Research Article

The Relationship Between Knowledge, Motivation, and Supervision Towards Documentation Among Nurses at Private Hospital in Indonesia

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Abstract

Aims: Nursing care documentation is an essential part and integrated within the nursing process. The previous study described incomplete nursing records, reflecting the quality of nursing care and implementation of patient safety. This study aim is to explore the relationship between knowledge, motivation and supervision toward nursing documentation.

Method: A descriptive-quantitative research method with a cross-sectional approach was implemented. A total of 64 respondents are agreed to participate with the convenience sampling method in one month in December 2020. Data collection used a self-report questionnaire and observational form with the accepted value of validity and reliability. Data analysis by bivariate with Chi-square and multivariate with Logistic.

Results: Nurses showed good knowledge (n=57; 89.1%) and motivation (n=35;54.7 %) whilst poor supervision (n=31;48.4) and documentation (n= 40; 62.5%) Supervision is statistically significant had relationship with nursing documentation OR 3.333 (1.151-9.650) p-value < 0.05 and strong associated with nursing documentation $\beta = 3.517$ (1.182-10.469).

Conclusion: Increasing knowledge, motivation, supervision is needed to protect both nurses and patients. Supervision activities are the tools to evaluate the nursing process and ensure continuity of care.

Keywords:
Knowledge, Motivation, Nursing documentation, Nursing Management, Patients Record, Supervision

INTRODUCTION

Nursing documentation is an essential part and inseparable from the nursing process. The quality of nursing records must be assured, systematic, valid, and legally accountable to protect patients and nurses while delivering care and intervention (1–3) Nevertheless, several studies described that nurses in hospitals write incomplete documentation (4,5). From inspection and management audit these problems are also occurred in Indonesia (6).

Various factors are influencing nursing documentation. Knowledge, motivation and supervision are the three critical aspects affecting adequate nursing records (7–9). The lack of evidence-based related with standardized, high-quality patient documentation indicates the urgently needed to arrange framework tools or criteria indicators (10). This can be accomplished with an integrated patient record by teamwork from all healthcare professionals(11). It is proven to benefit

with a lawsuit from a patient with the total amount of 12 Million at Karya Husada Hospital in Cikampek, Indonesia. Lesson learned that could be concluded complete documentation gave benefit later than the present.

Previous studies in Indonesia reported insufficient documentation(12,13) and at Cikampek Karawang Hospital the total of 50% showed completed nursing documentation below standard from the Ministry of Health, Indonesia with 80% (14). The results from the assessment of nursing documentation the January until June 2019 complete documentation in assessments only 71.7%, nursing diagnoses 61.9%, nursing interventions 72.6%, nursing implementation 65.8%, nursing evaluations 79.2%, nursing records 82.3%, and by all that means under 100 % target indicators. The pre-preliminary study from interviews and observations reported that Nursing Director doubt supervision is conducted because of unknown standards of nursing records. The nurse practitioner said that they were not focused, tired and limited time. For that explanation above, the writers are interested in exploring the relationship between knowledge, motivation and supervision toward nursing documentation.

METHODS

Study design
This research is a descriptive cross-sectional located in Karya Husada Hospital, Cikampek. One of the biggest and referral hospitals in northern Java, Indonesia. This study was conducted in one month during December 2020.

Sample
The sampling method used convenience sampling, and a total of 64 respondents agreed to participate

Instrument
Data collection used a self-report questionnaire and observational form with the accepted value of validity and reliability. Demographic characteristics were also obtained.

Data collection
Respondents filled yes or no questions to assess nursing documentation or knowledge and Likert Scale for motivation and supervision variable.

Data anlysis
T. Data analysis by bivariate with Chi-square and multivariate with Logistic Regression.

RESULTS

Table 1. Demographic characteristics of nurses toward nursing documentation (N=64)

Variables	n (%)
Age (years)	
21-25	17 (26.6)
26-35	35 (54.7)
36-45	12 (18.8)
Sex	
Male	17 (26.6)
Female	47 (73.4)
Employment Status	
Permanent	24 (37..5)
Temporary	40 (62.5)
Educational background	
Diploma III	56 (87.5)
Bachelor	8 (12.5)

Work duration (years)	
< 5	36 (56.3)
6-10	15 (23.4)
>11	13 (20.3)

Table 2. Univariate analysis of nurses toward nursing documentation (N=64)

Variables	Good n (%)	Poor n (%)
Knowledge	57 (89.1)	7 (10.9)
Motivation	35 (54.7)	29 (45.3)
Supervision	31 (48.4)	33 (51.6)
Documentation	24 (37.5)	40 (62.5)

Table 3. The relationship of associated variables toward nursing documentation

	Nursing Documentation		OR	95% CI	p-value
	Good	Poor			
Knowledge			1.571	0.280-8.814	0.605
Good	22 (34.4)	35 (54.7)			
Poor	2 (3.1)	5 (7.8)			
Motivation			2.211	0.772-6.326	0.136
Good	16 (25)	19(29.7)			
Poor	8 (12.5)	21 (32.8)			
Supervision			3.333	1.151-9.650	0.024**
Good	16 (25)	15 (23.4)			
Poor	8 (12.5)	25 (39.1)			

Table 4. Factors associated with nursing documentation

Covariate	β	Wald X^2	95% CI	p-value
Supervision	3.517	5.106	1.182-10.469	0.024**
Motivation	2.265	2.012	0.732-7.007	0.156
Knowledge	1.365	0.113	0.224-8.295	0.736

Based on Table 1 most respondents aged 26-35 years (54.7%), female (n=47; 73.4 %), temporary workers (n=40;62.5), obtained Diploma III (n=56;87.5%) and work in hospital less than 5 years (n=36;56.3%). This result can explain work status, education, and duration of work that might influence nursing documentation in this hospital. The higher total of contract nurses causes a fast turnover rate, and therefore nurses had low motivation and dissatisfaction in work. The lowest official education of nurses in Indonesia is Diploma III. Level of education and length of work less than five years might be related to the performance of nurses in the documentation of nursing care in this study (15,16)

Nurses showed good knowledge (n=57; 89.1%) and motivation (n=35;54.7 %) toward nursing documentation whilst poor supervision (n=31;48.4). However, good knowledge and motivation do not always indicate the implementation of complete nursing care documentation.

From observation, a total of 40 nurses (62.5%) write the poor nursing record. Supervision is statistically significant had relationship with nursing documentation OR 3.333 (1.151-9.650) p-value < 0.05 (Table 2). Supervision is one of the positive

external motivational factors that can affect implementing nurses by encouraging thus they can work based on hospital guideline standard (17,18)

Supervision is also strongly associated with nursing documentation β = 3.517 (1.182-10.469) than motivation and knowledge (Table 3). Supervision can be focused on increasing professionalism, including cognitive, affective and psychomotor areas, to increase the quality of nursing care. Declining this standard means the need for a better mechanism for nurse documentation in order for clarity, purpose and how recording can be measured and reported (19,20)

DISCUSSION

Nursing documentation is a vital part of clinical communication among healthcare professionals because it reflects the implementation of patient safety. Increasing the knowledge, motivation, supervision is needed continuously because good documentation protecting both nurses and patients. Supervision activities are the tools to evaluate the nursing process and ensure continuity of care.

The practice of nursing documents requires improvement for several conditions for instance among chemotherapy patients to increase better quality of care therefore nurses strongly need to receive education through formal training and staff meetings (21). However, lack of nurse knowledge is one of the barriers to achieving accurate nursing documentation. For safe and effective patient care, nurses have a professional obligation to accurately document clinical procedures

In various settings for example at the palliative care and emergency department structured nursing documentation was developed to support information transport systems and supervision is necessary to raise the general standard of documentation (22,23). Eventhough part of the nursing process documentation burden is one of the problemsthat needs to be

addressed because associated with the motivation of nurse to finish their task.Nurses need to work efficiently to support high-quality care Nurse need to work efficiently to support high-quality of care. By supervision, the nurse manager will be able to identify the essential part of the patient's history (24)

CONCLUSION

Supervision plays a critical role in the documentation of nursing care within hospitals, primarily focusing on the cognitive aspects, attitudes, and behaviors of nursing staff regarding knowledge and motivation. Educational institutions need to incorporate nursing documentation into their curriculum as a research theme, while researchers subsequently explore the correlation between supervision, motivation, knowledge, and the documentation of nursing care.

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