

The Relationship between Nurse Knowledge and Completeness of Documentation of Integrated Patient Progress Notes (CPPT) at Ratu Zalecha Hospital, Martapura

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ABSTRACT

Knowledge is a very important domain in shaping a person's behavior, including in the nursing documentation process. A better level of knowledge of nurses will facilitate decision making when carrying out nursing documentation and increase the implementation of complete documentation. This study aims to determine the relationship between nurses' knowledge and the completeness of documentation of Integrated Patient Progress Notes (CPPT) at Ratu Zalecha Martapura Regional Hospital. This research uses non-experimental quantitative descriptive. This research uses a cross sectional study. The number of respondents was 87 executive nurses in the inpatient ward at Ratu Zalecha Hospital, Martapura, selected using a cluster random sampling technique. Data collection was carried out by distributing questionnaires and observing directly on the CPPT sheet. The research results show a p value = 0.000, which means there is a relationship between Nurse Knowledge and Completeness of Integrated Patient Progress Note Documentation (CPPT) at Ratu Zalecha Martapura Regional Hospital.

Keywords: Knowledge, complete documentation, nurse

INTRODUCTION

The role of nurses in efforts to maintain the quality of health services is not just providing care in the form of actions, but nurses are able to complete complete documentation of care. Nurses are workers who have a big role as providers of health services, the main goal of nursing is to provide services to patients' basic needs from the time the patient arrives until they go home. The quality of health services is not only related to medical services, but also related to supporting services. One of them is the quality of service in the medical records section. The medical record form used as a communication tool between other care professionals is the Integrated Patient Progress Note (CPPT) form. The principle of Integrated Patient Progress Notes (CPPT) is that written documentation can be delivered and well received by other PPA, of course this has a positive impact on the quality of health service (1).

Based on research by Deswita et al. (2021), factors that influence the completeness of documentation involve human resources, knowledge and motivation (2). In Noorkasiani's (2015) research, it was found that the level of nurse education had a significant impact on the completeness of documentation. The higher the level of education and knowledge of a nurse, the more complete the documentation they produce (3). This finding is in line with the research results of Marpaung et al. (2023), which also states that a person's level of education influences his level of knowledge (4).

Consistently, the research shows that skilled and educated human resources tend to produce more complete documentation. Additionally, knowledge gained through education and experience plays an important role in a person's ability to document information thoroughly. Motivational factors are also an important element, because they can motivate

nurses to provide the attention and dedication necessary to keep comprehensive and accurate records. The results of research conducted by Evie (2019) stated that there was a relationship between nurses' knowledge and the completeness of documentation in the Emergency Room at Mokopido Toli-Toli Regional Hospital, this shows that the level of nurses' knowledge can influence the extent to which documentation is carried out completely (5).

There is a correlation between age and length of work experience of nurses and the level of completeness of documentation. The results of the research show that nurses who have worked for more than 5 years tend to have a higher level of documentation completeness compared to nurses who have just started their careers. In addition, nurses under 40 years of age also demonstrated better documentation completeness than their colleagues aged 40 years and above (6).

The Integrated Patient Progress Record Form (CPPT) includes: date and time of filling, profession/department, Subject Object Assessment Planning (SOAP) from the Professional Care Provider (PPA), instructions from the health worker and verification from the Patient Responsible Doctor (DPJP) (7). Based on a survey conducted by previous researchers at RSKIA, it was found that there was no SPO or special organizational structure for writing Integrated Patient Progress Note sheets. All PPAs fill out the guidelines that are available or known to them, and there are no written sanctions for PPAs who fill out the Patient Progress Record sheet, and of the 330 CPPT documents that are filled in completely, only 91 CPPT files and 239 CPPT files are not filled in complete (7).

Based on research conducted by Nopriyanto et al. (2019) it was still found that incomplete filling of the Integrated Patient Progress Note (CPPT) was due to nurses' lack of understanding in filling out medical record files and uniformity of the contents of the rules for filling out files, as well as staff not being optimal in handling the filling of the Integrated Patient Progress Note (CPPT). The quality of Integrated Patient Progress Note (CPPT) documentation can be seen from the aspect of data completeness. Records must be accurate, complete and concise, with correct and clear descriptions of any changes noted and consistent with the patient's progress. At the same time, inappropriate treatment records will pose a risk to patient safety due to poor communication between providers, thereby delaying services to the patient (8).

According to Notoatmodjo (2017) knowledge is a very important domain in shaping a person's behavior. Knowledge is the result of the five human senses or knowledge about objects observed through the senses (eyes, nose, ears and so on). The relationship between nurses' knowledge has a strong impact on the implementation of documentation in hospitals. Nurses with different levels of knowledge will also have different documentation qualities, because a higher level of nurse knowledge will make it easier to make decisions when carrying out nursing documentation and can increase the application of complete documentation (9).

Based on the results of surveys and interviews conducted by researchers at Ratu Zalecha Martapura Regional Hospital on 26 May – 7 June 2023, information was obtained that the professions that are often involved in filling out Integrated Patient Progress Notes (CPPT) are doctors, nurses, nutritionists, which are rarely There are physiotherapists and pharmacists because they are only in certain rooms. It was found that there was an SOP for writing Integrated Patient Progress Note (CPPT) sheets in the medical records room, but in the inpatient room it was still difficult to find a CPPT SPO. Researchers made observations on 5 CPPT sheets, it was found that 3 (60%) of the CPPT sheets were incompletely filled in and 2 (40%) were completely filled out. Items that were not filled in completely, namely 20% incomplete date and time filling items, 20% profession items, 0% SOAP items, 0% health worker instruction items, and 60% DPJP, name and TTD verification items for nurses. On the CPPT sheet, the DPJP verification items, name and TTD of the nurse are most often not filled in. Looking at the percentage of incomplete documentation data and based on the results of interviews with nurses regarding nurses' knowledge, low completeness of documentation will have a negative impact on the overall quality of health services and result in decreased patient satisfaction with nursing services. Therefore, based on the statement

above, researchers are interested in seeing the relationship between nurses' knowledge and the completeness of integrated patient progress record (CPPT) documentation at Ratu Zalecha Hospital, Martapura.

METHOD

This research uses a quantitative correlation method. The place where the research was carried out was in the working area of Ratu Zalecha Martapura Regional Hospital, South Kalimantan in 6 inpatient rooms including the Al-Hakim Room, Ar-Rahman Room, Ar-Razaq Room, As-Sami Room, Al-Muiz Room and Ar-Raudhah Room . This research was carried out from September 2023 - November 2023. The total population was 111 respondents and a sample of 87 inpatient nurses were selected using the cluster random sampling technique. Cluster Random Sampling. Cluster Random Sampling is a way to take samples by grouping them into sub-populations (groups), where each group is selected randomly and proportionally from the entire groups (10).

The division of clusters (groups) in this study was carried out based on room. Data collection was carried out by distributing questionnaires and observing directly on the CPPT sheet. This questionnaire has gone through validity and reliability tests conducted at RSUD Dr. La Papaloi Maros involving 20 respondents as samples. The results of the validity and reliability test show that the Cronbach Alpha value is 0.880, $r \geq 0.666$, so it is considered valid. This questionnaire and observation sheet were declared valid for measuring nurses' knowledge and completeness of CPPT documentation. Data analysis used the Spearman Rank test with a confidence level of 0.005.

RESULTS AND DISCUSSION

Respondent Characteristics

Table 1. Frequency Distribution of Respondent Characteristics

Respondent Characteristics	Frequency (n)	Percentage (%)
Age		
17-25 years old	1	1,1
26-35 years old	38	43,7
36-45 years old	33	37,9
46-55 Tears ols	15	17,2
Gender		
Woman	62	71,3
Man	25	28,7
Education		
DIII Nursing	43	49,4
Bachelor's Degree in Nursing	0	0
Nursing Profession	44	50,6
Master in Nursing	0	0
Employment Status		
Civil Servants	62	71,3
Contracting Officer	25	28,7
Length of Work		
<6 years	15	17,2
6-10 years	16	18,4
> 10 years	56	64,4
Departement		
Executive Nursing	69	79,3

Source: Primary data, 2023

Based on the table above, the characteristics of the respondents, namely the age of most nurses, were in the age range of 26-35 years, namely 38 people (43.7%), then the majority of respondents were female, namely 62 people (71.3%), for education Lastly, the most numerous were nurses, namely 44 people (50.6%), the majority of nurse respondents had civil servant employment status, namely 62 people (71.3%), it was found that the

longest number of respondents had worked was >10 years with a total of 56 people (64.4%), most of the respondents were executive nurses in inpatient rooms, namely 69 people (79.3%) and team leaders with a total of 18 people (20.7%).

In the opinion of Orangbio et al. (2023) which states that as age increases, individuals generally become more mature, more stable and more determined so that they have a realistic view, in this case it should be able to make health workers more mature in filling out medical records completely (11). Apart from that, according to research by Husna et al. (2019), namely that a person's level of education can be related to the ease of receiving information, with the tendency that the higher the level of education, the easier it is for a person to receive information. The type of education also influences the knowledge and attitudes of a nurse, which in the end can increase the productivity and performance of nurses, including in terms of nursing documentation. Apart from that, the researcher assumes that nurses' knowledge in the good category is also due to age factors, the higher the education, the better the level of knowledge, gender and length of work in filling out complete medical records provided when examining patients at Ratu Zalecha Regional Hospital Martapura (12).

Table 2. Nurses' knowledge of Integrated Patient Progress Notes (CPPT) October-November 2023

Nurses' Knowledge of Integrated Patient Progress Notes (CPPT)	Frequency (n)	Percentage (%)
Good	79	90,8
Not Good	8	9,2
Total	87	100

Source: Primary data, 2023

Based on the table above, the calculation results show that of the 87 respondents, there were more nurses who had good knowledge, namely 79 people (90.8%), while those who had less good knowledge were quite a few, namely 8 people (9.2%).

Table. 3. Completeness of Documentation of Integrated Patient Progress Notes (CPPT)

Completeness of Integrated Patient Progress Note Documentation (CPPT)	Frequency (n)	Percentage (%)
Complete	76	87,4
Incomplete	11	12,6
Total	87	100

Source: Primary data, 2023

Based on the table above, calculation results were obtained by making direct observations, namely that of the 87 documents, more than 76 documents were filled in completely (87.4%), while 11 documents were incomplete (12.6%).

Table. 4. Results of Correlation Data Analysis

Variable Components	P-value	Correlation Coefficient (r)
Knowledge	0,000	0,65
CPPT Equipment		

Source: Primary data, 2023

After analyzing the data using the Spearman Rank Test, the p value = 0.000 ($p < 0.05$), which means that H_0 is rejected and H_a is accepted. So it can be concluded that there is a relationship between the nurse knowledge variable and the completeness of the Integrated Patient Progress Note (CPPT) documentation at Ratu Zalecha Martapura Regional Hospital. From the results of data analysis, the coefficient value between nurses' knowledge and the completeness of integrated patient progress record (CPPT) documentation was also obtained, namely 0.650. Because the coefficient value is in the range of 0.51 – 0.75, it can

be concluded that the relationship between nurse knowledge and the completeness of integrated patient progress record documentation (CPPT) is in the strong category and has a positive direction, meaning that the better the nurse's knowledge, the more integrated patient progress record documentation is. (CPPT) will be more complete.

According to the researcher's assumption, 79 respondents (90.8%) had good nursing knowledge, this was because Ratu Zalecha Regional Hospital had held training related to Nursing Documentation. This training can increase knowledge and abilities in carrying out complete and correct nursing documentation. The training that was carried out at Ratu Zalecha Regional Hospital related to nursing documentation was that in 2019 a Nursing Documentation Management Workshop was held. In 2021, management of nursing care according to SNARS will be held and in 2021, in-house training will be held in implementing the team method in nursing documentation. The above statement is in line with the opinion of Sartika (2020) who states that increased knowledge and understanding, obtained through training, can support more complete documentation. Nurses' lack of understanding can have a negative impact on their attitude in the nursing documentation process. Nurses who do not understand the procedures for filling out medical records tend to show a negative or poor attitude in carrying out documentation, which in the end can have a negative impact on the quality of writing nursing documentation. This lack of quality in documentation can affect the use value of medical records in the context of administration, law, finance, research, and education (13). Apart from that, it is also supported by Nuryani research in 2014, which concluded that training in the nursing process can improve nurses' abilities in documenting nursing care. Thus, the results of this study support the view that knowledge enhanced through training can contribute to improving the quality of documentation by Nurses (14).

According to research by Nirmalasari et al. (2020) the training carried out three times was a supporting factor for improving the skills of respondents. Meanwhile, according to Saputra et al. (2019), according to the head of the inpatient installation when interviewed, mentoring activities are coordinated through training by holding training for hospital staff, and are routinely held four times a year. Researchers assume that training is an effective way to increase a nurse's understanding and skills in carrying out specific tasks or work, a nurse needs to know the importance of carrying out complete documentation (15). Apart from that, the knowledge of nurses in the good category is also due to age factors, the higher the education, the better the level of knowledge, gender and length of work regarding filling in the complete medical records provided when examining patients at Ratu Zalecha Regional Hospital, Martapura. Furthermore, according to the researcher's assumption, the total knowledge is less than 8 people (9.2%), this occurs because in the inpatient room at Ratu Zalecha Regional Hospital it is still difficult to find Standard Operating Procedures (SPO) regarding how to document medical records, especially Integrated Patient Progress Notes (CPPT). complete and precise, so that nurses do not have the correct reference for documenting CPPT. The statement above is in line with the findings in research by Wirajaya et al. (2019) that in an effort to improve health services, it is recommended to disseminate information on Standard Operating Procedures (SPO) regarding the completeness of medical record documents. This aims to improve the performance of officers in providing health services in accordance with applicable regulations. The importance of providing SOP for medical records as a step to simplify the process of recording forms in accordance with applicable filling provisions. Thus, the implementation of medical record SOPs can be an effective means of supporting the performance of health workers and improving the quality of health services as a whole (16).

Furthermore, there are three nurses who have good knowledge but in carrying out documentation there are still incompleteness. This is in line with research by Wijaya & Vebriansyah (2021) that there is a significant relationship between nurse motivation and completeness of documentation. Motivation is one of the factors that determines the extent to which a nurse can be successful in carrying out nursing documentation. It requires encouragement and a strong desire from within the nurse to achieve this (17). Researchers assume that if nurses lack good or strong motivation, the implementation of nursing documentation cannot run optimally, which can affect the quality of health services.

According to the researcher's assumptions, mentoring activities need to be increased, such as discussing Standard Operating Procedures (SPO). Apart from that, mentoring is also carried out for new personnel or staff who need to be guided and directed so that the tasks they carry out are in accordance with procedures, especially in the nursing care section, and there is no specific mentoring model that has been implemented (17).

Based on the results of the questionnaire addressed to respondents, the lowest answers were in statements number 5, 14, two unfavorable statements (numbers 6 and 11) and there were still statements that were not answered by the nurse or were empty. This shows that there are still minimal nurses related to DPJP making plans within 24 hours after the patient enters the inpatient room and the importance of informing the family regarding information on the results of care and treatment, including unexpected events resulting from such care and treatment by authorized health service providers. The statement above is in line with the results of research by (Wirajaya et al. 2019), which shows that there are still health workers who do not know that medical records should be completed in less than 24 hours after the patient is declared home. The level of knowledge regarding the completeness of medical records is a crucial factor for health workers, especially for doctors, nurses and medical records officers. Good knowledge regarding the use of medical records can encourage health workers to pay more attention to aspects of the completeness of medical records (16). This finding is also in line with research by Paulina (2016) which confirms that there is a close relationship between the level of knowledge regarding the use of medical records and the behavior of filling out medical records (18).

This research is in accordance with research by Rofii (2022) which states that nurses, as providers of patient and family orientation, are responsible for the success of providing orientation. This success is measured by how far the patient understands the things that are conveyed, the frequency of patients and families asking questions regarding things that should have been oriented, the presence of complaints from patients and families about services, and the final evaluation given by patients and families. Health workers, especially nurses, have a crucial role in providing nursing care services. They are required to understand the process of filling out and completing medical records, which requires an in-depth understanding of the nursing care that will be documented in the patient's medical record (19).

Knowledge is a very important element in shaping a person's actions. Therefore, individual practices can be influenced by level of knowledge, level of education, cultural influences, and mass media. This view is reinforced by Salito Sarwono, who emphasizes that knowledge is a crucial element in shaping a person's actions, because knowledge can encourage individual practice (20). Furthermore, according to the researcher's assumption, the completeness of the Integrated Patient Progress Note (CPPT) documentation is high, namely 76 documents (87.4%) due to the good knowledge of nurses regarding the documentation of the Integrated Patient Progress Note (CPPT). The results of the research above are in line with research (16), namely that high knowledge of the use of medical records will make officers pay more attention to the completeness of medical records. This statement is in line with research Sartika, (2020) that nurses' knowledge has a key role in determining nurses' actions when providing services to patients. Therefore, nurse actions that are based on knowledge tend to provide more optimal services compared to nurse actions that are carried out without an adequate knowledge base. Apart from that, nurses' knowledge also has a significant impact on the completeness of filling out nursing care documentation (13).

Meanwhile, the number of incomplete Integrated Patient Progress Notes (CPPT) of 11 documents (12.6%) occurred because nurses still had difficulty finding Standard Operating Procedures (SOP) for medical records in each inpatient room. The above statement is in line with Orangbio et al, (2023). This statement shows that the Standard Operating Procedures (SOP) regarding the completeness of filling out medical record documents are still not detailed enough, and the socialization of medical record SOPs is not yet optimal. This situation can result in a lack of reference for relevant officers in filling in medical records, giving rise to differences in perceptions regarding the completeness of medical records. The

importance of clear policies, guidelines and procedures as a group of reference documents in carrying out nursing documentation activities is highlighted. With optimal clarity and socialization regarding SOPs, officers can have better guidance to ensure completeness and consistency in filling out medical records, as well as avoid differences in perception that can affect the quality of medical records (13).

Apart from that, motivational factors play an important role in the completeness of nursing documentation. Motivation is considered the main key that influences nurse performance, especially in the implementation of nursing care documentation. In this context, nurses need to have strong drive and desire, which comes from internal motivation within the nurse herself. Lack of good motivation can hinder the achievement of complete nursing documentation, and this has the potential to affect the quality of health services as a whole (21).

The process of completing patient progress notes in the integrated inpatient medical record begins after the patient completes the treatment period. During the treatment period, the Care Professional (PPA) completes the Patient Progress Note (CPPT) form. After the patient goes home, the patient's medical record is returned to the medical records unit for assembling, checking completeness, and ensuring the correctness of the contents of the document. If there are deficiencies in the medical record, they will be recorded in the incomplete form. Next, medical records will be contacted and followed up with the PPA who is responsible for the patient. After the medical records are complete, the medical records officer will carry out analysis and re-evaluation. If there are still incomplete parts, an incomplete report will be prepared for further action. This process ensures that inpatient integrated medical records remain accurate, complete, and in accordance with applicable standards (22).

Based on the results of observations by researchers regarding CPPT documentation, the section that is most often empty is the first column in the form of documentation hours, the third column in the form of SOAP which is most often empty is the planning section and the last is the fifth column, namely in several documents empty DPJP signatures are still found. According to research Rudyarti (2020), incomplete information regarding the date and time on the Integrated Patient Progress Note (CPPT) form can result in uncertainty regarding the history of when medical procedures were administered by medical personnel. This can complicate the process of determining the time and hour when a patient undergoes a medical procedure. Additionally, administrative staff will face difficulties in determining the number of days of care for a patient (23).

This finding is in line with research conducted by Dr Patima in 2022. This research states that deficiencies in reporting, especially regarding the lack of information about dates and times, are often caused by the habit of doctors or nurses who more often fill in only the date without completing it with the time information that should be provided. . According to the researchers' assumptions, these findings demonstrate the importance of emphasizing the completeness of time information in nursing reporting to ensure accurate and comprehensive medical records (24).

According to research (Santoso et al., 2022) states that signatures and/or initials have enormous importance, because their absence can be considered an act of tampering with legal evidence, especially medical records. Therefore, a solution is needed to increase the understanding of Professional Care Providers (PPA) regarding the correct way of correcting or recording. If an error occurs, the correct step is to cross it out once and initial it in accordance with the Standard Operating Procedures (SPO) that apply in the hospital. Outreach to PPA officers will help ensure that the correction or recording process is carried out correctly and according to the rules, so that the integrity of medical records is maintained (25).

CONCLUSION

Based on the research results, it can be concluded that H_0 is rejected and H_a is accepted, meaning that there is a relationship between the nurse knowledge variable and

the completeness of the Integrated Patient Progress Note (CPPT) documentation at Ratu Zalecha Hospital, Martapura. After analyzing the data using the Spearman Rank test, the p value = 0.000 ($p < 0.05$), which means that from the results of data analysis, the coefficient value of the relationship between nurse knowledge and the completeness of integrated patient progress record documentation (CPPT) was also obtained, namely 0.650. Because the coefficient value is in the range of 0.51 – 0.75, it can be concluded that the relationship between nurse knowledge and the completeness of integrated patient progress record documentation (CPPT) is in the strong category and has a positive direction, meaning that the better the nurse's knowledge, the more integrated patient progress record documentation is. (CPPT) will be more complete.

It is recommended that for further research the number of respondents can be further increased, in order to further strengthen the final results of the hypothesis. Then future researchers can develop further and look for other factors or interventions as an effort to increase nurses' knowledge regarding Integrated Patient Progress Note (CPPT) documentation. in the hospital. For academics, they can provide training and outreach, especially to nursing students, regarding aspects of completeness and accuracy of Integrated Patient Progress Note (CPPT) documentation in order to achieve optimal quality of health services. For health services, it is necessary to pay attention to the importance of completeness and accuracy of documentation of Integrated Patient Progress Notes (CPPT) in accordance with SPO (Standard Operational Procedures in carrying out nursing care and collaborating with other PPA in providing health services in order to achieve good and satisfactory service quality.

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