



**International Journal of Biology, Pharmacy
and Allied Sciences (IJBPAS)**

'A Bridge Between Laboratory and Reader'

www.jibpas.com

**A CROSS SECTIONAL STUDY TO ASSESS NURSING DOCUMENTATION
PRACTICE AND ASSOCIATED FACTORS AMONG NURSES WORKING IN
SELECTED HOSPITALS WITH A VIEW TO DEVELOP A STANDARD TRAINING
PROGRAM VADODARA, GUJARAT**

KSHATRIYA P^{1*} AND RATHAVA N²

- 1:** Assistant Professor, Department of Medical Surgical Nursing, Sumandeep Nursing College,
Sumandeep Vidyapeeth an institution deemed to be University, Vadodara, Gujarat
- 2:** Postgraduate Nursing Student, Sumandeep Vidyapeeth deemed to be University, Vadodara,
Gujarat

***Corresponding Author: Pooja Kshatriya: E Mail: Pooja.kshatriya84@gmail.com**

Received 15th May 2023; Revised 16th July 2023; Accepted 24th Aug. 2023; Available online 1st May 2024

<https://doi.org/10.31032/IJBPAS/2024/13.5.7990>

ABSTRACT

Background of the Study: Nursing documentation is an integral and vital professional nursing practice that refers to the process of recording nursing activities concerned with the care given to individual clients to ensure continual effective, safe, quality, evidence based and individualized care. **Aim:** The aim of the study to assess the nursing documentation practice and associated factors among nurses working in selected hospital. **Method:** Descriptive Cross-Sectional research design was used 100 staff nurses were selected as sample by using convenience sampling technique. **Result:** The collected data was tabulated and analysis using descriptive and inferential statistics. The mean and standard deviation observed as 2.27 ± 0.920 for documentation practice and for associated factors of documentation practice it was 1.60 ± 0.492 . Here the association that had been assessed the result that the experienced nurses showed significance result regarding associated factors. The chi square has been used to find out the significance, here (10.803) chi-square calculated value found higher than its table value at 3 degree of freedom, hence it found significantly associated with associated factors at $P < 0.05$ significant level. Based on analysis the

null hypothesis H_{02} rejected and for other variables the null hypothesis H_{02} accepted. Further the association level among documentation practice the associated factors of nurses was good for familiarity with hospital policy, work area, training, and motivation but criteria like time shortage, knowledge and documentation sheet still require to be improve. **Conclusion:** This study conducted that the Assess Nursing Documentation Practice and Associated Factors among nurses working in selected hospital with view to develop standard training program.

Keywords: Staff nurses, Nursing documentation practice, associated factors, Standard training program

INTRODUCTION

In health care settings the one of most important responsibility of each of health care professional has been quality documentation. Preparing document as per activities with an accurate way is an art. Though documentation is a very crucial part of each sector of life but when it connects with health care industry then the value of document has a great impact. Writing health related document need an adequate knowledge and training. This is one of the reasons that's why each health care professional course curriculum does include an adequate amount of training and learning in concern with document, and it has been taught that a written document always considered as legal version, this makes professionals to understand the value of quality documentation [1].

This makes the documentation considered as a vital communication tool among healthcare professionals. Among health care team members, the nurses are

considered as heart of team. One of universal fact evidenced that nurses are the only health team member who spent their maximum amount of time with the patient and >70% of indoor documents in concern with hospitalized patient prepared by nurses, hence it is very essential for each nurse to get acquaint with the document to practice quality patient care [2].

Clear, exact, and open documentation is a fundamental component of protected, quality, proof-based nursing practice. Nursing practice across settings at position levels from the bedside to the managerial office; the staff nurse to nursing chief level are mindful and responsible for the nursing documentation that is utilized all through an association. This may incorporate either documentation on nursing care that is given by any nurse cadre regardless of whether staff nurse or nursing director that can be utilized by other non-nursing individuals from the medical services

group or the managerial records that are made by the nurse also, utilized across association settings [3].

Nursing documentation is a valuable system for introducing and assessing nursing care. It is a bunch of composed data about consideration administrations gave to patients and is a significant apparatus to assess and check the exactness of medical care services and to uphold patient and nurse rights. It is additionally used to decide health care costs, patients' instructive requirements, and release plan and is considered as the fundamental wellspring of solid patient information, a reliable source for nurses, and a base for recognizing quiet issues. The documentation offers cognizance to collaboration, helps make use of other staff's proficient information, improves care quality, guarantees care congruity, empowers nurses to execute care designs viably, and encourages them to recognize changes in patients' conditions rapidly [4].

We are understanding that nursing documentation is an integral part of clinical documentation and is a fundamental nursing responsibility [5].

Good documentation ensures continuity of care, furnishes legal evidence of the process of care and supports evaluation of patient care. Accurate and complete

documentation of client's symptoms and observations is critical to proper treatment and management. Nursing documentation is an integral part of clinical documentation and is a fundamental nursing responsibility. Good documentation ensures continuity of care, furnishes legal evidence of the process of care and supports evaluation of patient care. Accurate and complete documentation of client's symptoms and observations is critical to proper treatment and management [6].

Documentation is sometimes viewed as burdensome and even as a distraction from patient care. High quality documentation, however, is a necessary and integral aspect of the work of registered nurses in all roles and settings. This requires providing nurses with sufficient time and resources to support documentation activities. At a time when accessing, generating, and sharing information in health care is rapidly changing, it is particularly important to articulate and reinforce principles that are basic to effective documentation of nursing services [7].

MATERIALS AND METHODS

Research Approach:

The Quantitative Approach will be used for this study.

Research design:

The research design chosen for this study is Descriptive cross-sectional research Design.

Place of study

The setting of this study will be selected hospitals of Vadodara City.

Population

The population for the study usually is composed of two groups- the target population and the accessible population.

Target population

Target population in this study are Staff Nurses working in hospitals of Vadodara.

Accessible population

Accessible population in this study are Staff Nurses working in selected hospitals of Vadodara.

Sample

In this study, the sample are 100 Staff Nurses working in selected hospitals of Vadodara and fulfill the eligibility criteria.

Sampling techniques

In this study non-probability, convenience sampling technique will be used.

Selection Criteria**Inclusion criteria:**

- Nurses who have minimum experience to participate in the study.
- Nurses who have completed BSc nursing, GNM and PBBS. nursing
- Nurses who volunteer to participate in the study.

- Nurses who are 21 to 35 years above of age are included in this study.

Exclusion Criteria:-

- Staff nurses who have already attended special CNE or courses for documentation importance.
- Staff nurses who are not present on time of data collection.
- Staff nurses who are not having valid degree or who are not registered under state nursing council.

Description of Tools**Section 1: Demographic Data:**

This section includes demographic variables like Age, Gender, Religion, Education, work experience and working area.

Section 2: Likert four point scale on Nursing Documentation practice

This section includes 16 items Likert four point scale on nursing documentation practice.

Section 3: Checklist on Associated factors of Staff Nurses

This section includes 16 items of Associated factors of staff nurses like knowledge, training, time, familiarity with hospital policy, documentation sheet, motivation and working area.

Section I
Table 1: Frequency and Percentage distribution of selected demographic variables of staff nurses

Demographic Variables		
	Frequency	Percentage
Age		
21-25 years	22	22
26-30 years	39	39
31-35 years	29	29
35 years above	10	10
Gender		
Male	14	14
Female	86	86
Religion		
Hindu	50	50
Muslim	15	15
Christian	31	31
Others	4	4
Education		
GNM	24	24
B.Sc Nursing	49	49
P.B.BSc Nursing	27	27
Work Experience		
≥2 year	15	15
2 year-4year	42	42
5year-7 year	15	15
≤7 year	18	18
Working Area		
General ward	40	40
ICU unit	27	27
Emergency Ward	23	23
OPD	10	10

Section II
Table 2: Finding related to the Frequency and percentage of Nursing Documentation Practice of Staff Nurses

Categories	Frequency	Percentage
Poor	10	10
Good	29	29
very Good	39	39
Excellent	22	22
Total	100	100

Section III
Table 3 : Finding related to the Frequency and percentage of Associated factors of Staff Nurses

Associated factors	Frequency	Percentage
Knowledge	34	34
Training	53	53
Time shortage	46	46
Familiarity with hospital policy	56	56
Documentation sheet	24	24
Motivation	52	52
Work area	56	56

SUMMARY

In this study a quantitative research approach with descriptive cross-sectional research design was used. Data was collected from 100 staff nurses working in selected hospital of Vadodara. Consent form was signed by each participant prior before conducting the study. The tool was prepared by the investigator after an extensive study of the related literature and with the guidance of experts. The tool consist of three section. The demographic tool includes demographic variables like Age, Gender, Religion, Education, work experience and working area. The four point likert scale for nursing documentation practice includes 16 items on nursing documentation practice. The checklist on associated factors includes knowledge, training, time, familiarity with hospital policy, documentation sheet, motivation and working area of staff nurses.

The statistical Chi square test was used to find out the association between Nursing documentation practice & selected demographic variables and association between associated factors & selected demographic variables. Tables and diagrams were used to represent the demographic variables, nursing documentation practice and associated factors. The result of the analysis shows that the, calculated values are lower

than their concerned table values, therefore these selected demographic variable didn't found significantly associated with associated factors among nurses at $P < 0.05$ level of significance. Based on analysis the null hypothesis H_0 rejected for experience at $P < 0.05$ level of significance and for other variables the null hypothesis H_0 accepted at $P < 0.05$ level of significance.

CONCLUSION

In present study the researcher aimed to assess documentation practice and associated factors among nurses working in selected hospitals of Vadodara. Now, based on study findings the researcher is proposing implication of these findings in various areas of nursing profession for the quality patient care. It has implication in the areas of nursing practice, nursing education, nursing administration and nursing research.

The finding from the four point likert scale for identifying nursing documentation practice revealed the calculated values are lower than their concerned table values, therefore none of selected demographic variable found significantly associated with documentation practice among nurses at $P < 0.05$ level of significance.

Based on analysis the null hypothesis H_0 accepted for all selected demographic variables at $P < 0.05$ level of significance.

Here the association that had been assessed the result that the experienced nurses showed significance result regarding associated factors as per analyzed data only, experience chi-square calculated value found higher than its table value at 3 degree of freedom, hence it found significantly associated with associated factors at $P < 0.05$ significant level. Whereas other variables like age in years, gender, religion, education and working area chi-square calculated values are lower than their concerned table values, therefore these selected demographic variable didn't found significantly associated with associated factors among nurses at $P < 0.05$ level of significance.

Based on analysis the null hypothesis H_0 rejected for experience at $P < 0.05$ level of significance. And for other variables the null hypothesis H_0 accepted at $P < 0.05$ level of significance.

REFERENCES

- [1] Silveira, D. T., & de Fátima Marin, H. (2005). Nursing documentation in occupational health. *Studies in Health Technology and Informatics*, 116, 143-148.
- [2] American Nurses Association. (2010). *Nursing's social policy statement: The essence of the profession*. Nursesbooks.org.
- [3] Shahverdi, M., & Nasiri, A. (2018). Comparing nurses' and head nurses' perspectives on the factors behind the quality of nursing documentation. *Modern Care Journal*, 15(4).
- [4] Kleib, M., & Nagle, L. (2018). Development of the Canadian nurse informatics competency assessment scale and evaluation of Alberta's registered Nurses' self-perceived informatics competencies. *CIN: Computers, Informatics, Nursing*, 36(7), 350-358.
- [5] Stassi, M. E., Harkreader, H., Hogan, M. A., & Thobaben, M. (2007). *Fundamentals of nursing: Caring and clinical judgment*. Saunders.
- [6] Ayele, S., Gobena, T., Birhanu, S., & Yadeta, T. A. (2021). Attitude towards documentation and its associated factors among nurses working in public hospitals of Hawassa City administration, Southern Ethiopia. *SAGE Open Nursing*, 7, 23779608211015363.
- [7] John, S. K., & Bhattacharya, C. (2016). Documentation guidelines based on expectation of documentation helps accurate documentation among nurses in psychiatric settings. *Asian Journal of Nursing Education and Research*, 6(2), 260.