

Nurse Workload with Completeness of Nursing Documentation Model Source Oriented Record during Pandemic Period

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ABSTRACT

Ensuring Completeness in nursing documentation is highly important as it reflects a nurse's responsibility and accountability for the tasks performed to meet client needs. However, the heavy workload of Nurses can hinder the implementation of nursing documentation. This study aims to determine the nurse workload and the completeness of nursing documentation with a source-oriented record model during the pandemic (in the Regional General Hospital dr. R. Koesma Tuban) in 2022. This research method uses a correlational analytical research design that examines whether is a relationship between variables with a cross-sectional approach. The population consisted of all nurses in dr. R. Koesma Tuban Hospital, totaling 320 nurses , with a sample size of 155 respondents selected through simple random sampling technique. The Instruments used in this study included a Self-compassion questionnaire consisting of 11 questions and a documentation completeness questionnaire including models source-oriented record consisting of 11 questions. This study utilized the Spearman test with a significance level of $\alpha = 0.05$, the results obtained $r = 0.02$ obtained $p = 0.02$ were less than 0.05, thus accepting the alternative hypothesis (H1). This study concludes that there is a significant correlation between nurse workload and the completeness of nursing documentation with a source-oriented record model during the pandemic in dr. R. Koesma Tuban Hospital in 2022. It is suggested that further research investigate additional causal factors influencing the completeness of the source-oriented record model of nursing documentation.

Keyword: Completeness of nursing documentation; Model source-oriented record; Nurse workload.

ABSTRAK

Kelengkapan dokumentasi keperawatan sangat penting sebagai tanggung jawab dan tanggung jawab seorang perawat terhadap tugas yang telah dilakukan untuk memenuhi kebutuhan klien dan menjadi acuan dalam proses asuhan keperawatan. Beban kerja perawat yang berat dapat mempengaruhi pelaksanaan dokumentasi keperawatan. Penelitian ini bertujuan untuk mengetahui beban kerja perawat dan kelengkapan dokumentasi keperawatan dengan model source oriented record pada masa pandemi (di RSUD dr. R. Koesma Tuban) tahun 2022. Metode penelitian ini menggunakan desain penelitian analitik korelasional yang meneliti apakah ada hubungan antar variabel dengan pendekatan cross sectional. Populasi yang digunakan adalah seluruh perawat di RSUD dr. R. Koesma Tuban dengan jumlah 320 responden dengan jumlah sampel 155 responden dengan pengambilan sampel menggunakan teknik simple random sampling. Instrumen yang digunakan dalam penelitian ini adalah angket Self-compassion yang terdiri dari 11 pertanyaan dan angket kelengkapan dokumentasi termasuk model source oriented record yang terdiri dari 11 pertanyaan. Penelitian ini menggunakan uji Spearman dengan taraf signifikansi $\alpha = 0,05$, diperoleh hasil $r = 0,02$ diperoleh $p = 0,02$ dimana $p < 0,05$ maka H1 diterima. Penelitian ini menyimpulkan bahwa terdapat hubungan yang signifikan antara beban kerja perawat dan kelengkapan dokumentasi keperawatan dengan model source oriented record pada masa pandemi (di RSUD dr. R. Koesma Tuban) Tahun 2022. Diharapkan kepada peneliti selanjutnya menyelidiki lebih lanjut tentang faktor penyebab lain yang mempengaruhi kelengkapan model source oriented record selain beban kerja perawat yang berat..

Kata Kunci : Kelengkapan dokumentasi keperawatan; Model source oriented record, Beban kerja perawat.

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Introduction:

The pandemic caused by the Corona Virus has profoundly disrupted community since its onset on December 31, 2019. The World Health Organization identified the virus Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) and the disease Corona Virus Disease 2019 (Rahayu, Agustina, & Lumadi, 2022). During such a pandemic, nursing practice must prioritize efficiency due to the increased number of patients. Meanwhile, the ideal BOR (bed occupancy rate) in the hospital is around 60–80%; if the BOR (bed occupancy rate) increases, nurse workload will also escalates. Workload refers to the time required by nurses to complete all nursing actions (Alam, Suarni, & Sunarjo, n.d.).

The ability of nurses to provide professional nursing practice is constrained by a workload that exceeds their responsibilities and authority. Various factors influencing affect workload, including the number of patients admitted to each unit, the level of patient dependency, the average length of treatment, the type and frequency of nursing action required by the client, and the average time required to provide treatment measures. Nurses experience not only physical but also psychological or mental strain due to their workload (Wati & Arini, 2020). This can lead to nurses neglecting important nursing care tasks, such as documentation, which is a crucial component of healthcare delivery systems.

Nursing documentation is evidence of recording and reporting owned by nurses for the benefit of clients, nurses, and the healthcare team. It represents responsibility and accountability for the satisfaction with the services provided, based on accurate and comprehensive written communication (Nursalam, 2016; Ryandini & Hakim, 2019).

Oktariq, Sukamto, and Hidayat (2022) stated that majority of the nurses were in the workload category (70%) expressed dissatisfaction with their work outcomes. Nurses noted an overestimation of work satisfaction among nurses, highlighting the adverse physical and mental effects of excessive workloads. Similarity, findings from research on nursing documentation completeness by admin, Wijaya and Vebriansyah (2021) revealed that only

27.67% of documentation was completed fully, while 72.33% remained incomplete. Inadequate documentation could be linked to various factors, including nurses' workload.

Based on the survey conducted by researchers with 10 nurses at dr. R. Koesma Tuban Hospital on March 29, 2022, it was found that 8 (80%) nurses faced a heavy workload, leading to complaints regarding the amount of work required for ensuring patient safety, while 2 (20%) nurses experienced moderate workloads. Regarding the completeness of nursing documentation, 7 (70%) nurses consistently filled it out properly, while 3 (30%) nurses did not fill out the documentation properly. Incomplete nursing care documentation encompassed various aspects : assessment (22.4%), nursing diagnoses (19.2%), planning (23.2%), implementation (29.6%), and evaluation (28.8%). Based on this information, it can be concluded that the existing nursing documentation lacks compliance with standard practices and fails to meet hospital accreditation standards.

Based on interviews with nurses in the inpatient ward, the findings revealed causes for incomplete documentation. Nurses identified writing nursing documentation as time consuming and impeding service delivery. Furthermore, discussion regarding workload disclosed varying perspectives among nurses. While some categorized their workload as medium, others regarded it as high, contingent upon the tasks undertaken and the patient volume in the inpatient room.

Nurses experience both a physical and mental/psychological workloads, where the physical workload involve task like lifting, caring for, and pushing, while the mental/psychological workload pertains to the extent to which the level of expertise and work performance are shared among nurses (Rahayu et al., 2022). An imbalanced workload will affect work and nursing services, resulting in suboptimal performance by nurse in fulfilling their duties. Nursing documentation is a frequently neglected task among nurses. One of the factors influencing nurses' workload in carrying out their duties is inadequate working time, such as the necessity to conduct strict patient observation during working

hours, various types of tasks required for patient health and safety, and direct contact with patient nurses continuously for 24 hours.

Completing a task in nursing requires a significant amount of time (Nursalam, 2016). This means that nursing interventions given to clients must avoid mistakes (negligence) by following an accurate and correct approach to the nursing process and documentation according to nursing practice standards. The incompleteness of nursing documents is due to the limited time for writing documents due to the tightness of tasks that must be filled. Therefore, filling out nursing documentation is incomplete due to the large number of patients.

Efforts made to reduce the above problems involve re-evaluating when there is an increase in workload, enhancing the ability to deal with pressure and adapting to the environment that leads to workload (Winarko, 2022).

Based on the description, the researcher is interested in researching the relationship between nurse workload and the completeness of model nursing documentation. Source-Oriented Records in the Regional General Hospital dr. R. Koesma Tuban

Methods:

This study used a research design called "analytic correlation," which examines whether there is a relationship between variables with a cross-sectional approach. This research was conducted by distributing a questionnaire on nurse workload and completeness of nursing documentation model source-oriented records to respondents via Google Forms. The population consisted of all nurses in dr. R. Koesma Hospital Tuban, with a total of 320 respondents, with sample size of 155 respondents selected through simple random sampling. The instrument used in this research was a questionnaire. Questionnaire self-compassion consisted of 11 questions, and questionnaire completeness of nursing documentation is a model-oriented source record consisting of 11 questions. This research was conducted for 4 days in August 2022. This study was approved by the institute of Health Research Ethics Nahdatul Ulama Tuban No. 65/0084223523/LEPK.IKNU/III/2022.

Results:

1. General Data of Respondents

Table 1 Distribution of Respondents Based on Gender of Nurses in dr. R. Koesma Tuban Hospital

No.	Gender	<i>f</i>	Percentage
1.	Male	48	31%
2.	Female	107	69%
Amount		155	100

Based on Table 1 above, it can be seen that most of the respondents were female, totaling 107 (69%) nurses.

Table 2 Distribution of Respondents by Age of Nurses in dr. R. Koesma Tuban Hospital

No.	Age	<i>f</i>	Percentage
1.	25-35 years	70	45%
2.	36-46 years	74	48%
3.	47-57 years	11	7%
Amount		155	100

Based on Table 2 above, it can be seen that almost half of the respondents aged 36-46 years were 74 (48%) respondents.

Table 3 Distribution of Respondents Based on Nurse Education in dr. R. Koesma Tuban Hospital

No.	Education	<i>f</i>	Percentage
1.	Diploma-3	48	31%
2.	Bachelor	26	17%
3.	Nurse	81	52%
Amount		155	100

Based on Table 3 above, it can be seen that most of the last educated respondents were nurses, totaling 81 (52%) nurses.

Table 4 Distribution of Respondents Based on Length of Service of Nurses in dr. R. Koesma Tuban Hospital

No.	Long Work	<i>f</i>	Percentage
1.	6-15	107	69%
2.	16- 25	37	24%
3.	26-35	11	7%
Amount		155	100

Based on Table 4 above, it can be seen that most of the respondents have worked for 6-15

years as many as 107 (69%) nurses

2. Respondent Specific Data

Table 5 Distribution Respondents Based on Burden Nurse Work in dr. R. Koesma Tuban Hospital

No.	Workload Nurse	f	Percentage
1.	Light Moderate	11	7%
2.	Heavy	59	38%
3.		85	55%
	Amount	155	100

Based on Table 5 above, it can be seen that most of the workload respondents experienced by nurses were 85 (55%).

Table 6 Distribution of Respondents Based on the Completeness of the SOR Model Nursing Documentation in dr. R. Koesma Tuban Hospital

No.	Completeness of SOR Model Documentation	f	Percentage
1.	Not enough	59	38%
2.	Enough	91	59%
3.	Good	5	3%
	Amount	155	100

Based on Table 6 above, it can be seen that most of the respondents in the complete documentation of the source-oriented record model were 91 (59%) nurses.

Table 7 Cross Table of Correlation Nurse Workload and Completeness of Nursing Documentation Source Oriented Record Model During the Pandemic (in dr. R. Koesma Tuban Hospital)

No	Workload Nurse	Documentation Completeness Model Nursing SOR			Total
		Not enough	Enough	Good	
1	Light	0 (0.0%)	11 (6.9%)	0 (0%)	11 (100%)
2	Currently	27 (17.2%)	32 (20.7%)	0 (0%)	59 (100%)
3	Heavy	32 (20.7%)	48 (31.0%)	5 (3.4%)	85 (100%)
	Total	59 (37.9%)	91 (58.6%)	5 (3.4%)	155 (100%)

Discussion :

1. Identification of Nurse Workload in dr. R. Koesma Tuban Hospital

The results showed that most of the nurses in dr. R. Koesma Tubani hospital experienced heavy workload.

Theory and research show that workload refers to the number of work targets or results that must be achieved in a unit of time (Kep. Menpan no. 75/24). Workload refers more to the percentage of productive and non-productive work time utilized by nurses, taking into consideration the nurse's expertise level (Prima, Oktaini, & Putri, 2020). Excessive or inadequate workloads will cause emotional strain among nurses.

A nurse's workload can be viewed from three aspects: physical aspects, psychological or mental aspects, and time aspects. Several factors influence workload, including internal and external factors. Internal factors include gender, age, and desire (Tamara, 2020). The workload experienced by nurses is in the heavy category, thus affecting the performance of nurses in the completeness of nursing documentation, which can be categorized as sufficient due to several factors. One of the main factors that cause the workload felt in the heavy category is the actions taken with clients.

From this study, it was found that majority of nurses experienced excessive workload. With such a heavy workload, it inevitably impacted nurse's performances. Disparities in Nurse' workload can arise due to be several factors, including age, gender, education, and length of work.

2. Identification of Completeness of Nursing Documentation Model Source Oriented Record in dr. R. Koesma Tuban Hospital

The results showed that most of the completeness of nursing documentation in the Regional General Hospital dr. R. Koesma Tubanis in the sufficient category.

Nursing documentation is written evidence in the application of professional nursing care management. The components of nursing care documentation are important as evidence of the

responsibility and accountability of nurses in carrying out their duties (Sidebang, 2020). This documentation holds significant importance because nursing services provided to clients require records and reports that can be used as responsibility and accountability for various possible problems experienced by clients, both problems of satisfaction and dissatisfaction with the services that have been provided, and can be used as a means of internal communication between the nursing team and other healthcare teams.

Nursing documentation adheres to nursing standard, which represents an expected quality of various aspects of nursing practice and reflects the quality characteristics of action nursing, technology-based skills, and expected performance by service standards in nursing. In its implementation, nurses need to establish standard documentation processes to demonstrate the direction of documents in storage, and the correct recording techniques include nursing assessments, nursing diagnoses, nursing interventions, nursing implementation, and nursing evaluation (Cindy, Permina, Sudarta, & Intening, 2022).

Documentation in nursing services is an integral part of comprehensive nursing services. Service quality of nursing team can be measured by the completeness of existing nursing documentation. Complete documentation of nursing care can improve the quality of nursing and assist nurses in providing optimal and sustainable care by guiding nurses to be able to write documentation correctly (Sihaloho, 2020). The importance of the completeness of nursing documentation on the medical record sheet as a means of communication between health workers for a legitimate defense in the event of a lawsuit, namely as a legal guide for the hospital, staff health, as well as the client, because in it there is written evidence that contains care while being treated at the hospital.

Due to the importance of documentation in ensuring the implementation of comprehensive nursing services, there exist several models of documentation, whose usage depends on the expected characteristics of the service setting (Ryandini & Nurhadi, 2020). There are six types

of nursing models, including source-oriented records (SOR), problem-oriented records (POR), progress-oriented records (POR), charting by exception (CBE), problem intervention and evaluation (PIE), and process-oriented systems (POS). Among the six types of nursing models, the ones that are most often used in hospitals are the source-oriented record (SOR) and problem-oriented record (POR) nursing models. Researchers chose to use the source-oriented record (SOR) documentation model because this model is more often used in inpatient rooms.

In this study, it was found that most of the respondents completed nursing documentation in the sufficient category. The model used is a documentation system oriented toward information sources. That is, this documentation model enables each member of the health team to make notes from the observations. This model is also forms the basis for the discipline of a person or resource that manages records.

3. Analysis of the Correlation Nurse Workload and Completeness of Source-Oriented Record Model Nursing Documentation During the Pandemic Period (In dr. R. Koesma Tuban Hospital)

The findings indicated that nearly fifty percent of the respondents perceived the workload as heavy, with the complete source-oriented record model of nursing documentation being included in the sufficient category.

Following data collection, coding, data tabulation, and data analysis were carried out using the correlation test, Spearman Test, was conducted with the results of an approximate significance value of 0.002 (p-value), whereby then H1 is accepted, indicating a relationship between nurse workload and completeness of the model nursing documentation source-oriented record during the pandemic period (in the dr. R. Koesma Tuban Hospital).

The results of this study are in line with the results of research conducted by Harahap (2020) showing that the majority of nurses experienced heavy workloads. This is because there is a high likelihood that it is caused by characteristic factors, particularly during nurse working hours,

which will have a heavy workload. Excessive working hours in an individual can result in low work productivity and a tendency toward fatigue, boredom, and dissatisfaction at work.

The percentage results obtained for the majority of nurse respondents regarding the completeness of the source-oriented record model of nursing documentation are categorized as sufficient. This is because there is already a predefined format to assist and facilitate nurses in documenting nursing care, which includes nursing assessment, nursing diagnosis, nursing intervention, nursing implementation, and nursing evaluation (Ryandini & Rahayu, 2018).

Sembiring, Marbun, Ginting, & Manurung (2021) showed that a heavy or light workload on nurses can be caused by several characteristic factors, including work hours. The longer the nurses work, the more likely it is that they will have a relatively heavy workload. The results of this study are also supported by Agustine (2020), who asserts that the excessive workload of a nurse significantly impacts the productivity of health workers, including the completion of nursing documentation, thereby potentially affecting the productivity of the hospital itself.

The heavy workload during the pandemic was caused by an imbalance between patient numbers and nursing staff, the extensive tasks required for ensuring patient safety and the lack of rest time because nurses often came home 1-2 hours late or took long shifts during the pandemic which caused nurses to feel exhausted. The results of this research are in line with research by Widyantoro et al (2022), indicating that the majority of nurses involved in implementation work experienced heavy workload, accounting for 63.6% of implementing nurses. Certain nurses experience fatigue while working in the treatment room, engaging in energy-consuming tasks, and frequently extending their work hours beyond the scheduled shifts amid the pandemic. Workload directly impacts the productivity of healthcare workers, with 53.2% of productive time dedicated to direct health services, while the remaining 39.9% is allocated to supporting activities. Nurse workload is influenced by internal and external factors. Internal factors include age, education, years of service and gender. Meanwhile, external

factors include work organization and work environment (Novianti, 2019)

Based on the finding of research conducted at dr. R. Koesma Tuban hospital, it can be inferred that nurses' workload fall into the heavy category, particularly when implementing patient safety measures, attending to clients with diverse characteristics, addressing the workload necessary for client safety, and managing multiple tasks within a single shift, making it challenging to fulfil indirect activities due to limited time allocated solely for client related actions. A heavy workload can lead fatigue and boredom, which can reduce the nursing documentation process that must be carried out on clients, so that sometimes it pays a little less attention to the existing aspects. This can serve as an indicator of nurse's workload based on the completeness of nursing documentation with a source-oriented record model, especially in the dr. R. Koesma Tuban Hospital, with 155 respondents participating in the study.

Conclusions:

Most of the workload of nurses in the dr. R. Koesma Tuban Hospital, namely the heavy category, Most of the completeness of the nursing documentation model is found in the source-oriented records in the dr. R. Koesma Tuban Hospital, the sufficient category. There is a Relationship between Nurse Workload and Completeness of Source-Oriented Record Model Nursing Documentation during the Pandemic Period (in the dr. R. Koesma Tuban Hospital)

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