

The Influence of the Performance of Implementing Nurses and Compliance with the Phlebitis Bundle Documentation on the Incident of Phlebitis in the Inpatient Room of the Kediri District Hospital

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ABSTRACT

Infections acquired by patients in health care facilities are a serious problem for health service providers. This incident is called *Health Care Associated Infections (HAIs)*. How to prevent it by *Bundle HAIs Phlebitis*. Implementation requires a protocol in the form of documentation that is useful in performance assessment. Research objective: to determine the effect of implementing nurses' performance and documentation compliance *bundle phlebitis* to the incident *phlebitis* at the Kediri District Hospital. Types of research : *observational quantitative with cross sectional design*. A population of 340 nurses with 148 research samples was used *random sampling*, including inclusion and exclusion criteria. Results: there was no influence on the performance of the implementing nurse on the incident *phlebitis*, there is an influence of documentation compliance *bundle phlebitis* with the incident *phlebitis*, and there is a simultaneous influence on the performance of implementing nurses and compliance *bundle phlebitis* with the incident *plate*. Conclusion: Quality performance of implementing nurses is obtained by proving documentation of phlebitis bundle activities which will reduce the incidence of phlebitis. There is a need to form a performance assessment team to ensure the quality of implementing nurses.

Keywords: Documentation, executive nurse, phlebitis bundle, performance

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BACKGROUND

Prevention of infections in health services is one of the challenges in the world's health system. Health care-associated infections are then better known as *HAIs (Health Care Associated Infections)* (Ministry of Health of the Republic of Indonesia, 2017, p. 4).

World Health Organization (2018) stated that 8-10% of patients were infected after receiving health services because the services were not in accordance with standards (Ministry of Health of the Republic of Indonesia, 2020, p. 2).

Kao et al. (2019, p. 593) stated that in their research in the United States, around 31% of patients diagnosed with pneumonia were found to be caused by healthcare-associated infections (*HAIs*), otherwise it happens *urinary tract infection* (UTI, 23%) and *primary bloodstream infection* (BSI, 14%).

Bandung Adventist Hospital in Indonesia, the incidence of *HAIs* in 2019 showed 18% *VAP*, 13% *ISK*, 7% *phlebitis*, 1% *HAP*, and 4% *SSI* (Hutagaol et al., 2021, p. 51)

Initial data obtained by researchers at the Kediri District Hospital shows that there are numbers *HAIs phlebitis* 6-8 per mil throughout 2023. This exceeds the standard limit set by the Kediri District Hospital PPI Committee, namely 5 per mil.

One way that can be done to prevent this from happening *HAIs (Health Care Associated Infections)* namely by providing patient nursing care through the implementation of the Bundle *HAIs (Health Care Associated Infections)* (Ministry of Health of the Republic of Indonesia, 2017, p. 11).

Data obtained from the PPI Committee of Kediri District Hospital shows nurses' compliance in filling out *bundles said phlebitis* still low with a percentage of 42.82% - 45.72% throughout 2023.

There is a strong relationship between application *bundle phlebitis* with the incident *phlebitis*, if implementation *bundle phlebitis* the more obedient the more things happen *phlebitis* will not happen (Artana et al., 2022, p. 92)

Prameswari et al. (2021, p. 6) by improving the quality of life of nurses, it will influence nurse performance which will influence increasing nurse compliance in carrying out prevention bundle documentation. *phlebitis*.

By considering the above phenomenon, researchers are interested in conducting research on "the influence of executive nurse performance on documentation compliance *bundle phlebitis* on the incidence of *phlebitis* in the inpatient ward of the Kediri District Hospital.

METHODS

This research is a quantitative observational study using a cross-sectional design approach. The research period was carried out for 3 months (September 2024 to November 2024), which included: formulation of research problems, literature search, literature analysis, initial data collection, preparation of research proposals, testing research proposals, ethical testing, data analysis, discussion and results seminars. study.

This research has 3 variables, namely the performance of implementing nurses and documentation compliance *bundle said* as an independent variable as well as an event *phlebitis* as the dependent variable.

This study used executive nurses who worked at the Kediri Regency Regional General Hospital as a population with a total of 340 nurses. Meanwhile, the research sample size was obtained using a formula *Slovin*, The sample size obtained was 148 nurses. Sampling was taken using *random sampling* by looking at the criteria *inclusion* (and criteria *exclusion*).

In this study, researchers used secondary data, namely in the form of performance assessment documents for implementing nurses at Kediri District Hospital with assessment protocols referring to government regulations regarding performance assessment of State Civil Apparatus, documentation compliance data *bundle said* and event data *phlebitis* obtained from the Infection Control Prevention Committee (PPI) Kediri District Hospital.

In this study, researchers did not use human subjects. However, in implementing research ethics, an ethical test is carried out through the Coordinating Committee of the Kediri District Hospital and also permits are submitted in accordance with the regulations in force at the Kediri District Hospital. Apart from that, the researcher also did not mention the identity of the respondents as an application of the principle of respondent confidentiality in research.

Data analysis in this research uses statistical tests with the help of SPSS 18. Data analysis takes the form of: distribution tests including: gender, education, length of work, and employment status of respondents (bivariate test). Research hypothesis testing includes univariate and multivariate tests. As well as tests for normality and homogeneity of data.

RESULTS

Distribution of Respondents

Gender

Table 1. Gender distribution of respondents

Gender	Man	Woman
Number of Respondents	57	91

Table 1 shows that the number of samples or respondents is 148, consisting of 57 male respondents and 91 female respondents.

Age

Table 2. age distribution of respondents

Age (years)	< 30	30-40	40- 50	>50
Number of respondents	23	76	34	15

Table 2 shows the number of respondents based on age was 148 people with a distribution of age < 30 years 23 people, 30-40 years 76 people, 40-50 years 34 people and age > 50 years as many as 15 people.

Long work

Table 3. distribution of respondents' length of work

Length of work (years)	< 5	5-10	> 10
Number of respondents	46	63	39

Table 3 shows the number of samples or respondents based on length of work with a total of 148 respondents, with a distribution of length of work, namely: length of work < 5 years as many as 46 people, 5-10 years 63 people, and > 10 years 39 people

Employment status

Table 4. distribution of respondents' employment status

Employment status	ASN	PPPK	BLUD
Number of respondents	49	38	61

Table 4 shows the number of samples or respondents based on staffing levels with a total of 148 respondents, with a distribution of staffing levels, namely: ASN 49 people, PPPK 38 people and BLUD employees 61 people.

Test the distribution of research variables

Frequency distribution of research variables

Table 5. frequency distributions of research variables

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Performance of Executive Nurses	148	3.00	4.00	3.4459	.49876
Phlebitis Bundle Compliance	148	1.00	3.00	1.9459	.77181
Phlebitis Occurrence	148	1.00	2.00	1.6216	.48663
Valid N (listwise)	148				

Table 5 shows the mean value > std value. deviation. This shows that the distribution of data using simple random sampling has good value in representing the distribution of respondent data.

Research statistical tests

Univariate test

Performance of implementing nurses at Kediri District Hospital.

Table 6. performance of implementing nurses at Kediri District Hospital 2023

Performance of Executive Nurses					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	105	70.9	70.9	70.9
	Enough	43	29.1	29.1	100.0
	Total	148	100.0	100.0	

Table 6 shows the performance of implementing nurses at the Kediri Regency Regional Hospital of 148 nurses with a good category of 70.90% (105) nurses and a fair category of 29.10% (43) nurses.

Documentation compliance *bundle Phlebitis* at the Kediri District Hospital.

Table 7. documentation compliance bundle Phlebitis at the Kediri District Hospital in 2023

Compliance <i>Bundle Phlebitis</i>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	40	27.0	27.0	27.0
	Enough	67	45.3	45.3	72.3
	Not enough	41	27.7	27.7	100.0
	Total	148	100.0	100.0	

Table 7 shows documentation compliance *bundle phlebitis* Out of 148 nurses in the Kediri Regency Regional Hospital, 27.0% (40) nurses were in the good category, 45.3% (67) nurses in the adequate category, and 27.7% (41) nurses in the poor category.

Incident *Phlebitis* at the Kediri District Hospital

Table 8. incidents Phlebitis at the Kediri District Hospital in 2023

Incident <i>The common people</i>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Phlebitis occurs	59	39.9	39.9	39.9
	No Phlebitis	89	60.1	60.1	100.0
	Total	148	100.0	100.0	

Table 8 shows results from 148 sample events *phlebitis* in the Kediri Regency Regional Hospital there were 39.9% (59) patients and phlebitis did not occur in 60.1% (89) patients.

Bivariate test

Performance implementing nurse regarding the incident *Phlebitis* at the Kediri District Hospital.

Table 9. influences of the performance of implementing nurses on the incidence of *Phlebitis* in the Kediri District Hospital.

		Performance of Implementing Nurses * Crosstabulation <i>Phlebitis</i> Incidence				
		Phlebitis Occurrence		Total		
		Phlebitis	No Phlebitis			
Performance of Executive Nurses	Enough	Count	34	48	82	
		% within Executive Nurse Performance	41.5%	58.5%	100.0%	
		% of Total	23.0%	32.4%	55.4%	
		Residual	3.0	-3.0		
	Good	Count	22	44	66	
		% within Executive Nurse Performance	33.3%	66.7%	100.0%	
		% of Total	14.9%	29.7%	44.6%	
		Residual	-3.0	3.0		
		Total	Count	56	92	148
		% within Executive Nurse Performance	37.8%	62.2%	100.0%	
% of Total	37.8%	62.2%	100.0%			

Table 9 can be seen that the implementing nurses at the Kediri Regency Regional Hospital from a total sample of 148 respondents, found that 44.6% (66 people) had good performance and 55.4% (82 people) had adequate performance. Implementing nurses at the Kediri District Hospital who had good performance, 33.3% (22) of patients experienced incidents *phlebitis* and 66.7% (44) patients did not experience it *phlebitis*. Meanwhile, among the implementing nurses at the Kediri District Hospital who had sufficient performance, 41.5% (34) of patients experienced *phlebitis* and 58.5% (48) of patients did not experience *phlebitis*.

Documentation compliance *bundle Phlebitis* to the incident *Phlebitis* at the Kediri District Hospital.

Table 10. influences of documentation compliance bundle *Phlebitis* against the occurrence of *Phlebitis* at the Kediri District Hospital.

		Compliance <i>Bundle Phlebitis</i> * Occurrence <i>The common people</i> Crosstabulation			
		Phlebitis Occurrence		Total	
		Phlebitis	No Phlebitis		
Phlebitis Bundle	Not enough	Count	48	0	48
		% within	100.0%	.0%	100.0%

Compliance		Phlebitis Bundle Compliance		
		% of Total		
Enough		32.4%	.0%	32.4%
	Count	8	52	60
	% within	13.3%	86.7%	100.0%
		Phlebitis Bundle Compliance		
		% of Total		
Good		5.4%	35.1%	40.5%
	Count	0	40	40
	% within	.0%	100.0%	100.0%
		Phlebitis Bundle Compliance		
		% of Total		
Total		.0%	27.0%	27.0%
	Count	56	92	148
	% within	37.8%	62.2%	100.0%
		Phlebitis Bundle Compliance		
		% of Total		
		37.8%	62.2%	100.0%

Table 10 From table 4.6, documentation compliance can be seen *bundle phlebitis* at the Kediri District Hospital, namely: documentation compliance *bundle phlebitis* good 27% (40) people, fair 40.5% (60) people and poor compliance 32.4% (48) people.

Documentation compliance *bundle phlebitis* to the incident *phlebitis* namely: documentation compliance *bundle phlebitis* good 0% (0) patients, fair 13.3% (8) patients and less 32.4% (48) patients. Meanwhile the incident *phlebitis* does not occur in documentation compliance *phlebitis* with documentation compliance *bundle phlebitis* good 100% (40) patients, fair 86.7% (52) patients and less 0% (0) patients.

Multivariate test

Test *significance* correlation between research variables

Table 11. significance tests between research variables

		Correlations			
			Performance of Executive Nurses	Phlebitis Bundle Compliance	Phlebitis Occurrence
Spearman's rho	Performance of Executive Nurses	Correlation Coefficient	1.000	-.008	.083
		Sig. (2-tailed)	.	.922	.314
		N	148	148	148
Phlebitis Bundle Compliance		Correlation Coefficient	-.008	1.000	.823**
		Sig. (2-tailed)	.922	.	.000
		N	148	148	148
Phlebitis Occurrence		Correlation Coefficient	.083	.823**	1.000

	Sig. (2-tailed)	.314	.000	.
N		148	148	148

****.** Correlation is significant at the 0.01 level (2-tailed).

From table 11 you can see the following results:

1. The influence of the performance of implementing nurses on incidents *Phlebitis* at the Kediri District Hospital.
 Earned Value *Say. (2-tailed)* equal to 0.314. This means H_0 accepted and H_1 rejected, this means there is no relationship between the performance of the implementing nurse and the incident *phlebitis*. Meanwhile, the degree of relationship is positive with a value of 0.083, this means that the performance of implementing nurses and the incidence of *Phlebitis* have a very weak relationship.
2. Effects of documentation compliance *bundle phlebitis* with the incident *Phlebitis*
 Obtained Value Value *Say. (2-tailed)* amounting to 0,000. This means H_0 rejected and H_1 accepted which means there is a relationship between documentation compliance *bundle phlebitis* with *phlebitis*. With a relationship level value of 0.823, it is marked positive, which means that the relationship is very strong and increasing compliance will reduce the incidence of *phlebitis*.
3. The influence of nurse performance on documentation compliance *bundle phlebitis*
 Earned Value *Say. (2-tailed)* of 0.922 due to the Value value *Say. (2-tailed)* > 0.05, so there is no influence between nurse performance and *phlebitis* bundle compliance. Meanwhile value *Correlation Coefficient* equal to - 0.008, which means there is an opposing influence with a very weak strength of influence.

Simultaneous correlation test between variables performance of implementing nurses and documentation compliance *bundle phlebitis* to the incident *Phlebitis*

Table 12. simultaneous correlation tests between variables

Model Summary ^b									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.819^a	.672	.667	.28082	.672	148.219	2	145	.000

a. Predictors: (Constant), *Phlebitis* Bundle Compliance, Executive Nurse Performance

b. Dependent Variable: *Phlebitis* Occurrence

Table 12 obtained values *Mr. F change* 0,000. Because of value *Say. F change* < 0.05, it can be concluded that the Performance of the Implementing Nurse and Compliance with the *Phlebitis* Bundle Documentation significantly influence the incidence *Phlebitis* in the Inpatient Room of the Kediri District Hospital. Apart from that, the degree of relationship or influence has an R value of 0.819, which means there is a perfect relationship.

DISCUSSION

The influence of the performance of implementing nurses on incidents *Phlebitis*

From the research results, values were obtained *Say. (2-tailed)* of 0.314. Because *Say. (2-tailed)* > 0,05 point H_0 accepted and H_1 rejected. This means there is no influence between the performance of the implementing nurse and the incident *phlebitis*. However, the results of statistical analysis obtained values *Correlation Coefficient* 0.083 with a positive sign indicating the degree of relationship The performance of implementing nurses and the

incidence of Phlebitis have a unidirectional relationship with a very weak degree of relationship.

The performance assessment data obtained by researchers is a performance assessment that includes several performance targets so that there is not one performance assessment of the implementing nurse which focuses on one performance of the implementing nurse in providing a comfortable and safe environment free from infection which is reflected as *output* from the incident *HAI's Phlebitis*. This condition makes it possible for the assessment of the performance of implementing nurses regarding the incidence of phlebitis to have no effect.

Nurse performance itself is a reflection of the completion of work carried out by a nurse in terms of quantity, quality and time, the assessment of which is carried out by the head of the room with the approval of the implementing nurse and then validated by the direct superior, namely the Head of Nursing. The element of objectivity is important in obtaining truthful performance assessments that are in accordance with reality.

Hanggraeni, (2012 *cit.* Wardhana et al., 2022, p. 20) states several errors that can occur in employee performance appraisal, namely *Hello Effect* is an assessment based only on one criterion and ignoring other criteria, *Central Tendency* where the appraiser does not want to give extreme values, but only average or middle values and *Leniency* In this condition, the appraiser is generous in providing performance assessments, which has the effect of tending to give grades that are too good and less objective.

The Republic of Indonesia's PANRB Ministry (2022, p. 68) states "performance documentation is carried out on supporting evidence that reflects the realization of progress and/or final realization of work results, not supporting evidence of activities." This will make the actual performance not reflect the reality of the work carried out by implementing nurses.

The Republic of Indonesia's PANRB Ministry (Performance Management of State Civil Apparatus Employees, 2022, P. 69) states "the performance monitoring period is not specifically determined and is expected to be carried out incidentally by the Performance Appraisal Officer to avoid bias in monitoring employee performance. Performance monitoring is carried out by observing the realization of progress and/or final realization of work results and employee work behavior through performance documentation contained in non-electronic information systems and/or electronic-based information systems or direct observation." In the Kediri Regency Regional Hospital, performance monitoring has not been carried out optimally because monitoring is only carried out through documentary evidence in the form of performance achievement progress and direct observation is not carried out so that the performance assessment of implementing nurses cannot reflect actual performance.

Circular Letter of the Minister of State Apparatus Empowerment and Bureaucratic Reform Number 3 of 2023 concerning Procedures for Determining the Performance Predicate for State Civil Service Employees (2023, p. 5) states "if the organization's performance predicate is good then the majority (maximum 70%) of employees have a good performance predicate, there must be employees who have the title of work requiring improvement and/or lacking/mistakes, and other employees can have the title of very good performance and/or very not enough. Because the Kediri Regency Regional Hospital has a "Good" performance rating, this will influence the assessment of employee performance, especially executive nurses, with only 70% of the composition having a good performance rating. This will have an impact on the reluctance to obtain the conditions or reality of the performance of implementing nurses because the proportion has been determined.

Dewi Nur et al. (2024, p. 122) stated that organizational and management support had an influence on the performance achievements of implementing nurses at Kita Keluarga Hospital, Tangerang.

Silalahi & Siregar (2021, p. 110) in their research revealed that the performance of nurses is not good because performance assessments are carried out in certain situations when needed, nurses are less comfortable at work and the organization's treatment is lacking towards nurses, such as superiors who do not appreciate the performance of nurses, there are still nurses which is at minimum wage and there are deductions that the nurse is not aware of. Influence documentation compliance *bundle phlebitis* with the incident *Phlebitis*

From the research results obtained *Mark Sig. (2-tailed)* as much as 0,000. This means H_0 rejected and H_1 accepted which means there is a relationship between documentation compliance *bundle phlebitis* with the incident *phlebitis*. With a relationship level value of 0.823, it is marked positive, which means the relationship is very strong and in the same direction, in other words, increasing compliance with bundle documentation. *phlebitis* will be followed by a decrease in the occurrence of phlebitis and vice versa.

Prameswari et al. (2021, p. 5) concluded that nurses' compliance behavior is one of the factors that supports the success of professional nursing care in improving the quality of nursing care, one of which is complete documentation of the phlebitis prevention bundle.

Rohman et al. (2024, p. 2253) there is a correlation between the completeness of documentation and the results of work, it was further stated Complete documentation can help nurses in overcoming client problems which will then help improve the quality of nursing services.

Sulistiyorini et al. (2022, p. 927) stated in reducing the risk of occurrence *phlebitis* an assessment is carried out in the form of documentation *bundle prevention phlebitis* This is also evidence that the performance carried out by nurses is in accordance with procedures. Simultaneous influence of executive nurse performance and documentation compliance *bundle phlebitis* to the incident *Phlebitis*.

From the research results, values were obtained *Say. F change* < 0.05 , which is 0.000. This means that there is mutual influence between Executive Nurse Performance and Bundle Documentation Compliance *phlebitis* to the incident *phlebitis* in the Inpatient Room of the Kediri District Hospital. Followed by a relationship degree value of 0.819, which means there is a perfect relationship.

This is because in partial calculations both the performance of the implementing nurse and compliance with the phlebitis bundle documentation have an influence on the incidence of phlebitis, even though the two have different degrees of strength of relationship.

This is in line with research conducted by Hanifah & Rejeki (2024, p. 22) which states that nurses' compliance in implementing SOPs for infusion installation reduces the incidence of phlebitis in regional hospitals. Banyuwangi Regency roof tiles.

Handayaningsih (2009, *cit.* Fadilah, 2020, p. 5) states that completeness of nursing documentation is absolute and must exist, which is used as proof of nursing professionalism and is also a form of effort to foster and maintain accountability of nurses and nursing services.

Permenpan RB (2022, p. 25) states that implementation, monitoring and coaching of employee performance is carried out by looking at performance documentation. This means documentation as a means of evaluation evidence in providing employee performance assessments.

Sulistiyorini et al. (2022, p. 928) a nurse's documentation compliance is not only influenced by characteristics originating from the nurse herself, characteristics in an organization, but is also influenced by characteristics in the work itself. In assessment performance must show an objective nature so as not to show too much subjectivity which will have an impact on employee performance in carrying out work.

Based on several things above, it can be concluded that the incidence of phlebitis will decrease if nurses carry out the procedure *bundle phlebitis* and as proof of responsibility for the work carried out by documentation *bundle phlebitis*, This will reflect the performance of implementing nurses in improving the professionalism of nursing care through infection prevention and control in hospitals.

CONCLUSION

The performance of implementing nurses is a form of implementation of nursing activities carried out in providing nursing care to patients. Performance needs to be evaluated and monitored until an objective performance assessment is obtained so that it is in accordance with what is being done which will have an impact on improving the quality of nursing care and the quality of the hospital.

In this study, the results showed that there was no influence between the performance of implementing nurses and the incidence of phlebitis. Several factors that could be the cause include: instructions from the government that determine the maximum employee work predicate according to the organization's work predicate, hospitals that have not formed a performance assessment team, performance appraisal evaluations that are carried out based on performance achievement targets, only looking at reports documenting the progress of performance targets. not from evidence of activities, there is no field evidence by the performance assessor.

Documentation is an important piece of evidence that must be available when a nurse carries out nursing care. In this study, the results showed that there was an influence between the compliance of implementing nurses in documentation of the Phlebitis bundle and the incidence of Phlebitis, with a very strong influence. This shows that the implementing nurses at the Kediri Regency Regional Hospital have understood the importance of documentation as proof of performance and responsibility in providing professional nursing care to patients and organizations, especially in preventing and controlling infections through the implementation of *Bundle Phlebitis*.

Simultaneous influence between the performance of implementing nurses and documentation compliance *bundle phlebitis* with the incident *phlebitis* shows perfect influence or correlation. This proves that if the performance assessment is based on evidence of activities (evidence based practice) implementing the phlebitis bundle, and also documentation of the phlebitis bundle as a form of accountability, performance assessment results will be obtained that reflect reality.

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