

Factors That Influence the Documentation of the Completeness of Nursing Care by the Implementing Nurse in the Emergency Room at Anutapura General Hospital, Palu.

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ABSTRACT

Keywords:

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The Nursing documentation that done is still incomplete, especially in evaluation notes and nurses notes. Incomplete patient file will have an impact on the quality of hospital services and legal ethical issues the purpose of this study is to obtain factors of documentation of the completeness of nursing care that done by staff nurse in the emergency room of Anutapura General Hospital Palu. This type of research is quantitative, with observational analytic cross sectional approached. Sampling number was total of population about 31 staff nurse. Data analysed by used chi-squer test with Fisher's Exact Test alternative test at significant level ($\alpha < 0.05$). The results of the research on the level of good knowledge with the complete documentation category 91.3%, the level of poor knowledge category of incomplete 75.0%. and high workload with a complete documentation category about 40.0%, low workload with a complete documentation category about 9.5%. knowledge with the completeness of nursing care as a result of Fisher's Exact Test alternative test results obtained P-value 0.015 ($p < 0.05$), and workload with complete documentation of the results of Fisher's Exact Test alternative test obtained P-value 0.002 ($p < 0.05$). conclusion there is a relationship between workload, knowledge with the completeness of nursing care. Suggestions for the hospital to evaluate the workload efforts experienced by nurses in the emergency room so that documentation of nursing care could be qualified for patient services.

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1. Introduction

Documentation of nursing care is a record of client responses to nursing activities in a comprehensive, systematic and structured manner as an accountability to the actions taken by nurses against clients in carrying out nursing care using the nursing process approach (Prabowo, 2016). Not complete documentation can reduce the quality of nursing services because it will not be able to identify the extent of success of nursing care that has been given. in the legal aspect the nurse does not have written evidence if one day the client demands dissatisfaction with nursing services [27]

Documentation as evidence of responsibility and accountability of nurses in carrying out their duties. Documentation is an authentic record in the application of professional nursing care management. Professional nurses are expected to face the demands of responsibility and accountability for all their actions. If there is a problem related to the nursing profession, the documentation can be used as evidence in court [22].

Inadequate nursing documentation of health services is an internationally recognized problem. The Health Ombudsman of England's criticism of nursing documentation shows the planning and coordination of inadequate functioning nurses and inaccurate observations in the emergency room [21]. Research conducted in Australia, found that completeness of nursing documentation in the emergency room was quantitatively only 40% and qualitatively 59%, with a level of documentation accuracy of only 37% [3]. In another study of 14 studies related to nursing documentation, it was found that the accurate level of nursing documentation was very lacking [25].

The completeness of nursing documentation in Indonesia is still relatively low. This is shown by research conducted by taking 300 samples from medical records obtained 69.3% nursing documentation in the incomplete category [20], from 10 nursing care documentation, assessment documentation only filled 25%, documentation of nursing diagnoses 50%, documentation only 37.5% planning, 37.5% implementation documentation, 25% evaluation documentation, and the rest no documentation at all [7]. Completeness of nursing documentation is only 63%, consisting of completeness assessment only 53%, diagnosis and planning of nursing 61%, and implementation

and evaluation are 75% [19].

Emergency nursing is fast and needs the right action, and requires critical thinking. A person's emergency, life and death environment is determined in minutes. Emergency nurses must be competent enough to carry out all aspects of the nursing process skillfully under high pressure, and must also make accurate care records through documentation. Emergency nurses must quickly assess their patients and plan interventions while collaborating with other health teams.

Emergency nurses must implement treatment plans, evaluate treatment effectiveness, and revise plans in a very narrow time span. The high level of panic in the emergency department (IGD) causes nurses to have limited time in documentation so that documentation becomes incorrect and sometimes inappropriate. Documentation errors also cause clinical disasters, even to the point of malpractice lawsuits [1].

Further studies conducted at the ED also revealed that the implementation of nursing documentation was inadequate and that no investigations had been carried out to find the reason for the problem [14]. Nursing documentation is influenced by several factors, namely lack of knowledge and training about the nursing process; and lack of knowledge about the patient's condition, medication or therapy; accessibility including access to records and availability of nursing documentation forms and workload models or forms of documentation formats; psycho-social (award), taxonomy including systematic format and use of standard and correct terminology and physical environment in the form of supporting facilities or proposals [9].

Research on the factors that influence the documentation of nursing care in Sweden was conducted by [5], it was found that nurses felt compelled to do documentation of nursing care due to lack of time to do documentation, lack of knowledge, organizational barriers, difficulty in writing and the format of documentation that was incorrect. Documentation of nursing care is significantly related to knowledge, attitudes, workload, and availability of facilities, while age, years of service, and education are not related [11].

One study revealed that nurses spent on average 20.9% of their time documenting. Excessive demands for completeness of documentation constitute a constant disruption and workload for nurses. The documentation process is very time-consuming, thereby reducing interactions between nurses and patients [26]. Another study explains nurses spend 25-44 minutes per shift only for documentation [16], 15-20% [15]. 25-50% is equivalent to 15-240 minutes [11], and nurses spend an average of 38% of their time just to communicate through documentation [4].

Anutapura General Hospital (RSU) is a Government hospital in Palu City, Central Sulawesi with a classification of type B. Hospital Emergency Installation (IGD) Anutapura Hospital has 31 nurses with educational background is one master, thirteen people S1 Nurses, and twenty people with nursing DIII and on average with work experience ≤ 5 years, and employment status are 8 civil servants (civil servants) and the remaining 23 people are honorary staff.

The number of patient visits to the emergency room tends to increase. Patient visits to the ED in 2017 were 8,716 with an average of 959 per month, in 2018 from January-July it was 4,322 with an average of 632 per month for Anutapura Public Hospital. Based on a preliminary study to see the completeness of nursing care documentation in Anutapura General Hospital, Palu on 10 randomly taken patient status, obtained nursing care documentation in a category that is incomplete with assessment, diagnosis, and evaluation is an incomplete or incomplete part. Socialization on the importance of filling and completing nursing documentation has been carried out by the nursing field. Nurses carry out documentation ranging from assessment to evaluation and even patient evaluation.

The purpose of this study was to analyze the factors that influence the documentation of the completeness of nursing care by nurses in the emergency room at Anutapura General Hospital, Palu.

2. Research Methods

This type of research is quantitative research, with observational analytic methods with cross sectional design. This research was conducted at Anutapura Hospital, Palu, which was conducted on July 31, 2018 until August 07, 2018. The sampling technique in this study was the total sampling of 31 respondents.

Inclusion criteria in this study were among others: nurses who were not on leave and peers

who were not sick. The research instrument used was a knowledge questionnaire, workload observation sheet and nursing care.

The research begins by collecting data, followed by determining samples that fit the inclusion criteria. Then provide an explanation sheet before the research and consent sheets to become respondents related to the research to be given. Next, fill in the respondent's data and then share the knowledge questionnaire sheet to each nurse on duty during business hours.

The next step the researcher made observations directly to each nurse for 10 minutes for one respondent by using the workload observation sheet, then the study conducted observations for the completeness of nursing care by using the nursing care observation sheet by looking at the patient's filled in nurse status to see the completeness from the documentation done by the nurse while on duty.

This study uses a frequency distribution table to present data. The independent variable and the dependent variable (ordinal data scale) were analyzed using frequency and percentage. Bivariate analysis in this study aims to analyze the relationship of independent variables to the dependent. Based on the results of this study another alternative chi-squer test was used was the Fisher's Exact Test to test the significance and find out the relationship between knowledge and the workload of nurses in completing nursing care. Significant level is used that is α (0.05).

3. Results and Discussion

3.1. Research result

This research was conducted in the emergency room at Anutapura General Hospital, Palu. Table 1 shows an overview of the characteristics of respondents based on gender, age, employment status, education, length of work, and marital status. Characteristics of respondents based on male and female sex of 31 respondents. The number of male respondents was 21 respondents (67.7%) and the number of female respondents was 10 respondents (32.3%). Characteristics of respondents by age (Age categorization according to the Indonesian Ministry of Health; 2009) of 31 respondents. The number of early adult respondents 23-35 years is 25 respondents (80.6%), late adults 36-45 years is 6 respondents (19.4%). Characteristics of respondents based on employment status of 31 respondents. The number of respondents who are civil servant status is 8 respondents (25.8%), who contract 23 respondents (74.2%). Characteristics of respondents based on the length of work of 31 respondents. The number of respondents who worked <5 years was 17 respondents (54.8%), those who worked > 5 years were 14 respondents (45.2%). Characteristics of respondents based on education of 31 respondents. The number of respondents who had D3 Nursing education were 20 respondents (64.5%), DIV Nursing education was 0 (0%), S1 Nursing education was 10 respondents (32.3%) and Nursing S2 education was 1 respondent (3.2%). Characteristics of respondents based on marital status of 31 respondents. The number of respondents who were married was 18 respondents (58.1%), who were not married, namely 13 respondents (41.9%). Characteristics of respondents based on education of 31 respondents. The number of respondents who had D3 Nursing education were 20 respondents (64.5%), DIV Nursing education was 0 (0%), S1 Nursing education was 10 respondents (32.3%) and Nursing S2 education was 1 respondent (3.2%). Characteristics of respondents based on marital status of 31 respondents. The number of respondents who were married was 18 respondents (58.1%), who were not married, namely 13 respondents (41.9%). Characteristics of respondents based on education of 31 respondents. The number of respondents who had D3 Nursing education were 20 respondents (64.5%), DIV Nursing education was 0 (0%), S1 Nursing education was 10 respondents (32.3%) and Nursing S2 education was 1 respondent (3.2%). Characteristics of respondents based on marital status of 31 respondents. The number of respondents who were married was 18 respondents (58.1%), who were not married, namely 13 respondents (41.9%).

Table 1
Characteristics of Respondents.

Characteristics	(f)	(%)
Other types		
1. Male	21	67.7
2. Women	10	32.3

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Characteristics	(f)	(%)
amount	31	100
Age		
1. Early adulthood	25	80.6
2. Late adulthood	6	19.4
amount	31	100
Employment status		
1. Civil Servants	8	25.8
2. Contract	23	74.2
amount	31	100
Education		
1. D3 Nursing	20	64.5
2. DV Nursing	0	0
3. S1 Nursing	10	32.3
4. S2 Nursing	1	3.2
amount	31	100
Length of working		
1. <5 years	17	54.8
2. > 5 years	14	45.2
amount	31	100
Marital status		
1. Married	18	58.1
2. Not Married	13	41.9
amount	31	100

The results of research on the knowledge of nurses in Anutapura Hospital General Hospital Palu showed that the frequency of the good level of knowledge of 23 respondents was 74.2% and the level of knowledge was less good than 8 respondents which amounted to 25.8%.

Table 2

Frequency distribution of nurses' knowledge in Anutapura General Hospital, Palu.

Knowledge	(f)	(%)
Good	23	74.2
Not good	8	25.8
amount	31	100

The results of research on the frequency of nurse workloads in Anutapura Hospital General Hospital Palu showed that the nurses' workload frequency showed a high frequency of 10 respondents at 32.3% and the nurse's workload was lower than 21 respondents namely.

Table 3

Frequency distribution of nurses' workloads in Anutapura General Hospital, Palu.

Workload	(f)	(%)
High	10	32.3
Low	21	67.7
amount	31	100

The results of research on the frequency of completeness of complete nursing care documentation shows that of 16 respondents which amounted to 51.6% and incomplete nursing care documentation of 15 respondents which amounted to 48.4%.

Table 4

Frequency distribution of nurses' nursing care documentation in Anutapura General Hospital, Palu.

ASKEP documentation	(f)	(%)
Complete	16	51.6
Incomplete	15	48.4
amount	31	100

The results of the analysis of the Chi-Square test analysis of knowledge with the completeness of nursing care data obtained that the completeness of nursing care that has good knowledge and has complete nursing care in the complete category there are 15 respondents (48.4%), who have

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poor knowledge in complete categories there is 1 respondent (3.2%) and completeness of nursing care who have good knowledge in the incomplete category there are 8 respondents (25.8%) and who have less knowledge in the category of incomplete nursing care complete there are 7 respondents (22.6 %).

Table 5
Chi square test results of knowledge test with the completeness of nursing care

Knowledge	Completeness of Nursing Care				Total		P value
	Complete		Less complete		f	%	
	f	%	f	%			
Good	15	48.4%	8	25.8%	23	100%	0.015
Not good	1	3.2%	7	22.6%	8	100%	
Total	16	51.6%	15	48.4%	31	100%	

The results of the Chi square test workload analysis with the completeness of nursing care data obtained that the completeness of nursing care that has a high workload and has complete nursing care in the complete category is 1 respondent (3.2%), which has a low workload in the complete category there are 15 respondents (48.4%) and completeness of nursing care that has a high workload in the incomplete category there are 9 respondents (29.0%) and who have a low workload in the incomplete nursing care completeness category there are 6 respondents (19, 4%).

Table 6.
Chi square test results of workload analysis with the completeness of nursing care

Workload	Completeness of Nursing Care				Total		P value
	Complete		Less complete		f	%	
	F	%	f	%			
High	1	3.2%	9	29.0%	10	100.0%	0.002
Low	15	48.4%	6	19.4%	21	100.0%	
Total	16	51.6%	15	48.4%	31	100.0%	

The results of the analysis of the relationship of knowledge with the completeness of nursing care documentation by nurses in the Anutapura Hospital General Hospital Palu, the data obtained were analyzed with an alternative Fisher's Exact Test because there is 1 cell with an expected count value in the Chi-Square test of more than 20%, and the table used 2x2 shaped. Fisher's Exact Test alternative test results obtained P-value 0.002 (p <0.05) so it can be said that there is a relationship of workload with the completeness of nursing care by nurses in the Anutapura General Hospital Hospital Palu.

3.2. Discussion

a. Relationship of Knowledge with Completeness of Nursing Care

Knowledge of nursing documents that are owned is the basis for the ability to complete nursing documents, which means that high knowledge will increase the ability of nurses to complete documents with good quality. This is consistent with the results of the study obtained by using bivariate analysis with calculations from the Fisher's Exact Test alternative test obtained P-value 0.015 (p <0.05) so it can be said that there is a relationship of knowledge with the completeness of nursing care.

The results of this study are in accordance with research conducted by [11], using the Spearman Rank statistical test the results show that respondents with a low level of knowledge have incomplete communication practices of 85.2% compared with respondents with a good level of knowledge. The results showed a p-value of 0.001 (p <0.05) which means that there is a significant relationship between the level of knowledge and nursing documentation. The higher the level of knowledge, the better the documentation will be done by the nurse.

From the results of the study there were also 8 respondents who had good knowledge but the application of the completeness of the nursing care documentation was incomplete from the results of the questionnaire completing the nursing documentation in the evaluation points and askep notes were not filled completely due to the large number of direct activities carried out, lack of

responsibility and nurses' attitudes about the importance nursing care documentation so that many of the patient's medical record status is not filled in completely until the patient is moved to the room or repatriated.

A person's knowledge is very closely related to behavior, including behavior to do nursing care documentation. Nurses must have knowledge in terms of documenting nursing care in order to provide ongoing care. This is important to help patients get better nursing care [8]. It is very important for nurses to know and understand the definitions, goals, and benefits of nursing documentation in order to be able to do good and quality nursing documentation.

It is well known that knowledge is a very important domain in shaping one's behavior. Knowledge is the result of knowing that occurs after a person senses through his senses (such as eyes, nose, and ears) on a particular object. Knowledge covered in the cognitive domain consists of six levels, namely knowing, understanding, applying, synthesizing, and evaluating. Based on these levels it can be concluded that before a person can apply the knowledge he has, one must be able to know and understand in advance about a matter [17].

Measurement of knowledge can be done by interview or questionnaire that states about the contents of the material to be measured from the research subject or respondent. The depth of knowledge you want to measure can be adjusted to the level of the domain [17]. According to Budiman and Riyanto [2], the level of knowledge is grouped into two groups if the respondent is a nurse, namely: the level of knowledge of the Good category (if the subject is able to answer correctly the value is 76-100% of all questions and, the level of knowledge of the category of Not Good (if the subject able to answer correctly the value <75% of all questions).

The results showed that behavior based on knowledge will be more lasting than behavior that is not based on knowledge [17], so it is very important to make efforts to increase knowledge related to the completeness of documentation of nursing care and evaluation by the head of the room and the management of the completeness of documentation of care nursing is very necessary to improve efforts and quality of service.

b. Relationship between Workload and Nursing Care Completeness

Based on the results of bivariate analysis using the chi-square test with calculations from the Fisher's Exact Test alternative test obtained P-value 0.002 ($p < 0.05$), thus it can be said that there is a relationship of workload with the completeness of nursing care.

This study is in accordance with research conducted by Siswanto [23], showing that the majority of nurses with high workloads do not complete documentation. The results of the analysis with the chi-square test p-value 0.003 ($p < 0.05$) which means that there is a significant relationship between the workload and the completeness of documentation of nursing care. The results of this study are in line with the opinion of Ilyas [6], that the high workload of nurses affects the productivity of nurses' performance including documenting nursing care activities. This is also according to Sochalski's statement [24], the more the number of patients will increase the workload and will ultimately affect the quality of service,

According to Walker et. al. [26], the documentation process is a very time-consuming work that can reduce interactions between nurses and patients. Excessive demands for completeness of documentation constitute a constant disruption and workload for nurses. Nurses spend an average of 20.9% of their time just to do nursing documentation.

This research is also in harmony. This is supported by the theory of Marquis et. al. [13], which states that the workload of nurses is the whole activity or activities carried out by a nurse while on duty in a nursing service unit. Activities or activities that are too high can cause inefficiencies in nursing care actions including documentation of nursing care. Nursalam [18], states that poor documentation is an indicator of poor quality nursing services, which can lead to low levels of satisfaction from patients.

Workload is influenced by two factors, namely external factors (such as physical tasks, spatial planning, workplace, work tools and sanitation, work attitude, and psychological tasks such as work complexity, level of difficulty and work responsibilities, length of work time, respite, work shift, reward system, and work environment) and internal factors (such as gender, body size, health condition, motivation, perception, belief, desire and satisfaction) [10]. While the workload of care on duty in the emergency room is generally influenced by the number of patients, patients who come together, and the condition of patients that can not be predicted with a situation that can

change.

Excessive workload will result in work stress both physically and psychologically and emotional reactions, such as headaches, digestive disorders and irritability. While the workload is too little where the work is done because of repetition of motion that causes boredom. Boredom in routine daily work due to too little assignment or work results in a lack of attention to work that can potentially endanger workers. High workload can increase the occurrence of poor communication between nurses and patients, failure of collaboration between nurses and doctors, nurses leaving and nurses' job dissatisfaction [10].

4. Conclusion

The conclusion that can be obtained from this research is that there is a relationship between the factors of knowledge with the completeness of nursing care documentation by the nurses and there is a relationship between the workload factors with the completeness of nursing care by the implementing nurses in the IGD Room of Anutapura General Hospital, Palu

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