THE CORRELATION AMONG NURSING KNOWLEDGE, TRAINING ON SDKI, SIKI AND SLKI WITH THE QUALITY OF NURSING CARE DOCUMENTATION IN HOSPITAL INPATIENT ROOMS

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ABSTRACT

Nursing documentation is an essential part of administrative activities as a guarantee of services provided to patients. Public awareness of her rights demands that the nursing profession work professionally and document its nursing care well. Incomplete documentation can degrade the quality of nursing services. The varying understanding of nursing care arrangements contributes to the quality of nursing care documentation. This research aims to find out the relationship between nurse knowledge and nurse training on SDKI, SIKI, and SLKI and the quality of nursing care documentation in hospital inpatient rooms. This method of research is a correlative descriptive with a cross-sectional design. In this study, the samples were nurses in the inpatient room who had implemented SDKI, SIKI, and SLKI; 84 respondents were taken by consecutive sampling. Research instruments in the form of questionnaires sent using google form. Analyze data using the Chi-Square test. The results showed there is a relationship of nurse knowledge about SDKI, SIKI, and SLKI with the quality of nursing care documentation (p-value: 0.001< α: 0.005), and there is a relationship of training about SDKI, SIKI, and SLKI with the quality of nursing care documentation (p-value: 0.000< α: 0.005). This study of nurse knowledge and training on good SDKI, SIKI, and SLKI make nursing care documentation useful. Based on the study, the Head of Nursing Division needs to conduct training about SDKI, SIKI, and SLKI to improve nurse knowledge and the quality of nursing documentation that will later impact the quality of nursing services.

Keywords: Understanding nurses; Training on SDKI, SIKI, SLKI; documentation; nursing care.

BACKGROUND

Documentation is written information about patients describing their status or the care/services provided to patients by nurses (Potter, PA., Perry, AG., Astle, B., Duggleby, 2014). Nursing documentation also serves as a legal document, contributing credibility to nursing practices, and improving the professional image and presence of nurses (Ofi, B. and Sowunmi, 2012a). Nursing practices require documentation to ensure continuity of care, planning, and accountability and the promotion and use of evidence-based practices (Ofi, B. and Sowunmi, 2012b). Nursing documentation is critical in ensuring communication between team members, continuity of care, and evidence-based practices (Doody *et al.*, 2018).

The implementation of nursing care documentation in the Hospital has not been optimal. It is seen from the incomplete

documentation of nursing care. The completeness of the documentation carried out by nurses is largely less than 85%, meaning most are still incomplete (71, 6%). As for 90% assessment activities, 85% nursing diagnosis, 74% action planning, 70% nursing action, 75% evaluation, and 66% development record (Siswanto, Tutik and Hariyati, 2013). Research (Purnomo and Ariadi, 2017) mentions the value of assessment instruments 69%, Nursing Diagnosis 72%, Planning 74%, Nursing Action 90%, Evaluation 86% and Nursing Records 40% of supposed 100%. Poorly qualified, ineffective, and efficient documentation impacts miscommunication between nurses and other professions (Braaf, S., MAnias, E., & Riley, 2011).

Factors related to the completeness of nursing care documentation include length of work, workload, and training. The most dominant factors affecting the completeness of documentation are training and workload. Documentation training for nurses is useful to improve nursing care documentation (Siswanto, Tutik and Hariyati, 2013). It is hoped that the field of care can complete nursing documentation in the same format, allow nurses to continue their studies, and take nursing care training and exchange information or ideas between nurses (Noorkasiani, Gustina and Maryam, 2015).

SDKI, SIKI, and SLKI are benchmarks for enforcement of nursing diagnosis, nursing intervention, and nursing outcome to provide safe, effective, and ethical nursing care (SDKI, 2017). Based on the assessment results with the nursing department of the hospital in East Java, not all hospitals implement 3S (SDKI, SIKI, and SLKI) in the documenting of nursing care. Based on that background, researchers are interested in researching the relationship between nursing knowledge and training about 3S (SDKI, SIKI, and SLKI) with the quality of documenting nursing care in hospital inpatient rooms.

METHODS

The design of this study is an analysis of correlation with crossectional approaches. This research site is a hospital inpatient room of four hospitals in East Java that have implemented SDKI, SIKI, and SLKI. The study was conducted in June – September 2020. This study's population was part of the implementing nurses in hospitals in East Java as much 120 nurse. The sample of this research was 84 respondents who were taken through consecutive sampling. Independent variables are knowledge of 3S (SDKI, SIKI, SLKI) and 3S training, while dependent variables are the quality of nursing care documentation. The research instrument uses the Department of Health Documentation Evaluation questionnaire (Instrument A) developed by the researchers and the 3S knowledge questionnaire (SDKI, SIKI, and SLKI developed by the researcher. Instrument A consist of assesment, diagnosis, planning, implementation, and evaluation.The research was done by disseminating questionnaires through google forms. Respondents signed informed consent, filled out a questionnaire on google form, and sent back the google form questionnaire. Furthermore, the data were analyzed using the chi-square test.

RESULTS
The results of univariate and bivariate studies are shown in the table below. Characteristics of Respondents based on age, Marital Status, Length of Work and Education Level.

Table 1. Characteristics of Respondents Based on Age, Marital Status, Work Time and Education Level.

Characteristics	Total (84)	Percentage (%)
Age of Respondents		
< 25 years old	14	16,7
25 – 40 years old	63	75,0
>40 years old	7	8,3
Marital Status		
Unmarried	21	25
Married	56	66,7
Widow/widower	7	83

Work Time		
< 5 years	14	16,7
5– 10 years	28	33,3
>10 years	42	50
Education Level		
D3 Nursing	35	41,7
Ners	46	54,8
Post Graduate Nursing	3	3,6

The results of the study show that the majority of respondents (75%) aged 25 -40 years old, 66,7% married, and half of respondents (50%) have a working length of 5-10 years.

Characteristics of Respondents Based on Results of 3S Training Questionnaire (SDKI, SIKI, SLKI) and Quality of Nursing Care Documentation

Table 2. Characteristics of Training Respondents based on the results of pe exercise questionnaire 3S, knowledge 3S (SDKI, SIKI, SLKI) and Quality of Documentation of nursing care

Characteristics	Total (84)	Percentage (%)
3S Training		
Yes	68	81
No	16	19
3S Knowledge		
Good	62	73,8
Poor	22	26,2
Quality of Nursing Care Documentation		
Good	70	83,3
Poor	14	16,7

The results of the study show that the majority of respondents (81%) have traine in 3S, 73.8% have a better knowledge of 3S and 83% of respondents have practiced good quality documentation of nursing care

Table 3. The Correlation between Knowledge of 3S (SDKI, SIKI, SLKI) and The Quality of Documenting nursing care in the Inpatient room.

		Quality of Nursing Care Documentation		Total
		Good	Poor	
3S Knowledge	Good	57	5	62
	Poor	13	9	22
		70	14	84
p-value		0,001*		

* α= 0,05

The chi-square test results obtained p-value = 0.001 < α =0.005, meaning Ho was rejected, and H1 accepted. it means there is a relationship between 3S knowledge and documenting quality in hospital inpatient rooms.

Table 4. The Correlation between 3S Training (SDKI, SIKI, SLKI) and The Quality of Documenting nursing care in the Inpatient room.

		Quality of Nursing Care Documentation		Total
		Good	Poor	
3S Training	Yes	63	5	68
	No	7	9	16
		70	14	84
pvalue		0,000*		

*α= 0,05

Based on Chi-Square test results obtained, p-value = 0.000 < α =0.005 meaning Ho was rejected, and H1 accepted. So, there is a relationship between 3S training and documenting quality in hospital inpatient rooms.

DISCUSSION
Characteristics of Respondents Based on 3S Training Questionnaire Results, 3S knowledge (SDKI, SIKI, SLKI) and Quality of Nursing Care Documentation

The results of the study show that the majority of respondents (81%) have traine in 3S, 73.8% have a better knowledge of 3S and 83% of respondents have practiced good quality documentation of nursing care. SDKI is a benchmark used as a guideline for

the enforcement of nursing diagnosis to provide safe, effective, and ethical nursing care. SDKI includes definitions of nursing diagnosis, classification of nursing diagnosis, type of nursing diagnosis, nursing diagnosis component, and nursing diagnosis enforcement process (SDKI, 2017). SLKI includes definitions of the nursing outcome, outcome classification of nursing, outcome type of nursing, outcome type of nursing, outcome component of nursing, and nursing outcome (SLKI, 2019).

The use of documentation instruments that do not comply with the standards may cause discrepancies in nursing care provided to affect documentation quality (Nursalam *et al.*, 2020). Factors that cause nursing documentation quality include documentation according to the nursing process, standardized terminology and documentation instruments, electronic documentation, and documentation instruments that vary according to nursing practices. According to (Siswanto, Tutik and Hariyati, 2013) the most dominant factors affecting the documentation's completeness are training and workload.

The Correlation between 3S Knowledge (SDKI, SIKI, SLKI) with Quality of Documentation of Nursing Care in inpatient rooms

Based on the study results, there is a relationship between 3S knowledge and the quality of documentation in the hospital inpatient room. Most respondents (67%) who know 3S (SDKI, SIKI, SLKI) also have a good quality of nursing care documentation. (Notoatmodjo, 2012) suggests that knowledge is a significant factor in determining a person's actions so that knowledge-based behavior will last longer than that not based on knowledge. The higher one's knowledge is expected, the better the behavior is shown. The nurse's knowledge can determine the nurse's actions in providing services to the patient so that the nurse's actions based on knowledge will provide a better service than the nurse who performs his or her actions without being based on knowledge.

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The knowledge of nurses has a profound effect on the completeness of the filling of nursing care documentation. There is a relationship between knowledge of 3S (SDKI, SIKI, SLKI) with the quality nursing care documentation. It is because documentation must be done whenever nurses did any implementation to the patient. This result goes along with the previous study in which the focus of increased knowledge through training improves nursing documentation (Jefferies, D.,Johnson, M.,Nicholls, D.,& Lad, 2012). SDKI, SIKI, and SLKI are benchmarks for enforcement of nursing diagnosis, nursing intervention, and outside nursing to provide safe, effective, and ethical nursing care (SDKI, 2017).

The Correlation between 3S Training (SDKI, SIKI, SLKI) with Quality of Documenting nursing care in inpatient rooms

Based on the study results, there is a relationship between 3S training and the quality of documentation in hospital inpatient rooms. Most respondents (75%) who have participated in 3S training (SDKI, SIKI, SLKI) have the quality of documenting nursing care well (Rahmawati and Ula, 2017) mentioned that there is an influence of nursing care training on the completeness of nursing documentation. The results of this study are in line with research about the need for training to improve nurses' ability in discharge planning (Sulistya Wati, 2016). The application of nursing care under Indonesian diagnostic standards (SDKI), outcome (SLKI), and intervention (SIKI) is still not widely carried out in various hospitals, so that it can affect the quality of nursing documentation (Nursalam *et al.*, 2020). SIKI became a nurse's guide in drafting nursing interventions to create uniformity of terminology to illustrate the scope of interventions undertaken by nurses and increasingly show nursing contributions in health care (Voyer, P., McCusker J., Cole MG., Monette J., Champoux N., Ciampi A., Belzile E., 2014). Based on the evaluation of

nurses' ability to implement 3S (SDKI, SIKI, SLKI), most respondents can apply nursing and nursing diagnosis well. All respondents can implement nursing interventions, nursing implementation, and nursing evaluation (Nursalam *et al.*, 2020).

CONCLUSION

From this study, it can be concluded that most nurses in 4 hospitals in East Java have received 3S training (SDKI, SIKI, SLKI), have knowledge of 3S (SDKI, SIKI, SLKI), and have a good quality of nursing care documentation. There is a relationship between knowledge and training of SDKI, SIKI, SLKI with documenting quality in inpatient rooms. Based on the study, the Head of Nursing Division needs to conduct training about SDKI, SIKI, and SLKI to improve nurse knowledge and the quality of nursing documentation that will later impact the quality of nursing services.

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