

Original Research

Nursing Process Training to Improve the Quality of Nursing Care Documentation

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ABSTRACT

Background: The role of medical caretakers as well-being specialists incorporates a major commitment to well-being administrations in an effort to improve the quality of well-being administrations. A few variables that impact nursing documentation include the need for time, the need for vitality, the persistent stack, the need for information from medical caretakers around the documentation framework, the significance of reporting nursing care, and the need for support from nursing pioneers. The aim of this study is to analyze the effect of nursing process training on the quality of nursing care documentation.

Methods: The research to be conducted uses a pre-experiment design research design with a one-group pre-post test-only model consisting of one intervention group. Data collection will be carried out from October to November 2023 in the inpatient room at the hospital. The population in this study was 486 nurses in Surakarat City. The sample was determined based on simple random sampling, so 82 nurses were selected.

Results: The results of statistical tests explain that the value is -48.538 ($t\neq 0$). The t value can illustrate that there is a difference in the average score between the pre-test and post-test, where the average pre-test score (69.40) is smaller than the average post-test score (90.57) with a significant value (p) = 0.000 (p<0.05). The pre-test score (69.40) is smaller than the average post-test score (90.57), with a significance value (p) = 0.000 (p<0.05).

Conclusion: Nursing process training has been proven to be effective in influencing the documentation of the nursing process. It is recommended that health institutions provide ongoing training for nurses, not just as a one-time event.

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INTRODUCTION

Nursing services are part of health services in hospitals, which last 24 hours, so whether hospital services are good or bad is greatly influenced by the quality of nursing services. Services provided by hospitals include medical services, medical rehabilitation

services, nutritional services, pharmaceutical services, and nursing services. Quality nursing services are services that are able to meet patient expectations through the nursing care provided to patients (Widiastuti et al., 2024).

The role of medical caretakers as one of well-being laborers encompasses a major commitment to well-being administrations in endeavors to progress the quality of wellbeing administrations. In an exertion to progress quality, a nurturer must be able to carry out nursing care according to benchmarks, beginning from appraisal to assessment (Chiappinotto & Palese, 2022). Every nursing care provided must be documented in a clear, valid manner and can be used as a source of information (Tamir et al., 2021). Recording and detailing nursing activities may be part of a secure, high-quality, and evidence-based nursing home (Asmirajanti et al., 2019).

Documentation in nursing is something that is very important as a form of responsibility and accountability in reporting services (Rahman et al., 2021). Documentation can reflect the quality of services provided with the hope that it will receive ongoing attention (Jaya et al., 2019; Manuhutu et al., 2020; Sege et al., 2022). Nurses, as a profession with the greatest quantity of services provided in hospitals, are required to provide quality and professional services. The professional context refers to the implementation of nursing practice with a standard as a guide (Supratti & Ashriady, 2018).

The research results showed that poor communication between officers was one of the factors in the occurrence of medical errors (Benawan et al., 2019). Separately from that, it also shows that nursing documentation is related to understanding mortality (Collins et al., 2013). Subsequently, it is exceptionally imperative for medical attendants to get it and archive nursing care that meets the medicolegal prerequisites of nursing practice (Lagarija et al., 2020).

A few components that impact nursing documentation incorporate the need for time, the need for staff, the understanding of the stack, the need for information of medical caretakers in almost the documentation framework and the significance of reporting nursing care, the need for bolstering from nursing leaders Tasew et al., (2019), the information factor, education, state of mind, and inspiration of medical caretakers in nursing documentation (Agustina et al., 2021). Research results explain that factors that influence documentation include a lack of variety in educational training regarding nursing diagnosis, are less careful in formulating nursing goals, formulate interventions but are not followed up, and evaluation criteria that are almost constant or not updated (Lee, 2005).

According to research conducted by Nurhilaliah, (2010) on the influence of training on the nursing process regarding documentation nursing process in the internal care room at RSUD Prof. HM Anwar Makkatutu Bantaeng, there is an influence of nursing process training on nursing process documentation P = 0.02 (P < 0.05) (Nurhilalahi, 2010). In general, there is no nursing process in the inpatient room yet accomplished optimally, one of which is in the treatment room, so it is necessary to consider it necessary to develop nursing staff, one of which is through scientific training in the nursing process so that the nursing documentation system can be improved.

In the implementation of the evaluation of nursing care documentation in a type B private hospital in 2020 carried out by the nursing committee, the hospital implemented a nursing care documentation model with standards set by the Indonesian National Nurses Association (PPNI), namely the Indonesian Nursing Diagnosis Standards

(SDKI), Standards Indonesian Nursing Outcomes (SDKI), and Indonesian Nursing Intervention Standards (SDKI). Some nurses were given socialization about documentation using the SDKI, SLKI, and SIKI (3S) systems. Then it was tested to implement the 3S system.

After six months of implementation, an evaluation was carried out regarding the implementation of the nursing care documentation system, and it was found that nursing care documentation was still not good. An evaluation was carried out on the completeness of the assessment, and the results were obtained. 91.3%, and the suitability of assessment with diagnosis was 39.9%. So there is no correspondence between the results of the assessment and the formulation of nursing problems.

Meanwhile, no evaluation has been carried out regarding the preparation of outputs, implementation, and evaluation. Based on recommendations from the hospital nursing committee, training needs to be carried out on documenting nursing care. The implementation of this research adopted the pre-experiment design research methodology with a one-group pre-post-test-only model, consisting of one intervention group. This approach allowed us to gain an in-depth understanding of nurses' perceptions and experiences related to the training process and its impact on their documentation practices.

MATERIALS AND METHOD

This investigation utilized a pre-experimental plan with a one-bunch pretest and posttest as its approach (Sugiyono, 2013). The treatment (intervention) in this research is nursing process training. Nursing process training is part of nurse management and leadership training in hospitals. This training uses lecture and demonstration methods.

The demonstration aims to show the ability and skills of nurses in carrying out documentation using SDKI, SLKI, and SIKI. Material aspects in nursing process training include understanding, urgency, and practice of the nursing process, Indonesian Nursing Diagnosis Standards (SDKI), Indonesian Nursing Outcome Standards (SLKI), Indonesian Nursing Intervention Standards (SIKI) from the Indonesian National Nurses Association (PPNI), implementation, and evaluation. Nurses were involved in as many trainings as 82 people.

Nurses involved in the training were selected using purposive sampling with the criteria of inpatient room nurses, work experience of at least one year, and willingness to participate in the training until completion. Training will be held on October 19, 2023, from 12.00 to 17.00 (5 hours). Nursing care documentation was measured before training on October 18, 2023. The implementation observation sheet was the data collection instrument used to measure nursing care documentation variables documentation of nursing care.

The results of the content validity test with Aiken's V showed a validity value between 0.80 and 1.00 and reliability with Cronbach's alpha of 0.94. The documentation variable was measured again after the training, namely on October 30, 2023. Statistical analysis to measure the documentation variable used the dependent mean difference test. The level of significance is alpha 5%. Scheme The research plan is as follows (Figure 1).



Figure 1. Research design scheme

RESULTS

Respondent demographic data explains that this research involved 82 nurses, with a distribution of 20.7% being male and 79.3% being female. The majority of respondents' education is dominated by D3 as much as 65.9%, and the respondent's career level is dominated by career (PK) 1, with the number of respondents being 30 nurses (36.6%).

Variable	Frequency	Percentage (%)
Gender		
Male	17	20.7
Female	65	79.3
Education		
D3	54	65.9
D4	1	1.2
S1	2	2.4
S1PROF	25	30.5
Career Path (PK)		
PRE_CLINICAL	4	4.9
1.	30	36.6
2.	29	35.4
3.	19	23.2

Table1. Characteristics of respondents

The normality test using the Shapiro-Wilk test technique is called normal when p > 0.05 (Ghozali, 2011). The normality test in the pre-test was found to be p = 0.878 (p> 0.05). while the normality test results from the post-test were p = 0.100 (p > 0.05). By looking at the results of the Kolmogorov-Smirnov normality test above, it show that all variables have a normal data distribution.

Based on the parametric paired sample t-test, it is known that the value of t is -48.538 (t \neq 0). The t value can illustrate that there is a difference in the average score between the pre-test and post-test, where the average pre-test score (69.40) is smaller than the average post-test score (90.57) with a significance value (p) = 0.000 (p<0.05), which means there is a significant positive effect of providing nursing process training on the quality of nursing care documentation. The results of these statistical tests are in accordance with the hypothesis that nursing process training can have a positive effect on the quality of nursing care documentation.

DISCUSSION

Documentation Nursing is evidence of notes and reports made by nurses that contain all information regarding the nursing care provided, the patient's health status, history, and development of the disease (Risnawati et al., 2023). Nursing documentation is a medium of communication between health workers when providing services to patients (Siokal, 2021). Nursing process and documentation training can increase nurses' knowledge and implementation of nursing processes and documentation (Jumiati et al., 2020). Well-organized training will be able to hone nurses' knowledge and positive attitudes toward nursing documentation (Hussein et al., 2021).

Training is a basic method that can be used to maintain the quality of a nurse's performance (Fajar et al., 2023). But, at the moment, there are basic problems related to

nurse performance, Nurses will show optimal performance when carrying out accreditation, but when entering the post-accreditation phase, there will be a decrease in worker and nurse compliance (Purwandari et al., 2022). Therefore, training supervision is a factor that can influence the completeness of nursing care documentation (Saputra, 2018).

There are five basic indicators for determining the quality of nursing documentation: assessment, planning, diagnosis, action, and evaluation (Lotfi et al., 2021). Effective training can cause the formulation of nursing diagnoses and documentation of nursing interventions to increase significantly (Nool et al., 2024). Nurses who have undergone training tend to demonstrate a significant increase in the number of nursing diagnoses recorded (Namadi-Vosoughi et al., 2023).

This is because nursing documentation training does not only use a theoretical basis but also practice so that it is effective in increasing nurses' knowledge and abilities regarding nursing care documentation skills using 3S (Kartini & Ratnawati, 2022). One example is that 3S training (SDKI, SIKI, SLKI) can increase nurses' knowledge of documenting nursing actions at the UPTD of Mantang Health Center in 2022 (Rendana & Muharni, 2023). Knowledge and training together or simultaneously influence the quality of documentation of nursing care in the inpatient room at Condong Catur Hospital, Yogyakarta (Kholifah & Asda, 2022).

Training carried out for nurses should consider aspects of technological innovation because there is also nursing care using computerization, which is greatly influenced by the knowledge and attitudes of nurses (Janggeng et al., 2022). Each individual's knowledge before participating in training greatly influences the effectiveness of the training carried out (Washilah et al., 2023). Training material that is not limited to theory but also practice and is accompanied by technical guidance will effectively be able to improve individual skills (Nahak, 2023).

Other factors that can influence the effectiveness of the training are the nurse's educational background, age, and experience in documenting nursing care (Bolado et al., 2023). Nurses with high self-efficacy also tend to comply with documentation of nursing care (Erna et al., 2020).

CONCLUSION

Based on the research results, it shows nursing process training has been proven to improve the quality of documentation of nursing care with five stages of assessment, nursing diagnosis, action planning, nursing action, and evaluation. It is recommended that health institutions provide ongoing training for nurses, not just as a one-time event. Ongoing training can strengthen the knowledge and skills gained from initial training and help ensure that improved documentation practices are consistently maintained.

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