

Application of family nursing documentation in Tarakan City, Indonesia

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Abstract

Documentation of nursing care is authentic proof of nursing service activities, serving as the basis for fulfilling nurses' responsibilities and accountabilities. Family nursing documentation holds distinct characteristics compared to other nursing practice settings. The Indonesian nursing professional organization has

established three standards for nursing care: diagnosis, intervention, and outcome. This research aimed to understand how the implementation of family nursing care documentation is conducted by community nurses in Tarakan City. The research was a correlational study with a cross-sectional approach. The study population consisted of all the nurses working in Community Health Centers in Tarakan City, totaling 80 individuals. The sample was selected using total sampling. The research variables included demographic factors, nurses' knowledge about the documentation concept, and the application of family nursing documentation; these were measured using a modified researcher-made questionnaire and declared valid and reliable. The analysis of research data used descriptive analysis and the Spearman Rank correlation test. This research identified that the majority of community nurses in Tarakan City did not implement family nursing documentation, and the level of knowledge regarding nursing documentation concepts was low. The Spearman's rank correlation test yielded a p-value of 0.874, indicating no significant correlation between the level of knowledge and the implementation of family nursing documentation. The inhibiting factors for the implementation of family nursing care documentation primarily included a high workload, a limited number of health center nurses, motivation, and the lack of clear and uniform documentation guidelines.

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Introduction

Nurses who work full-time require religious support in patient care and professional documentation tools.^{1,2} Documentation is one of the most important responsibilities of healthcare providers, including nurses.³ Nursing documentation is a fundamental aspect that nurses must undertake in the nursing process, including family nursing. Nursing documentation is the report done by nurses during nursing care, which is important for the patients and nurses.⁴ Documentation serves as evidence of nursing service activities performed by nurses.⁵ Good and correct documentation is an indicator of a nurse's professionalism.⁶

Factors that affect the quality of nursing documentation include the use of terminology and documentation instruments according to standards.⁷ Community nurses' performance can be assessed by implementing family nursing care, which is transformed into a healthcare document for patients and their families. The absence of documentation does not imply that family nurses did not provide care; however, nurses need authentic evidence of having carried out nursing care without documentation. Moreover, the quality of family nursing care is reflected in the comprehensive management of family nursing care plans, aiming to identify successful achievements in family care as clients. Fully documented family nursing care serves as a legal aspect in cases of client dissatisfaction with the provided services. Effective family nursing care is fact-based, goal-oriented, comprehensive, concise, structured, timely, and eas-

ily comprehensible.⁸ Family nursing documentation is recognized as a critical element in ensuring care continuity and facilitating informative decision-making in the future. In providing nursing care, standardization of care is needed, which includes diagnostic standards, outcome standards, clear intervention standards, and standardized terminology, so that nursing care can be uniform, accurate, and unambiguous to guarantee continuity and quality of service.⁹ Several studies indicate that the implementation of family nursing documentation still faces challenges in terms of understanding concepts, standardizing formats, and utilizing information technology. This can impact the quality of documented information and consequently influence informed decision-making in family care. The nursing department often encounters problems regarding the performance of nurses in providing nursing care at the hospital.¹⁰ This analysis underscores the need to enhance nurses' knowledge and skills in family nursing documentation while formulating clear, standardized practice guidelines to ensure information integrity and optimal care quality.

Currently, some standards can be applied in nursing documentation, including the Indonesian Nursing Diagnosis Standards, Indonesian Nursing Outcome Standards, and Indonesian Nursing Intervention Standards issued by the Indonesian nursing professional organization, namely the Indonesian National Nurses Association.¹¹ The Indonesian Nursing Diagnosis Standards were first published in December 2016, while the Indonesian Nursing Outcome Standards and Indonesian Nursing Intervention Standards were issued in 2018. These three standards are something new for Indonesian nursing and are essential elements that can make it easier for nurses to document nursing care. However, nursing documentation has become an urgent problem almost worldwide in the past few years. The implementation of nursing care documentation in clinical settings is still very low,¹² at only 47.8%. Similar results were found in research,¹³ which proved that nurses who carried out nursing documentation with good criteria were still low at 47.5%.

Obstacles to the application of family nursing care documentation by nurses are influenced by many factors, with the low knowledge of nurses being the main factor.¹⁴ The lower the level of knowledge about family nursing documentation standards, the lower the application of family nursing care.¹⁵ A study succeeded in identifying 13 out of 30 nurses with insufficient knowledge of nursing care documentation, which greatly affected the application of nursing documentation.¹⁶ This condition often occurs in various regions, including the City of Tarakan.

Tarakan City is the most developed area in North Kalimantan Province, with superior human resources and health service facilities. Unfortunately, these conditions are not directly proportional to the implementation of family nursing documentation. Based on the experience and observations of researchers on the implementation of family nursing care documentation in Tarakan City, it could be more optimal. This is indicated by incomplete documentation of family nursing care, non-standard diagnosis formulations, use of different formats, and even the need for evidence of family nursing care. Some nurses admitted that they needed to learn about the Indonesian Nursing Diagnosis Standards, Indonesian Nursing Outcome Standards, and Indonesian Nursing Intervention Standards, even though they had attended related seminars or outreach programs. It is strongly suspected that this condition also occurs in other community health centers (puskesmas). Therefore, this study aimed to identify the implementation of family nursing care documentation at the community health center in Tarakan City according to applicable standards.

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Materials and Methods

Research design

This research was a correlational study using quantitative methods with a cross-sectional approach. The type of research conducted aims to identify the implementation of family nursing documentation by community nurses and analyze the influencing factors. This study examines the influence of demographic factors, the level of knowledge about the concept of nursing documentation, nurses' experience, and years of service on the implementation of family nursing documentation.

Study participants

The research population consisted of all nurses working in the community setting at the Community Health Center in Tarakan City. The population size was 80, comprising 80 nurses. This study utilized the entire population as the sample (total sampling).

Variable, instrument and data collection

The independent variables consist of two variables: demographic factors, which include age ranges of 17-25 years, 26-35 years, 36-45 years, 46-55 years, and 56-65 years; gender (male and female); education in the form of Diploma 3 and nursing profession; and years of experience comprising 0-5 years, 6-10 years, and more than 10 years. The second variable is the level of knowledge about nursing documentation concepts, categorized into three levels: good, enough, and not enough. The dependent variable is the implementation of family nursing documentation. The research instruments used were questionnaires and observation sheets, which were previously tested for validity and reliability and were deemed valid and reliable. This research questionnaire was adopted and modified from Kurniawati (2019) with a Guttman scale consisting of 5 questions about Indonesian Nursing Diagnosis Standards, 5 questions about Indonesian Nursing Intervention Standards, and 5 questions about Indonesian Nursing Outcome Standards. Observation sheets were used to identify the implementation of nursing documentation, which covers the 5 steps of the nursing process: assessment, diagnosis, intervention, implementation, and evaluation of nursing. Nursing documentation is considered to be implemented if more than 64% of the answers are yes.

Data analysis

The data were analyzed using the Spearman Rank correlation test. This type of test was chosen based on the categorical data type of the research variables. Both variables were considered to have a correlation if the $p < 0.05$.

Ethical clearance

The research has received ethical approval from the Health Research Ethics Commission, Faculty of Health Sciences, Universitas Borneo Tarakan, based on ethical certificate number 002/KEPK-FIKES UBT/V/2023. During the research, the researcher pays attention to the ethical principles of information to consent, respect for human rights, beneficence and non-maleficence.

Results

The research took place from April to June 2023 and involved all nurses working in community settings at the community health center in Tarakan City. There are 6 community health centers in Tarakan City, namely Karang Rejo Community Health Center with 24 nurses, Gunung Lingkas with 12 nurses, Sebengkok with 11 nurses, Juata with 15 nurses, Mamburungan with 12 nurses, and Pantai Amal with 6 nurses. The characteristics of the respondents are described in the table below.

Based on Table 1, it was shown that the characteristics of community nurses in Tarakan City who are respondents in this study are mostly females within the age range of 26-35 years and 36-45 years, which falls within the productive age group. They generally have a diploma 3 level of education, with a significant portion having more than 10 years of work experience.

Based on the table above, it is also apparent that only a small portion of the research respondents have a good level of knowledge about nursing documentation. This has an impact on the implementation of family nursing care documentation, where the majority of respondents do not document family nursing care in their practice.

Based on the data processing results in Table 2, an evaluation of the structural model (inner model) was conducted to determine the model's validity. The test results show that the T-statistics value is \geq T-table (1.96) or the p-value is $<$ significant alpha 5% or 0.05, indicating a significant influence of the independent variables on the dependent variable.

The correlation analysis in this study, as shown in the table above, yielded a p-value of 0.847, which is greater than $\alpha = 0.05$. This indicates that there is no significant relationship between knowledge and the utilization of family nursing care documentation. This finding contradicts several widely accepted notions that suggest a strong influence of knowledge on one's actions. Typically, a higher level of knowledge is expected to lead to improved actions or behaviors.

Discussion

The research results indicate that community nurses in Tarakan City have not yet implemented family nursing care documentation.¹⁷ Low levels of knowledge are the primary inhibiting factor, while demographic factors have various effects. More women than men occupy the nursing profession. This was proven in this study, which succeeded in identifying nurses working in community settings in Tarakan City, most of whom were women. This can be explained through several historical, social, and cultural factors. In many cultures, grooming and caring roles are considered traditional characteristics of women. This is reflected in social norms linking women to caring roles and men to more powerful or technical roles. In addition, gender stereotypes also play a role in influencing career choices. The nursing profession is often perceived as a job requiring gentleness, empathy, and attention to detail, which are characteristics often associated with female stereotypes.¹⁸ Gender differences are not something that needs to be debated because nursing professional organizations have regulated the rights and obligations of nurses regardless of gender differences. Even in the career development of nurses in Tarakan City, gender factors are also not considered but instead based on performance.

Nurses who work in community settings in Tarakan City are

generally in the productive age range, reflecting a time when individuals have sufficient energy and physical stamina to handle diverse job demands. This demographic group has significant advantages in providing health services to the community, maximizing the efficiency and effectiveness of community health services. Nurses in productive age ranges often have broader work experience and good interpersonal skills,¹⁹ which help them deal with the many challenges that may arise in community nursing care, including complex and diverse health problems. Their mature interpersonal skills enable effective communication, empathy with the communities they serve, building trusting relationships, and providing the support individuals and families need.

This study found that most nurses in community settings in Tarakan City have a Diploma 3 education, which is the lowest formal nursing qualification, unlike those in clinical settings, where various undergraduate levels are evenly distributed. Challenges arise in ensuring community nurses understand community health, disease prevention, and health promotion concepts. Hence, enhancing competence through continuous education and comprehensive training is essential for them to deliver optimal service. Collaborative efforts among the government, professional organizations, and healthcare institutions are crucial in developing educational programs and professional development tailored to public health needs.

Table 1. Characteristics of research respondents.

Indicator	n	%
Age		
Age 17-25 year	8	10
Age 26-35 year	31	38.8
Age 36-45 year	38	47.5
Age 46-55 year	2	2.5
Age 56-65 year	1	1.2
Gender		
Man	16	20
Woman	64	80
Education		
Diploma	78	97.5
Bachelor	2	2.5
Years of experience		
0-5 years	26	32.5
6-10 years	3	3.8
>10 years	51	63.7
Knowledge level		
Good	7	8.8
Enough	39	48.7
Not enough	34	42.5
Family nursing documentation		
Applied	10	12.5
Not applied	70	87.5

ong work experience is crucial in shaping nurses' skills in pro-

Table 2. Knowledge correlation analysis and application of nursing documentation.

Knowledge	Nursing applied	Documentation not applied	f	p
Good	6	1	7	0.847
Enough	34	5	39	
Not enough	30	4	34	

viding nursing care. In Tarakan City, community nurses typically boast over ten years of experience. Such tenure brings benefits like refined clinical skills, extensive patient management know-how, and a profound grasp of practical nursing. They often excel in interpersonal relationships with patients and families. Nonetheless, prolonged tenure may lead to resistance to change and embracing new treatment practices, hindering adaptation to evolving healthcare advancements.²⁰ Fear of stepping out of their comfort zone may deter nurses from exploring new approaches or adhering to updated policies, impeding their willingness to enhance their knowledge, including in family nursing care documentation.

The implementation of family nursing documentation that does not work can be seen, among other factors, in the documentation that needs to be uniform in format and conform to standards. This phenomenon may indicate a deficiency in training and understanding the importance of adequate documentation in nursing practice.²¹ This can impact the quality of service and coordination between nurses, patients, and their families.²² Differences in the formats and documentation standards nurses use can also hinder proper monitoring and evaluation of the care provided and make it challenging to share the information needed to treat the patient as a whole.

When community nurses lack adequate knowledge of family nursing documentation, it can hamper the program's ability to collect consistent and accurate data on public health.²³ Low-quality documentation can also affect coordination between nurses, patients, and families in planning, implementing, and evaluating care. Therefore, efforts are needed to increase nurses' knowledge about family nursing documentation and ensure that documentation practices follow applicable standards. This will support the implementation of a more effective and quality Community Health Program.

A person's level of knowledge is influenced by factors such as age, gender, education, and years of service.²⁴ Women often exhibit good knowledge absorption²⁵ attributed to their cognitive style. Nurse knowledge tends to improve with years of service²⁶ but this contrasts with findings showing low nursing documentation knowledge despite extensive tenures. Factors like inadequate training, healthcare changes, and lack of professional support contribute to this discrepancy. Family nursing documentation, while similar to other care processes, differs due to care setting variations. Nurses need a comprehensive understanding of family nursing principles to effectively address family needs and dynamics.²⁷ The biggest obstacle in documenting nursing care is the need for a greater understanding of the concept of documentation. This misunderstanding can result in errors in recording relevant and essential information for the family. Additionally, the lack of technical skills in using the existing documentation system can be an obstacle, such as using software or digital platforms that nurses do not master well.

This study highlights the ongoing need for the implementation of family nursing care documentation. Despite factors like age and years of service,²⁸ which typically influence nursing practices, they do not positively impact the adoption of family nursing documentation by community nurses in Tarakan City. This aligns with previous findings suggesting that age and tenure have minimal influence on the quality of nursing documentation. Weaknesses in family nursing documentation include incomplete recording of the nurse's name, initials, and timestamps, crucial elements authenticating nursing actions. While most nurses are expected to adhere to proper documentation practices, some exhibit deficiencies. Various factors contributing to this issue in Tarakan City include high workload, limited nurse staffing, inadequate understanding of

documentation standards, discrepancies between college education and practical experience, low interest in community nursing, inappropriate documentation format changes, and insufficient habits and motivation among nurses.

According to this study, extensive knowledge of procedures, formats, and purposes of documentation helps nurses identify relevant information that must be recorded and do so with accuracy.²⁸ Good knowledge also allows nurses to avoid errors or discrepancies in data recording, which can improve documentation quality. Conversely, a lack of knowledge can lead to negligence in recording important data, reduce the quality and validity of records, and hinder collective understanding of the patient's or client's health.²⁹ Variations in nursing documentation methods and formats across different institutions or health service units can hinder the implementation of nursing care documentation. Transitioning from one method or format to another can cause confusion and data recording errors among nurses accustomed to a specific approach. Challenges in accessing, comprehending, or utilizing new documentation systems may impede nurses from providing accurate and comprehensive information. Clear guidelines and sufficient training on the methods and documentation formats, along with considerations of their suitability and user-friendliness, are essential for institutions or health service units to overcome barriers and effectively implement nursing care documentation.

Nurses' interest in a particular service setting can influence their motivation and the quality of implementing nursing documentation.³⁰ When nurses work in settings where they are less interested, there may be a tendency to neglect or not pay full attention to the documentation process. This can result in a lack of a sense of responsibility and suboptimal engagement in recording accurate and timely data. Health center nurses are often burdened with various tasks and functions, such as providing clinical services, health education, community mapping, cross-program, and cross-sector collaboration. Notably, some nurses are burdened with time-consuming administrative work and are responsible for managing health programs. On average, health center nurses oversee 2-5 health center programs. To handle such a high workload, good management support is needed, including the allocation of adequate resources and relevant training³¹ to ensure that nursing services and documentation are carried out correctly and comply with applicable standards.

The high workload for puskesmas nurses often stems from insufficient human resources. Effective workload distribution can alleviate nurses' burden. One proposed solution is forming a multidisciplinary team where tasks are delegated based on members' expertise.^{32,33} Including doctors, nurses, nutritionists, and other health workers allows for task allocation according to competence. Flexible and fair work schedules are crucial to prevent nurse fatigue from extended hours. Puskesmas management should prioritize nurses' work welfare, work-life balance, and provide support for training and skill development to ensure efficient duty fulfillment without excessive workload.

In order to ensure that nursing documentation can be adequately implemented in puskesmas, nurses and policymakers need to take concrete steps involving various aspects. According to these studies, two things need to be developed.^{27,34} First, the development of clear guidelines or standards for nursing documentation that should be followed by all nurses in community health centers is necessary. These guidelines can include formats, types of information to be documented, as well as the frequency and proper documentation methods. Second, collaboration between nurses and puskesmas stakeholders in monitoring and evaluating documentation practices is crucial. Monitoring can be done through internal

audits or periodic supervision of documentation records. The results of this monitoring can be used as a basis for identifying areas that need improvement and further development. By involving nurses in the evaluation process, they will feel more involved and have a responsibility to maintain the quality of the documentation.

This research has limitations in terms of a relatively small population size. Although it has covered all levels of community service, it does not consider differences in the workload of community nurses and the level of education of nurses, which is generally a Diploma 3. Some educational institutions do not include community nursing care in their curriculum, even though in reality, all community nurses have an obligation to provide and document community nursing care regardless of their educational background.

Conclusions

This study found that most of the community nurses in Tarakan City needed to document family nursing care. Low knowledge about nursing documentation is one of many influencing factors. There are many conditions experienced by nurses that become obstacles in documenting family nursing care, namely: high workload, limited number of puskesmas nurse human resources, differences in documentation methods between practice and college experience, low interest in family/community nursing, changes in the format of nursing documentation that are considered inappropriate, habitual factors, and low motivation.

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