

Factors Influencing Nursing Rounds in the Inpatient Ward Otanaha Regional Hospital, Gorontalo City

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ABSTRACT

Nursing rounds will provide a medium for nurses to discuss health problems and patient needs in more depth and are a learning process for nurses using the hope of improving cognitive, effective, and psychomotor abilities. Nurses' sensitivity and critical thinking will grow and be trained through a transfer of knowledge and application of theoretical concepts into nursing practice. Purpose: This study aims to determine the factors that influence nursing rounds in the inpatient room of Otanaha Regional Hospital, Gorontalo City. Method: This study uses a descriptive analytical design with a cross-sectional approach. Analytical research is research that aims to clarify the relationship between one variable and another. Cross-sectional research is a study to study the dynamics between factors that influence nursing rounds in the inpatient room of Otanaha Regional Hospital, Gorontalo City. The results of statistical tests using Spearman's rho showed a very significant relationship ($p = 0.030$) between implementation and subjective norms in nursing rounds in the inpatient room of Bajawa Regional Hospital, East Nusa Tenggara. The results of the statistical test showed sufficient correlation ($r = 0.219$) which means the relationship between variables is balanced 1. Results: From the results of the statistical test using the Wilcoxon test, it was found that knowledge had an effect on the implementation of nursing rounds in the Inpatient Room of Otanaha Regional Hospital, Gorontalo City with a p value of 0.0002. From the results of the statistical test using the Wilcoxon test, it was found that attitudes had an effect on the implementation of nursing rounds in the Inpatient Room of Otanaha Regional Hospital, Gorontalo City with a p value of 0.003. The implementation of nursing rounds will run well with good knowledge, positive attitudes, good subjective norms, and good intentions from nurses to implement nursing rounds. So training on nursing rounds and the implementation of nursing rounds are needed regularly and continuously. It is hoped that with these improvements, the implementation of nursing rounds can be more optimal and contribute to improving the quality of patient care.

INTRODUCTION

The quality of nursing care is one of the important factors in improving the overall quality of health services. The public's perception of a hospital is influenced by the quality of nursing services provided. Therefore, improving the quality of nursing care is an important component of efforts to improve hospital service quality. One of the indicators that can be used to assess and improve the quality of nursing services is the implementation of nursing rounds (Ananda et al., 2022).

Nursing rounds provide an opportunity for nurses to discuss patient problems in greater depth. They also serve as an educational process that enables nurses to improve their cognitive, affective, and psychomotor skills. Through nursing rounds, nurses can develop critical-thinking skills and become more accustomed to transferring knowledge and applying theoretical concepts to nursing practice (Wardani, Azis, & Darwis, 2023).

Nursing rounds are conducted by bringing nurses together to discuss nursing problems and evaluate the interventions that have been provided to patients or their families. This process actively involves participants in discussions aimed at identifying and solving patients' nursing problems (Hasibuan et al., 2022).

According to research conducted at Bajawa Hospital, there were 108 nurses working in inpatient wards, consisting of 28 nurses with a bachelor's degree in nursing, 12 nurses with a Diploma IV qualification, and 68 nurses with a

Diploma III qualification. A preliminary study conducted in the inpatient wards through an interview with the head of the ward indicated that nursing rounds had not yet been implemented in the inpatient wards (May, 2019).

Research conducted at Aisyiyah Hospital reported that the implementation of nursing rounds was not optimal. Some wards had implemented nursing rounds, while others had not. In addition, standardized guidelines for nursing rounds had not been adequately established, resulting in differences in nurses' perceptions regarding their implementation. Some nurses also did not fully recognize the importance of nursing rounds in improving patient care services (Suwanto, Yulisetyaningrum, & Indanah, 2022).

Research conducted at Otanaha Hospital, Gorontalo City, found that nurses in the wards conducted nursing rounds approximately once a month or when there was a patient with a complex condition. Nursing rounds were also conducted during supervision and were frequently implemented in surgical and internal medicine wards (Sabirin, 2023).

Nursing rounds are one of the important nursing management methods that can contribute to improving the quality of nursing services. Nursing rounds provide nurses with opportunities to improve their cognitive, affective, and psychomotor abilities, strengthen their sensitivity to clinical problems, develop critical-thinking skills, and apply theoretical concepts to nursing practice and patient care. Therefore, nurses' knowledge and behavior are essential for the effective implementation of nursing rounds (Setiawan, Mediawati, & Yudianto, 2023).

The irregular implementation of nursing rounds by nurses in the inpatient wards of Otanaha Regional Hospital, Gorontalo City, may be influenced by behavioral factors. One of the theories commonly used to explain human behavior is the Theory of Planned Behavior (TPB), proposed by Ajzen. According to this theory, individual behavior is influenced by three main factors: attitudes, subjective norms, and perceived behavioral control. Subsequent developments of the theory have also considered background factors, including knowledge. Therefore, an increase in nurses' knowledge regarding nursing rounds is expected to contribute to better implementation of nursing rounds.

Several previous studies have examined the relationship between nurses' knowledge, attitudes, subjective norms, and nursing practices. Research by Moi, Nursalam, and Asmoro (2019) reported that nurses' knowledge was related to their attitudes and implementation of nursing practices. The study also identified a significant relationship between nurses' knowledge and their attitudes toward nursing rounds. In addition, a significant relationship was found between attitudes and nursing actions, as well as between subjective norms and the implementation of nursing practices.

Nursing rounds are an important strategy for improving various aspects of the nursing profession, particularly communication and interaction among nursing team members. They are also useful in supporting clinical practice, evidence-based care, and patients' understanding of their health conditions. Furthermore, nursing rounds may increase nurses' autonomy, which can subsequently contribute to increased job satisfaction among nurses (Hidayat, 2020).

METHODS

Research Design

This study used an analytical descriptive design with a cross-sectional approach. Analytical research is conducted to examine the relationship between one variable and another (FOLKI & Saliman, 2021). A cross-sectional study is a research design used to assess the relationship between factors associated with the implementation of nursing rounds at Otanaha Regional Hospital, Gorontalo City.

Population and Sample

Population

The population is the entire group of objects or subjects that meet predetermined criteria (Almin, Garancang, & Abunawas, 2023). The population in this study consisted of nurses working in wards P1, P2, and P4 at Otanaha Regional Hospital, Gorontalo City, with a total of 30 nurses.

Sample

A sample is a portion of the population selected to represent the characteristics of the population. Researchers may use a sample when it is not possible or practical to study the entire population due to limitations in resources, time, or personnel.

This study used a total sampling technique. Total sampling is a sampling method in which all members of the population are included as research participants, particularly when the population is relatively small. Therefore, all nurses working in wards P1, P2, and P4 at Otanaha Regional Hospital, Gorontalo City, were included in the study. The total sample consisted of 30 nurses (Jannah et al., 2022).

Research Variables

This study consisted of two types of variables: independent variables and a dependent variable.

Independent Variables

An independent variable is a variable that is presumed to influence or affect the dependent variable. In this study, the independent variables were attitude, knowledge, subjective norms, and intention (Andya, 2020).

Dependent Variable

A dependent variable is a variable that is influenced by one or more independent variables. In this study, the dependent variable was the implementation of nursing rounds.

Data Collection Methods**Primary Data**

Primary data are data obtained directly from the original source or research subjects. In this study, primary data were collected through interviews and observations.

Interview

An interview is a data-collection technique used to obtain information directly from respondents through verbal communication. Interviews were conducted to obtain information relevant to the implementation of nursing rounds.

Observation

Observation is a data-collection technique involving direct examination of phenomena or activities related to the research problem. In this study, observations were conducted to collect information regarding factors associated with the implementation of nursing rounds.

Secondary Data

Secondary data are data obtained from existing sources, such as documents, records, and references. In this study, questionnaires and supporting documents were used to obtain information regarding nurses' knowledge, attitudes, subjective norms, intentions, and the implementation of nursing rounds.

The questionnaire was used to measure respondents' knowledge, attitudes, subjective norms, and intentions through a series of written questions or statements provided to the respondents. The questionnaire therefore served as an instrument for collecting standardized information from the research participants (Hasibuan, 2016; 2020).

Data Analysis Techniques**Univariate Analysis**

Univariate analysis is used to describe and characterize each research variable separately. The purpose of univariate analysis in this study was to obtain the frequency distribution of each variable (Notoatmodjo, 2018).

The variables analyzed included demographic characteristics and categorical research variables. The results of the univariate analysis were presented in the form of frequency distributions and percentages.

Bivariate Analysis

Bivariate analysis is a statistical process used to examine the relationship or association between two or more variables. Before conducting the analysis, a normality test was performed to determine whether the data followed a normal distribution.

Normality was assessed using descriptive measures, including skewness and kurtosis (Respati, Sulistyowati, & Nababan, 2019). Following data collection, statistical analysis was conducted using Spearman's rho correlation test to examine the relationship between independent and dependent variables. Where appropriate, a logistic regression analysis was also used to identify factors associated with the implementation of nursing rounds.

Research Ethics

Research ethics involve rational considerations regarding researchers' moral obligations in conducting research, publishing findings, and protecting research participants. Researchers are required to apply ethical principles throughout the research process (Hansen, 2023).

Informed Consent

Before participating in the study, respondents were provided with information about the research and asked to provide informed consent. Respondents had the right to understand the purpose and procedures of the study and the right to refuse or withdraw from participation. The informed consent also explained that the data obtained would only be used for research purposes.

Anonymity

Anonymity was maintained by protecting the identity of respondents. The researchers did not record the respondents' names on the data-collection forms or questionnaires. Instead, each respondent was identified using a code or identification number.

Confidentiality

Confidentiality refers to the researchers' responsibility to protect all information obtained from respondents. All information collected during the study was kept confidential and was only used for purposes directly related to the research.

Fidelity

Fidelity refers to the researcher's responsibility to maintain honesty, trust, and commitment toward the research participants. Researchers and respondents have the right to communicate appropriately and maintain a respectful relationship throughout the research process.

Autonomy

Autonomy refers to an individual's freedom and right to make decisions independently. In this study, respondents had the right to decide whether to participate in the research and were free to make decisions regarding their participation without coercion.

Non-maleficence

The principle of non-maleficence requires researchers to ensure that the research does not cause physical, psychological, social, or other forms of harm to the respondents. The researchers therefore took appropriate measures to protect all participants throughout the research process.

RESULTS**Characteristics of Respondents**

Based on the univariate analysis, the distribution of respondents according to age, gender, and educational background is presented in Table 1.

Table 1. Characteristics of Respondents

Characteristics	Frequency (n)	Percentage (%)
Age		
21–30 years	12	40.0
31–40 years	17	56.7
41–50 years	1	3.3
Gender		
Male	9	30.0
Female	21	70.0
Education		
Diploma III in Nursing (DIII)	19	63.3
Diploma IV in Nursing (DIV)	3	10.0
Bachelor of Nursing (S1)	8	26.7
Total	30	100.0

Source: Primary Data (2023)

Table 1 shows that the largest proportion of respondents was in the **31–40-year age group**, consisting of 17 respondents (56.7%), while the smallest proportion was in the **41–50-year age group**, consisting of 1 respondent (3.3%).

Based on gender, the majority of respondents were **female**, with 21 respondents (70.0%), while 9 respondents (30.0%) were male.

In terms of educational background, most respondents had a **Diploma III in Nursing (DIII)** qualification, with 19 respondents (63.3%). This was followed by respondents with a **Bachelor of Nursing (S1)** qualification, with 8 respondents (26.7%), while the smallest proportion consisted of respondents with a **Diploma IV in Nursing (DIV)** qualification, with 3 respondents (10.0%).

Univariate Analysis**Knowledge Level**

The distribution of respondents based on their level of knowledge regarding the implementation of nursing rounds is presented in Table 2.

Table 2. Distribution of Respondents Based on Knowledge Level in the Implementation of Nursing Rounds

Knowledge Level	Frequency (n)	Percentage (%)
Good	21	70.0
Adequate	9	30.0
Poor	0	0.0
Total	30	100.0

Source: Primary Data (2023)

Table 2 shows that the majority of respondents had a **good level of knowledge** regarding the implementation of nursing rounds. A total of 21 respondents (70.0%) had good knowledge, while 9 respondents (30.0%) had an adequate level of knowledge. No respondents were categorized as having poor knowledge.

Attitude

The distribution of respondents based on their attitudes toward the implementation of nursing rounds is presented in Table 3.

Table 3. Distribution of Respondents Based on Attitudes Toward the Implementation of Nursing Rounds

Attitude	Frequency (n)	Percentage (%)
Positive	13	43.3
Negative	17	56.7
Total	30	100.0

Source: Primary Data (2023)

Table 3 shows that 13 respondents (43.3%) had a **positive attitude** toward the implementation of nursing rounds, whereas 17 respondents (56.7%) had a **negative attitude**. Thus, the proportion of respondents with negative attitudes was higher than that of respondents with positive attitudes.

Subjective Norms

The distribution of respondents based on subjective norms regarding the implementation of nursing rounds is presented in Table 4.

Table 4. Distribution of Respondents Based on Subjective Norms in the Implementation of Nursing Rounds

Subjective Norms	Frequency (n)	Percentage (%)
Good	13	43.3
Adequate	17	56.7
Poor	0	0.0
Total	30	100.0

Source: Primary Data (2023)

Table 4 shows that 13 respondents (43.3%) had **good subjective norms**, while 17 respondents (56.7%) had **adequate subjective norms**. No respondents were categorized as having poor subjective norms.

Intention

The distribution of respondents based on their intention to implement nursing rounds is presented in Table 5.

Table 5. Distribution of Respondents Based on Intention to Implement Nursing Rounds

Intention	Frequency (n)	Percentage (%)
Good	12	40.0
Adequate	18	60.0
Poor	0	0.0
Total	30	100.0

Source: Primary Data (2023)

Table 5 shows that 12 respondents (40.0%) had **good intentions** regarding the implementation of nursing rounds, while 18 respondents (60.0%) had **adequate intentions**. No respondents were categorized as having poor intentions.

Implementation of Nursing Rounds

The distribution of respondents according to the implementation of nursing rounds is presented in Table 6.

Table 6. Distribution of Respondents Based on the Implementation of Nursing Rounds

Implementation of Nursing Rounds	Frequency (n)	Percentage (%)
Good	26	86.7
Poor	4	13.3
Total	30	100.0

Source: Primary Data (2023)

Table 6 shows that the implementation of nursing rounds was categorized as **good among 26 respondents (86.7%)**, while 4 respondents (13.3%) were categorized as having poor implementation of nursing rounds. These findings indicate that most nurses had implemented nursing rounds appropriately.

Normality Test

Before conducting the analysis to examine the factors associated with the implementation of nursing rounds, a normality test was performed. The **Shapiro–Wilk test** was used because the study involved 30 respondents. The decision criterion was that data were considered normally distributed if the significance value (p) was greater than 0.05. Conversely, if the significance value was less than 0.05, the data were considered not normally distributed. The results of the normality test showed that all variables had significance values below 0.05. Therefore, the data were not normally distributed. Consequently, a non-parametric statistical test was used for further analysis, namely the **Wilcoxon test**.

Table 7. Normality Test Results

Variable	Shapiro–Wilk Statistic	Sig.
Knowledge	2.70	0.000
Attitude	1.57	0.003
Subjective Norms	2.43	0.001
Intention	2.50	0.000

Source: Primary Data (2023)

Based on Table 7, all variables had significance values below 0.05. Knowledge had a significance value of 0.000, attitude 0.003, subjective norms 0.001, and intention 0.000. Therefore, the data were not normally distributed, supporting the use of non-parametric statistical analysis.

Bivariate Analysis

The Influence of Knowledge on the Implementation of Nursing Rounds

Table 8. The Influence of Knowledge on the Implementation of Nursing Rounds

Variable	Mean	N	Asymp. Sig. (2-tailed)
Knowledge	2.70	30	0.000
Implementation of Nursing Rounds	1.87	30	—

Source: Primary Data (2023)

The statistical analysis was performed using the **Wilcoxon test**. The results showed an *Asymp. Sig. (2-tailed)* value of **0.000**, which is less than 0.05. Therefore, **H0 was rejected and Ha was accepted**, indicating a statistically significant relationship between nurses' knowledge and the implementation of nursing rounds in the inpatient wards of Otanaha Regional Hospital, Gorontalo City.

The Influence of Attitude on the Implementation of Nursing Rounds

Table 9. The Influence of Attitude on the Implementation of Nursing Rounds

Variable	Mean	N	Asymp. Sig. (2-tailed)
Attitude	1.57	30	0.003
Implementation of Nursing Rounds	1.87	30	—

Source: Primary Data (2023)

The Wilcoxon test produced an *Asymp. Sig. (2-tailed)* value of **0.003**, which is less than 0.05. Therefore, **H₀ was rejected and H_a was accepted**. This result indicates a statistically significant relationship between nurses' attitudes and the implementation of nursing rounds in the inpatient wards of Otanaha Regional Hospital, Gorontalo City.

The Influence of Subjective Norms on the Implementation of Nursing Rounds

Table 10. The Influence of Subjective Norms on the Implementation of Nursing Rounds

Variable	Mean	N	Asymp. Sig. (2-tailed)
Subjective Norms	2.43	30	0.001
Implementation of Nursing Rounds	1.87	30	—

Source: Primary Data (2023)

The Wilcoxon test resulted in an *Asymp. Sig. (2-tailed)* value of **0.001**, which is less than 0.05. Therefore, **H₀ was rejected and H_a was accepted**. This finding indicates that there was a statistically significant relationship between subjective norms and the implementation of nursing rounds in the inpatient wards of Otanaha Regional Hospital, Gorontalo City.

The Influence of Intention on the Implementation of Nursing Rounds

Table 11. The Influence of Intention on the Implementation of Nursing Rounds

Variable	Mean	N	Asymp. Sig. (2-tailed)
Intention	2.50	30	0.000
Implementation of Nursing Rounds	1.87	30	—

Source: Primary Data (2023)

The Wilcoxon test showed an *Asymp. Sig. (2-tailed)* value of **0.000**, which is less than 0.05. Therefore, **H₀ was rejected and H_a was accepted**. This result indicates a statistically significant relationship between nurses' intention and the implementation of nursing rounds in the inpatient wards of Otanaha Regional Hospital, Gorontalo City.

DISCUSSION

Characteristics of Respondents

Age

The distribution of respondents based on age showed that the largest proportion was in the **31–40-year age group**, consisting of 17 respondents (56.7%), while the smallest proportion was in the **41–50-year age group**, consisting of 1 respondent (3.3%). This finding indicates that most nurses working in the inpatient wards of Otanaha Regional Hospital were within the productive age range.

Age is an important factor in the performance of workers, particularly in healthcare services. As individuals mature, their experience, ability to think, and capacity to make decisions may develop. Nurses with greater maturity may have better experience and judgment in carrying out their professional responsibilities. Nursing is a profession that requires nurses to provide continuous and professional services to patients; therefore, maturity and work experience may contribute to the effective performance of nursing duties.

Older individuals are generally considered to have greater maturity in thinking and decision-making. This is also associated with cognitive development. In terms of social trust, mature individuals may be perceived as more reliable than younger individuals (Nursalam, 2016). Productive-age individuals are generally capable of carrying out various activities and responsibilities supported by their cognitive abilities. Therefore, age may influence individual behavior and performance in carrying out professional duties (Suwaryo, 2020).

Gender

The results showed that the majority of respondents were **female**, with 21 respondents (70.0%), while 9 respondents (30.0%) were male. Gender is one of the factors that may be associated with work characteristics and productivity. Differences in gender may be related to biological, psychological, and social characteristics that influence how individuals respond to their work environment.

Gender is also related to patterns of interaction, relationships among individuals, and social structures. Gender characteristics may differ across social groups and may change over time. These factors may also influence work productivity and how individuals perform their professional responsibilities. In general, productivity is not determined solely by physical strength but is also influenced by biological, psychological, and social factors (WHO, 2019).

In nursing, however, professional performance should primarily be assessed based on competence, knowledge, skills, professional ethics, and the ability to provide quality patient care rather than gender alone.

Educational Background

The results showed that the majority of respondents had a **Diploma III in Nursing (DIII)** qualification, with 19 respondents (63.3%), followed by respondents with a **Bachelor of Nursing (S1)** qualification, with 8 respondents (26.7%), and those with a **Diploma IV in Nursing (DIV)** qualification, with 3 respondents (10.0%).

Educational background is an important factor that may influence an individual's professional performance. In this study, the respondents were nurses who had received formal education in nursing and were considered competent to apply the theories and knowledge they had acquired in their professional practice.

Education plays an important role in developing human resources and increasing knowledge and professional competence. A higher level of education may provide individuals with broader knowledge and greater capacity to understand and apply information in professional practice.

This finding is consistent with previous research by Gede Juanamasta et al. (2021), which emphasized that nursing personnel need to possess professional competence that meets established ethical and professional standards. Professional nurses are expected to provide safe and high-quality care while protecting patients' rights and promoting optimal health outcomes.

Univariate Analysis

Knowledge

The results showed that 21 respondents (70.0%) had a good level of knowledge, while 9 respondents (30.0%) had an adequate level of knowledge. No respondents were categorized as having poor knowledge.

These findings indicate that most nurses had sufficient knowledge regarding nursing rounds. The high proportion of respondents with good knowledge suggests that most nurses understood the definition, purpose, procedures, and appropriate timing of nursing rounds. Adequate knowledge is important because nurses need to understand the purpose and procedures of nursing rounds before they can implement them effectively.

The findings can be understood from the extent to which nurses comprehend the concept of nursing rounds, including their objectives and appropriate implementation. Nurses with adequate knowledge are expected to be better prepared to participate in nursing rounds and apply the principles of nursing rounds in clinical practice.

This finding is consistent with research by Agustina V, Mardiono, and Ibrahim (2018), which reported that insufficient knowledge among nurses could contribute to suboptimal implementation of nursing rounds. Knowledge is generally acquired through sensory processes and learning experiences, which subsequently influence an individual's understanding and behavior.

Attitude

The results showed that 13 respondents (43.3%) had a positive attitude, while 17 respondents (56.7%) had a negative attitude toward the implementation of nursing rounds.

In principle, the implementation of nursing rounds by nurses is influenced not only by their knowledge but also by their attitudes toward nursing rounds. In this study, the proportion of respondents with negative attitudes was higher than that of respondents with positive attitudes.

Attitude is an individual's response or predisposition toward a particular object or phenomenon. It may be influenced by cognitive and affective components and can subsequently affect behavioral decisions. Therefore, nurses' attitudes toward nursing rounds may influence their willingness and readiness to participate in and implement nursing rounds.

A positive attitude may encourage nurses to perceive nursing rounds as an important component of nursing care. Conversely, a negative attitude may become a barrier to consistent implementation. Thus, improving nurses' attitudes toward nursing rounds should be considered as part of efforts to improve their implementation.

Subjective Norms

The distribution of respondents based on subjective norms showed that 13 respondents (43.3%) were categorized as having good subjective norms, while 17 respondents (56.7%) were categorized as having adequate subjective

norms.

Subjective norms refer to an individual's perception of social expectations or the influence of significant people or groups regarding whether a particular behavior should be performed. Within the context of nursing rounds, subjective norms may reflect the extent to which nurses perceive support, expectations, or encouragement from colleagues, supervisors, and the organizational environment.

Subjective norms consist of two important components: **normative beliefs**, which relate to an individual's perception of what important people expect them to do, and **motivation to comply**, which reflects the individual's willingness to follow those expectations. Therefore, subjective norms may influence an individual's intention to perform a particular behavior.

This finding is consistent with Putrina (2019), who explained that subjective norms are related to social influences and expectations that may affect an individual's intention to perform a particular behavior.

Intention

The distribution of respondents based on intention showed that 18 respondents (60.0%) had an adequate level of intention, while 12 respondents (40.0%) had a good level of intention.

These findings indicate that although the majority of respondents were categorized as having adequate intention, most nurses still demonstrated a relatively favorable intention toward the implementation of nursing rounds.

According to Nursalam (2013), intention can be regarded as a motivational factor that influences behavior. Intention reflects an individual's willingness or readiness to perform a particular behavior. In general, intention can also be understood as an individual's expectation or plan to perform a particular action.

In the context of nursing rounds, nurses who have a strong intention to participate in nursing rounds are more likely to implement them consistently. However, intention may also be influenced by other factors, such as organizational support, professional knowledge, attitudes, subjective norms, workload, and availability of adequate procedures or guidelines.

Implementation of Nursing Rounds

The results showed that the implementation of nursing rounds was categorized as **good among 26 respondents (86.7%)**, while 4 respondents (13.3%) were categorized as having poor implementation.

Of the 30 nurses participating in the study, only 4 were categorized as having poor implementation of nursing rounds. This indicates that, overall, the implementation of nursing rounds in the inpatient wards of Otanaha Regional Hospital, Gorontalo City, was relatively good.

The implementation of nursing rounds provides benefits for nurses because it creates opportunities to evaluate nursing care and discuss patient problems collaboratively. Nursing rounds can also support nurses in improving their professional competence and strengthening communication among members of the nursing team (Zaman et al., 2024).

This finding is consistent with Wardanengsih et al. (2023), who reported that nursing rounds can contribute to the development of nurses' cognitive, affective, and psychomotor abilities. Nursing rounds can therefore be used as an important strategy for improving nurses' performance and the quality of nursing care.

Bivariate Analysis

The Influence of Knowledge on the Implementation of Nursing Rounds

The statistical analysis showed a significance value of $p = 0.000$, which was less than 0.05. This indicates a statistically significant relationship between nurses' knowledge and the implementation of nursing rounds.

The distribution of respondents showed that most nurses had good knowledge and good implementation of nursing rounds. Of the respondents who had good knowledge, the majority were also categorized as having good implementation of nursing rounds. This finding indicates that knowledge is an important factor in supporting the implementation of nursing rounds.

Nurses who understand the concept, objectives, procedures, and benefits of nursing rounds are more likely to implement them appropriately. Knowledge provides a cognitive foundation that enables nurses to understand why nursing rounds are necessary and how they should be performed in clinical practice.

The findings are consistent with research by Agustina V, Mardiono, and Ibrahim (2018), which found a significant relationship between nurses' knowledge and attitudes in the implementation of nursing rounds. Their study reported a Spearman's rho significance value of $p = 0.02$, which was less than 0.05, indicating a significant relationship between the variables.

The Influence of Attitude on the Implementation of Nursing Rounds

The statistical analysis showed a significance value of $p = 0.003$, which was less than 0.05. Therefore, there was a statistically significant relationship between nurses' attitudes and the implementation of nursing rounds.

The distribution of respondents showed that 17 respondents had negative attitudes, while 13 respondents had positive attitudes. Despite the relatively high proportion of negative attitudes, the majority of respondents still demonstrated good implementation of nursing rounds.

Attitude represents an individual's response or tendency toward a particular object or situation. In the context of nursing rounds, nurses' attitudes may influence their willingness to participate, communicate, discuss patient problems, and evaluate nursing interventions.

The findings indicate that attitude is one of the factors associated with nursing-round implementation. This is consistent with Agustina V, Mardiono, and Ibrahim (2018), who reported that attitude could influence the implementation of nursing rounds.

The Influence of Subjective Norms on the Implementation of Nursing Rounds

The statistical analysis showed a significance value of $p = 0.001$, which was less than 0.05. This indicates a statistically significant relationship between subjective norms and the implementation of nursing rounds.

The distribution of respondents showed that 13 respondents had good subjective norms, while 17 respondents had adequate subjective norms. The findings indicate that subjective norms may contribute to the implementation of nursing rounds because nurses' behavior may be influenced by expectations and support from colleagues, supervisors, and the work environment.

Subjective norms represent perceived social pressure to perform or not perform a particular behavior. In the nursing context, support from fellow nurses and nursing managers may strengthen nurses' intention to participate in nursing rounds. A supportive organizational environment can therefore encourage nurses to consistently implement nursing rounds.

The Spearman's rho analysis reported in the supporting study showed a significant relationship between subjective norms and the implementation of nursing rounds, with $p = 0.001$ and a correlation coefficient of $r = 0.479$, indicating a moderate relationship between the variables (Wayan, 2006).

The Influence of Intention on the Implementation of Nursing Rounds

The statistical analysis showed a significance value of $p = 0.000$, which was less than 0.05. Therefore, there was a statistically significant relationship between nurses' intention and the implementation of nursing rounds.

The distribution of respondents showed that 18 respondents had adequate intention, while 12 respondents had good intention. Despite the fact that the majority were categorized as having adequate intention, the implementation of nursing rounds was good among most respondents.

Intention reflects an individual's willingness or readiness to perform a particular behavior. In this study, nurses' intention to participate in nursing rounds may encourage them to carry out nursing rounds in their respective wards. However, the implementation of behavior is not determined by intention alone and may also be influenced by organizational, environmental, and individual factors.

Therefore, the finding that intention was significantly associated with nursing-round implementation indicates that strengthening nurses' intention may be an important component of efforts to improve the consistency of nursing rounds.

The supporting study using Spearman's rho reported a significant relationship between intention and the implementation of nursing rounds, with $p = 0.030$ and a correlation coefficient of $r = 0.219$ (Agustina V, Mardiono, & Ibrahim, 2018).

CONCLUSION

Based on the results of the study conducted at Otanaha Regional Hospital, Gorontalo City, the following conclusions can be drawn:

1. The Wilcoxon statistical test showed a significant relationship between **knowledge and the implementation of nursing rounds**, with a significance value of $p = 0.000 (<0.05)$.
2. The Wilcoxon statistical test showed a significant relationship between **attitude and the implementation of nursing rounds**, with a significance value of $p = 0.003 (<0.05)$.
3. The Wilcoxon statistical test showed a significant relationship between **subjective norms and the implementation of nursing rounds**, with a significance value of $p = 0.001 (<0.05)$.
4. The Wilcoxon statistical test showed a significant relationship between **intention and the implementation of nursing rounds**, with a significance value of $p = 0.000 (<0.05)$.

Overall, the findings indicate that **knowledge, attitude, subjective norms, and intention are significantly associated with the implementation of nursing rounds among nurses in the inpatient wards of Otanaha Regional Hospital, Gorontalo City.**

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