



# Assessment of Nurses Documentation for Nursing Care at Surgical Wards in Baghdad Teaching Hospitals

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## Abstract

Nursing documentation has been one of the most important functions of nurses. To assess of nurses documentation for nursing care at surgical ward and to find out the relationship between demographic characteristic with nursing documentation. A descriptive design study was conducted in the period of 8<sup>th</sup> December 2016 to 15<sup>th</sup> march 2017. Utilizing a stratified random sampling method (50) nurses working in surgical ward in Baghdad teaching hospitals. The majority of the study participants were female who accounted for (60%) of the total participants while male constituted (40%) making a female male ratio of 1.5:1. Most of the study participants (46%) were between ages 18 and 27 years old. Seventy four percent of the nurses were married and the remainder was single. (38%) of the participants had institute graduate. Majority of them (34%) were employee (1-5) years in surgical wards, and finally most of nurses (70%) have training session in the nursing documentation. The study showed that nurses have poor nursing documentation for nursing care at surgical ward and there is no significant association between the nursing documentation for nursing care with some demographic characters of selected nurses.

**Keywords:** Nurses documentation, Nursing care, Surgical Wards

## INTRODUCTION

Nursing documentation is believed as important indexes to develop nursing care. According to patient safety law, nurses have to document nursing interventions [1] Nursing documented has jointly practical and legal embodiment in client care thus kind documentation and true notify are fundamental to improve efficiency in client care. in any case of the way used to document, the client's health-care register is a solemn, legal records is client's patronage specifics [2,3]. Nurse's ability to script in a pure brief, fair and legally precise way can safely decrease the danger of misunderstanding and passive patient result concerning to bad communication [4, 5]. Nurses have accepted that registration isn't dismissing from nursing care and it is not permissive. It is an integral section of on file nurses' practices, and an important instrument that RNs use to secure high-fineness client care. Literature debate exceedingly the barriers encountered by nurses in recorded involving time limited, mismatches among staffing resources and work overload, shortage of pure guidelines for fill up documentation, repeated at documentation, and the routine systems and institutional policies usually related with protection precise documentation [6]. The major responsibility of nursing documentation are patients' information transport to other health team members, promote professional autonomy [7].

## MATERIALS AND METHODS

A descriptive design study to asses nurses documentation for nursing care at surgical wards Baghdad teaching hospitals. The study was carried out during the period extended from 8<sup>th</sup> December 2016 to 10<sup>th</sup>, march 2017. The study population included all nursing staff in four selected hospitals. Inclusion criteria for nurses were having at least 12 month clinical experience and having any educational level degree in nursing. The sample size estimated 60 nurses with pilot study. Then, these nurses selected to participate with stratified random sampling, according to the number of nursing staff employed in each hospital. Then, for assessing of each nurse's documents, in four parts of nursing documents, was selected randomly and analyzed.

For each nurse, these documents analyzed during three weeks. The demographic data of self fill reporting. For assessing of nursing documents for nursing care four observational checklists were used. These checklists were assessed four parts of nursing documents including recording vital sign assessment (4 items), recording wound care (dressing) (11items), recording medication treatment (4 items) and recording intake and output (I & O) of fluids (10 items). The validity of checklists was determined by content validity and after receiving commends from 10 nursing member checklists were revised. The content

validity of the instrument was established through a panel of (12) experts. . Test- Coefficients for (29) items of nursing documentation for nursing care were( $r=0.81^{**}$ ) . Data were collected between 8.30am to12.30 pm. The data is analyzed by using SPSS version 20.0 package which include descriptive statistical approach (frequency, percentage and mean of score) and inferential statistical approach (standard deviation and One way an ova).

## RESULTS AND DISCUSSION

This table revealed that( 60%) of the study samples were females, and most of them were age group (18-27) years old, a high percentage of them were institute graduate (38%), most of them(74%) were married, (38%) were for (1-5) years were employment in nursing, Majority of them (34%) were employee (1-5) years in surgical wards, and finally most of nurses(70%) have training session in the nursing documentation [Table 1].

This table show that majority of the study samples ( 60%) were females, most of them were age group between (18-27) years old, a high percentage of them were institute graduate (38%), majority of them(74%) were married, (38%) were for (1-5) years were employment in nursing, Majority of them (34%) were employee (1-5) years in surgical wards, and finally most of nurses (70%) have training session in the nursing documentation.

This finding of this table indicated that the mean of score was poor documentation items (5,6,7,8,9,10,11,12,13,20,21,22,23,24,25,26,27,28&29), items (2,3,4,14 and15) was fair documentation, and good documentation on the remaining items.

This table indicates that there is no significant association between nurse's documentation for nursing care score and the demographic characteristics (age, gender, level of education, years of experience in surgical ward and years of employed in hospital).

Throughout the course of the data analysis of the current study, the findings show the majority of the study were female who accounted for (60%) of the total participants while male constituted (40%). Most of the study participants (46%) were ages group (18-27) years old, the level of education represented that most of them (38%) were from institute graduate, most of them(74%) were married, (38%) for (1-5) years were employment in nursing, most of nurses(70%) have training special session in the nursing documentation. Majority of them (34%) were employee (1-5) years in surgical ward, and finally

**Table 1: Socio-demographic characteristics of respondents N= 50 nurse.**

SDCv.	Groups	Fre	%	Cumulative%
Gender	Male	20	40.0	40.0
	Female	30	60.0	100.0
	Total	50	100.0	
Age Groups (years)	18-27	23	46.0	46.0
	28-37	13	26.0	72.0
	38-47	10	20.0	92.0
	and above48	4	8.0	100.0
	Total	50	100.0	
Education level	Nursing school	16	32.0	32.0
	Institute	19	38.0	70.0
	College	5	10.0	80.0
	Master& doctorate	10	20.0	100.0
	Total	50	100.0	
Marital Status	Single	12	24.0	24.0
	Married	37	74.0	98.0
	Divorced	1	2.0	100.0
	Total	50	100.0	
Years of employment in nursing	≤ One year	7	14.0	14.0
	1-5 years	19	38.0	52.0
	6-10 years	4	8.0	60.0
	11-15 years	5	10.0	70.0
	16-20 years	6	12.0	82.0
	21 years & above	9	18.0	100.0
	Total	50	100.0	

These findings are in line with study done by other researcher who reported that study the average age of nurses was 32.40+ 5.58 years and they have a 6.40+ 3.58 years clinical experience .of all, 147(86.8%) nurses were female and 168 (98.8%) of them has a BS degree in nursing.83 (48.8%) nurses working in medical wards and 87(51.2%) were working in surgical wards <sup>[8]</sup>.

These findings agreed with findings obtained from other study, who stated that the majority of participation nurses were female 142 (87.6%) ,most of them 104(61.2%) were married their mean of age group was 31.38years,majority of them (51.2%) were working in surgical wards and almost of them (98.8%) had bachelor of science degree in nursing<sup>[9]</sup>.

Our findings are similar to study done by other researcher who stated that 43.3% of the sample were from the age group (30-34) years, (68.66%) were males, (37.3% )of the sample had a tenure more than five years till ten years, eventually, (22.7%) of the sample were working in surgery wards <sup>[10]</sup>.

The finding of the study agree with result obtained from other study, who reported the majority of the respondents, N=40 (50%) are adult registered nurses between the ages of 30-39 years, the majority of the respondents were predominantly females that is N= 69 (86.3%), most of them respondents have been working at the hospital for more than 59 months N= 21(26.3 %) <sup>[11]</sup>.

Twenty nine questions to assess nurses documentation for nursing care in surgical ward, In order to response to first question of the study table five. This table shows the nursing documentation for nursing care nursing documents in four selected parts of nursing documents including recording vital sign, recording wound care ,recording medication treatment, and recording intake and output of fluids ,the total mean of score was poor nursing documentation .Further investigation of results of study revealed the most of items that weren't recorded by nurses in recording wound care dressing ,location of wound (68%), size of wound (82%),wound discharge (96%),all items related to Amount of discharge, colour of discharge, odor of

discharge(96%), signs of wound healing(94%) all items that mention up that weren't recorded by nurses ,total mean of score related to wound care was poor.

In recording intake and output of fluids most items that weren't recorded were including, where not recording fluid take through mouth(64%), intravenous fluid(72%), nasogastric tube and gastrostomy route (88%) all items are absent (88%) all items are absent (88%) all items are absent in nursing documentation. Also recording were absent in fluid output including urination,defecation,vomiting (74%) ,chest tube, drain (88%) and nasogastric tube (92%) of all items related fluid intake and output not recorded by nursing ,the total of mean of score related to fluid intake and output was poor.

In recording vital sign assessment part most items are recorded the of mean of score of vital sign was fair. In recording medication treatment most items are recorded by nurses, the total of mean of score related drugs treatment was good.

This finding was in good agreement with that obtained from other researcher reported that the quality of nurses' documents was moderate. Further investigation showed that most items that weren't recorded by nurses in recording nursing report part were including "recording the time of reports" (100%), "recording the response of patients to interventions" (97.9%) and "recording the time of nursing cares" (96.5%). In recording medication treatment part most items that weren't recorded were including" respect suitable method for correct errors" (40.6%) and other items were completely respected by nurses. In recording intake and output of fluids most items that weren't recorded were including recording accurate time of checking I & O of fluids" (100%) and "recording the differences between the intake and output of fluids" (78.3%). In recording vital sign assessment part most items that weren't recorded were including "recording the location of controlling vital signs", "recording the unit of temperature", "the limb used for controlling the blood pressure" (100%) and "the unit of blood pressure" (97.1%) <sup>[8]</sup>.

**Table 2: The Mean of Score of Nurses Documentation for Nursing Care at Surgical Wards.**

No	Items	Complete		Incomplete		Absent		MS	Ass
		F	%	F	%	F	%		
<b>Vital signs</b>									
1	Body temperature	40	80.0	3	6.0	7	14.0	2.66	Good
2	Pulse rate	23	46.0	8	16.0	19	38.0	2.08	Fair
3	Respiration rate	28	56.0	7	14.0	15	30.0	2.26	Fair
4	Blood pressure	25	50.0	7	14.0	18	36.0	2.14	Fair
	Total							2.28	Fair
	Wound care (dressing)								
5	Location of wound	11	22.0	5	10.0	34	68.0	1.54	Poor
6	Size of wound	4	8.0	5	10.0	41	82.0	1.26	Poor
7	Wound discharge	2	4.0	0	0	48	96.0	1.08	Poor
8	Amount of discharge	2	4.0	0	0	48	96.0	1.08	Poor
9	Color of discharge	2	4.0	0	0	48	96.0	1.08	Poor
10	Odor of discharge	2	4.0	0	0	48	96.0	1.08	Poor
11	Pain	1	2.0	1	2.0	48	96.0	1.06	Poor
12	Signs of infection	3	6.0	1	2.0	46	92.0	1.14	Poor
13	Signs of wound healing	2	4.0	1	2.0	47	94.0	1.10	Poor
<b>Dressing changes</b>									
14	Morning	18	36.0	12	24.0	20	40.0	1.96	Fair
15	Evening	19	38.0	12	24.0	19	38.0	2.00	Fair
	Total							1.30	Poor
<b>Drugs administration</b>									
16	Drug name	48	96.0	1	2.0	1	2.0	2.94	Good
17	Route of administration	44	88.0	4	8.0	2	4.0	2.84	Good
18	Dose	38	76.0	8	16.0	4	8.0	2.68	Good
19	Time of administration	47	94.0	0	0	3	6.0	2.88	Good
	Total							2.83	Good
<b>Fluid intake &amp; output</b>									
<b>Fluid intake</b>									
20	Oral route	10	20.0	8	16.0	32	64.0	1.56	Poor
21	IV infusion	5	10.0	9	18.0	36	72.0	1.38	Poor
22	Nasogastric tube	1	2.0	5	10.0	44	88.0	1.14	Poor
23	Gastrostomy route	1	2.0	5	10.0	44	88.0	1.14	Poor
<b>Fluid output</b>									
24	Urination	7	14.0	6	12.0	37	74.0	1.40	Poor
25	Defection	7	14.0	6	12.0	37	74.0	1.40	Poor
26	Vomiting	7	14.0	6	12.0	37	74.0	1.40	Poor
27	Chest tube	4	8.0	2	4.0	44	88.0	1.20	Poor
28	Drain	5	10.0	1	2.0	44	88.0	1.22	Poor
29	Nasogastric tube	3	6.0	1	2.0	46	92.0	1.14	Poor
	Total							1.30	Poor

(A.D.): Assessment Degree, M.s=mean of score [(1 – 1.67) = poor (p); (1.67 – 2.34) = Fair (F), [(2.34 – 3) = Good (G)].

**Table 3: The Association between Nurses Documentation for Nursing Care Score and the Demographic Characteristics.**

Demographic Variables		Sum of Squares	df <sup>e</sup>	Mean Square	F	Sig.
Age groups	Between Groups	.040	2	.020	.020	.981
	Within Groups	48.460	47	1.031		
	Total	48.500	49			
Gender	Between Groups	.041	2	.020	.081	.923
	Within Groups	11.959	47	.039		
	Total	12.000	49			
Level of education	Between Groups	.125	2	.062	.049	.952
	Within Groups	59.255	47	.125		
	Total	59.380	49			
Years of employed in hospital	Between Groups	4.137	2	2.069	.646	.529
	Within Groups	150.443	47	3.192		
	Total	154.580	49			
Years of employed in surgical ward	Between Groups	2.987	2	1.493	.629	.537
	Within Groups	111.513	47	1.832		
	Total	114.500	49			

Another study agree with the finding of the study who stated the nursing records showed In the vital sign section, data showed that all of them had moderate level and their mean score were  $10.69 \pm 0.52$ . In I&O fluid section data showed that 18.6% of flow sheets had moderate quality but most of them 81.4% had suitable quality and their mean score were  $13.24 \pm 1.07$ . In chronology sections, all of flow sheets had suitable quality. In drug intervention part, mean score was  $11.78 \pm 1.42$  and most (85.9%) of them had good quality<sup>[9]</sup>.

These findings agreed with study done by other researcher who reported that the quality of nursing care records was poor and inadequate to reflect individualized nursing care. Their results suggested that more emphasis is needed in nursing practice, and nursing education on the quality of record keeping in order increasing its evidential value<sup>[12]</sup>.

In order to respond to second question of the study the correlation between the nursing documentation for nursing care with some demographic characters of selected nurses. There are no significant relationship between nursing documentation and demographic characteristics of nursing.

This finding was in good agreement with that obtained from other study who reported that correlation between age and clinical experience of nurses with quality of their documents chi-square test was used. Results showed that there was no meaningful statistical correlation between qualities of nurses' documents with their age ( $\chi^2 = 1.34$ ,  $df = 2$ ,  $p = 0.51$ )<sup>[8]</sup>.

#### CONCLUSIONS

The study showed that poor nursing documentation for nursing care, The majority of the study were female who accounted for (60%) of the total participants while male constituted (40%), Most of the study participants (35%) were age group (18 - 27) years old, The level of education represented that most of them (38%) were from institute graduate, Most of them (74%) were married, Most of them (38%) for (1-5) years were employment in nursing, Majority of them (34%) were employee (1-5) years in surgical ward, and there is no significant association between the nursing documentation for nursing care with some demographic characters of nurses.

#### RECOMMENDATIONS

1. Conduct teaching programs or sessions must emphasize on all aspects of nursing documentation, for improve quality of nursing documentation.

2. Nursing documentation must be covered widely and in-depth in nursing curriculum of nursing schools.

#### ACKNOWLEDGEMENTS

This research was funded by Author. Moreover, we would like to thank the study participants and data collectors for their fully participation and responsible data collection.

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