

Factors Relating to Nurses' Knowledge and Attitudes Regarding Cpot Assessment

Faisal Hamdani¹, Siska Natalia², Rizki Sari Utami³
faisal.hamdani@yahoo.com¹, siska.nats@gmail.com²,
sariutami0784@gmail.com³
STIKes Awal Bros Batam^{1,2,3}

Abstract. A better understanding of the process can contribute to improving pain assessment and management. Nurses' compliance with the implementation of nursing service standards and standard operating nursing service procedures as a measure of the success of nursing services and is an important goal in human resource management. Know the factors related to nurse compliance in implementing CPOT in the ICU and NICU Room at RS X Pekanbaru. Quantitative research methods with correlation design. The sample consisted of 31 respondents with a sampling technique, namely total sampling. The data were processed using the Chi-Square test. Based on the results of the study, it was found that the majority of respondents were 25 years old, namely nine people (29%), 25 people (81%) female sex, the majority of S1 Nursing, namely 27 people (87%). The bivariate results showed that there was a relationship between the knowledge factor (p-value 0.006) and attitude (p-value 0.011), and there was no relationship between the length of work factor (p-value 0.107) and training (p-value 0.095). It can be concluded that there is a relationship between knowledge and attitude factors towards compliance with the implementation of CPOT. It is expected that the hospital will provide supervision, guidance, and supervision to nurses.

Keywords: Compliance, CPOT

1 Introduction

The Intensive Care Unit (ICU) is a part of a hospital with exceptional staff and equipment is dedicated to treating and closely monitoring patients suffering from life-threatening or potentially life-threatening injuries, diseases or complications (Dewanti, 2014). The intensive care unit is a special area in a hospital where patients who are critically ill or injured receive special medical and nursing services (Pande, S., Kolekar, BD, & Vidyapeeth, 2013)

The American Association of Critical-Care Nurses (2013) states that many critically ill adult patients experience significant pain during hospitalization. For example, in the ICU, more than 30% of patients have significant pain while resting, and more than 50% of patients experience significant pain during routine care processes, such as during the process of changing positions, endotracheal suction, and wound care (Puntillo et al., 2014). Pain is a sensitive indicator in nursing. Pain assessment and management are key to determining the quality of care and patient satisfaction (Brant Heather, Helen Atherton, Sue Ziebland, Brian McKinstry, 2016).

The International Association for the Study of Pain (IASP) defines pain as a subjective sensory and unpleasant emotional experience related to actual and potential tissue damage or perceived events where damage occurs. Assessment/management of pain in mechanically

ventilated patients is a challenge for nurses because nurses need to recognize pain behaviour, interpret pain scores, and make appropriate decisions. This clinical reasoning is a process inherent in advanced nursing practice but poorly understood. A better understanding of these processes can pain assessment and management (Gerber et al., 2014).

Pain relief requires a systematic and accurate assessment to determine the appropriate treatment. Several pain assessment instruments based on behavioural and physiological indicators have been developed, including the adult nonverbal pain scale (NVPS), the nonverbal pain assessment tool (NPAT), behavioural pain scale (BPS), critical care pain observation tool (CPOT), pain assessment and intervention notation (PAIN). According to clinical practice guidelines for managing pain, agitation, and delirium in adult patients in the Intensive Care Unit, the most valid and reliable pain assessment instrument is CPOT. The assessment instrument is currently the reference standard. (Stites, 2013).

The critical care pain observation tool (CPOT) has four behavioural indicators, namely facial expressions, body movements, muscle tension, and synchronization with mechanical ventilation for intubated patients or vocalizations for non-intubated patients. The parameter for each indicator is 0–2, with a total value ranging from 0 to 8. This assessment instrument is used in the adult patient population (Gélinas et al., 2016). A study conducted by Gélinas et al. (2016) on 105 cardiac surgery patients at a cardiology medical centre in Quebec, Canada, illustrated that the reliability of the rater using CPOT to assess pain was quite high in almost every assessment. The critical-care pain observation tool (CPOT) has been validated in various groups of adult patients in Intensive Care Installation, including patients after surgery, medical illness, and trauma. CPOT has also been positively evaluated for feasibility and clinical utility.

There is still a lack of assessment of pain in critical patients, even though the pain in critical patients with decreased awareness can lead to stress, unpleasant feelings, and the potential to experience bad experiences during treatment. (Rose, L., 2012), from several studies, most of the ICU treatments did not assess pain in patients with decreased consciousness and in patients who were unable to communicate verbally.

The use of a systematic and standardized pain assessment measurement tool in critically ill patients who are unable to report pain is a matter of concern. Critical pain observation tools (CPOT) developed using an unsure sense of pain on several instruments measuring pain assessment (Priambodo, 2016).

Nursing is a form of humanistic professional service, using a holistic approach, based on nursing knowledge and tips, oriented to the client's objective needs. Practice

services carried out for 24 hours and continuously are a distinct advantage compared to other services. The nurse is one of the medical personnel in the hospital which provides services to support the patient's recovery. Therefore the role of nurses in the hospital is very much needed. One indicator of the role of nurses in the hospital is that nurses carry out an assessment and provide a sense of security and comfort to individuals who experience illness (Sarnita & Yasir Haskas, 2014).

Nursing roles refer to nursing professional standards and use nursing ethics as the main requirement. Nurses must always carry out correct or rational nursing care (Wulandini et al., 2016).

Nurses are “ the caring profession “ who has an important position in producing quality health services in hospitals because the services they provide are based on a bio-psycho-socio-spiritual approach. Nurses are very important in assessing critical patients, and this is a challenge for ICU nurses because of their weight. The pain intensity of patients is often underestimated (Suwardianto, 2019). Critical patients are expressing their pain response which cannot communicate effectively, need another technique (Hopkins, R. et al., 2012). In the critical area

of nursing, many patients with sedation and intubation are unable to communicate to indicate their level of pain, either verbally or by indicating their level of pain using pain scaling aids; this makes pain assessment difficult to perform in this patient group. (Rimawati & Suwardianto, 2018).

The Nursing Care Process is the duty and obligation of a nurse from the patient to arrive until the patient comes home, starting with a comprehensive assessment, then enforcing nursing diagnoses from the assessment data, and carrying out the intervention, implementation and evaluation of the effectiveness of the initial diagnoses that have been enforced (Nursalam, 2017). Carrying out a bad assessment can lead to unprofessional nursing care so that nurses' awareness and compliance greatly affect the success of nursing care (Wulandini et al., 2016).

Compliance is one of the most important components in implementing the holistic nursing care process, one of which is the implementation of nursing assessments. Nurses' compliance in implementing nursing service standards and standard operating procedures for nursing services is a measure of the success of nursing services and is an important goal in human resource management. (Ulum, 2013)

According to Ulum, 2013 the factors that affect nurse compliance in the implementation of the nursing care process are Knowledge, attitudes, experiences in the form of work tenure and training.

Research conducted by Wulandini et al., 2016, found that the knowledge factor statistically has a relationship with the compliance with the implementation of nursing care assessments (p-value 0.034), and the attitude factor statistically has a relationship with compliance with the implementation of nursing care assessments (p-value 0.019). Obedience itself is part of behaviour. Where is the activity of humans that can be directly observed and not directly observed by outsiders?

Research conducted by Faizan, 2011 at the Pandan Arang regional public hospital obtained a p-value of 0.0000, so statistically, the length of work of nurses is related to the compliance of nurses in providing professional nursing care. According to Faizin, senior nurses, apart from being experienced, are always prioritized in providing training.

From the results of Sari SD's 2016 research in inpatient installations using qualitative methods, it was found that the training factor was a factor that increased nurses' compliance in carrying out nursing care assessments.

Based on data from hospital management, it was found that most of the operations and surgeries were performed with general anaesthesia. Where the number of patients who were intubated was 253 (68.18%) in 2020. Based on the results of observations on 15 Medical Records at Hospital X, it was found that nurses who were not compliant in carrying out a complete CPOT nursing assessment were 8 out of 15 medical records, and 7 of 15 nurses are obedient in carrying out the complete CPOT nursing assessment. The CPOT facial expression criteria 10 of 15 were incomplete, 11 out of 15 vocalizations were incomplete, and 11 of 15 muscle tensions were incomplete. This is strengthened based on the auditor's report, conducted in the September audit for July to September. It was found that the implementation of CPOT in the ICU and NICU rooms was 65%. (X Hospital Management 2020).

From the results of the preliminary study related to the CPOT assessment, it was found that 8 out of 10 nurses answered that they did not know how to assess scoring when using the CPOT assessment. The nurse's interview said that using the CPOT assessment was time-consuming to assess, whereas the work in the ICU and NICU rooms was overwhelming. The nurse also expects to be provided with CPOT training.

Based on the phenomena and preliminary observations, the authors are very interested in seeing the factors related to nurse compliance in carrying out a CPOT assessment in the ICU and NICU Room at X Hospital Pekanbaru.

The purpose of this study was to determine the factors associated with nurse compliance in assessing CPOT in the ICU and NICU Room at X Hospital Pekanbaru.

This study can be used as a reference for further research and provide scientific information regarding the assessment of CPOT in the ICU and NICU Rooms. As input for improving the quality of health services and nursing care for patients and increasing Knowledge for nurses at X Hospital Pekanbaru

2 Methods

This research uses quantitative research with a correlation method and cross-sectional research design. This study assessed the independent and dependent variables only once at a time, with no follow-up. The design of this study will obtain the prevalence or effect of the phenomenon associated with the cause (Nursalam, 2011). This research was conducted to know the factors related to nurse compliance in assessing CPOT in the ICU and NICU Room at X Hospital Pekanbaru.

The population is the entire research object or object under study (Notoatmojo, 2012). The population in this study were all nurses in the ICU and NICU Rooms at X Hospital Pekanbaru, as many as 31 people. This research was conducted from September 2020 to March 2021.

In this study, the data collection tool used a questionnaire on independent variables, namely Knowledge, attitudes, experience/length of work and training, where the researcher adapted the research instruments directly from Wulandini et al., 2016 regarding Knowledge and attitudes, and the length of service and training the researchers put in. question of respondent characteristics. The researcher used the CPOT assessment from RS X to pour it into the observation sheet. Implementation of data collection in this study using questionnaires and observation sheets. Questionnaires were distributed to respondents after the licensing process from related parties was obtained. Retrieval of data using google form where the questionnaire is entered into a google form. Then it will be informed to the nurses one by one in order to improve the accuracy of filling.

In the compliance variable, the researcher used the observation sheet as an instrument. CPOT, which becomes the researcher's assessment, namely the patient at least two days of treatment, and the implementation of checking based on shift. CPOT is assessed, namely after the morning service, evening service and night service.

This study uses univariate analysis. Performed on each variable, presented in the form of a percentage. The measurement results and the overall data collected were tabulated and analyzed descriptively using the Frequency distribution. Data analysis was carried out using the Statistical Product Service Solutions (SPSS) for Windows program (Dahlan, 2014). Bivariate analysis is used to see the relationship between the independent variables and the dependent variable. The bivariate analysis used is the correlation test, where if $p < 0.05$, there is a significant relationship between the two variables being tested. (Dahlan, 2014).

3 Results

Data collection was conducted in February 2021 in room ICU and NICU with 31 nurses. The characteristics of the respondents are as shown in the following table:

Table 1. Description of Nurse Characteristics at RS X Pekanbaru 20 21

Characteristics of Respondents	Amount	Percentage
Age		
24 -27 years	27	87
28 -36 years	4	13
Gender		
Man	6	19
Women	25	81
Education		
DIII Nursing	4	13
S1 Nursing	27	87
Total	31	100

The study results were obtained where most respondents in the age range of 24 - 27 years were 27 people (87%), and four people aged 28-36 years (13%). The results showed that most respondents female, 25 people (81%) and respondents gender male many as six people (19%). Moreover, the research results for education obtained the majority of S1 Nursing, namely 27 people (87%), DIII Nursing as many as four people (13%).

3.1 Univariate Analysis

Analysis univariate analysis to get an overview of the distribution of frequencies of variable-miscellany bell studied, both variable dependent or independent.

a. Dependent Variable

CPOT Implementation Compliance

Table 2. Compliance with CPOT Implementation in RS X Pekanbaru 20 21

CPOT Implementation Compliance	Amount	Percentage
Not obey	14	45
Good	17	55
Total	31	100

From the results of research at X Hospital, it is known that most of the nurses 17 (55%) obeyed in implementing CPOT, and 14 nurses (45%) did not comply with implementing CPOT at X Hospital Pekanbaru.

b. Independent Variable

1) The Knowledge Factor

Table 3. Knowledge Factor Frequency Distribution

Knowledge	amount	Percentage
Not good	16	51.6
Good	15	48.4
Total	31	100

From the research result at RS X nurses knowledge, 16 (51, 6%) is not good, and 15 (48.4%) nurses have good Knowledge.

2) Attitude Factor

Table 4. Attitude Factor Frequency Distribution

Attitude	amount	Percentage
Negative	19	61.3
Positive	12	38.7
Total	31	100

From the results of research at RS X, it is known that most of the attitudes of nurses 19 people (61.3%) were negative, and 12 people (28.7%) had positive attitudes.

3) Length of Work Factor

Table 5. Frequency Distribution of Length of Work

Length of working	Amount	Percentage
≥ five years	4	13
<five years	27	87
Total	31	100

The results of the study are obtained. From the table, it can be seen that the majority of respondents' length of work is under five years, namely 27 people (87%) and nurses with a working duration of ≥ 5 years as many as four people (13%).

4) Training Factor

Table 6. Frequency Distribution of Training Factors

Training	Amount	Percentage
There is	7	22.6
Nothing	24	77.4
Total	31	100

The study results found that there were no training factors for 24 people (77.4%). Moreover, nurses who received training were seven people (22.6%).

3.2 Bivariate Analysis

a. The relationship between knowledge factors and nurses' compliance in implementing CPOT

Table 7. The Relationship between Knowledge Factors and Nurses' Compliance in Implementing CPOT

Independent	CPOT Compliance				Total		P value
	Not obey		Obey		n	%	
	n	%	n	%			
Knowledge Factor							0.006
• Not good	11	68.8	5	31.3	16	100	
• Good	3	20	12	80	15	100	
Total	14		17		31	100	

The analysis of the relationship between the knowledge factor and the compliance with CPOT was obtained by less knowledgeable nurses who were not obedient, namely 11 (68.8%), while nurses with good Knowledge who obeyed implementing CPOT were 12 (80%). The statistical test results obtained a p-value = 0.006, so there is a relationship between knowledge and compliance with the implementation of CPOT.

b. The relationship between attitude factors and nurses' compliance in implementing CPOT

Table 8. The Relationship between Attitude Factors and Nurses' Compliance in Implementing CPOT

Independent	CPOT compliance				Total		P value
	Not obey		Obey		n	%	
	n	%	n	%			
Attitude Factor							0.011
• Negative	12	63.2	7	36.8	19	100	
• Positive	2	16.7	10	83.3	12	100	
Total	14		17		31	100	

The analysis of the relationship between the attitude factor and CPOT compliance obtained a negative attitude of nurses who were not obedient, namely 12 (63.2%). In

contrast, nurses who had a positive attitude were obedient to implement CPOT, namely 10 (83.3%). The statistical test results obtained p-value = 0.011, so there is a relationship between the attitude factor and the compliance with the implementation of CPOT.

c. The relationship between the length of work factor and the compliance of nurses in implementing CPOT

Table 9. The Relationship between The Length of Work Factor and The Compliance of Nurses in Implementing CPOT

Independent	CPOT Compliance				Total		P value
	Not obey		Obey		n	%	
	n	%	n	%			
Factor of Length of Employment							
• <5 years	14	51.9	13	48.1	27	100	0.107
• ≥ 5 years	0	0	4	100	4	100	
Total	14		17		31	100	

The results of the analysis of the relationship between the factor of the length of work and compliance with CPOT were obtained, nurses with a service period of <5 years who were not obedient were 14 (51.9%), while nurses with a work period of ≥ 5 years who were obedient to implement CPOT were 4 (100%). The statistical test results obtained p-value = 0.107, so there is no relationship between the length of work with CPOT compliance.

d. The relationship between training factors and nurses' compliance in implementing CPOT

Table 10. The Relationship between Training Factors and Nurses' Compliance in Implementing CPOT

Independent	CPOT compliance				Total		P value
	Not obey		Obey		n	%	
	n	%	n	%			
Training Factor							
• Nothing	13	54.2	11	45.8	24	100	0.095
• There is	1	14.3	6	85.7	7	100	
Total	14		17		31	100	

The analysis of the relationship between job training factors and CPOT compliance was obtained by nurses who had no training who did not comply with CPOT, namely 13 (54.2%). In comparison, nurses who had training and were compliant with CPOT were 6 (85.7%). The statistical test results obtained a p-value = 0.095, so there is no relationship between the training factor and the compliance with the implementation of CPOT.

4 Discussion

4.1 The Knowledge Factor

From the research results at RS X, most nurses' Knowledge of 16 (51, 6%) is not good, and 15 (48.4%) of nurses have good Knowledge. Researchers' assumptions, respondents tend to judge only beginning and at the end of the shift. Notoatmojo, 2010 said that Knowledge is influenced by a person's education, with high education will lead to the encouragement, intention to act and eventually become a behaviour. Behaviour based on Knowledge will be more lasting than behaviour that is not based on Knowledge.

According to (Mubarak, 2011) The work environment can also make a person gain experience and Knowledge either directly or indirectly. The environment affects the process of entering Knowledge into individuals. The factors that influence Knowledge include education, information exposure, experience and the environment. According to Swastikarini's research, 2018, Knowledge is inseparable from education, according to the study results, namely 27 respondents (87%) of Bachelor of Nursing education. Higher levels of formal education have increased expectations in terms of career and job, and income. (Swastikarini, 2018). Mastini's research (2013) at Sanglah General Hospital Denpasar also obtained that nurses' knowledge about documenting nursing care can improve the implementation of nursing care documentation properly. According to researchers' assumptions, the Knowledge of nurses about documenting nursing care is influenced by the level of nursing education according to standards in Indonesia, namely S1 Nursing.

4.2 Attitude Factor

From the results of research at RS X, it is known that most of the attitudes of nurses 19 people (61.3%) were negative, and 12 people (28.7%) had positive attitudes.

Assumptions research is the workload in the intensive room so that the tendency of respondents to make a benchmark in the CPOT assessment is based on previous data.

Attitude is readiness or willingness to act and not the implementation of certain motifs. In other words, the function of attitude is not yet an action (open reaction) or activity, but rather a predisposition of behaviour (action) or closed reaction, where one's education accompanies a positive (Notoatmojo, 2010). The formation of a person's attitude is largely determined by personality, intelligence, and interests. Attitudes can change or always change the result of experience (the result of education). Someone in his attitude cannot always adjust, so he needs an expectation that the other party want (Wulandini 2016). Mastini's research, (2013) where attitudes are related to documenting nursing care. It is hoped that a positive attitude will be a strong impetus to document nursing care. Nurses to tradition, to be associated with the system of values adopted by nurses in nursing care documentation considers it important. Wulandini., 2010, RS HB Saanin Padang where found there is a relationship between the attitude of the nurse education of nurses in nursing care documentation in RSJ Handsome pekanbaru. According to the researchers' assumptions, the positive attitude of nurses is by the results of the study, namely the majority of Bachelor of Nursing education with 27 respondents (87%), compliant implementation of CPOT is inseparable from the education of nurses.

4.3 Factor of Length of Employment

The results of the study are obtained. From the table, it can be seen that the majority of respondents' length of work is under five years, namely 27 people (87%) and nurses with a working duration of ≥ 5 years as many as four people (13%). Experience that many things faced is a strong stimulus for humans to overcome them. The length of time a person works or has experience in the field of work that affects work behaviour (Swastikarini, 2018). According to Moekijat, Mastini (2013) from Subjective length of work is a measure used by a person to measure job pressure and job satisfaction. work results or records of work results can show the volume produced by several employees in a particular section. According to Sarwono. SW, (2016) the tendency of implementing nurses with a service period of > 5 years is not good at making patient identification accuracy because they identify patients with old habits. According to the researchers' assumptions, work experience or opportunities for advancement can be a strong stimulus for nurses to work more actively or be more enthusiastic, a work period of ≥ 5

years is obedient to implementing CPOT, namely 4 (100%), so that all nurses who have work experience or have experience in implementing CPOT.

4.4 Training Factor

The study results found that there were no training factors for 24 people (77.4%). Moreover, nurses who received training were seven people (22.6%). Sari Elementary School, 2016 says that important training in the documentation for nurses has positive impacts on the performance of nurses, especially in the conduct of documenting care nursing. Coaching or training that is carried out continuously can increase workers' awareness and insight regarding the importance of carrying out work by existing work procedures to increase worker compliance with work procedures. (Wulandini, 2010) In the research at Pariaman Regional Hospital, it was found that the provision of training to nurses increased the completeness of the nursing care documentation process. (Amril 2004). The results of Wulandini's research, 2010 state that training is one way to encourage and direct the activities of subordinates in the desired direction. Training is strongly influenced by the suitability of an employee's experience, education and work mass. The training was given to push the nurses so that high productivity is not just an incentive. According to the researchers' assumptions, the opportunity for nurses to receive CPOT training continuously can increase their knowledge, attitudes and awareness to implement CPOT.

4.5 The relationship between knowledge factors and nurses' compliance in implementing CPOT

The relationship between knowledge factors and nurses' compliance in implementing CPOT. The relationship between the knowledge factor and the compliance with CPOT was obtained by less knowledgeable nurses who were not obedient, namely 11 (68.8%). The nurses with good knowledge who obeyed implementing CPOT were 12 (80%). The statistical test results obtained a p-value = 0.006, so there is a relationship between knowledge and compliance with the implementation of CPOT. WHO explains that following Purnama, 2010, it is explained that a person's experience influenced knowledge, factors outside the person (environment), both physical and non-physical and socio-cultural, which are then known, perceived, believed to cause impulse, intention to act. Moreover, finally, it becomes behaviour. Behaviour-based on knowledge will be more lasting than behaviour that is not based on knowledge. (Notoatmojo, 2010).

The results of this study are consistent with the research (Mastini, 2013), that there is a significant relationship between knowledge and documentation of nursing care. In line with Swastikarini's research, 2018, where there is a relationship between knowledge and the accuracy of carrying out patient identification. Knowledge can not be separated from education, namely education, the majority of Bachelor of Nursing 27 respondents (87%). Higher levels of formal education have increased expectations in terms of career and job, and income. (Swastikarini, 2018). According to research by Wulandini et al., 2016, it was found that the knowledge factor had a relationship with nurses' compliance in documenting nursing care at Tampan Hospital, Pekanbaru. Where the p-value obtained is 0.034. The results of this study are in line with what was done by Faizan, 2011 at the Pandan Arang regional public hospital; the p-value was 0.002 so that statistically, nurse education was related to the compliance of nurses in providing professional nursing care.

According to the researchers' assumptions, the knowledge of nurses regarding nursing care documentation is influenced by the level of nursing education that is according to standards in Indonesia, namely S1 Nursing.

4.6 The relationship between attitude factors and nurses' compliance in implementing CPOT.

The analysis of the relationship between the attitude factor and CPOT compliance obtained a negative attitude of nurses who were not obedient, namely 12 (63.2%). In contrast, nurses who had a positive attitude were obedient to implement CPOT, namely 10 (83.3%). The statistical test results obtained a p-value = 0.011, so there is a relationship between the attitude factor and the compliance with the implementation of CPOT. According to Notoatmojo (2010), attitude is the readiness or willingness to act and not implement certain motives. In other words, the function of attitude is not yet an action (open reaction) or activity, but rather a predisposition to behaviour (action) or a closed reaction. According to Green in Notoatmojo (2010), determines a person's behaviour which is inseparable from knowledge, incentives and workload as factors that influence a person's behaviour. A positive attitude of nurses is expected to be a strong boost to make documentation of care nursing that either can not be separated from good knowledge possessed nurses, incentives are considered by nurses and workloads accordingly so that all the main tasks of nurses included documentation in good undone. This is also proven by Mastini, 2013 at Sanglah General Hospital Denpasar and Dewi, 2004 at the Achmad Muchtar Bukit Tinggi Regional Hospital, where attitudes are related to documenting good nursing care. In line with the research of Wulandini et al., 2016, where the p-value was 0.019, it was concluded that there was a relationship between attitudes and nurses' compliance in documenting nursing care at Tampan Hospital Pekanbaru. According to the researchers' assumptions, a positive attitude is expected to be a strong impetus for conducting CPOT. The positive attitude that nurses have is readiness or readiness to implement CPOT properly; this can be seen from the average age of nurses, namely 27 years and the level of education according to the education standards of Indonesian nurses, namely S1 Nursing.

4.7 The relationship between the length of work factor and the compliance of nurses in implementing CPOT

The results of the analysis of the relationship between the factor of the length of work and compliance with CPOT were obtained, nurses with a service period of <5 years who were not obedient were 14 (51.9%), while nurses with a work period of ≥ 5 years who were obedient to implement CPOT were 4 (100%). The statistical test results obtained p-value = 0.107, so there is no relationship between the length of work factor with CPOT compliance. According to Swastikarini, 2018 work experiences or opportunities for advancement can be a strong stimulus for nurses to work harder or be more enthusiastic. Experience that many things faced is a strong stimulus for humans to overcome them. The length of time a person has worked or has experience in work that affects work behaviour. This research is in line with Sarwono. SW, 2016 which states that there is no relationship between the length of work and the application of patient safety, someone who has more years of work and work experience will be accustomed to applying safety standards than new workers. According to Sarwono. SW (2016), the tendency of implementing nurses with a service period of > 5 years is not good at making patient identification accuracy because they are used to identifying patients with old habits. The results of this study contradict what was done by Faizan, 2011 at the Pandan Arang Regional Public Hospital, the p-value was 0.0000, so statistically, the length of work of nurses was related to the compliance of nurses in providing professional nursing care. According to Faizan, senior nurses, apart from being experienced, are always prioritized in providing training. According to the researcher's assumptions, work experience or opportunities for advancement can be a strong stimulant for nurses to work harder or be more enthusiastic, a work period of ≥ 5 years is

obedient to implementing CPOT, namely 4 (100%) so that all nurses who have work experience or have experience in implementing CPOT.

4.8 The relationship between training factors and nurses' compliance in implementing CPOT

The results of the analysis of the relationship between job training factors and CPOT compliance were obtained by nurses who had no training who did not comply with CPOT, namely 13 (54.2%). In comparison, nurses who had training and were compliant with CPOT were 6 (85.7%). The statistical test results obtained a p-value = 0.095, so there is no relationship between the training factor and the compliance with CPOT implementation. The study results contradict the results of Sari SD's 2016 research in inpatient installations, where it was found that the training factor was a factor that increased nurses' compliance in carrying out nursing care assessments. The research result Sari SD, in 2016 found no relationship between the quality of care documentation of nursing training, Importance p Training in the documentation for nurses have positive impacts on the performance of nurses, especially in the conduct of documenting care nursing. Coaching or training that is carried out continuously can increase workers' awareness and insight regarding the importance of carrying out work by existing work procedures to increase worker compliance with work procedures. (Wulandini, 2010). The results of Wulandini's research, 2010 state that training is one way to encourage and direct the activities of subordinates in the desired direction. Training is strongly influenced by the suitability of an employee's experience, education and work mass. The training was given to push the nurses so that high productivity is not just an incentive. According to the assumptions of researchers, the opportunity for nurses get training CPOT continuously to improve knowledge, attitude and awareness to implement CPOT.

5 Conclusion

The knowledge factor and the attitude factor have a statistically significant relationship to compliance with the implementation of CPOT. Factor Length of work and training did not have a statistically significant relationship to compliance with CPOT implementation.

It is hoped that the hospital will conduct periodic nursing refreshes regarding CPOT, especially the assessment of CPOT and guide through in House Training to increase knowledge, especially CPOT.

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