

The effect of increasing knowledge and motivation of nurses on completeness of soap documentation during handover at x hospital, bogor district

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Abstract: Nurses have an obligation to make documentation of the nursing care actions they do in the form of SOAP. The purpose of this study was to determine the effect of increasing knowledge and motivation of nurses on the completeness of SOAP documentation during handovers at Hospital X Bogor Regency with a quantitative pre-experimental one group pretest and posttest research design. The sample of this study amounted to 53 people according to the inclusion criteria. The intervention carried out was training on SOAP documentation. The data collection tool is a questionnaire. Data analysis using SPSS with Wilcoxon test and the square test. The result of this research is the description of the characteristics of nurses with the largest percentage aged >35 years 50.9%, D3 nursing education 84.9%, and working period >5 years 62.3%. a description of the knowledge level of 84.9%, good motivation of 86.8%, an overview of the completeness of SOAP documentation after training of 45.2%. The results of the analysis of differences in nurses' knowledge about SOAP documentation, P value of 0.000 means that there is a significant difference between the level of knowledge and the completeness of filling out SOAP documentation during handover before and after training. The results of the analysis of the effect of increasing knowledge on increasing the completeness of SOAP documentation. P value > 0.05, which means that there is no significant effect of increasing knowledge on the completeness of SOAP documentation during handover. Suggestions need to supervise and assist in filling the completeness of SOAP documentation continuously and evaluate the incompleteness of SOAP documentation.

Keywords: handovers at Hospital X, knowledge of nurses, SOAP documentation, SOAP training.

INTRODUCTION

Documentation is very important to record all findings and observations about the patient's past and present medical and disease history, examinations, clinical care (medical and nursing) and is evidence of the implementation of the patient care plan from the nursing profession in the hospital, Nursalam (2017). Communication during handover is designed as one of the effective communications to provide information through relevant documentation, as a guide to provide information about the patient's current condition, treatment goals, treatment plans and determine the priority of services that are carried out in a timely, accurate, complete, clear, so that it can be understood. and will reduce errors, and result in improved patient safety, SNARS 1.1 (2019).

The problem found at hospital X Bogor is that not all nurses have fully documented SOAP at the time of handover in accordance with SOP. The results of unstructured interviews conducted with nurses at hospital X said that there were still nurses who did not fully understand the complete documentation at the time of handover on the grounds that there were too many forms, confused about how to fill them out so they were not motivated to document, the manual for filling out the documentation was not in the room, supervision of the completeness of documentation when the handover does not work, nurses prioritize action and service first and often delay documentation, there are still

nurses who do not understand the risks of delaying documentation and the consequences of incomplete documentation at the time of handover. This study aims to determine the effect of increasing knowledge and motivation of nurses on the completeness of SOAP documentation during handovers.

METHOD

This study uses quantitative research methods, with a pre-experimental research design one group pre-test and post-test. Pre-experimental research is research observing a main group and intervening throughout the study. In In this design, before being given intervention, respondents were first given a pretest (initial test) and the end of the learning respondents were given a posttest (final test). This design is used in accordance with the goal to be achieved is to know the effect of increasing knowledge and nurses' motivation on the completeness of SOAP documentation during handover.

In this case, the researcher conducted a training intervention on the completeness of SOAP documentation when handover and see the difference before and after training on the effect of improvement knowledge and motivation of nurses on the completeness of the current SOAP documentation handover at RS X Bogor district. After completing the training, a simulation is carried out and assistance in completing SOAP documentation by researchers for 3 days later evaluated for completeness of SOAP documentation after 3 weeks.

The sample in this study is the total number of sampling as many as 53 people who are included in the inclusion criteria. The criteria in this study were divided into two parts, namely the inclusion criteria of implementing nurses who were willing to be respondents, nurses with work experience > 1 year and exclusion criteria of nurses who were on vacation or on leave, nurses who served in structural positions. The data collection tool in this study was in the form of a questionnaire instrument that had previously been tested for validity, consisting of a questionnaire on motivation variables, pre and post-test questions on SOAP documentation training interventions.

RESULT AND DISCUSSION

Data analysis was carried out using SPSS with the stages of univariate analysis and bivariate analysis. Univariate analysis was used to describe the characteristics of nurses in hospital X Bogor district regarding age, education and length of work. Bivariate analysis was used to see the effect of knowledge and motivation on the completeness of SOAP documentation during handover after being given training using the Wilcoxon test to see a description of the completeness of SOAP documentation during handover and Chi-square test to see differences in the completeness of documentation before and after the training intervention and to identify the effect of increasing knowledge and motivation to complete SOAP documentation.

Table 1. Distribution of responden by age

Variabel ege	Frequency	Present %
<35 years	26	49.1%
>35 years	27	50.9%

Primar data sources for 2022

Based on the data analysis, it was found that age > 35 years was 50.9%. According to the Indonesian Ministry of Health, 2009 characteristics based on age > 35 years at this stage, individuals must develop independently to find an identity that will determine their future. Age in this position is expected to be mature in dealing with a problem. The researcher assumes that the more mature a person is, the more capable they are of analyzing the information and decisions given by the leadership in carrying out their duties.

Table 2. Distribution responden by length of working

Variabel	Frequency	Present %
length of working		
< 5 years	20	37.7%
>5 years	33	62.3%

Primar data sources for 2022

Based on the working period in this study more than 5 years by 62.3%. According to Wahyudi, 2016 length of work can be regarded as work experience, as a good predictor of work productivity and job satisfaction. Experience builds a person to be able to take actions. The expertise possessed by a person will make a person skilled in carrying out activities so that he can adapt to his work environment. The length of work of a nurse will make them get real experience in providing services.

Table 3. Distribution based on the description of the motivation of nurses in Hospital X Bogor district in 2022

Variabel	Frequensi	Percent %
Good	46	86.8%
Not good	7	13.2%
Total	53	100%

Primar data sources for 2022.

The result of the above analysis is to find out the description of the work motivation of nurses regarding SOAP documentation during handovers. Based on the table above, it shows that the description of nurses' motivation is mostly considered good as much as 86.8%. The motivation analyzed in this study consists of achievement, recognition, work

itself, responsibility, progress, individual potential development based on Herzberg's theory of intrinsic motivation.

Table 4. Distribution is based on the description of the completeness of SOAP documentation during pre and post training handovers at RS X Bogor Regency in 2022.

Variabel	Jumlah	%
Pre documentation		
Complete	15	28.3%
Incomplete	38	71.6%
Post documentation		
Complete	24	45.2%
Incomplete	29	54.7%
Total	53	100.0

Primar data sources for 2022

The results of the above analysis are to answer the description of the completeness of SOAP documentation during pre and post training handovers. That the completeness of filling SOAP documentation during handover increased by 16.9% after being given training. Based on the data on the questionnaire on the completeness of filling in the SOAP documentation during handover, it was found that the most complete data were filled out completely on the documentation of complete patient identification (name, date of birth, RM number) as much as 100%. While the top six incomplete data are 43.4% documentation using abbreviations that are not in accordance with SPO, 41.5% incomplete related to clearly legible writing, 39.6% incomplete nurse's name and signature, 35.8% incomplete documenting subjective data according to the latest patient data, 34.0% documented nursing problems according to incomplete subjective and objective data, 32.1% there was evidence of TBAK on SOAP when the DPJP doctor's report via telephone was incomplete. The researcher assumes that the incompleteness can be caused by the nurse's lack of understanding of the abbreviations that have been set because there is no abbreviation guide set by the hospital in every room that can be read when needed, the writing seems rushed and writing habits need to be improved. The writing of the nurse's name and the nurse's signature which is often forgotten to be included in every documentation and often delays causes incompleteness. The finding of repetition of subjective data from previous data by the next officer so that it does not match the patient's current data, and the problems raised are still being written down without matching the data with the patient's subjective and objective study. When reporting to the DPJP via telephone, there were still nurses who did not include complete evidence of TBAK. This can also be due to the fact that the majority of respondents' education is D3 Nursing according to the vocational level.

Table 5. Distribution of differences in nurses' knowledge about SOAP documentation and completeness of SOAP documentation during handover between before and after training

Variabel	Pre-test	post-test	score difference	% score difference	P value
Knowledge of SOAP during handover	80.90	92.92	0.14	14%	0.000
Completeness of SOAP documentation during handover	12.60	15.26	0.21	21%	

Primar data sources for 2022

The above analysis answers the four objectives of assessing the difference in nurses' knowledge about SOAP documentation and the completeness of SOAP documentation during handover between before and after training. There were differences in knowledge and completeness of SOAP documentation during handover after and before training with a P value of 0.000 with a value of < 0.05 , meaning that there was a difference between the level of knowledge and the completeness of filling out SOAP documentation during handover before and after training. The average increase in knowledge about SOAP at the pretest was 80.90 and the post-test was 92.92 with a difference of 14%, while the completeness of SOAP documentation during the handover averaged 12.60 for the pretest, 15.20 for the post-test with a difference of 21%. The researcher assumes that after being given training, there will be an increase in respondents' knowledge and completeness of SOAP documentation during handovers. According to Iyer (2017), documentation of nursing care is a mechanism for evaluating the nursing services provided, through good documentation, information about the patient's health condition can be known on an ongoing basis.

This is in line with the results of research by Josua Edison Mangole, Sefty Rompas, A. Yudi Ismanto (2018), the lack of good documentation of nursing care includes all aspects that must exist in nursing care standards starting from assessment, diagnosis, planning, action, evaluation, to nursing care records. , not equipped by nurses affected by the workload of nurses.

Table 6. Distribution of the effect of increasing nurses' knowledge after training on improving the completeness of SOAP documentation during handover

Knowledge of SOAP	SOAP documentation completeness		P value
	increase	Fixed/not increasing	
	n	n	
Increase	37.5	62.5	0.557
Not increasing	33.3	66.7	

Based on table 6. the results of the effect of increasing nurses' knowledge after being given training on SOAP, the completeness of SOAP documentation increased by 37.5% with a p value of 0.557 based on the analysis ($p\text{-value} > 0.05$) which means that there is no significant effect between increasing knowledge and completeness of documentation. SOAP during handover. The intervention provided was training on SOAP documentation to increase respondents' knowledge, but the completeness of SOAP documentation had no significant effect. Bloom said that the level of knowledge includes the memory of things that have been learned and stored in memory. Knowledge stored in memory, extracted when needed through the form of memory recall (recall) or recognize again (recognition). According to Hezberg, motivation is an impulse that directs oneself to behave in an action to achieve the desired goal. Motivation arises because of a need, which then moves someone to get that need. The existence of motivation is certainly to move someone so that a desire or willingness arises to do something that ultimately achieves these goals and objectives. Knowledge is one of the important elements that influence a person's behavior. The results of Dijaningrum's research on the effect of ward head persuasive communication on work motivation and nursing care documentation showed that the average motivation of nurses for the intervention group was 28.6%, while the average nursing care documentation in the intervention group was 80.2% with the conclusion that there was an effect of persuasive communication training on an increase in nurses' motivation ($p\text{value} < 0.05$), there was an effect of persuasive communication training on increasing nursing care documentation ($p\text{value} < 0.05$). To increase good motivation, nurses need to be aware of the need and importance of documenting nursing care (Nursalam, 2017). Data analysis identified the effect of increasing knowledge, motivation, and characteristics of nurses (age, education level, years of service) on the completeness of SOAP documentation during handovers at Hospital X, Bogor Regency. The results showed that the $p\text{ value} > 0.05$ on the variables of age, education level, years of service and motivation, which means that there is no significant relationship between the characteristics of nurses, age, level of knowledge, motivation and increasing the completeness of SOAP documentation during handover. Age is a stage that an individual goes through in his life. During its development period, the longer a person lives, the more mature he will be, physically, mentally, and socially. However, after reaching its peak, the individual will gradually experience a decline both physically, mentally, and socially. However, in Feby's research in 2020 with the title of documentation of nursing care by implementing nurses after the supervision training for the head of the room at hospital X showed that there was no relationship between age, sex and education and length of work with documentation of nursing care in nursing care after being given supervision by the head of the room.



CONCLUSION

Based on comprehensive research and thorough discussions, we can derive several conclusions regarding the characteristics and training of nurses. It was observed that a significant number of nurses were above the age of 35, accounting for 50.9% of the sample. Additionally, 84.9% had obtained a D3 nursing education, and 62.3% had been in the profession for over five years. The study also included an intervention where nurses underwent documentation training. The most notable observation was that 84.9% of the nurses were already familiar with SOAP documentation during handovers, and a significant majority, 86.8%, exhibited high motivation scores. Post-training, there was a 16.9% improvement in the accuracy and completeness of SOAP documentation. A statistical analysis revealed that this increase in knowledge after training was significant. Similarly, the improvement in the accuracy of SOAP documentation during handovers was also statistically significant. However, the influence of factors such as age, education, and tenure on this documentation was found to be statistically inconclusive.

It is pertinent to note a few limitations of this study. Firstly, it adopted a pre-experimental design involving only one group, without a control group. This approach might not fully capture the effects of SOAP documentation training on enhancing the knowledge and motivation of nurses. The study primarily focused on understanding the characteristics of the participants, their knowledge levels, and their motivation. Secondly, the motivation questionnaire used was skewed more towards general work motivation, rather than specifically addressing the motivation behind SOAP documentation completeness. Hence, it couldn't comprehensively explain the nurses' drive in this regard. Lastly, the study did not employ multivariate analysis, which could have provided insights into various factors that might influence the improvement in documentation. The absence of a significant relationship between nurses' knowledge and motivation and the increase in documentation accuracy further highlights this limitation.

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