
Analysis of Factors Related to The Documentation of Nursing Care

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ABSTRACT

Nursing documentation is written evidence of the implementation of nursing care, but in some hospitals documenting nursing care is still problem and far from the Indonesian Ministry of Health, which is 80%. This study aimed to determine the factors associated with Nursing documentation of inpatient care at the Ibnu Sina Islamic Hospital Pekanbaru. The design of this study was observational cross sectional. A sample of 82 nurses used a proportional random sampling technique. The results showed that there individual factors 72 % were early adult nurses, 51,2 % were old nurse with long time, 95,1% were high educational level. Organization factors showed that there 70,7 % were head nurse good category, 75,5% were employee available category, 52, 4% were nursing care good category. There were significant differences of length of work and level of education with documentation of nursing care.

Keywords: Individual, Physicological, Organizational, Documentation of Nursing Care

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BACKGROUND

Nursing documentation is the main task of a nurse. Documentation of nursing care is written evidence to identify client problems comprehensively, plan, implement and evaluate the effectiveness of actions taken by authorized nurses (Kozier et al., 2004; Potter & Perry, 2005). According to Ali (2010) nursing documentation is patient data of the level of pain, type, quality and quantity in meeting patient needs. Nursing documentation is written evidence of the implementation of nursing care, but in documenting nursing care there is still a problem.

Several studies carried out related to nursing documentation in hospitals shown mixed results. Elidawati's research at Pariaman District Hospital (2012) reported that only 49.5% of the documentation was in the good category. The same research in RSUD Ungaran had 65% of nursing documentation in the good category, as well as research in RSUD Morowali, Central Sulawesi. Only 65% had a good category (Nydianto, 2012; Huldin, 2013). The results of the above study were still far from the standard of documentation of the Indonesian Ministry of Health, which is 80%. Documentation standard is the completeness of the nursing care provided.

Completeness of nursing documentation is an important aspect that needs attention. Several studies on the completeness of nursing documentation, namely Syahrir's research at Labuan Baji Makassar Hospital (2012), reported that 30% of documentation was incomplete. In some other hospitals, more than 35% of documentation was incomplete, Malahayati Islamic Hospital Medan, Sultan Agung Islamic Hospital Semarang, Sawering Palopo Hospital (Simanjuntak, 2010; Sjarief, 2013; Supriatin, 2014). Based on the data above, it appears that most hospitals have problems with the incompleteness of nursing documentation, it means that nursing documentation in Indonesian hospitals is not in accordance with standard.

Documentation of nursing care is influenced by several factors. According to Lawrence Green (2001) three behavioral factors are predisposing factors, supporting factors and driving factors. According to Gibson (2008) three variables affect the performance of personnel namely individual, organizational and psychological variables. Many studies of factors relating to the documentation of nursing care using personnel performance behavior theory according to Gibson.

Several studies related to factors in documentation of nursing care in hospitals. Great Personal Research in Kelet Hospital Jepara, Central Java (2009), the related factors are the factors of knowledge, motivation, nurses' perceptions of supervision. Samuel Setiawan's research at RSUD Dr. Raden Soedjati Soemodihardjo Grobogan district (2012), the related factors are the process of writing, standards, punishment, and rewards, Marni's research at Pluit Hospital Jakarta (2013), factors related to nurses' motivation in documenting nursing care are attitude and instrument factors. Research Narlina, et al in RSUD Labuang Baji Makassar (2013), related factors are motivation, incentives and facilities and Suprihatin research at Sultan Agung Islamic Hospital (2014), supervision and motivation. Many studies of documenting nursing care with various theories are used, documenting nursing care using Gibson's theory is still rare, therefore researchers are interested in using Gibson's theory.

Ibnu Sina's Islamic hospital consists of outpatient and inpatient care. Data from the Islamic Hospital of Ibnu Sina obtained BOR values for the January-May period 34.5%, LOS 3.9%, BTO 63.4%, TOI 1.7%, GDR 4.8% and NDR 3.2%. The number of inpatient nurses is 105 people consisting of 95 women and 10 men. Classification of education for

nurses S1 + Nurse 14 people, D3 Nursing 102 people, D3 Midwives 2 people, SPK nurses 5 people, D1 Midwives 2 people with an average nurse's length of stay in hospital in Ibnu Sina Hospital is 9 years.

From the data obtained the documentation of nursing care achievements. From the evaluation results, in achieving the 2014 achievement of documentation standard in the January-March period, 71.3%, the April-June period increased by 76.8% and the July-September period decreased to 73.4%. In 2015 the achievement of documentation standards in the January-March period was 80.5%, for the Ministry of Health standards in the good category but there were still some rooms that did not meet the standards. The rooms that achieved nursing documentation standard were less than 75% in 2014 and Arafat room 73%, Medina room 72% and Ar Rahmah room 63%. In 2015 the lowest attainment of nursing care documentation standards in the January-March period was 78% Ash Shafa room 77% and Ar Rahmah room 76%.

METHODS

This research is descriptive analytic with cross sectional, where research is conducted at one time and directed to explain or study the dynamics of the correlating situation between the independent variable and the dependent variable. This research is considered appropriate to get a picture of the relationship of individual characteristics, psychological characteristics and organizational characteristics of nursing care documentation.

The population in this study were all nurses in the ward care of Ibnu Sina Hospital in Pekanbaru totaling 105 people. The sampling technique in this study is proportional simple random sampling where the sample is chosen randomly.

RESULT

Based on table, it can be seen that the performance behavior of implementing nurses is seen from the individual factors, most of the age of implementing nurses was early adulthood (72%), more than half of the work length of nurses in the old category (51.2%), generally the level of nurse, education was high, (95.1), from psychological factors it can be seen that most nurses' perceptions of positive work (81.7%) and the majority of nurses' positive nurses' attitudes (70.7%), most of the motivation of implementing nurses was high (73.2%) while seen from organizational factors, most of the supervision of the head of the room was good (70.7%) and more than half of the work design was, (64.6%). Documenting the nursing care of nurses implementing in inpatients at Ibnu Sina Islamic Hospital Pekanbaru more than half was good (52.4%).

Relationship Factors Relating to Nursing Performance viewed From Self-Establishment in Nursing Documentation at Ibnu Sina Hospital

	Documentation of Nursing Care				Total		p
	Not good		Good		f	%	
	f	%	f	%			
Age							
Early adulthood	24	40,7	35	59,3	59	100	0,08
Late adulthood	15	65,2	8	34,8	23	100	
Length of working							
New	14	35	26	65	40	100	0,04
Long	25	59,5	17	40,5	42	100	
Education Level							
High	35	44,9	43	55,1	78	100	0,04
Low	4	100	0	0	4	100	

Based on table the presentation of documentation of poor nursing care was higher in late adulthood compared with early adulthood (65.2%:40.7%). Statistically this difference was not significant.

Based on table the presentation of documenting good nursing care was higher in new nurses compared to nurses who had been working for long time (65%:40.5%). Statistically this difference was significant.

Based on table the presentation of documentation of poor nursing care was higher in nurses with low education compared to nurses with high education (100%: 44.9%). Statistically this difference was significant.

The Relationship between Behavior Factors and Performance of Nursing Viewed from Psychological Factors with Nursing Care Documents in the Inpatient Room of Ibnu Sina Islamic Hospital Pekanbaru

Psychological Factor	Documentation of Nursing Care				Total		p
	Not good		Good		f	%	
	f	%	f	%			
Perception of work							
Negative	24	26,7	11	73,3	15	100	0,13
Positive	35	52,2	2	47,8	67	100	
Attitude							
Negative	11	45,8	13	54,2	24	100	1,00
Positive	28	48,3	30	51,7	58	100	
Motivation							
Low	12	54,5	10	45,5	22	100	0,60
High	27	45	33	55	60	100	

Based on the percentage table, documentation of good nursing care was higher in the negative perception of work compared to the positive one (73.3%:47.8%). Statistically this difference was not significant. which was positive (54.2%: 51.7%). Statistically this difference was not significant

Based on table the percentage of documentation of good nursing care was higher in nurses with negative attitudes compared with positive ones (54.2%: 51.7%). Statistically this difference was not significant.

Based on table 5.4 the percentage of documentation of good nursing care was higher in nurses who were highly motivated compared to those who weren't (55%: 45.5%). Statistically this difference was not significant

The Relationship between Behavior Factors and Performance of Nurses Implementing viewed from Organizational Factors by Documenting Nursing Care at the Inpatient Room of Ibnu Sina Islamic Hospital

Organizational Factor	Documentation of Nursing Care				Total		p
	Not good		Good		f	%	
	f	%	f	%			
Supervision							
Not good	13	54,2	11	45,8	24	100	0,59
Good	26	44,8	32	55,2	58	100	
Work Design							
Yes	13	44,8	16	55,2	29	100	0,89
No	26	49,1	27	50,9	53	100	

According to the percentage table, the documentation of good nursing care was higher in the head of the room with good suppression compared with the bad one (55.8%:45.8%). Statistically the difference was not significant.

Based on the presentation table the documentation of good nursing care was higher in the design of the work that did not exist compared to the existing one (55.2%: 50.9%). Statistically this difference was not significant

DISCUSSION

Illustration of Documentation of Nursing Care in the Inpatient Room of the Ibnu Sina Hospital

The results showed that nursing documentation of inpatient care of Ibnu Sina Islamic Hospital Pekanbaru more than half was good (52.4%). In line with Shinta Indah's research (2012), Ungaran District Hospital reported that more than half nursing care was well documented (53%) and Fressilia Ayu's study (2012) at X Tangerang Hospital, most of the documentation of nursing care was quite good (83.3%). Thus it can be said that the documentation of nursing care in RSUD Ungaran Hospital, RS X Tangerang and RSI Ibnu Sina Pekanbaru was good. Documenting nursing care was the responsibility of a nurse and needs special attention from management.

Documenting nursing care is the main task as a nurse. According to Hidayat (2002) documentation of nursing care record and reporting evidence that nurses have in carrying

out nursing records that are useful for the benefit of clients, nurses and the health team in providing health services on the basis of accurate communication complete in writing with nurse responsibilities. According to Fischbach (1991) nursing care documentation is an effort to compile notes or documents that contain information about the client's history, the care required and the care that has been given.

There was still documentation of nursing care at the Ibnu Sina Hospital in Pekanbaru that was not in accordance with the standard, because supervision of the aspects of documentation of nursing care by the head of the room is still not optimal. But there were still some nurses who document their nursing care well this is because the internal motivation of implementing nurses is quite high in documenting nursing care. Direction and guidance are needed from the head of the room so that nurses are more enthusiastic in documenting nursing care. With the supervision carried out by the head of the room, the nurse will make corrections to errors in documenting nursing care so far, so it will improve the documentation of nursing care. The head of the room also often includes nurses to take part in training on documenting nursing care and also organizes activities that can trigger nurses to frequently learn and enthusiasm in documenting nursing care.

The first component of documenting nursing care is assessment. The results of the researchers' documentation study conducted in the inpatient room at the Ibnu Sina Hospital in Pekanbaru were obtained from the assessment aspect, almost part of the data review was carried out from the time the patient entered but was not reviewed until home and most of the nurses recorded data that was reviewed according to the study guidelines (95.7%) . In contrast to the research of Bara M, et al (2014). RSUD Pasar Rebo and Retyaningsih Ida (2013) at Diponegoro Regional Hospital reported that almost part of the assessment of data was not reviewed since patients entered and returned (38.8%), more than half of nurses recorded the results of assessment data with guidelines (71.7%). Thus it can be said that nurses conduct data assessments from the time patients went home but were not reviewed until they went home and nurses record data on assessment results with guidelines. This is due to several things, one of them is, the filling nurse care forms in the hospital hasn't been properly introduce to nurses. Evaluation and monitoring were less frequent and less scheduled in the implementation of documentation of nursing care, understanding young nurses who had not applied professional nursing care that recording and reporting is an absolute must and must be implemented

According to Effendy (1995) assessment is the basic thinking of the nursing process that aims to collect information or data about the client, in order to identify the client's health and nursing needs psychologically. The assessment is the collection of preliminary data to determine the patient's problem so that the actions will be given to the patient so the nurse must do the assessment correctly.

The second component of nursing care documentation is nursing diagnoses. From the aspect of nursing diagnoses, the results of most nursing diagnoses were based on problems that had been formulated (84.1), more than half of the nursing diagnosis formulation did not reflect PE and PES and did not formulate actual, risk and potential nursing diagnoses. In line with the research of Bara M, et al (2014) RSUD Pasar Rebo reported that more than half of the problems were not formulated based on the gap between health status and function patterns (51.3%), almost the majority of the formulations of actual nursing diagnoses and risks were not in accordance with the assessment (48, 6% and 35%) then Retyaningsih Ida's research (2013) in Diponegoro Regional Hospital reported that problems were not formulated based on the gap between

health status and normal conditions (79.2%), nurses did not formulate documentation based on problems, etiology and symptoms (89.6 %) and not formulated actual, potential nursing. Thus it can be said that nurses in the room when formulating nursing diagnoses did not reflect PE and PES and in not formulating actual nursing diagnoses, risks and potential. This is due to nurses in the room still seems hesitant to determine the right diagnosis due to lack of experience. Therefore it is necessary to hold regular discussions on existing problems so that there can be brainstorming as a place to share experiences.

According to Carpenito (1990) Nursing diagnosis is actual if it explains the real problem that is happening right now according to the clinical data found. Craven & Hirnle, (2000) Requirements for establishing an actual nursing diagnosis must have an element of problem, etiology, and symptom. Nursing diagnosis of risk and high risk (physical and high risk nursing diagnoses) is there a vulnerable clinical decision that individuals, families and communities are very vulnerable to problems, compared to others in the same situation. In formulating nursing diagnosis nurses must be able to pay attention to the problems that occur in patients what priority is done, by looking at the patient's problem whether the actual entry, risk or potential.

The third component of nursing care documentation is the nursing action plan. The results of research on aspects of nursing action found that most of the nursing plans are based on nursing diagnoses and arranged according to priorities (90.9% and 75.6%), almost the majority of nursing action plans did not refer to the objectives and outcome criteria. In line with the research of Bara M, et al (2014). RSUD Pasar Rebo reported that more than half of the goal formulations were not in accordance with the standard (65.1%), most of the action plans did not refer to clear objectives (98.8%) then Retyaningsih Ida's research (2013) in Diponegoro District Hospital reported that most of the goals did not contain patient components, behavior changes, and patient conditions (93.4%). From several studies conducted, it appears that the majority of nurses in making action plans do not include goals and outcome criteria. This makes the documentation of nursing care not in accordance with the standards, while according to planning standards, nursing plans are based on nursing diagnoses arranged in order of priority.

According to Aziz (2002) nursing plan is a method of communication about nursing care to patients. Every patient who needs nursing care, needs good planning. As a result of incomplete data planning is part of the organizing phase in the nursing process which includes the goals of care, setting problem solving and determining the purpose of planning to overcome client problems. An improper planning will result in low quality of nursing services to patients. In making a nursing plan the nurse at the hospital must state the goals, time of achievement and expected outcomes so that they can become a reference in the implementation of the action.

The fourth component of care documentation is nursing implementation. From the implementation aspect of nursing it was found that most nursing actions were carried out referring to the nursing plan and nurses observed the patient's response to nursing actions (92.1% and 81.1%), more than half revised of the action was not based on evaluation (73.8 %). In line with the research of Bara M, et al (2014) RSUD Pasar Rebo reported no revised of actions based on the results of evaluations conducted (43.8%) and Retyaningsih Ida's research (2013) at Diponegoro District Hospital reported more than a part of the implementation of nurses observing responses (58 (5%), the revised action was not based on the evaluation results of 56.6%. This is because nurses feel less socialized about the

standard operating procedures on documenting standard nursing care in hospitals, nurses do other tasks so they do not have time to meet directly with patients.

According to Kozier (2004) the implementation process must be centered on the client's needs, other factors that affect nursing, the implementation strategy of nursing, and communication activities. According to Nursalam (2008) implementation is the application of an intervention plan to achieve specific goals. The purpose of implementation is to assist clients in achieving predetermined goals which include health improvement, disease prevention, health recovery and facilitating coping.

The final component of documenting nursing care is evaluation. From the evaluation aspect it was found that the majority of evaluations were carried out using the SOAP approach (98.8%) and more than a portion of the evaluations of the nursing actions given did not refer to the objectives and outcome criteria (53.7%). In line with the research of Bara M, et al (2014) RSUD Pasar Rebo reported that the evaluation did not refer to the goal (90%) then Retyaningsih Ida's research (2013) at Diponegoro Regional Hospital reported that the evaluation record did not refer to the goal (70.8%). Thus it can be said that the evaluation performed by nurses did not refer to the objectives and outcome criteria. This is because nurses in the room lack of understanding of the documentation of nursing care, therefore there is a need for guidance from the head of the room so that documentation of nursing care meets the standards because the evaluation statement provides important information about the effect of planned interventions on the client's health status.

According to Fiscbach (1991) evaluation is an assessment of the nursing process that aims to assess the effectiveness of nursing actions and identify the client's progress towards achieving goals. According to Craven and Hirnle (2000) evaluation is defined as the decision of the effectiveness of nursing care between the basis of the client's established nursing goals and the behavioral responses that appear. Thus nurses in the room must evaluate the client's response whether the actions taken have been achieved or not

CONCLUSION

The behavior of the performance of nurses in the Inpatient Room of the Ibnu Sina Hospital in Pekanbaru is viewed from the individual factors, most of the age of the early adult nurses, more than half of the nurses work in the old category, generally the nurses' education level is high. The behavior of the performance of the nurses in the Inpatient Room of the Ibnu Sina Hospital in Pekanbaru is seen from psychological factors, most of the nurses' perceptions of work and the attitude of implementing nurses are positive, most of the motivation of implementing nurses is high. The performance behavior of implementing nurses in the Inpatient Room of RSI Ibnu Sina Pekanbaru is seen from the organizational factors, most of the supervision of the head of the room is good and more than half of the work design is. More than half of the documentation of civil care in the Inpatient Room at the Ibnu Sina Hospital in Pekanbaru is good

There is no relationship between individual factors including age and there is a relationship between length of work and level of education with documentation of nursing care in the Inpatient Room of RSI Ibnu Sina Pekanbaru. There is no relationship between psychological factors including perceptions of work, attitudes and motivation with documentation of nursing care in the Inpatient Room of the Ibnu Sina Hospital Pekanbaru. There is no relationship between organizational factors including supervision and work

design with documentation of nursing care in the Inpatient Room at the Ibnu Sina Hospital in Pekanbaru

The dominant factor related to the documentation of nursing care in the Inpatient Room at the Ibnu Sina Hospital in Pekanbaru is the length of work in the Inpatient Room at the Ibnu Sina Hospital in Pekanbaru.

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