

Conference Paper

Overview of Nurse Compliance Level on Documenting Educational Provision to Patients and Families at Inpatient Room of Immanuel Hospital Bandung

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Abstract

Background: This study is the achievement of nursing compliance targets in the implementation of documentation at Immanuel hospital, this data obtained from a preliminary study of open medical record review (OMRR) providing education to 20 medical records of patients with the results of documentation on the assessment of patient education needs 85%, on planning of 70% education provision, 70% nursing education implementation and evaluation, namely verification of the understanding of education provided 80%. **Objectives:** The study aimed to describe of nursing compliance with documenting the provision of education to patients and families in the inpatient room of Immanuel hospitalin Bandung which includes Compliance with Assessment / assessment, planning, implementation and evaluation. **Methods:** This study was conducted using descriptive method with quantitative approach. The total sample in this study was 55 subjects that selected using pruposive sampling techniques. Data collection uses observation sheets that have been tested for validity and reliability and the dataanalyzed using a frequency distribution. **Results:** The statistic data shows that majority of the subjects were obey (78.2%) in documenting the assessment, almost all of the subjects wereobedient (94.6%) in documenting planning, more than half were obedient (69.1%) in documenting implementation, and also complied (67.3%) in documenting evaluations. **Conclusion:**The level of nurses' compliance with documenting the provision of education to patients and families illustrates that all nurses adhere to documentation, from the stages of assessment, implementation to evaluation. Recommendation the next research is to examine the function of the head room management to the completeness of the documentation of the nursing process, especially the provision of education.

Keywords: nursing, compliance-level, implementation, documentation

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Accepted: 4 October 2019
Published: 10 October 2019Publishing services provided by
Knowledge E

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Selection and Peer-review under the responsibility of the ICHT 2019 Conference Committee.

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1. Introduction

Patient and family education, commonly referred to as education, is one of the fulfillment of the rights of patients and families to health information guaranteed by RI law No. 44 of 2009 concerning health in article 7 and article 8. Patients are entitled to get information

and education about balanced and responsible health, as well as knowing the diagnosis of the disease, actions to be taken and efforts to improve health that will be carried out so that patients and families participate actively in their recovery efforts. Patient and family participation is very important in the process of accelerating healing and this will have an impact on effectiveness and efficiency both for the hospital and for patients and families[1].

The purpose of patient and family education activities is to speed up the recovery process and reduce the opportunity to readmission or come back to the hospital in a very short time with the same disease. The return of patients with the same disease and even worse conditions can be overcome by empowering patients and families through educational activities [2].

The hospital has the responsibility in facilitating comprehensive patient and family education as needed and is carried out in a structured manner following the care process by all care professionals, when patients interact with doctors, nurses, pharmacists, nutritionists, physiotherapists and other health workers from various disciplines. This will help all service providers participate in the education process. [1]

Effective education is education that is focused on the needs of patients, planned to ensure that each patient is given education according to needs, also focuses on specific knowledge and skills in decision making, and participates in care including: nursing care, nursing actions or preparation for repatriation patients and ongoing patient care performed by the nursing department[3].

According to documentation is evidence that the legal and ethical responsibilities of nurses to patients have been fulfilled[4]. Documentation in general is an authentic record or all original documents which can be proven or used as evidence in legal matters. While the documentation of patient care services is evidence of recording and reporting owned by professional care providers that are useful for the benefit of patients and the health team in providing health services on the basis of effective, accurate and complete written communication with full responsibility.

In implementing the documentation of nursing care at the Immanuel hospital in each room, it is facilitated by the Standard Operating Procedure (SPO) of the process of providing education. The achievement of the educational documentation process according to the head of the Immanuel Hospital PKRS Team in 2016, documenting 67.25%, on: Assessment of education needs 92.31%, Planning of educational provision 84.62%, Implementation of education provision 49.74%, Evaluation of verification 42, 31%. while the target of documenting education is 80-100%.

Based on the results of a preliminary study in November 2017, informal interviews were conducted from 10 respondents inpatient nurses about documenting the provision of patient and family education, as well as the results of the open medical record review (OMRR) providing education to 20 medical records of patients to get documentation on the assessment of educational needs 85% patients, in the 70% education provision planning, 70% nursing education implementation and Evaluation, namely Verification of the education understanding provided 80%, the conclusion is the nurse's compliance in documenting has not reached accreditation standards that is 100%. 80% or more of all observers or records are met / compliance, 20 - 79 if observations and records are partially fulfilled / compliant, <20% if records are not met [3].

Based on the above problem, from the background and the phenomenon that occurs the researcher is interested in conducting research related to "Overview of Nurse Compliance Levels on Documenting Patient and Family Education in the Immanuel Hospital Bandung Hospital"

2. Methods

2.1. Study design

This study was descriptive with a quantitative approach. The research conceptual framework used is the dimensions of Assessment, Planning, Implementation, Evaluation, which can be assessed in an obedient and non-compliant manner.

2.2. Sample

Sampling technique in this study using accidental sampling, where the nurses at inpatient rooms met by researchers will be sampled. The number of inpatient nurses in Bandung Immanuel Hospital is 320 nurses. by using the proportion estimation formula and shows 55,078 then the number of samples if rounded up to 56 samples. Data collection by using a questionnaire that consist of 28 questions that must be filled in by the respondent by putting a mark () on the questions that are considered appropriate. Measurement of the impact of hospitalization by way of assessment using the Guttman scale. With a value of compliance > mean / median value, non-compliance < mean value / median

2.2.1. Primary Data

Primary data is data obtained or collected by the researcher directly from the first source or object of research. In this study, researchers obtained primary data by asking respondents directly related to research such as asking directly about names, ages, gender, recent education and length of work.

2.2.2. Secondary Data

In this study the source of secondary data is the status of the patient’s medical record, the respondent’s medical record status is used by researchers to see the objective of compliance with nurses’ documentation in providing education to patients and families.

2.3. Data Analysis

In this study, the univariate analysis used the frequency distribution to determine the percentage of nurse compliance. Data collection uses observation sheets that have been tested for validity and reliability

3. Results

TABLE 1: Distribution of Respondents Based on Assessment criteria for providing education in the Inpatient Room at Immanuel Hospital in Bandung (n = 55).

Categori		Frequency	Percentage %
Assessment	Obedient	43	78.2
	Some	12	21.8
	Not Obey	0	0
Total		55	100

Based on table 1 the results obtained from 55 respondents showed that majority of the subjects were complied to nursing care assessment documentation as many as 43 people (78.2%) followed by a small portion of subjects Nurse compliance regarding education to patients and families as many as 12 people (21.8%) and 0 (0 %) none of the subjects did not comply.

Based on table 2 obtained from the results of 55 subjects, shows that almost all of the subjects complied with planning as many as 52 people (94.6%) followed by a small

TABLE 2: Distribution of Respondents Based on educational planning criteria (n = 55).

Categori		frequency	Precentage %
Intervention	Obedient	52	94.6
	Some	1	1.8
	Not Obey	2	3.6
Total		55	100

portion of subjects complied educational planning as many as 1 person (1.8%), and only 2 (3.6%).subjects who were not compliant with.educational planning.

TABLE 3: Distribution of Respondents Based on the implementation criteria for the provision of education (n = 55).

Categori		frequency	Precentage %
Implementasi	Obedient	38	69.1
	Some	16	29.1
	Not Obey	1	1.8
Total		55	100

Based on table 3, the results obtained from 55 subjects show that the majority of subjects complied with the implementation (69.1%), followed by almost half of the subjects complied with the implementation (29.1%), and a small proportion of subjects did not comply with (1.8%) implementation.

TABLE 4: Distribution of Respondents Based on evaluation criteria of educational provision (n = 55).

Categori		Frequency	Precentage %
Evaluation	Obedient	37	67.3
	Some	12	21.8
	Not Obey	6	10.9
Total		55	100

Based on table 4 obtained from the results of 55 respondents, shows that the majority of respondents complied with an evaluation of 37 respondents (67.3%), obediently some did an evaluation of 12 respondents (21.8%), and a small portion did not comply with an evaluation as many as 6 (10.9%).

4. Discussion

The results of nursing compliance research on assessment or education needs assessment obtained 43 subjects (78.2%) almost all subjects complied with educational documentation, 12 subjects (21.8%) a small portion of subjects partially complied, and 0 subjects (0%) no one who are not compliant, it can be seen from 55 subjects there are 12

subjects who are still a small part documenting the results of the assessment, especially in the assessment of cultural beliefs and values that are believed by patients, as well as patient health literacy (the ability and knowledge of patients about their health). This is due to the poor understanding of statements about values and health literacy. The level of documentation compliance in carrying out the assessment or assessment of the results is almost entirely from the respondents compliant even though it has not yet reached the SNARS standard 1 2018 edition of 80-100.

Of the 55 subjects there were 2 nurses who were not compliant in documenting the planning, namely not documenting the material plan needed by the patient, this was caused by several factors including busyness so that they forgot to document in the fact planning column in the review in the checklist of materials needed by the patient. And the high adherence in planning is supported by a format that is easy and simple for nurses to do. The nurse's level of adherence to planning shows the level of adherence but is not in line with the 2013 Mohamad Kasim research at the Salatiga Regional Hospital, the research attainment at the Immanuel hospital achieved results in accordance with the 2018 edition of SNARS standards (80-100%).

Of the 55 subjects, there were 16 who were partially compliant and 1 nurse who was not compliant in documenting the implementation. but not recorded in the education provision form. however it is noted in the form of providing information. In line with the results of the 2013 Mohamad Kasim Hospital Salatiga Hospital which was 57.8%, as well as the evaluation report of the 2016 PKRS-Immanuel Hospital Team 49.74%. In documenting the implementation of the provision of education, it was found that the majority of respondents were compliant but not in accordance with the SNARS standard for Issue 1 of 2018.

Of 55 subjects there were 12 people who were partially compliant and 6 nurses who were not compliant in evaluating. respondents' non-compliance with the evaluation is on verifying the patient's understanding of the material provided, the patient's signature and the verification of the understanding of education. The results of the analysis of this study indicate that the majority of nurses are obedient in documenting the evaluation of education provision but do not meet the SNARS standard for Issue 1 2018 (80-100%)

Theoretically compliance is behavior according to the rules and disciplined according to the big Indonesian dictionary [5]. Whereas according to Sacket compliance is the extent to which nurses' behavior is in accordance with the provisions provided by health professionals [6]. Compliance is an initial stage of behavior, so all factors that support or influence behavior will also affect compliance [7]. Nurse compliance is: nurses' behavior

as a professional towards a recommendation, procedure or regulation that must be carried out and obeyed [8].

Based on these results, the researchers are of the opinion that nurses in the inpatient rooms of Immanuel Bandung hospital almost all have a high level of compliance because they realize that documentation is important as a responsibility in nursing care as a means of communication between health workers and as an effort to protect clients with regard to the services received and security for nurses in their accountability, documentation also minimizes the occurrence of sentinel events.

Not yet optimal documentation for the provision of education is caused by several factors, namely internal and external factors. Internal factors include knowledge and ability of individuals where here there are limitations in reasoning about what is meant in the items needed in the format, the ability to carry out care as a whole, the ability of someone in providing education, then the motivational factor of oneself, given by superiors or the head of the room as well as colleagues greatly affect the performance of employees in compliance with nurses to carry out their student care. External factors also affect nurses' compliance in carrying out documentation including organizational characteristics, work, environment and groups where the number of patients and workers is not balanced, the workload is very high, the role of formation, pressure from the group so that affects the nurse's compliance, because nurses are forced to budge and follow the behavior of the majority.

To be able to increase the level of compliance of nurses needed support and motivation from the head of the room, periodic observation of the recording of nurses, then the revision of the educational provision format is simpler and easier, the more complete in documenting the education provision process. And in this case the researchers made a revision of the education provision form where previously the two-page assessment and planning format and the understanding of one room with another room were different, then the implantation and one-page verification forms, where nurses had to write each education presentation, as well as initial and repeated verification.

From the results of this study the researchers made a simple and easy format to do it but did not reduce the meaning of the process of providing education, after that it was socialized and discussed for perfecting the forms to the head of the inpatient, outpatient, IGD, IPD, Chief of Room, Case manager, Home Care, Medical Record Committee, and Quality Quality. Then it is conveyed to the Head of the Nursing Division, the Head of the Medical Field and the Head of the General Field concerned will be tested form in mid-June. The form is made into one sheet but two pages and facilitated has been

recorded in a good format for assessment, planning, implementation and evaluation, for filling in by checking the list according to patient needs.

5. Conclusion

Nurse compliance was greater in documenting educational needs reaching 94.6% then 78.2% nurses' compliance in education needs assessment, 69.1% nurses' compliance in documenting education implementation and 67.3% nurses' compliance in documenting educational evaluations. The suggestion for the hospital is to make an education form that is easy and simple but does not reduce or eliminate the meaning of the items that should be on the education giving form.

Acknowledgment

This study was supported by STIKep PPNI Jawa Barat. Thank to our colleagues from STIKep PPNI Jawa Barat who provided insight and expertise that greatly assisted the research, although they may not agree with all of the interpretations/conclusions of this paper. Thank to Tuti Haryati for assistance with particular technique.

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