



Factors associated with the implementation of nursing documentation in a psychiatric hospital

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Abstract

Background: Nurses constitute a significant portion of the health care workforce, playing a crucial role in enhancing the quality of hospital services, particularly in the context of nursing documentation to ensure the precise recording of patient information in accordance with established standards. This study examines the factors associated with implementing nursing documentation in a psychiatric hospital.

Methods: This cross-sectional study was conducted in June 2023 in a psychiatric hospital in Indonesia. A convenience sampling method was employed to recruit 144 nurses working in the hospital. Data collection methods encompassed supervision questionnaires, Unified Motive Scales (UMS), and observation sheets used for recording nursing care activities. Data analysis involved the chi-square test and multiple logistic regression. Data analysis was performed with a significance level set at 0.05 and a CI of 95%, utilizing STATA 13.

Results: We found significant associations between nursing documentation and supervision techniques ($p = 0.01$), need for power ($p = 0.001$), and need for affiliation ($p = 0.002$). Notably, the need for power emerged as the most influential factor in nursing documentation (odds ratio [OR] = 8.46; 95% CI, 3.53-20.28).

Conclusion: These findings underscore the importance of supervision techniques, power needs, and affiliated needs in the context of nursing documentation. The statistically significant associations between these factors emphasize their role in ensuring accurate and comprehensive record-keeping within health care settings. Particularly noteworthy is the substantial influence of the need for power, with a high OR, suggesting that addressing power dynamics may be an essential strategy for improving nursing care documentation practices.

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Highlights

What is current knowledge?

Implementing nursing documentation has been associated with supervision, nurses' motivation, training and education, and other factors.

What is new here?

This study reveals that the need for power stands out as the most influential factor linked to the documentation of nursing care, and it can exert a substantial influence on the effectiveness of nursing documentation.

Introduction

Nursing documentation should reflect a nurse's critical thinking, guiding their decisions and the execution of nursing interventions. It holds paramount importance in health care, encompassing the meticulous recording and upkeep of precise and thorough patient information. This documentation process adheres to the nursing process, mirroring the principles of assessment, planning, implementation, and evaluation. Moreover, the documentation should be ongoing, providing a continuous account of the patient's assessment, intervention, and outcomes (1). Therefore, it is crucial for nurses to emphasize the importance of documentation in patient care. They should recognize the unique relationship between nurses and patients and understand that meticulous documentation is a vital contributor to the delivery of high-quality care (2,3).

Previous studies have investigated various barriers and challenges to meeting nursing documentation expectations, including time and resource constraints, insufficient organizational dedication and institutional policies, the absence of standardized procedures and a unified model for health records, and a lack of professional standards and frameworks for documentation (4-6). One pressing issue is the need for more supervision related to documentation, coupled with concerns about competency, confidence, and motivation among nurses when it comes to taking notes (7). Supervision also plays a vital role in ensuring the smooth and proper execution of all planned activities. Through direct supervision, nursing managers can identify obstacles and issues in implementing nursing care within health care units, including nursing documentation (8).

Furthermore, the motivation of nurses wields an influence on the completeness of nursing documentation (9-11). Motivation is an inner drive

rooted in values, biology, and psychology that activates and guides behavior toward oneself, others, and the environment. It catalyzes personal satisfaction and facilitates the achievement of fundamental human desires, perceived needs, and desired goals (12). The theory of human motivation dates back to 1961 when McClelland proposed that it consists of the need for power, the need for achievement, and the need for affiliation (13). The need for power refers to an individual's inclination to exert influence, control, or make a significant impact on others. Individuals possessing a strong need for power are motivated to lead, manage, and influence others. Individuals with a strong need for achievement tend to have a strong desire to achieve goals, enjoy challenges, seek acknowledgment for their efforts, have a sense of personal responsibility for their tasks, and have a long-term orientation. Lastly, the need for affiliation refers to an individual's inclination toward forming interpersonal relationships, seeking social connections, and yearning for a sense of belonging (13). Regrettably, nurses often lack the motivation to engage fully in the documentation process, as they sometimes view nursing documentation as a less pivotal component in providing care (2).

The hospital should conduct an assessment and ongoing monitoring of nurses responsible for documenting care within patient rooms. Moreover, the head of the patient care unit should provide supervision as a vital component of an objective evaluation of the effectiveness of nursing care delivery to facilitate improvement (2). Furthermore, hospitals and specific hospital departments must enhance the knowledge base of unit leaders in the realm of nursing management practices (14). Given that nurses continue their learning journey beyond formal education, it is essential to implement training programs for unit leaders.

Previous studies have delved into nursing documentation across various international hospitals. A study in an Iranian hospital suggests that almost 70% of documentation had very good quality and that good documentation was associated with female gender, higher education, and attending documentation training (15). In the Netherlands, documentation encompassing each stage of the nursing process was identified in 71% of the records (16). Meanwhile, in Indonesia, the completeness of nursing documentation in the assessment aspect was 77.5%, nursing diagnosis was 93.7%, nursing planning was 73.9%, nursing intervention was 45.9%, and nursing evaluation was 76.6% (17). Another study suggests that of the 95 medical records examined, approximately 71.6% of nursing documentation must be completed (18). In the psychiatric hospital setting, a study in Norway suggests the need to improve nursing documentation (16).

In contrast, an Indian study suggests that the actual nursing documentation performance was almost proper but still calls for further improvement (19).

Therefore, the completeness of the nursing documentation process in Indonesia requires further investigations and interventions. Furthermore, nursing documentation in a psychiatric hospital has yet to be reported. This study examines the factors associated with implementing nursing documentation in a psychiatric hospital in Indonesia.

Methods

This cross-sectional study was conducted from March to June 2023, involving practicing psychiatric nurses working in a referral psychiatric hospital in Aceh Province, Indonesia. The hospital was the only psychiatric hospital in the province, which served a population of more than 5 million in that area. Using convenience sampling methods, 144 nurses participated in the study. No specific criteria were set for participation in the study. The respondents were fully entitled to participate or withdraw from the study. The Ethics Committee of Universitas Syiah Kuala in Banda Aceh approved the study (reference number: 112024100523). The respondents gave written informed consent and participated in the study voluntarily.

Data collection was conducted through questionnaires and observation of the nursing documentation. The nurses filled out the questionnaires, which consisted of questions about the documents' socio-demographic characteristics, supervision, motivation, and observation.

The socio-demographic data collected includes age, gender, highest education attended, employment status, and duration of work in the psychiatric hospital. The supervision questionnaire was adopted from Saumalina et al (2022). It consists of 10 questions: 2 questions for the technique of supervision, 3 for supervision principle, 2 for supervision activity, and 3 for supervision model. Each question has response options of 1 = strongly disagree to 5 = strongly agree, making the possible total score between 10 and 50, where a higher score indicates better-perceived supervision (7). The questionnaire had a Cronbach alpha of 0.7, which suggests an acceptable internal consistency.

The nurse motivation was accessed using the Indonesian Unified Motive Scales-6 (UMS-6) assessments (20). The questionnaire includes 30 questions, with ten questions dedicated to each of the following: the need for achievement, the need for power, and the need for affiliation. Each question has 6 possible answers, scoring 1 = strongly disagree to 6 = strongly agree. Higher scores indicate better motivation (21). The Cronbach alpha of the Indonesian version of UMS in the present study population was 0.9, which suggests an excellent internal consistency.

The observation for the nursing care documentation was conducted based on a tool developed by the Nursing Division of RSUDZA and Nurse Specialist of the Faculty of Nursing, Universitas Syiah Kuala (22). The observation tools comprised 16 initial assessments, 4 nursing diagnoses, 7 planning entries, 4 implementation records, 4 evaluation notes, 12 initial assessments, and 20 re-assessments. Observers marked data found during observations with a checkmark (√) and indicated the absence of data with the symbol (O). The nursing documentation was considered complete or suitable if the document was more than 75% complete.

Descriptive analysis was performed for age, gender, education, employment status, working duration, and supervision overview, reporting the mean, SD, frequency, and percentage, where relevant. The association between nursing documentation and supervision components was tested using the chi-square test. Multiple regression analysis was performed to examine the association between the independent variable and nursing documentation. The predictive variables included in the regression model include the supervision technique, the need for power, and the need for affiliation. Data were analyzed using STATA 13 statistical software (23), with a significance level set at 0.05 and a CI of 95%.

Results

The average age of the participants was 38.17 ± 6.39 years. The majority were women (68.8%), had permanent employment status (60.4%), and more than half had a bachelor's in nursing degree (54.2%). On average, they have worked in psychiatric hospitals for approximately 11 ± 6.39 years. Details of the respondents' socio-demographic information and the supervision components are presented in Table 1.

Regarding supervision in the nursing process, it was found that more than half (59%) reported insufficient supervision techniques, whereas 63.9% expressed satisfaction with the supervisory principles, and 72.2% indicated that supervision activities were well-executed. Additionally, 64.7% found the supervision model to be effective. In summary, 85.4% of the implementing nurses believed that supervision had been effectively carried out. Details of the demographic and supervision overview are presented in Table 1.

Further statistical analysis revealed a significant association between various factors and the nursing documentation implemented by the ward nurses. Specifically, supervision techniques ($p = 0.022$), supervisory principles ($p = 0.001$), supervision activities ($p = 0.016$), the need for achievement ($p = 0.009$), the need for power ($p = 0.001$), and the need for affiliation ($p = 0.002$) were found to be associated with the nursing documentation. On the other hand, the supervision model was not statistically associated with the nursing documentation ($p = 0.575$).

Table 1. Nurse demographics and supervision components

No.	Variable	Frequency	Percentage
Gender			
1	Male	45	31.3
2	Female	99	68.7
Education			
1	Bachelor of Nursing	78	54.5
2	Diploma of Nursing	65	45.5
Employment Status			
1	Permanent employees	87	60.4
2	Temporary employees	57	39.6
Technical supervisor			
1	Good	59	41.0
2	Less	85	59.0
The principle of supervision			
1	Good	92	63.9
2	Less	52	36.1
Supervision activities			
1	Good	104	72.2
2	Less	40	27.8
Model of supervision			
1	Good	97	67.4
2	Less	47	32.6
Supervision overall			
1	Good	123	85.4
2	Less	21	14.6

The findings from the multiple logistic regression analysis indicated that supervision techniques ($p = 0.010$; odds ratio [OR] = 0.29), power needs ($p=0.000$; OR=8.46), and affiliation needs ($p=0.002$; OR=4.87) were independently associated with the nursing documentation. The analysis also revealed that the need for power emerged as the most influential determinant linked to nursing documentation. This indicates that a higher need for power is associated with better documentation of nursing care in nurses. The results of the binary logistic regression analysis, employing the stepwise method, are presented in Table 2.

Table 2. Documenting nursing care in implementing nurses

Preacher	B	OR	p	95% CI	
				Lower	Upper
Supervision technique	-1.23	0.29	0.01	0.11	0.74
Need for power	2.13	8.46	<0.001	3.53	20.28
Need for affiliation	1.58	4.87	<0.001	1.79	13.22
Constant	-4.18	0.01	<0.001		

Discussion

The findings indicated that nurses in psychiatric hospitals followed and implemented a good practice of nursing documentation. The findings also suggest that many nurses possess robust knowledge, exhibit favorable attitudes, showcase proficient skills, benefit from adequate supervision, and display high motivation when documenting nursing care for patients with mental disorders.

Previous studies have underscored the pivotal role nurses play in patient care, with what they document determining the standard and quality of care delivered to patients. Documentation represents the visible aspect of patient care concerns, capable of exposing health care providers to medical litigation and disciplinary actions. Hence, subpar documentation practices can give rise to preventable issues of considerable magnitude, potentially impacting patient care outcomes (24,25).

The findings of our study reveal that more than half of nurses expressed concerns regarding the adequacy of supervision techniques. Additionally, the hypothesis testing indicates a connection between supervision techniques and nurses' documentation of nursing care. This finding suggests that nurses in supervisory roles have implemented effective supervisory measures to enhance nurse performance, particularly in nursing documentation. Previous studies suggest that supervisors who applied empowerment techniques and fostered harmonious relationships with nurses successfully enhanced nursing performance, encompassing nursing care documentation (26,27).

Furthermore, nurse satisfaction with the techniques employed by supervisors can influence nurse performance in the realm of documentation. Other researchers have noted that satisfaction with internal communication among nurses directly and positively correlates with satisfaction with supervisors (28,29). Additionally, satisfaction with supervision policies and guidelines significantly and positively relates to satisfaction with supervisors (29). Notably, internal communication emerges as the most significant factor influencing supervisor satisfaction.

This study's results on the need for power indicate that nurses exhibit a strong inclination toward power-related aspects. Furthermore, the data suggests that nurses with a pronounced need for power tend to excel in documenting nursing care. The hypothesis testing results confirm a connection between power needs and nurses' documentation of nursing care. The need for power is one of the 3 fundamental forms of human motivation, alongside the need for achievement and affiliation (30). Power motivation can be conceptualized as comprising personalized and socialized motives. The need for power reflects a motivational disposition to derive satisfaction from influencing others or the environment while disliking being influenced by others (31). Therefore, having a need for power would increase the likelihood of nurses implementing nursing documentation, which in the current study was found to be the most dominant factor in nursing documentation.

The findings concerning the need for affiliation indicate that nurses display a lower inclination toward affiliation-related aspects. Interestingly, the data also suggests that nurses with a higher need for affiliation tend to excel in documenting nursing care. The hypothesis testing results confirm a connection between affiliation needs and nurses' documentation of nursing care. Other studies have proposed that nurses with a high need for affiliation exhibit exceptional team performance and effectiveness. The need for affiliation is a crucial factor influencing nurses' performance within a team setting (32). Additionally, there is evidence of a relationship between nurses' need for affiliation and the implementation of International Patient Safety Goals (IPSG) (20).

The logistic regression analysis results highlight the need for power as the most influential motivational aspect associated with documenting nursing care in nurses, where nurses who have the need for power are 8 times more likely to conduct nursing documentation compared to those who have no need for power. Higher motivation stemming from the need for power corresponds to improved nursing care documentation. These findings suggest that nurses are mainly motivated by the need for power when documenting nursing care, compared to the need for achievement and affiliation. This underscores nurses' inclination to assist and guide their colleagues in nursing documentation. Other research has also suggested that motivations linked to the need for power can manifest in various ways among nurses. Nurses may express power-related motives by offering assistance or advice (30). However, it is worth noting that the dominance of the need for power as the most motivational aspect related to documenting nursing care does not align with a common characteristic of nurses, with 68.8% being female. Other studies have indicated that female nurses often exhibit a higher motivation for affiliation needs than their male counterparts. In contrast, male nurses tend to demonstrate a more substantial need for power than women (33). This finding, therefore, calls for further investigation.

Conclusion

The need for power is the most influential factor associated with documenting nursing care. It can significantly impact the success of nursing care documentation. Despite the potentially negative connotations of motivation related to the need for power, nurses can positively channel this aspect of motivation. The need for power can be expressed indirectly through assistance, guidance, or support for others, which is a more socially acceptable manifestation of power. In light of this, motivation stemming from the need for power can positively impact nursing care documentation when nurses demonstrate it by offering assistance and support to their colleagues.

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Ethical statement

This study was approved by the Ethics Committee of the Faculty of Nursing, Universitas Syiah Kuala (Ethical approval code: 112024100523). The respondents signed written informed consent and participated in the study voluntarily.

Conflicts of interest

The authors declare no conflict of interest for the publication of this study.

Author contributions

All authors have actively contributed to designing and conducting the study and preparing the draft and final version of the manuscript for publication.

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