

## **ANALYSIS OF THE INFLUENCE OF PERCEPTIONS OF LEADER'S POLICY PRODUCTS ON THE LEVEL OF NURSES' COMPLIANCE IN IMPLEMENTING NURSING CARE STANDARDS IN THE EMERGENCY INSTALLATION OF BUNDA GENERAL HOSPITAL**

**Winarni**

Master of Public Health Study Program, Faculty of Medicine, Dentistry and Sciences, Health  
Universitas Prima Indonesia

Jl. Sampul No.3, Sei Putih Bar., Kec. Medan Petisah, Kota Medan, Sumatera Utara 20118, Indonesia

### **Abstract**

The Emergency Installation has to be fast in giving services, and in making a decision in order to give a medical action quickly, accurately, safely, and effectively. The nurse has to apply the nursing standard well. In the recent three years, began in 2002, the Emergency Installation at the Bunda hospital had already done improvement of a hospital management which comprised as follows: adding a number of doctors and nurses, increasing an incentive for a nurse, completing and socializing a guide of hospital services, training of the nursing standard, and increasing a number of means. Based on the last evaluation, change of shift was often late, a nurse did not wash a hand after a medical action, toilet was dirty, there was found sand in wound after an emergency action. The aim of this research was to know the influence of a perception of manager's policy products, which comprised a regulation, a guide, sharing of tasks, problem solving, a target, and equality to the obedience of nurse in applying the nursing standard at the Emergency Installation at the Bunda hospital. This was an observational research using cross sectional approach. Number of respondent was 15 nurses who worked at the emergency unit. Collecting of data used a questionnaire and Focus Group Discussion. Result of this research shows that a regulation, sharing of tasks, problem solving, and a target have significant relationship with the obedience of nurse in applying the nursing standard. Based on multivariate analysis, the nurse who perceives not good regulation has a risk to be not obedient equal to 18 times in comparison to the nurse who perceives a good regulation. The nurse who perceives not good target has a risk to be not obedient equal to 82 times in comparison to the nurse who perceives a good target.

**Keywords:** Perception of the Policy Product, The Nursing Standard

### **INTRODUCTION**

In the last decade or two, the business environment for goods and services has changed very rapidly and competition has become increasingly fierce. Likewise with businesses in health services, such as the demand for optimal quality of health services, the development of the latest medical technology, the growth of many new competitors. To be able to survive and compete, it is necessary to provide services that are appropriate, fast, safe, efficient and effective, of good quality and customer value oriented. This can be achieved through improvement efforts and a continuous learning process from existing human resources (HR) so that they can always be relevant to current developments.

Within the process framework as mentioned above, in service providing organizations, including hospitals, the role of human resources, including nursing staff, is a fundamental and very important element. This is in accordance with one of the characteristics of service businesses, namely the inseparability between the services provided to customers who use them and the hospital's human resources as providers. Therefore, abilities and skills as well as commitment of human resources that are not optimal will have a negative impact on the services provided.

On the other hand, it is also increasingly recognized that, so that health service organizations can achieve their goals efficiently and effectively in accordance with their mission and vision, they need to pay attention to factors that can influence this, one of which is subordinates' perceptions of leadership policies.

Facing existing problems, demands and challenges, the efforts made by the Hospital leadership are to always invite, encourage and encourage and instruct all employees, both through formal and non-formal meetings, so that they want to work in accordance with the vision, mission, philosophy and Hospital destination. So that employees leave routine work attitudes, they are expected to be more active, more creative and innovative. Hospital leaders also strive to further empower employees and all levels of management at every stage of the planning process, implementation of activities as well as supervision/monitoring and evaluation, both in managerial administration activities and technical services at the Hospital; strives to provide material and financial support, although limited according to the Hospital's capabilities, for the advancement of administrative and technical medical activities both at the working group, committee, accreditation team and medical committee levels as well as activities at the Hospital level.

On the other hand, not all functional staff, including nurses, are enthusiastic and able to participate actively if involved in the hospital management process. There are things that need attention and need to be improved, such as the level of discipline and responsibility in daily tasks, late attendance at work. Attitudes that need to be eliminated include being less friendly, acting rudely or not responding quickly. Services and assistance for emergency cases in hospital emergency installations are currently increasing in number, as a result of modernization resulting from development, transportation facilities, population density, residential environments and technological advances in all fields. In emergency cases at the hospital, it is served by the Emergency Department which has the following characteristics: 1. Providing 24 hour non-stop service without any holidays. 2. The "frontmost" location is easy to reach, therefore the ER can be said to be the hospital's gateway. 3. Emergency installations need the support of human resources who have fast, responsive and friendly service, are polite and skilled in providing services to patients, namely by medical, paramedical and non-medical personnel (Director General of Medical Services 1999).

The specific conditions in the Emergency Department are that you must be quick in providing services, quick in making decisions to be able to provide fast, precise, safe and effective medical action. Therefore, doctors and especially nurses in the Emergency Department are needed to be able to provide nursing services in accordance with nursing care standards. The characteristics of emergency installations as mentioned above can be fulfilled if there is good planning, solid organization and good coordination. This situation can be implemented immediately if supported by hospital leaders/managers who have high dedication to the organization. At this time, efforts have been made to improve management, facilities and infrastructure at the Bunda Hospital Emergency Room as listed in the table below:

**Table 1. Management, Facilities and Infrastructure of the Bunda Hospital ER**

Numbers	Management, Facilities, Infrastructure	2002	2003	2004
1.	Number of ER Doctors	6 people - 2 civil servants - 4 Post PTT	7 people - 2 civil servants - 5 post PTT	9 people - 3 civil servants - 6 post PTT
2.	Number of ER nurses	8 people	12 people	15 people
3.	Implementing nurse incentives	Rp 300.000,-	Rp 500.000,-	Rp 500.000,-
4.	ER Nurse Nursing Care Training	8 people	12 people	15 people
5.	IGD coordination meeting	Every 3 months	Every 3 months	Every 3 months
6.	Handbook of nursing services in the ER	There is	di revisi	di revisi
7.	Socialization of nursing service manuals in the ER	held	held	held
8.	Patient's bed	10 TT	13 TT	15 TT
9.	Trolley table	-	-	1 trolley table
10.	Automatic sterilizer	-	-	1 piece

Based on the organizational structure that still applies at Bunda Hospital, the administrator of care is administratively and functionally responsible to the head of the room, while the head of the room is administratively and functionally responsible to the head of the nursing section. The head of the nursing section is assisted in carrying out his duties by three sub-section heads, namely the head of the care guidance and care services sub-section, the head of the nursing ethics and quality sub-section and the head of the education and training sub-section. The head of the nursing section is administratively and functionally responsible directly to the hospital director.

As an initial survey in this research plan, we conducted interviews with the head of the emergency room and also went directly into the field. From an interview with the head of the emergency room at Bunda Hospital, it was stated that there were still several emergency room nurses who did not wash their hands after carrying out procedures on patients. Based on existing procedures, it is stated that before and after taking action on a patient, nurses are required to wash their hands, and also check patient documents/status in the medical record section of the Emergency Department from emergency room patient visits during 2004. 60 patient documents were taken at random and Of this number, 15 patient documents were found to be incomplete, this shows that there were still 25% incomplete patient status entries.

From the results of the interview with the head of the emergency room and the results of direct checks in the field, the researchers developed a follow-up survey:

- a. There are still nurses in the Emergency Room who are not disciplined in implementing the regulations made by the hospital.
  - Service shift changes are not on time/arrive late. (source from interview with the head of the emergency room).
  - It is still found that duty reports are not written clearly and completely (direct observation from the 2004 nurse's duty report book).

- b. It is still found that nurses make deviations/mistakes in implementing nursing care in the Emergency Room.
- When the patient is going to suture a torn wound, he does not wash his hands with hand soap. (interview with the head of the emergency room).
  - Receiving patients impolitely, for example asking about patient complaints in a voice that is too loud. (interview with the head of the ER)

A follow-up survey we conducted on 22-4-2005 found:

- We still found dirty emergency room bathrooms/WCs even though there had been a division of tasks (field inspection).
- It is still found that nurses do not want to help their colleagues if they encounter difficulties in carrying out nursing tasks, for example installing an IV drip. (interview with head of room).
- There are still complaints from the surgical polyclinic room, it is suspected that in patients undergoing wound control at the surgical polyclinic, dirt (sand) was found in the wound which had previously received treatment in the emergency room. (interview with head of nursing).
- Senior nurses who often arrive late do not receive a warning from the head of the emergency room. (interview with head of nursing)

In connection with the phenomenon above, this prompted the author to research the influence of perceptions of leadership policy products on nurses' compliance in implementing nursing care standards in the emergency room at RSU Bunda.

## **MATERIAL AND METHODS**

### **2.1. Bivariate Analysis**

This bivariate analysis is intended to determine the influence of each independent variable individually on the dependent variable, so that it is known which independent variables have a significant influence and are suitable to be tested together (multivariate). In this study, because the scale of the independent variable is on a nominal scale and the dependent variable is on a nominal scale and  $(n_1+n_2)<20$ , the Fisher test will be used to analyze the relationship. Data was processed using SPSS 11.5 for Windows.

### **2.2. Multivariate analysis**

To determine the independent influence on the dependent variable, a multivariate analysis was carried out using a logistic regression statistical test. Data analysis calculations were carried out using a computer program with a degree of significance of  $p<0.05$ .

## RESULTS

### 3.1. Description of bivariate analysis of research variables

The following tables show the relationship between perceptions of regulations, guidelines, division of tasks, problem solving, work targets and fairness with nurses' compliance in implementing nursing care standards in the Emergency Room at RSU Bunda.

**Table 2. Cross table of perceptions of regulations and nurses' compliance in implementing nursing care standards in the emergency room at RSU Bunda**

Perception of Regulatio	obedience		Total
	Obedient	Not obey	
Good	8 100% (80%)	0 0% (0%)	8 100% (53,3%)
Not Good	2 28,6 % (20%)	5 71,4% (100%)	7 100% (46,7%)
Total	5 33,5% (100%)	10 66,7% (100%)	15 100% (100%)

From table 2. it can be narrated as follows:

- a. Description of the Obedient group
  - 80% of nurses perceive good regulations.
  - 20% of nurses' perception of regulations is not good
- b. Analysis of the relationship between perception and compliance.
  - 100% of nurses who perceive good regulations are obedient nurses..
  - 28.6% of nurses who perceive that regulations are not good are compliant nurses

The first hypothesis proposed in this study states that there is an assumption that perceptions of regulations are related to nurses' compliance in implementing nursing care standards in the emergency room at RSU Bunda. This hypothesis testing was carried out using Fisher's Exact test, where  $p\text{-value} = 0.007$ .  $p\text{-value} = 0.007$  ( $p < 0.010$ ) means that  $H_0$  is rejected, which means there is a significant relationship between perceptions of hospital regulations and nurses' compliance in implementing nursing care standards.

**Table 3. Cross table of perceptions of guidelines and nurses' compliance in implementing nursing care standards**

Perception of guidelines	obedience		Total
	Obedient	Not obey	
Good	7 87,5 % (70%)	1 12,5 % (20%)	8 100 % (53,3%)
Not Good	3 42,9 % (30%)	4 57,1 % (80%)	7 100 % (48,7%)
Total	10 66,7 % (100%)	5 33,3 % (100%)	15 100 % (100%)

From table 3. it can be narrated as follows:

a. Description of the Obedient group.

- 70% of nurses perceive good guidelines.
- 30% of nurses' perception of guidelines is not good

b. Analysis of the relationship between perception and compliance.

- 87.5% of nurses who perceive good guidelines are compliant nurses.
- 42.9% of nurses who perceive the guidelines as unfavorable are compliant nurses

The second hypothesis proposed in this study states that there is an assumption that perceptions of guidelines are related to nurses' compliance in implementing nursing care standards in the ER.

This hypothesis testing was carried out using Fisher's Exact test, where p-value = 0.119. p-value=0.119 ( $p>0.05$ ) means that  $H_0$  is accepted, which means there is no significant relationship between perceptions of hospital guidelines and nurses' compliance in implementing nursing care standards.

**Table 4. Cross table of perceptions of division of tasks with nurses' compliance in implementing nursing care standards in the RSU ER**

Perception of guidelines	obedience		Total
	Obedient	Not obey	
Good	8 100 % (80%)	0 0 % (0%)	8 100 % (53,3%)
Not Good	2 28,6 % (20%)	5 71,4 % (100%)	7 100 % (46,7%)
Total	10 66,7 % (100%)	5 33,3 % (100%)	15 100 % (100%)

From table 4. it can be narrated as follows:

a. Description of the obedient group

- 80% are nurses with the perception that the division of tasks is good.
- 20% are nurses with the perception that the division of tasks is not good

b. Analysis of the relationship between perception and compliance

- 100% of nurses who perceive the division of tasks well are compliant nurses
- 28.6% of nurses who perceive that the division of tasks is not good are obedient nurses

The third hypothesis proposed in this study states that the perception of the division of tasks is related to nurses' compliance in implementing nursing care standards in the emergency room at RSU Bunda. This hypothesis testing was carried out using Fisher's Exact test, where p-value = 0.007. p-value=0.007 ( $p<0.01$ ) means that  $H_0$  is rejected, which means there is a significant relationship between perceptions of the division of tasks and nurses' compliance in implementing nursing care standards.

**Table 5. Relationship between independent variables and dependent variables**

Independent variable	p-value	kemaknaan
Perception of regulations	0,007	meaningful
Perception of guidelines	0,119	meaningless
Perception of division of tasks	0,007	meaningful
Perception of problem solving	0,026	meaningful
Perception of work targets	0,026	meaningful
Perceptions of fairness	0,119	meaningless

From Table 5, it can be seen that the independent variables that are meaningfully related to the dependent variable include: perception of regulations, division of tasks, problem solving and work targets. These variables can be included in multivariate analysis.

### 3.2. Description of multivariate analysis of research variables

**Table 6. Summary of the results of univariate analysis using the Enter method logistic regression**

Perception variables	B	SE	Wald	df	p	Exp
Regulation	0.865	0.428	4,086	1	0,043	2,375
Division of tasks	0,563	0,313	3,237	1	0,072	1,756
Solution to problem	0,645	0,497	2,891	1	0,089	2,238
Work target	0,693	0,364	0,071	1	0,071	1,999

Based on table 6. above, it can be seen that the results of the univariate analysis with a p-value <0.25 include regulatory variables, division of tasks, problem solving and work targets which can then be included in the multivariate method statistical test.

**Table 7. Results of Multivariate Analysis using Enter method logistic regression**

Perception variables	B	SE	Wald	df	p	Exp(B)
Regulation	2,899	3,697	0,615	1	0,433	18,154*
Division of tasks	-2,374	2,981	0,634	1	0,426	0,093
Solution to problem	-0,514	3,309	0,024	1	0,876	0,598
Work target	4,408	5,780	0,878	1	0,446	82,092*
Constant	-51,860	55,347	0,878	1	0,349	0,000

From Table 7, it can be seen that the p-value of the variable

- regulatory perception is 0.433 ( $p > 0.05$ ).
- perception of division of tasks is 0.426 ( $p > 0.05$ ).
- perception of problem solving was 0.876 ( $p > 0.05$ ).
- perception of work targets is 0.349 ( $p > 0.05$ )

From the results of the multivariate analysis using the logistic regression method, it is clear that all independent variables have a joint influence on the dependent variable that is not significant ( $p\text{-value} > 0.05$ ). However, theoretically it can be assessed that if the exponential value ( $B \geq 2$ ) has The significant influence in this research is the regulatory variables and work targets so that they can be described as follows:

- Emergency Room Nurses at Bunda Hospital who have a perception that hospital regulations are not good are 18 times more likely to be disobedient than emergency room nurses who have a good perception of hospital regulations in implementing nursing care standards in the Emergency Room at Bunda Hospital.
- Emergency Room Nurses at RSU Bunda who have a perception that their work targets are not good are 82 times more likely to be disobedient than ER nurses who have a

perception of good work targets in implementing nursing care standards at the Emergency Room at RSU Bunda.

## **DISCUSSION**

### **4.1. Regulation**

These are hospital regulations that regulate the duties/obligations of nurses as hospital employees. Theoretically, it can be described that if hospital regulations are well perceived by emergency room nurses, it is hoped that the process of providing services in the emergency room can run well so that excellent service can be realized. This is in accordance with the opinion of Kreitner & Kinicki (1995) who define perception "Perception is a mental and cognitive process that enables us to interpret and understand our surroundings.

That perception is a conscious process that allows it to interpret and understand everything around it, thus understanding an object in this process is the main function. The research results showed that emergency room nurses who perceived good regulations (53.3%) were compliant (100%) and nurses who perceived bad regulations (46.7%) were disobedient (71.4%) in implementing SAK.

This shows that the better the nurses are at perceiving hospital regulations, the more compliant the ER nurses are in implementing SAK. Based on data computing using the Fisher's Exact test, the variable perception of regulations is significantly ( $p$ -value=0.007) related to the level of compliance of emergency room nurses at RSU Bunda. In connection with the above, to increase the level of nurses' compliance in implementing SAK by increasing nurses' understanding of the regulations, namely through continuous socialization and in its implementation, sanctions are enforced for those who violate them. Based on observations of RSU Bunda's personnel documents, most of the emergency room nurses are contract workers, where the recognition of contract workers is lower than that of civil servants.

This is in accordance with Herzberg's motivation theory, namely several factors that provide satisfaction to employees: achievement of goals, recognition, responsibility, improvement and development. To increase the work motivation of emergency room nurses, the hospital management proposes to the local government that contract workers be appointed as civil servants (PNS).

### **4.2. Guidelines**

Guidelines are hospital regulations that regulate the implementation of nurses' work as professional hospital staff. In accordance with the attributes held by nurses as professional staff, this is in accordance with the statement from PPNI (1999): nursing services are the implementation of nursing practice, namely the independent actions of professional nurses in providing nursing care carried out in a collaborative, collaborative manner with clients and other health workers in accordance with with the scope of authority and responsibility so that they already have the work guidelines carried out by nursing staff since their nursing education.

The results showed that emergency room nurses who perceived the guidelines as good (53.33%) were compliant (87.5%), were not compliant (12.5%), and nurses who perceived the guidelines were not good (46.67%) were non-compliant (57.1%) compliant (42.9%). By computing the data using the Fisher's Exact statistical test, the guideline perception variable had no significant relationship ( $p$ -value = 0.119) with the level of compliance.

This means that emergency nurses do not absolutely have to have a good perception of hospital guidelines, but work guidelines as nursing staff to be able to carry out nursing care in

accordance with standards need to be scrutinized to evaluate its implementation. In connection with the above, it is necessary in the nursing sector to carry out regular SAK training every year for all hospital nurses, especially emergency rooms.

#### **4.3. Division of tasks**

It is a regulatory system that exists in hospitals to support the smooth implementation of nurses' duties in the ER. G.R. Terry in the book Principles of management states the principles of organizing, namely a. The Objective (purpose). b. Departmentation (division of tasks). c. Assign personnel (placement of workers). d. Authority and responsibility (authority and responsibility). e. Delegation of authority (delegation of authority). f. Span of authority. g. Coordination (coordination).

The division of tasks in the emergency unit must be made well and can be implemented with the aim of avoiding multiple tasks which could ultimately disrupt the smooth provision of services to emergency room patients. The results of the study showed that emergency room nurses who perceived the division of tasks as good (53.33%) became compliant (100%) and those who perceived the division of tasks as not good (46.67%) became disobedient (71.4%). By computing the data using the Fisher's Exact test statistical test, the variable perception of division of tasks was significantly ( $p$ -value = 0.007) related to the level of nurse compliance in implementing SAK in the emergency room at RSU Bunda.

Based on observations and FGDs with emergency room nurses, it is clear that there are still multiple duties, for example having concurrent responsibility for the administration of health insurance, medical insurance, etc. To avoid duplicate tasks, proposals for additional administrative staff are proposed, and to increase perceptions regarding the division of tasks, it is necessary to regularly socialize the understanding of the division of tasks to all hospital employees.

#### **4.4. Solution to problem**

Based on the results of this research, it can be analyzed that the frequency distribution of emergency room nurses at RSU Bunda in perceiving problem solving is a good number (46.67%) and all of them are compliant and those who have an unfavorable perception are (53.33%) who are disobedient (62, 5%) and those who comply (37.5%). By computing data and the Fisher's Exact test, the problem solving variable has a significant relationship ( $p$ -value=0.026) to the level of compliance in implementing SAK. And to improve the ability of emergency room nurses to solve problems, namely by involving nurses in problem solving. Currently, it is recommended that every monthly routine meeting with hospital leaders be able to provide input in terms of improving the provision of medical services in the ER in particular and hospital services in general.

#### **4.5. Work target**

This is what must be achieved in carrying out work in the ER in nursing services. The work targets that must be achieved by employees must be explained before working in an organization so that they know what must be achieved in carrying out their work. Wayne F. Cascio in the book Human Resource Management 1981, the job assessment system includes: relevance, acceptability, reliability. So targets can be used to measure the suitability of work results and goals that have been set first.

Based on the results of this study, it can be analyzed that the frequency distribution of emergency room nurses at RSU Bunda in perceiving the target is good, a number (46.7%) are all

compliant (100%) and those who perceive it unfavorably are a number (53.33%) who are disobedient by (62.5%). In the results of this study, the relationship test between perceptions of work targets and nurses' compliance in implementing nursing care standards using the Fisher's Exact test method was significant ( $p$ -value = 0.026) related to nurses' implementation of SAK. To increase understanding of work targets, it is necessary to continue providing outreach to all employees, both medical and paramedics at the hospital.

In observations in the hospital staffing department, the majority of emergency workers are contract workers, theoretically their work motivation is lower than civil servants because incentives are lower, career paths do not exist, and ultimately their performance is low.

#### **4.6. Justice**

It is the process of emergency room nurses selecting, organizing testing and providing a fair response determined by hospital leadership.

Based on the results of the research, it can be analyzed that the frequency distribution of emergency room nurses at RSU Bunda in perceiving justice is good, a number (53.3%) are 87.5% compliant and 87.5% of nurses who perceive it unfavorably are (46.7%) disobedient (57.1%).

The results of this research using the Fisher's Exact test method to test the relationship between perceptions of justice were not significant ( $p$ -value = 0.119), meaning there was no significant relationship between justice and compliance with the implementation of nursing care standards. However, this justice can influence work motivation (Equity Theory). It is said that a person will be motivated to work if he enjoys justice; Therefore, it must be noted by the management of Bunda Hospital that policies relating to justice can be implemented with high commitment, for example: career progression, position promotions, awards for outstanding employees.

From the results above, it can be commented that not all of those who perceive good work targets are obedient because the ER nurses, most of whom are contract workers, are in accordance with the reinforcement theory that a person's motivation to work depends on the rewards they receive.

#### **4.7. Nursing Care Standards**

Based on descriptive analysis, it can be seen that the majority of emergency room nurses comply with nursing care standards at 66.7% and do not comply at 33.3%. Looking at these figures, it is known that the emergency room nurses at RSU Bunda are 66.7% compliant in implementing nursing care standards, so efforts still need to be made to improve the abilities and skills of the emergency room nurses at RSU Bunda.

Gibson (1996) states that abilities and skills are the main factors that influence individual performance. There are several efforts that can be made to improve employees' specific skills and expertise, namely 1) on-the-job training aims to provide experience and skills to employees using tools and materials and is carried out in real work environments, for example internships and rotations. work, 2) On site training outside working hours, delivered by trainers using audio visuals. In tracing the Recapitulation scores, the results of the standard nursing process of nursing care carried out in the Emergency Room at RSU Bunda were "assessment reached 69.97%, Nursing Diagnosis reached 42.17%, Planning reached 61.97%, Implementation/Execution 61.61%, Evaluation reached 77.97% and Nursing Documentation 53.62%.

It can be seen here that the lowest achievement in the nursing process in this study was 1) Nursing Diagnosis: achievement of 42.17% input from the FGD with participants from the

Hospital Director, Medical Committee, Nursing Department, Head of the Emergency Room that this low achievement was partly due to the lack of knowledge of the ED nurses about standards of nursing care, there is no standard status regarding nursing diagnoses. Efforts that must be made by Hospital management: training for emergency room nurses including SAK, providing status for emergency room patients in a nursing diagnosis format. 2) Nursing documentation reached 53.62% of feedback from the FGD that this low achievement made it difficult for ER nurses to implement actions for documentation. Efforts that must be made by hospital management: training of emergency room nurses on periodic SAK documentation, need to think about rewards for emergency room nurses on nurse performance.

With a statistical test, the binary logistic regression method aims to determine the joint influence of leadership policy product variables: regulations, division of tasks, problem solving and work targets on compliance variables in implementing SAK.

Which jointly influences the level of compliance. Using the multivariate method, it is: a) Nurses with unfavorable perceptions about hospital settings have a tendency to be non-compliant 18 times greater than nurses with unfavorable perceptions, b) Nurses with unfavorable perceptions about work targets have a tendency to be disobedient 82 times greater than nurses who have the perception of good work targets. Proposal for SAK training hospitals for emergency room nurses for logistical investigations that are equipped with nursing diagnoses. So the suggestion to the hospital management is that in order for hospital regulations to be implemented properly and carry out sanctions for those who violate them and work targets for hospital nurses, especially emergency room nurses, there needs to be a clear understanding and understanding, namely by evaluating the performance of emergency room nurses every month by the nursing sector.

## CONCLUSION

Based on the results of this research, several conclusions can be made, including the following:

- a. The emergency room nurses at RSU Bunda perceived the leadership's policy products as follows:
  - Regulations are perceived as good 53.33% and not good 46.67%.
  - Guidelines are perceived as good 53.33% and not good 46.67%.
  - The division of tasks is perceived as good by 53.33% and not good by 46.67%.
  - Problem solving is perceived as poor by 53.33% and good by 46.67%.
  - Work targets are perceived as bad by 53.33% and good by 46.67%.
  - Justice is perceived as bad by 60% and good by 40%.
- b. Level b. The level of nurse compliance in implementing nursing care standards is as follows: Nurses' compliance in implementing nursing care standards is as follows:
  - Assessment of 69.89%.
  - Nursing diagnosis was 42.17%.
  - Planning was 61.87%.
  - Implementation / Actions amounted to 61.61%
  - Evaluation of 77.97%.
  - Nursing documentation is 53.62%
- c. Bivariately using the Fisher's Exact test, there is a real relationship between perceptions of leadership policies which include: regulations (p-value = 0.007), division of tasks (p-

value = 0.007), problem solving (p-value = 0.026), work targets ( p-value = 0.026) with the compliance of emergency room nurses in implementing nursing care standards in the Emergency Installation of RSUD Aceh.

- d. Together, the factors that influence the level of nurse compliance in implementing SAK are as follows:
  - Regulations that are perceived by emergency room nurses at RSUD Aceh as bad will have a tendency to be disobeyed 18 times greater than emergency room nurses who perceive regulations well in implementing nursing care standards in the emergency room at RSUD Aceh.
  - Work targets that are perceived poorly by RSUD ER nurses will have a tendency to be disobeyed 82 greater than ER nurses who have a good perception of work targets in implementing nursing care standards in the RSUD Aceh ER.
- e. The better you are at perceiving policy products including: regulations, division of tasks, problem solving and work targets, the greater the level of compliance with the implementation of nursing care standards in the emergency room at RSUD Aceh.

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