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An educational program on nurses knowledge toward documentation in Al-Furat Alawsatt teaching hospital

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***Abstract*---**Nursing documentation is a component of clinical notes that nurses complete and is one of the most important sources of information in the health care profession. Because it serves so many different purposes, the patient record is one of the most important functions that a nurse performs. It contains all written information related to the patient's condition and needs.From September 21, 2020 to March 7, 2022, the researcher at Al-Furat Al-Awsat Teaching Hospital in Al-Najaf City used a quasi-experimental design with two groups and two evaluation stages to assess the effectiveness of the educational program in improving knowledge related to nursing documentation. A total of (50) nurses were randomly assigned to two groups and enrolled using non-probability deliberate selection procedures. One group was given the program (the study), while the other was not (the control group), and both groups were tested twice (pretest and posttest). Students from both groups showed insufficient knowledge (56 percent for the study and 72 percent for the observation). When students in the study group were compared after executing the program, (post-tests) demonstrated a significant improvement (p-value 0.001) in knowledge (68 percent).To the control group, which maintained the same level of knowledge with a modest decline in nursing documentation knowledge. Furthermore, the education program was shown to be effective in increasing nurses' documentation knowledge according to the study. Furthermore, a method like this is useful in shielding nurses from being documented.

***Keywords*---**educational program, nurses, knowledge, documentation**.**

Introduction

Nursing documentation is a component of clinical notes completed by nurses, and it is one of the most basic and fundamental sources of information in health care. A patient's record is a collection of all written information about a patient's condition and needs, and it is one of the most important functions of nurses because it serves so many different purposes (White et al, 2011). Nursing documentation's purpose is to show that an organization maintains thorough written record of its planning, delivery, assessment, and evaluation of patient care, as well as to serve as a source of information for new nurses and maybe for nursing theory development. Justification and critical thinking should be included in nursing documentation to support clinical decisions, interventions, and evaluations by caregivers, as well as adherence to set standards (Hameed & Allo, 2014).

Nursing documentation is important for a variety of reasons, including identifying members of the treatment team, ensuring continuity of care, reminding nurses of their professional duties and responsibilities, evaluating therapeutic interventions, calculating health care costs, upholding and protecting patients' and nurses' legal rights, and providing research and training details. Despite the fact that the importance of good nursing documentation is widely recognized and efforts are being made to improve it, there are differences in the definition of good nursing documentation across countries and settings, which are based on different local requirements, documentation systems, and terminology. A number of audit instruments were employed in the research settings to assess the quality of nursing documentation, with diverse criteria reflecting how researchers viewed quality (Hameed & Allo, 2014).

The quality and coordination of care in modern healthcare systems is dependent on communication between different caregivers concerning their patients. Nurses and other caregivers use documentation as a means of exchanging information held in medical records. Good nursing documentation improves personalised continuity of care and patient safety by ensuring orderly, consistent, and effective communication between caregivers (Al Najafi et al, 2009).

Patient safety incidents have been attributed to a lack of communication in the healthcare system. Up to two-thirds of sentinel occurrences are caused by a lack of communication, with more than half of these cases resulting from a lack of patient care transmission between clinicians. The engagement of many team members using a variety of communication means, professional hierarchies that inhibit collaboration, and the frequent shift of healthcare team members owing to change and schedule changes may all contribute to poor communication in today's complicated healthcare system. The Case, Background, Assessment, and Recommendation (CBAR) tool is one interprofessional communication technique that has been proposed to improve quality and safety by reducing some of these barriers (Dawood et al, 2017).

Documentation in a client's health record can be used for quality assurance, legal goals, health planning, resource allocation, nursing development, and research, to name a few (Timby, 2021). Nursing documentation must be rational,

informative, and easy to understand. Medical personnel' documentation processes have gotten a lot of attention in recent years. Accurate and complete nursing documentation promotes efficiency, enhances communication among members of the patient care team, and allows for care continuity. The reduction of errors is supposed to be achieved by simplifying and standardizing processes such as documentation (Steel, 2019).

Methodology

A quasi-experiment is a pilot interventional study in which the causal effect of an intervention (educational program) on the target population is determined without using random assignment (nurses). Quasi-experimental research lacks randomized processing and task control, despite its resemblance to traditional experimental designs or randomized controlled trials. Quasi-experimental designs, on the other hand, allow the researcher to affect the treatment case assignment using a factor other than random assignment. The Sitting of the Study is being carried out at Al-Furat Al-Awsat Teaching Hospital in order to acquire accurate and thorough data.The researchers used two tools to collect data from study participants as following: First one is the socio-demographic variables such as (age, gender, level of education, years of experiences, training session).Second one is the knowledge towards nursing documentation, it was constructed by the researcher through review of literature, the nurses knowledge toward documentation: The knowledge scale contains 20 questions to demonstrate nurses' knowledge about nursing documentation. The researcher use program (SPSS 25) for data analysis include descriptive statistics(mean ,standard deviation, frequency and percentage).

Results

The finding of data analysis systematically in figures and tables , which are corresponded with the objectives of the study as follows:

Descriptive Statistic of Socio-Demographic Variables (SDVs) of the Study-Control Groups

Table1:Distribution of Study Sample by their Age Groups

	Classification	Study		Control		*p-value*
		Freq.	%	Freq.	%	
Age /years	20-29 years old	16	64.0	15	60.0	*0.230*
	30-39 years old	6	24.0	3	12.0	
	40-49 years old	3	12.0	6	24.0	
	50-59 years old	0	00.0	1	4.0	
	Total	25	100.0	25	100.0	
	Mean± SD	*29.2 ± 7.694*		*30.76 ± 9.024*		

Findings show participants age, the mean age for nurses in study group is 29, the age 20-29 years old were recorded the highest percentage among nurses in study group (*n=16*; 64.0%). While, the mean age for nurses in control group is 30, the age 20-29 years old were recorded the highest percentage among nurses in

control group (*n=15*; 60%). There were no-significant differences in age groups for nurses in both groups (*p=0.230*).

Table2:Distribution of Study Sample by their Gender

	Classification	Study		Control		*p-value*
		Freq.	%	Freq.	%	
Gender	Male	14	56.0	12	48.0	*0.203*
	Female	11	44.0	13	52.0	
	Total	25	100.0	25	100.0	

Respect to the gender, the male were predominated among nurses in study group (*n=14*; 56%) compared with female in control group (*n=13*; 52%). There were significant differences in gender for nurses both groups (*p=0.203*).

Table3:Distribution of Study Sample by their Level of Education

	Classification	Study		Control		*p-value*
		Freq.	%	Freq.	%	
Level of Education	Graduate school of nursing	1	4.0	0	00.0	*0.757*
	Graduate preparatory of nursing	7	28.0	10	40.0	
	Graduate institute of nurse	14	56.0	10	40.0	
	Graduate college of nursing	3	12.0	5	20.0	
	Total	25	100.0	25	100.0	

In regard with education level, most of nurses were institute graduated in study group (*n=14*; 56%). While, most of nurses in control group were distributed a institute and preparatory of nursing graduated (*n=10*; 40%) for each them. There no-significant differences in educational level for both groups (*p=0.757*).

Table 4:Independent Sample t-test between the Study and Control Group responses at pre-post test Knowledge related to Nursing Documentation

	Weighted	Mean	S.D	t-value	d.f	p≤ 0.05	Sig
Pre-test Knowledge	Study	1.29	0.185	0.307	48	*0.760*	*NS*
	Control	1.27	0.182				
Post-test Knowledge	Study	1.74	0.258	6.186	48	*0.000*	*HS*
	Control	1.28	0.265				

This table shows that there is a no statistical significant difference between study (*M ± SD= 1.29±0.185*) and control (*M ± SD= 1.27±0.182*) groups in the pre-test period of measurement (*p=0.760*). While there is a highly statistical significant difference between the study (*M ± SD= 1.74±0.268*) and control (*M ± SD= 1.28±0.265*) groups at the post-test period of measurement (*p=0.000*).

Table 5.Overall Nurses Knowledge about Nursing Documentation at Pre-test for Study Group

Weighted	Freq.	%	*M ± SD*
Poor Knowledge	14	56.0	*25.84 ± 3.715*
Moderate Knowledge	9	36.0	
Good Knowledge	2	8.0	
Total	25	100.0	

Findings illustrated that the nurses expressed a poor level of knowledge with regard nursing documentation at the pre-test period of measurement (*n=14*; 56.0%).

Table 6.Overall Nurses Knowledge about Nursing Documentation at Post-test for Control Group

Weighted	Freq.	%	M ± SD
Poor Knowledge	17	68.0	25.72 ± 5.303
Moderate Knowledge	5	20.0	
Good Knowledge	3	12.0	
Total	25	100.0	

Findings illustrated that the nurses expressed a poor level of knowledge with regard nursing documentation at the post-test period of measurement (n=17; 68.0%).

Discussion

Table 1 shows participant age, with the mean age for nurses in the study group being 29 and the mean age for nurses in the control group being 30, with the age 20-29 years old accounting for the biggest percentage of nurses in both groups. There were no significant variations in age groups for nurses in both groups (p=0.230), indicating that the sample is homogeneous in both. We locate them in the young group because the majority of them have diplomas. According to Andualem et al. (2019), the average age of participants (nurses) is 29.5, with the age group of 20-30 years old accounting for the majority of the data.

In terms of gender, male nurses predominated in the study group compared to female nurses in the control group. Both groups of nurses had significant gender disparities (p=0.203) (table 2). The lack of a significant difference indicates a strong argument in favor of the educational program for comparison purposes. This is in line with the findings of Akhu-Zaheya et al. (2018), who discovered that female nurses outnumbered male nurses in their study. In the current study, men nurses were more likely to participate in the education program than female nurses.

In terms of educational attainment, the majority of nurses were institute graduates in the research group. While the majority of the nurses in the control group were assigned to a nursing institute and graduated from nursing

preparatory school. Due to the high number of institutions that award such degrees, there were no significant variations in educational level for both groups (p=0.757), since diploma degrees were deemed the primary proportion of staff nurses in health organizations (table 3). Hassan (2018), who evaluated nurses' awareness of documentation in Mansoura University Hospital, came to similar conclusions. Their results revealed that their nursing certification was a diploma. The majority, on the other hand, had a secondary nursing diploma, while the rest obtained a technical institute diploma. As demonstrated by Hameed and Allo (2014) in their study in Iraq, this could have an impact on their understanding and practice of nursing documentation. However, no such difference was seen in the current study, which is likely due to the essentially identical nursing documentation curricula in both diploma programs.

A total of 20 multiple choice questions were used to assess respondents' knowledge of nursing documentation, with a mean score of 34-40 indicating a higher level of knowledge, 27-33 indicating a moderate level of knowledge, and 20-26 indicating a lower level of knowledge. Nurses in both the study group (M SD= 25.84 3.715) and the control group (M SD= 25.52 3.652) showed a low level of knowledge about nursing documentation during the pre-test period of measurement (table 5). Given the importance of documentation in nursing practice and its importance in providing quality patient care, this is a concerning conclusion.

In the pre-test period of measurement (p=0.760), there was no statistically significant difference between the study (M SD= 1.29±0.185) and control (M SD= 1.27±0.182) groups in terms of knowledge about nursing documentation. In terms of the statistical mean, the study results show that the nurses' knowledge scores in the pre-test study group did not improve when compared to the pre-test control group. Because both sides (study and control) have the same knowledge levels. The findings of this study are consistent with those of other investigations, which found that nurses have similar levels of awareness of documentation. As a result, Hassan (2018) found that most nurses had insufficient understanding, with less than two-fifth of the nurses having total satisfactory knowledge of documentation. In a study conducted in Uganda, Nakate et al (2015) discovered that more than two-thirds of the nurses in the study sample had inadequate documentation knowledge. In a similar vein, Yearous (2011) found that between one-third (29.9%) and two-fifths (41.4%) of nurses in three separate hospitals had inadequate knowledge of nursing documentation.

On the contrary, Taiye (2015) found that all of the nurses in the sample had appropriate knowledge of nursing documentation in a research in Nigeria. This could be related to the latter study's ongoing staff development efforts. According to the results of the current study, nurses had a satisfactory level of knowledge about nursing documentation during the post-test measurement phase (M SD= 34.88±5.166) after completing the education program (table 4-2-4). At the post-test measurement period, nurses in the control group had a low level of knowledge (M SD= 25.72±5.303) about nursing documentation (table 4-2-9). This finding indicates that an educational program is beneficial, as nurses in the study group felt satisfaction.

At the post-test period of assessment (p=0.000), there is a very statistically significant difference in knowledge of nursing documentation between the study (M SD= 1.74±0.268) and control (M SD= 1.28±0.265) groups (table 4-2-11). In terms of the statistical mean, the study results show that after implementing the education program, the study group's knowledge scores improved when compared to the control group.

This finding is comparable to that of Sabeghi et al. (2012), who found that there were significant differences in knowledge (P =0.000), attitude (P=0.000), and performance (P=0.001) regarding documentation between nurses in the intervention and control groups. In terms of demographic factors, the data revealed that there was no statistically significant difference between the two groups. The findings of this study imply that continuing education programs improve nurses' documentation knowledge, attitude, performance, and competency. It is suggested that more research be done on learning stability after using this strategy and comparing it to other educational methods.

Attending a regular nursing documentation training program was linked to a positive outcome. This finding is similar to that of research conducted in Ghana (Asamani et al., 2014), Uganda (Nakate et al., 2015), and Gondar (Asamani et al., 2015). (Kebede et al., 2017). This could be because training increases their familiarity with operational documentation standards, improves their knowledge of documentation, and increases their value in recording what they've done. As a result, training will be beneficial in improving documentation practices.

Conclusion

This study concluded that the nursing documentation, nurses lacked knowledge, in the pre-test, there were no differences in knowledge, between the study and control groups and Nurses' knowledge, improved after the post-test for the study group as a result of the educational program on nursing documentation. During the pre- and post-test, the control group did not show any improvement in their knowledge.

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