on Age

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Table 3. Respondent Characteristics Based on Age

UMUR

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	22	1	1.2	1.2	1.2
	23	1	1.2	1.2	2.4
	24	5	6.0	6.0	8.3
	25	4	4.8	4.8	13.1
	26	10	11.9	11.9	25.0
	27	3	3.6	3.6	28.6
	28	1	1.2	1.2	29.8
	29	2	2.4	2.4	32.1
	30	4	4.8	4.8	36.9
	31	3	3.6	3.6	40.5
	32	2	2.4	2.4	42.9
	33	2	2.4	2.4	45.2
	34	4	4.8	4.8	50.0
	35	6	7.1	7.1	57.1
	36	2	2.4	2.4	59.5
	37	5	6.0	6.0	65.5
	38	1	1.2	1.2	66.7
	43	4	4.8	4.8	71.4
	45	3	3.6	3.6	75.0
	46	6	7.1	7.1	82.1
	48	1	1.2	1.2	83.3
	49	3	3.6	3.6	86.9
	50	1	1.2	1.2	88.1
	51	2	2.4	2.4	90.5
	53	6	7.1	7.1	97.6
	56	1	1.2	1.2	98.8
	58	1	1.2	1.2	100.0
	Total	84	100.0	100.0	

From table 3, the most dominant age of nurses is 26 years old with a total of 10 people or 11.9%. Meanwhile, nurses aged 35, 46, and 53 years are in second place dominantly or around 7.1%. On the other hand, the most dominant nurses with low numbers include those aged 22, 23, 28, 38, 48, 50, 56, and 58 years. The most dominant age of nurses with low numbers ranges from 22 to 58 years old, with the number of nurses in each age group being no more than 5 people. This shows a fairly even age variation among the nurses in the table. It can be concluded that the distribution of the age of nurses in the table is quite even, with no age group having a significant number of nurses. This even age variation can reflect the inclusiveness and diversity of the nursing staff.

3. Respondent Characteristics Based on Length of Service

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Table 4. Respondent Characteristics Based on Length of Service

MASA_KERJA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<2 Thn	11	13.1	13.1	13.1
	2-5 Thn	5	6.0	6.0	19.0
	5-8 Thn	1	1.2	1.2	20.2
	8-10 Thn	1	1.2	1.2	21.4
	10-15 Thn	10	11.9	11.9	33.3
	20-30 Thn	1	1.2	1.2	34.5
	<40 Thn	1	1.2	1.2	35.7
	9	4	4.8	4.8	40.5
	10	10	11.9	11.9	52.4
	11	3	3.6	3.6	56.0
	13	2	2.4	2.4	58.3
	14	5	6.0	6.0	64.3
	15	4	4.8	4.8	69.0
	16	2	2.4	2.4	71.4
	19	1	1.2	1.2	72.6
	20	6	7.1	7.1	79.8
	21	1	1.2	1.2	81.0
	26	5	6.0	6.0	86.9
	27	3	3.6	3.6	90.5
	28	3	3.6	3.6	94.0
	30	1	1.2	1.2	95.2
	32	3	3.6	3.6	98.8
	39	1	1.2	1.2	100.0
	Total	84	100.0	100.0	

Based on table 4, most individuals have a working period of between 10-15 years or less. Only a few individuals have a working period of more than 20 years. This distribution suggests that many individuals may still be in the early stages of their careers or have changed jobs several times.

4. Analysis of Respondents' Answer Statements

Table 5. Analysis of Respondents' Answer Statements

Statistics														
		Attitude		Behavioural control		Subjective norm		Intention		Nurse behavior in nurse documentation				
N	Valid	84	84	84	84	84	84	84	84	84	84	84	84	84
	Missing	0	0	0	0	0	0	0	0	0	0	0	0	0
Mean		4.17	4.07	4.18	4.01	4.06	4.39	4.13	4.26	4.29	3.98	4.15	4.17	4.17
Std. Deviation		.789	.773	.794	.814	.782	.712	.788	.778	.754	.776	.799	.804	.804
Range		2	2	2	2	2	2	2	2	2	2	2	2	2
Minimum		3	3	3	3	3	3	3	3	3	3	3	3	3
Maximum		5	5	5	5	5	5	5	5	5	5	5	5	5

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4.1. Attitude Description

Based on table 4, the attitude variable shows that the minimum score is 6 and the maximum score is 10 with a range of 4. The average answer score for the variable is 8.24 and the standard deviation is 1.562 so that the standard deviation is smaller than the average value. This shows that the distribution of data based on respondents' perceptions of the attitude variable (X1) in integrated inpatient care at Building A RSCM is even.

4.2. Behavioral Control Description

Based on table 4, the attitude variable shows that the minimum score is 6 and the maximum score is 10 with a range of 4. The average answer score for the variable is 8.45 and the standard deviation is 1.494 so that the standard deviation is smaller than the average value. This shows that the distribution of data based on respondents' perceptions of the behavior variable (X3) in integrated inpatient care at Building A RSCM is even.

4.3. Description of Subjective Norms

From table 4, the subjective norm variable shows that the minimum score is 6 and the maximum score is 10 with a range of 4. The average answer score of the variable is 8.19 and the standard deviation is 1.608 so that the standard deviation is smaller than the average value. This shows that the distribution of data based on respondents' perceptions of the subjective norm variable (X2) in integrated inpatient care at Building A RSCM is even.

4.4 Description of Intention

Based on table 4, the intention variable shows that the minimum score is 6 and the maximum score is 10 with a range of 4. The average answer score of the variable is 8.39 and the standard deviation is 1.566 so that the standard deviation is smaller than the average value. This shows that the distribution of data based on respondents' perceptions of the intention variable (X4) in integrated inpatient care at Building A RSCM is even.

4.5. Description of Nurses' Behavior in Nursing Documentation

Based on table 4, the attitude variable shows that the lowest score is 6 and the highest score is 10 with a range of 4. The average answer score for this variable is 20.76 and the standard deviation is 3.937 so that the standard deviation is smaller than the average value. This shows that the distribution of data based on respondents' perceptions of the nurses' behavior variable in nursing documentation (X5) in integrated inpatient care Building A RSCM is even.

5. Descriptive Variable Analysis (Index)

Descriptive variable analysis is used to determine respondents' answers to statements contained in the questionnaire concerning attitudes, subjective norms, behavior, intentions, and nursing documentation. The analysis used is the respondent answer index analysis. This analysis is used to obtain the tendency of answers given by respondents to each variable studied.

The basis for interpreting the index in this study is:

20.00 - 46.66 = Low
46.67 - 73.33 = Medium
73.34 - 100.00 = High

5.1 Description of Attitude Variable (X)

Descriptive analysis of the research variables was conducted on the nursing documentation variables consisting of 5 dimensions, namely concerning attitudes, subjective norms, behavioral control, intentions and nursing documentation. Respondents' answers regarding this service quality

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variable, after being processed with IBM SPSS version 26 and the results of the descriptive analysis calculations carried out on nursing documentation are as follows:

Table 6. Results of Analysis of Attitude Variable (X1)

statements	Score					amount*	Index**	criteria
	1	2	3	4	5			
P1			20	30	34	84	70	Moderate
			60	120	170	350		
P2			22	34	28	84	55,2	Moderate
			66	136	140	276		
P3			20	29	35	84	70,2	Moderate
			60	116	175	351		
Amount							195,4	
Average***							65	Moderate
Note: *: Accumulation of answer frequencies multiplied by each score **: Total (*) divided by 5 (Score level) ***: Accumulated index value (**) of all statements divided by the number of statements								

Table 7. Results of Analysis of Behavioral Control Variables (X2)

Statement	Score					Amount*	Index**	Criteria
	1	2	3	4	5			
P4			27	29	28	84	42,2	Low
			81	116	140	211		
P5			23	33	28	89	67,6	Moderate
			66	132	140	338		
P6			11	29	44	84	73,8	High
			33	116	220	369		
Amount							183,8	Moderate
Average***							61	
Note: *: Accumulation of answer frequencies multiplied by each score **: Total (*) divided by 5 (Score level) ***: Accumulated index value (**) of all statements divided by the number of statements								

Table 8. Results of Subjective Norm Variable Analysis (X3)

Statements	Score					Amount*	Index**	Criteria
	1	2	3	4	5			
P7			21	31	32	84	69,4	Moderate
			63	124	160	347		
P8			17	28	39	84	71,6	Moderate
			51	112	195	358		
P9			25	26	33	84	58,8	Moderate
			75	104	165	294		
Amount							199,8	Moderate

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Average***	66,6	
Note: *: Accumulation of answer frequencies multiplied by each score **: Total (*) divided by 5 (Score level) ***: Accumulated index value (**) of all statements divided by the number of statements		

Table 9. Results of Analysis of Intention Variable (X4)

Statements	Score					Amount*	Index**	Criteria
	1	2	3	4	5			
P10			12	34	38	74	77,8	High
			36	136	190	389		
P11			15	30	39	84	72	Moderate
			45	120	195	360		
P12			26	34	24	84	66,8	Moderate
			78	136	120	334		
Amount							216,6	Moderate
Average***							72	
Note: *: Accumulation of answer frequencies multiplied by each score **: Total (*) divided by 5 (Score level) ***: Accumulated index value (**) of all statements divided by the number of statements								

Table 10. Results of Analysis of Nurse Behavior Variables in Nursing Documentation (Y)

Statements	Score					Amount*	Index**	Criteria
	1	2	3	4	5			
P13			21	29	34	84	69,8	Moderate
			63	116	170	349		
P14			21	28	35	84	70	Moderate
			63	112	175	350		
P15			21	28	35	84	58,8	Moderate
			63	112	175	350		
Amount							198,6	Moderate
Average***							66	
Note: *: Accumulation of answer frequencies multiplied by each score **: Total (*) divided by 5 (Score level) ***: Accumulated index value (**) of all statements divided by the number of statements								

d. Classical Assumption Test

Uji Normalitas

The Kolmogorov-Smirnov test with SPSS 26 software is used to test whether the data is normally distributed. The results of the normality test can be seen in the table below:

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Table 11. Results of Normality Test (One Sample-Kolmogorov Smirnov)

Tests of Normality						
	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Unstandardized Residual	.081	84	.200*	.970	84	.045
*. This is a lower bound of the true significance.						
a. Lilliefors Significance Correction						

The results of table 11 show that the significance value is 0.200 > 0.05, so it can be concluded that the data has a normal distribution.

Uji Multikolinieritas

To determine whether or not there is a correlation between independent variables in a linear regression model, a multicollinearity test is used using IBM SPSS 26 software. The results of the multicollinearity test can be seen in the table below:

Table 12. Multicollinearity Test Results

Model		Collinearity Statistics	
		Tolerance	VIF
1	(Constant)		
	Attitude	.392	2.551
	Behavioural control	.388	2.577
	Subjective norm	.573	1.745
	Intention	.496	2.016
a. *Dependent Variable*: Nurse Behavior in Nursing Documentation			

From table 12 above, it can be seen that the regression model does not experience symptoms of multicollinearity. This can be seen in the tolerance value of each variable which is greater than 0.10. Likewise with the VIF value, each variable shows a value of less than 10.00. so it can be concluded that there are no symptoms of multicollinearity between the independent variables of the regression model.

Heteroscedasticity Test

Table 13. Glejser Test Results

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.192	1.398		-.137	.891
	Attitude	.354	.176	.347	2.012	.048
	Behavioural control	-.208	.185	-.195	-1.125	.264
	Subjective norm	-.103	.187	-.079	-.552	.582
	Intention	.291	.167	.268	1.747	.085
a. Dependent Variable: Abs_Res						

Table 13 shows that the significance value of attitude is 0.48 > 0.05, subjective norm is 0.264 > 0.05, behavioral control is 0.582 > 0.05, behavior is 0.570 > 0.05, and intention is 0.085 > 0.05, which means that there are no symptoms of heteroscedasticity in the regression model.

e. Hypothesis Testing

Multiple Linear Analysis

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Table 14. Alpha Coefficient Table

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.192	1.398		.137	.891
	Attitude	.354	.176	.347	2.012	.048
	Behavioral control	.208	.185	.195	1.125	.264
	Subjective norm	.103	.187	.079	.552	.582
	Intention	.291	.167	.268	1.747	.085
a. Dependent Variable: Nurse Behavior in Nursing Documentation						

Based on the output of IBM SPSS 26 software, the coefficient statistic table, then the multiple linear regression equation can be formulated as follows:

Y= 0.192 + 0.354 X1+ 0.208X2 + 0.103 + 0.084 + 0.291 + e

From the equation above, it can be concluded that:

1) The constant value α= 0.192 indicates that Y (nursing documentation) will be constant at 0.192 if not influenced by variables X1 (Attitude), X2 (Behavioral Control), X3 (Subjective Norm), and X4 (Intention).

The magnitude of the regression coefficient β1 is 0.354, this means that by increasing variable X1, it will increase variable Y (nurse behavior in nursing documentation) linearly by 0.354. And vice versa, if variable X1 decreases, then variable Y will also decrease.

a. The magnitude of the regression coefficient β2 is 0.208, this shows that with the increase in variable X2 (behavioral control) it will increase variable Y (nurse behavior in nursing documentation) linearly by 0.208. and vice versa if variable X2 decreases, then variable Y will also decrease.

b. The magnitude of the regression coefficient β3 is 0.103, this shows that with the increase in variable X3 (subjective norm) it will increase variable Y (nurse behavior in nursing documentation quality) linearly by 0.208. and vice versa if variable X3 decreases, then variable Y will also decrease.

c. The magnitude of the regression coefficient β4 is 0.084, this shows that with the increase in variable X4 (intention) it will increase variable Y (nurse behavior in nursing documentation) linearly by 0.084. and vice versa if variable X4 decreases, then variable Y will also decrease.

F Test (Simultaneous Significance Testing)

Table 15. Anova table

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13.130	5	2.626	1.509	.197[b]
	Residual	135.745	78	1.740		
	Total	148.875	83			
a. Dependent Variable: Documentation Quality						
b. Predictors: (Constant), Attitude, Subjective Norm, Behavioral Control, Behavior, Intention						

From the output results in table 17, it can be seen that the significance value is 1.97 > 0.05. It can be concluded that Ho is accepted and H1 is rejected, which means that the documentation quality variable (X) consisting of attitude variables (X1), subjective norms (X2), behavioral control (X3),

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behavior (X4), and intention (X5) simultaneously does not have a positive and significant effect on the nurse's behavior variable in nursing documentation.

T Test (Partial Testing)

From table 14 (alpha coefficient table) above, it can be seen that:

a. Attitude Variable (X1)

Significance value 0.048 > 0.05. So Ho is accepted and H1 is rejected, which means that the X1 variable (attitude) has a positive and significant partial effect on the Y variable (nurse behavior in nursing documentation).

b. Behavioral Control Variable (X2)

Significance value 0.264 > 0.05. So Ho is accepted and H1 is rejected, which means that variable X2 (subjective norm) has a positive but partially insignificant effect on variable Y (nurse behavior in nursing documentation).

c. Subjective Norm Variable (X3)

Significance value 0.582 > 0.05. So Ho is accepted and H1 is rejected, which means that variable X3 (behavioral control) has a positive but partially insignificant effect on variable Y (nurse behavior in nursing documentation).

d. Intention Variable (X4)

Significance value 0.085 > 0.05. So Ho is accepted and H1 is rejected, which means that variable X5 (intention) has a positive but partially insignificant effect on variable Y (nurse behavior in nursing documentation).

Based on the results of the Standardized Coefficient Beta test as seen in table 16, the variable that has the most dominant effect on nurse behavior in nursing documentation (Y) is X1 (attitude) with a regression coefficient value (β) of 0.347.

Coefficient of Determination (R^2)

Tabel 16. Model Summary

Model Summary[b]				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.410[a]	.168	.115	2.395

a. Predictors: (Constant), Attitude, Behavioral Control, Subjective Norm, Intention.

a. The R value indicates a relationship between the independent and dependent variables. The data processing output shows an R value of 0.410, which means a low level of relationship between the predictor variables (X1, X2, X3, X4) and the variable (Y) of nurse behavior in nursing documentation.

b. The R Square and Adjusted R-Square values are both used to evaluate the suitability of the regression model. R Square represents the proportion of the dependent variable variance explained by the independent variable. While the adjusted R Square considers the number of predictors in the model and penalizes excessive variables. Thus providing a more accurate measure of model suitability. In other words, the Adjusted R Square value is more suitable for finding out how the independent variable explains the dependent variable or the extent of the independent variable's contribution to the dependent variable if the researcher uses more than 2 independent variables. The results of data processing show the Adjusted R Square value = 0.115 which means that the

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independent variables (X1, X2, X3, X4) cannot explain the nurse behavior variable in nursing documentation (Y) by 11.5%, while 88.5% is explained by other factors.
c. Standard Error Estimate (SEE) = 2.395 shows the level of linear regression error, the smaller the regression equation number the better.

This study focused on nurses in Integrated Inpatient Building A RSCM Jakarta, with the aim of examining the factors that influence nurses' intentions and behavior in nursing documentation. Nursing documentation plays an important role in the quality of health services, and the influence of psychological factors and nurses' attitudes in documenting is very vital.

Respondent Characteristics

The respondents in this study were 84 nurses, with characteristics of 78.6% women and 21.4% men, and a varied distribution of age and length of service. The dominant age was 26 years (11.9%), and most nurses had a work period of less than 2 years (13.1%). These results indicate that the majority of nurses are young and dominated by women, who tend to be neater and more disciplined in nursing documentation.

Influence of Attitude Variables

The results of the regression test showed that nurses' attitudes had a positive and significant influence on nurses' intentions in nursing documentation ($p = 0.048$, $\beta = 0.192$). This study is in line with previous studies (Amalia & Yusti Prabawati, 2019) which stated that attitudes are closely related to intentions in nursing documentation. Positive attitudes, such as attention to documentation quality, influence nurses' decisions to systematically document patient information. However, the attitude factor only contributes 11.5% to nurses' intentions, while the rest is influenced by other factors that were not studied.

Influence of Behavioral Control Variables

The behavioral control dimension shows a positive influence on nurses' intentions, although not significant ($p = 0.264$). Behavioral control, which includes the nurse's ability to manage behavior and emotions in stressful situations, contributes positively to documentation intentions. However, its influence is not strong enough to be the main factor in influencing documentation quality. This is in line with the research of Batulingas et al. (2023), which shows that behavioral control influences nurses' intentions, but not significantly.

Influence of Subjective Norm Variables

The subjective norm variable shows a positive but not significant influence on nurses' intentions ($p = 0.264$). Subjective norms reflect nurses' perceptions of support or expectations from colleagues and the surrounding environment in carrying out nursing documentation. This study found that nurses have internal motivation and normative beliefs to maintain the quality of documentation even though the influence of their social environment is relatively small. These results are in accordance with the research of Nuryanti et al. (2023), which showed the influence of subjective norms on nurses' behavior.

The Influence of Intention on Nurses' Behavior in Nursing Documentation

The intention dimension showed a positive influence on nurses' behavior in nursing documentation, although not significant ($p = 0.085$). A sincere and committed intention to documentation affects its quality, although it is not always translated directly into perfect actions. These results support previous studies (Putri, 2018; Potter & Perry, 2019), which emphasize the importance of intention in quality nursing actions.

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This study shows that nurses' attitudes have a significant effect on nursing documentation intentions, while behavioral control and subjective norms make positive contributions, although not significant. Nurses' intentions also affect their behavior, although not significant. These factors together form a framework for understanding the quality of nursing documentation in Integrated Inpatient Care Building A RSCM, Jakarta. This study suggests the importance of fostering professional attitudes and strengthening behavioral control to improve the quality of nursing documentation.

Conclusion

Based on the identification results above, it can be concluded that: Attitude variables have a positive effect on nurses' intentions in carrying out nursing documentation.Behavioral control variables have an effect but are not significant on nurses' intentions in carrying out nursing documentation. Subjective norm variables have a positive and significant effect on nurses' intentions in carrying out nursing documentation. Intention variables have a positive effect on nurses' behavior in carrying out nursing documentation.

Recommendation

Future research should explore additional factors influencing nursing documentation, such as motivation, job satisfaction, and organizational culture, and consider a longitudinal design to track changes over time. Comparing different healthcare settings, incorporating qualitative insights, and testing Theory of Planned Behavior-based interventions could provide deeper understanding. Additionally, exploring the impact of technology (e.g., EHRs), training programs, and multidisciplinary perspectives could offer valuable strategies for improving documentation practices, ultimately linking documentation quality to better patient outcomes and healthcare efficiency.

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