



## THE RELATIONSHIP BETWEEN WORKLOAD AND INTERNET NETWORK QUALITY WITH THE COMPLETENESS OF ELECTRONIC NURSING CARE DOCUMENTATION

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### ABSTRACT

Electronic documentation of nursing care is an important component in ensuring service quality and patient safety. However, its implementation often faces obstacles such as high workload, limited application features, unstable internet network, and organizational policies that do not provide optimal support. This study aims to analyze the relationship between workload, nurse compliance, application features, internet network, and hospital policies with the completeness of electronic documentation of nursing care at Hospital X. This study used a quantitative approach with a cross-sectional design. The sample consisted of 76 nurses consisting of 26 outpatient nurses and 50 inpatient nurses, with an accidental sampling technique. The instruments consisted of a questionnaire and an observation sheet for completeness of documentation. Validity test results  $> 0.361$  and reliability 0.89. Data analysis used the chi-square test and binary logistic regression. The results showed a significant relationship between completeness of documentation with the variables of workload ( $p = 0.001$ ), nurse compliance ( $p = 0.001$ ), application features ( $p = 0.001$ ), and internet network ( $p = 0.001$ ), while hospital policies were not significant ( $p = 0.071$ ). Multivariate analysis showed that internet connection was the most dominant factor with an odds ratio of 29.7, followed by workload with an odds ratio of 23.7. Workload and internet connection quality are the dominant factors associated with the completeness of electronic nursing care documentation. Managerial intervention and infrastructure strengthening are needed to support the implementation of an effective documentation system.

Keywords: application features; hospital policy; internet connection; nurse compliance; workload

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## INTRODUCTION

The phenomenon of suboptimal nursing care documentation practices remains a global issue (Wisuda & Putri, 2019). Research shows that obstacles to good documentation can be caused by, among other things, high workloads, low technological literacy and the absence of consistent standard guidelines, which impacts the quality of nursing care and patient safety (Dirjen P2P Kemkes RI, 2019). This situation is not unique to Indonesia but also occurs in various other countries. Some healthcare facilities have not yet fully implemented electronic recording systems according to standards or have not implemented them optimally (Noviansyah, 2022).

Regulation of the Minister of Health of the Republic of Indonesia No. 24 of 2022 concerning Medical Records has required all health services to implement an electronic documentation system no later than December 31, 2023 (Harmaji et al., 2023). EMR is a healthcare system that provides timely and relevant patient health information to healthcare professionals, enabling continuity of care, improving the quality of care, and reducing the risk of medical errors (Mardiana et al., 2024). Based on initial observations on electronic documentation of nursing care in the outpatient unit of Hospital X, it was found that there were still many empty, incomplete, and non-standard patient nursing care documentation. The results of observations of nursing care documentation at Hospital X on October 17, 2024 from a total of 437 outpatient visits were conducted in five polyclinics with

the most patient visits, namely the eye polyclinic, lung polyclinic, internal medicine polyclinic, neurology polyclinic, and ENT polyclinic. The results of observations of 50 randomly selected electronic documentation of nursing care found that 56% of nursing care documents were empty and 44% of nursing care documents were incomplete. Meanwhile, in the inpatient unit, the documentation results were also not optimal. Until the data collection was carried out, the format of the nursing care template in the application feature still did not comply with the standards of the Hospital X Patient Assessment working group.

The low completeness of documentation can be influenced by various factors, both in terms of the technology used, for example, suboptimal application features, unstable internet network and other incomplete facilities and infrastructure, which can be a major obstacle (Putra, 2019). From an organizational perspective, hospital policies that do not fully support the implementation of documentation can contribute to the incompleteness of documentation, for example, policies regarding workload and nurse compliance as implementers of nursing care documentation. This complex issue suggests the need for further research to more comprehensively identify factors related to the completeness of electronic nursing care documentation (Aulya et al., 2022).

Although this study was initially designed for outpatient units, considering the uniformity of EMR system use across all service units at Hospital X, and to obtain a more comprehensive picture, the scope of the study was expanded to include inpatient units. This approach is expected to provide a more representative and relevant picture for improving the quality of electronic nursing care documentation at Hospital X. This research is important because documentation is an integral part of the quality and professional nursing care process. By understanding the extent to which electronic documentation has been implemented at Hospital X and identifying factors related to the completeness of electronic nursing care documentation, the results of this study can be used as recommendations for improving the quality of nursing care at Hospital X. These findings are also expected to support optimal EMR implementation to ensure patient safety and improve the quality of healthcare at Hospital X. This study aims to analyze the relationship between workload, nurse compliance, application features, internet network, and hospital policies with the completeness of electronic documentation of nursing care at Hospital.

## **METHOD**

This study is a quantitative study with a cross-sectional design. This approach was used to analyze factors related to the completeness of electronic nursing care documentation at Hospital X, ultimately identifying the factors and which factors are most dominant in their association with the completeness of nursing care documentation. The study was conducted from June to July 2025. This study received ethical approval from the Research Ethics Committee of Muhammadiyah University of Banjarmasin under KEPK Number: 0128226371. The population in this study were all nurses working in the outpatient and inpatient units of Hospital X and involved in the electronic documentation process for electronic nursing care. A total of 29 nurses in the outpatient unit and 83 in the inpatient unit participated in the electronic nursing care documentation process, resulting in a total of 112 nurses. However, during data collection, only 26 outpatient nurses and 50 inpatient nurses agreed to participate, resulting in a total of 76 respondents.

The instruments used for the independent variables of workload, nurse compliance, application features, internet network, and hospital policies were compiled in the form of a questionnaire, which was then distributed to respondents via Google Form. The instrument for the dependent variable, the completeness of electronic nursing care documentation, was direct observation using a checklist that had been adjusted to the nursing care completeness standards of the Patient Assessment Working Group of Hospital X. The data results were analyzed using univariate, bivariate, and multivariate analysis. Univariate testing was conducted to determine the frequency distribution of each variable. Bivariate testing using the Chi-square test analyzed the relationship

between each independent variable and the dependent variable. Multivariate testing used binary logistic regression to analyze the relationship between independent variables simultaneously and the dependent variable, ultimately identifying the dominant factor among the independent variables.

## RESULT

### Univariate Analysis

Table 1.  
Univariate Test Results (n = 76)

Independent Sub Variables	Result Criteria	f	%
Workload	High	31	40,8
	Medium	14	18,4
	Low	31	40,8
Nurse Compliance	High	28	36,8
	Medium	20	26,4
	Low	28	36,8
Application Features	Incomplete	32	42,1
	Quite complete	18	23,7
	Complete	26	34,2
Internet Connection	Unstable	26	34,2
	Quite	24	31,6
	Stable	26	34,2
Hospital Policies	Not supportive	27	35,5
	Somewhat supportive	20	26,3
	Supportive	29	38,2
Electronic Nursing Care Documentation	Incomplete	41	53,9
	Complete	35	46,1

The results of the multivariate analysis showed that most nurses perceived their workload as either very high or very light, with only a small proportion having a moderate workload. Nurse compliance levels were not entirely ideal, as more than half of respondents did not reach the high compliance category. Some nurses felt the application features were adequate, but perceptions of feature limitations remained quite prevalent among nurses. Internet connection quality within the hospital environment remains uneven, potentially hindering the smooth and optimal completion of electronic documentation. Nurses' perceptions of hospital policy support remained quite divided, which may be related to commitment to the comprehensive implementation of electronic documentation. Regarding the completeness of electronic nursing care documentation, only 35 respondents (46.1%) had completed complete documentation, while 41 respondents (53.9%) had not completed documentation according to established standards. This indicates that the level of documentation completeness is still relatively low overall.

### Bivariate Analysis

Table 2.  
Summary of Chi-Square Test Results Between Workload and Completeness of Electronic Nursing Care Documentation( n = 76)

Variable	Electronic Nursing Care Documentation				Total		p-value
	Incomplete		Complete		f	%	
	f	%	f	%			
High	26	83,9	5	16,1	31	100	0,001
Medium	10	71,4	4	28,6	14	100	
Low	5	16,1	26	83,9	31	100	
Total	41	53,9	35	46,1	76	100	

The analysis above yielded a p-value of 0.001. A comparison of the p-value and alpha (significance level 0.05) indicates that if the p-value < alpha (0.001 < 0.05), H<sub>0</sub> is rejected and H<sub>1</sub> is accepted. This indicates a significant relationship between nurse workload and the completeness of electronic nursing care documentation.

Table 3.

summarizes the results of the chi-square test between nurse compliance and the completeness of electronic nursing care documentation.( n = 76)

Variable Nurse Compliance	Electronic Nursing Care Documentation				Total	p-value
	Incomplete		Complete			
	f	%	f	%		
High	22	84,6	4	15,4	26	100
Medium	8	34,8	15	65,2	23	
Low	11	40,7	16	59,3	27	

The results of the Chi-square test obtained a p-value of 0.001. The comparison between the p-value and alpha (significance level 0.05), where if the p-value < alpha (0.001 < 0.05) then it indicates that H<sub>0</sub> is rejected and H<sub>1</sub> is accepted, which means there is a significant relationship between nurse compliance and the completeness of electronic documentation of nursing care.

Table 4.

summarizes the results of the chi-square test between application features and the completeness of electronic nursing care documentation(n = 76)

Variable Application Features	Electronic Nursing Care Documentation				Total	p-value
	Incomplete		Complete			
	f	%	f	%		
Incomplete	25	78,1	7	21,9	32	100
Quite complete	7	38,9	11	61,1	18	
Complete	9	34,6	17	65,4	26	

The analysis results obtained a p-value of 0.001. A comparison between the p-value and alpha (significance level 0.05) indicates that if the p-value < alpha (0.001 < 0.05), H<sub>0</sub> is rejected and H<sub>1</sub> is accepted. This indicates a significant relationship between application features and the completeness of electronic nursing care documentation.

Table 5.

Summary of Chi-Square Test Results Between Internet Network and Completeness of Electronic Nursing Care Documentation(n = 76)

Variable Internet Network	Electronic Nursing Care Documentation				Total	p-value
	Incomplete		Complete			
	f	%	f	%		
Unstable	24	92,3	2	7,7	26	100
Quite	9	39,1	14	60,9	23	
Stable	8	29,6	19	70,4	27	

The Chi-square test yielded a p-value of 0.001. A comparison of the p-value and alpha (significance level of 0.05) indicates that if the p-value < alpha (0.001 < 0.05), H<sub>0</sub> is rejected and H<sub>1</sub> is accepted. This indicates a significant relationship between the internet network and the completeness of electronic nursing care documentation.

Table 6.

summarizes the results of the Chi-square test between hospital policies and the completeness of electronic nursing care documentation(n = 76)

Variable Hospital policies	Electronic Nursing Care Documentation				Total	p-value
	Incomplete		Complete			
	f	%	f	%		
Not supportive	21	70,0	9	30,0	30	100
Somewhat supportive	8	47,1	9	52,9	17	
Supportive	12	41,4	17	58,6	29	

The Chi-square analysis yielded a p-value of 0.071. A comparison of the p-value and alpha (significance level of 0.05) indicates that if the p-value > alpha (0.071 > 0.05), H<sub>0</sub> is accepted and H<sub>1</sub> is rejected. This means there is no significant relationship between hospital policy and the completeness of electronic nursing care documentation.

### **Multivariate Analysis**

The Model Summary results show a -2 Log Likelihood value of 48.138, with a Cox & Snell  $R^2$  of 0.526 and a Nagelkerke  $R^2$  of 0.703. This indicates that the model can explain 52.6% to 70.3% of the variation in the completeness of electronic documentation. The Hosmer and Lemeshow test yielded a p-value of 0.201, which is greater than 0.05. This indicates that the regression model fits the data well, and can be used to predict documentation completeness. Interpretation of variables in the model, the workload variable significantly influenced documentation completeness ( $p = 0.003$ ). Nurses with a light workload were 23.7 times more likely to complete documentation compared to nurses with a heavy workload ( $\text{Exp}(B) = 23.749$ ; 95% CI: 3.648–154.610). The internet connection variable also had a significant effect ( $p = 0.016$ ). Nurses working with a very good internet connection were 29.7 times more likely to complete documentation compared to those with a poor connection ( $\text{Exp}(B) = 29.696$ ; 95% CI: 2.947–299.275). The application features variable showed a significant trend ( $p = 0.055$ ). Nurses who rated the application features as very complete were 11.98 times more likely to complete documentation, although this result was still close to the significance threshold ( $p = 0.055$ ). The nurse compliance variable and hospital policy variable did not show a significant influence in this model, with p-values of 0.221 and 0.407, respectively.

### **DISCUSSION**

Overall, the univariate analysis in this study demonstrates that the completeness of electronic nursing care documentation is influenced by various internal and external factors. Heavy workloads, suboptimal compliance, limited application features, unstable internet connections, and hospital policies that do not fully support this are real challenges to implementing complete and high-quality documentation (Enrico, 2020). Comprehensive improvements are needed, both through increasing the capacity of individual nurses and strengthening the support systems available in hospitals (Yulianda et al., 2024).

The various dynamics of the bivariate test results in this study reflect that nurses are faced with various adaptive stimuli that influence their ability to complete electronic documentation. The most dominant focal stimulus is high workload, which directly impacts nurses' ability to complete documentation (Salsabilla, 2020). Meanwhile, contextual stimuli include factors such as incomplete application features, internet network quality, and hospital policies that are not yet fully supportive, which also play a role in incomplete documentation (Ananda & Afrianto, 2023). The nurse's adaptive response to various stimuli is highly dependent on coping mechanisms, both physiological, such as fatigue due to workload, and psychological, such as perception, motivation, and assessment of the importance of documentation (Styana et al., 2017). The finding that nurses are still able to complete complete documentation despite facing a high workload or network limitations, indicates that the adaptation mechanisms in some individuals still work effectively, through compensation or individual strategies (Wisuda & Putri, 2019).

The use of the Technology Acceptance Model (TAM) theory in interpreting these results provides a relevant perspective on the acceptance of electronic documentation technology. Perceived Usefulness and Perceived Ease of Use are key factors in determining whether the documentation system will be optimally used by nurses (Jason & Glenwick, 2016). Nurses who rated the app as helpful and easy to use were more likely to have complete documentation, while those who experienced technical difficulties or rated the app as unsupportive showed the opposite results (Sandfreni & Adikara, 2019). Interestingly, however, some nurses produced comprehensive documentation despite low perceptions of the system. This suggests that factors such as personal motivation, a positive work culture, or team support may play a role (Reza et al., 2019).

The results of this bivariate analysis confirm that the completeness of electronic nursing care documentation is not solely influenced by a single factor, but rather is the result of a complex process of adaptation to work stimuli and systems, as well as acceptance of technology. An adaptive

approach that balances individual capacity and work environment support, along with user-needs-based technological interventions, will be an important strategy for improving documentation quality in healthcare facilities (Supratti & Ashriady, 2016).

In relation to Roy's Adaptation Theory, the results of the multivariate analysis in this study reflect that workload and internet network quality are the dominant stimuli influencing nurses' adaptive responses to electronic documentation. Roy's theory also highlights the importance of adaptation modes, where nurses are expected to be able to act as both implementers of clinical actions and professional recorders of information (Harmaji et al., 2023). However, if systems, policies, and workloads are not supportive, adaptive responses cannot be effective.

According to the Technology Acceptance Model (TAM) theoretical perspective, application features and internet network factors are highly relevant to two key constructs: perceived usefulness and perceived ease of use. A stable internet connection and applications designed to meet work needs will enhance nurses' perceptions of the system's usefulness and ease of use. When this positive perception is established, the likelihood of optimal system use increases (Nurkariani & Wirandani, 2024).

In addition, nurse compliance, although not significant in the multivariate model, may be influenced by perceptions of technology and organizational support (Paper, 2017). If the documentation system is deemed unsupportive of work, compliance will be low. Conversely, hospital policies, as an external factor in TAM theory, will have an impact if they are consistently implemented, requiring ongoing socialization, training, and supervision (Ananda & Afrianto, 2023).

Based on the results of the multivariate analysis, it can be concluded that nurse workload and internet network quality are the two most dominant factors associated with the completeness of electronic documentation. Application features also demonstrate potential practical contributions. Although nurse compliance and hospital policies were not statistically significant in the multivariate model, they remain important from a field implementation perspective. Therefore, a holistic and systemic approach is urgently needed to improve electronic documentation, encompassing structural interventions (workload, hospital policies), technological (application features, internet network), and behavioral (nurse compliance) on an ongoing basis. Improving documentation quality requires a systemic approach that includes workload adjustments, digital infrastructure improvements, user-friendly application system development, and hospital policies that support a culture of documentation.

## **CONCLUSION**

The study concluded that most nurses at Hospital X had not fully documented nursing care according to established standards, indicating the need for improvements in both the documentation system and nurse documentation behavior. Five factors were associated with the completeness of electronic documentation at Hospital X: workload, nurse compliance, application features, internet network quality, and hospital policies. The relationship between the completeness of electronic documentation with workload, nurse compliance, application features, and internet network is significant. Meanwhile, hospital policies do not show a statistically significant relationship, but still show a tendency to be related to the completeness of documentation, which means that policies still have the potential to be related to documentation practices. Workload and internet network are the dominant factors related to the completeness of electronic documentation of nursing care at Hospital X. However, between the two, the internet network is the most dominant factor, which has the greatest opportunity.

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