ASSESS THE KNOWLEDGE, ATTITUDE AND ACCURACY OF NURSING CARE DOCUMENTATION AMONG NURSING STUDENTS.

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ABSTRACT

Accurate nursing documentation is an integral part of nursing and midwifery practice as effective communication among health professionals. The standard of care rendered by nurses is determined by effective documentation, without which nurses care is not complete. Record keeping is an integral part of nursing and midwifery. This cross-sectional descriptive study assessed the knowledge, attitude and accuracy on nursing care documentation among 40 nursing students in a Chennai college. Data collection involved a structured questionnaire for knowledge and rating scale for attitude and accuracy. Results showed that majority 77.5% of the samples had adequate knowledge ,70% of the samples had favorable attitude and 20% of the samples had great accuracy in nursing care documentation. Significant positive correlation (r=0.799, p=0.01) is observed between knowledge and attitude and significant positive correlation (r=0.659, p=.000) is observed between knowledge and accuracy. The current study concluded that,there is a need for continuous observation among nursing students to improve accuracy level of nursing care documentation.

1.Introduction:

Nursing documentation has been one of the most important functions of nurses since the time of Florence Nightingale because it serves multiple and diverse purposes. The intention of nursing documentation is to demonstrate that an organization maintains comprehensive written evidence of its planning, delivery, assessment and evaluation of patient's care. Nursing documents are recorded information regarding patients' problems. The main advantages of a proper nursing record are to ensure care planning quality and continuity through professional communication, to provide legal documents to support nursing cares, developing criteria for nursing education programs and standards for clinical training, and to direct nursing knowledge development and students' training. Documentation is one of the most important practices in nursing. It sounds that nothing can reflect the total amount of nursing care giving to the patients as documentation does. Sub-standard documentation of nursing actions is associated with prolonged hospital stay of the patients and increased patient mortality. Thus, poor record-keeping practices amongst nurses lead to breakdown in communication amongst health care professionals. Poor record-keeping does not put the patient at the centre of care but increases medico-legal risks and hinders tracking of clinical care decisions and care goals. Despite numerous efforts by nurse managers to improve record-keeping, inadequate recording remains a global challenge in public hospitals which is frequently reported in research findings of many nurse researchers .

2.STATEMENT OF THE PROBLEM

A study to assess the knowledge, attitude and accuracy on nursing care documentation among nursing students at selected setting, Chennai.

3.OBJECTIVES

➢ To assess the knowledge, attitude and accuracy on nursing care documentation among nursing students.

➢ To find out the correlation between knowledge, attitude and accuracy on nursing care documentation among nursing students.

➢ To associate the knowledge, attitude and accuracy on nursing care documentation with selected demographic variables of nursing students.

➢ To create awareness on nursing care documentation among nursing students .

4. NULL HYPOTHESES

➢ **Ho1:** There is no significant relationship between knowledge, attitude and accuracy on Nursing care documentation among nursing students.

➢ **Ho2:** There is no significant association between knowledge , attitude and accuracy on Nursing care documentation with demographic variables of nursing students.

5. METHODOLOGY

a. Study design

In this study a quantitative research approach and a non-experimental descriptive design was used in this study.

b. Study population

The study involved a total of 40 final-year students BSc Nursing programs was conducted among nursing students at a selected college in Chennai and were chosen as participants through a non-probability convenience sampling method to ensure representativeness.

c. Data Collection Tools

Structured Questionnaire: Data collection involved a structured questionnaire to gather demographic information and assess knowledge. The knowledge assessment was comprised of 20 multiple-choice questions, to assess theoretical knowledge of nursing care documentation with each correct answer awarded one mark, yielding a maximum possible score of 20. Knowledge levels were categorized as inadequate (0–50%), moderately adequate (51–75%), and adequate (76–100%).

Rating scale:. The attitude too l included 20 items, with a total score of 60. Attitude levels were similarly classified into unfavourable attitude (0–50%), moderate attitude (51–75%), and favourable attitude (76–100%). The accuracy too l included 10 items , with a total score of 10. Accuracy levels were classified into great accuracy (0–50%), moderate accuracy (51–75%), and poor accuracy (76–100%).

Data Analysis

The collected data were analyzed using descriptive and inferential statistical methods via SPSS software. Descriptive statistics (percentages) summarized the knowledge attitude and accuracy levels. Inferential statistics (Chi-square) identified associations between knowledge levels, skills, and demographic factors.

6.RESULT AND DISCUSSION

TABLE-1: Frequency and percentage distribution of the demographic variables of nursing students

N=40

S.No	Demographic variables	Frequency (f)	Percentage (%)
1	Age in years a. 21-23 b. 24-27 c. 28-30	40 - -	100.0 - -
2	Locality a. Rural b. Urban	 15 25	 37.5 62.5
3	Religion a. Hindu b. Christian c. Muslim	30 10 0 0	75.0 25.0 0.0 0.0
4	Previous experience on nursing care documentation a. Yes b. No	40 0	100.0 0.0
5	If yes, area of experience a. Hospital b. Community setting	40 40	100.0 100.0

Table 1.1: showed that majority of the samples (100%) were in the age group of 21-23 year and 75% were belong to the Hindu religion.100% of the samples had previous experiences on nursing care documentation and 100% samples had experiences in nursing care documentation at both area.

Table-2:Overall knowledge of nursing students towards nursing care documentation.

N=40

S. No	Level of knowledge	Frequency(f)	Percentage (%)
1	Adequate knowledge	31	77.5
2	Moderate knowledge	9	22.5
3	Inadequate knowledge	0	0

Table 1: Showed that 77.5%of the samples had adequate knowledge and 22.5% of the samples had moderate

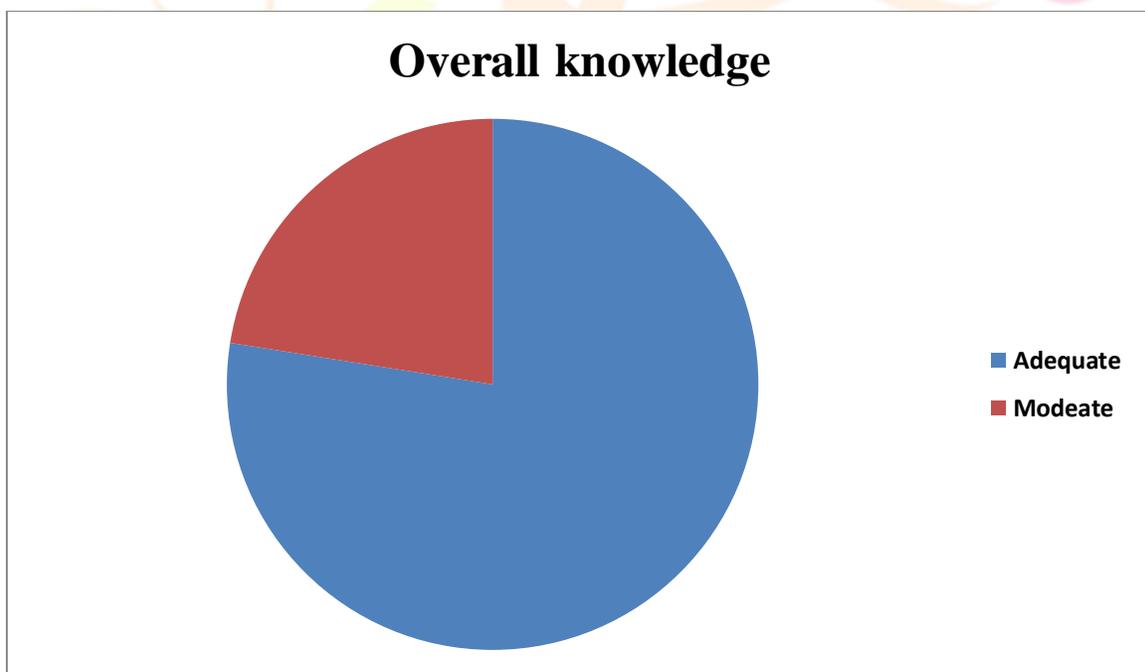knowledge regarding nursing care documentation.

Figure No: 1 Percentage distribution of overall level of knowledge on nursing care documentation.

TABLE 3: Overall attitude of nursing students towards nursing care documentation.

N=40

S. No	Level of attitude	Frequency(F)	Percentage (%)
1	Favourable Attitude	28	70
2	Moderate Attitude	12	30
3	Unfavourable Attitude	0	0

Table 3: showed that majority 70% of the samples had favourable attitude and 30% of the

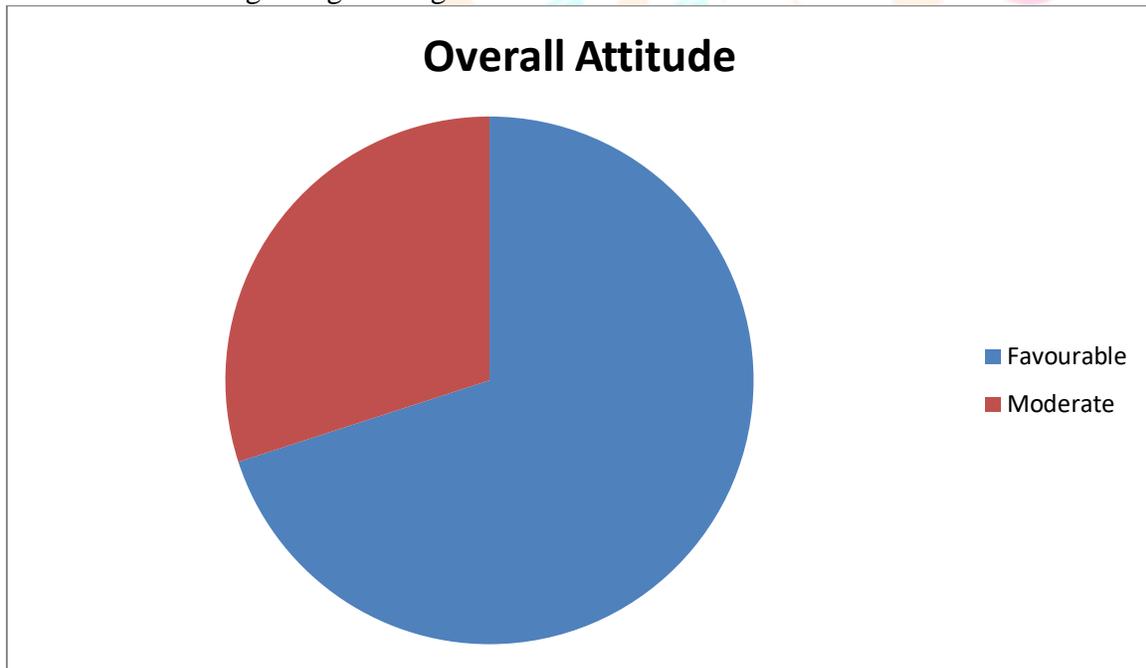samples had moderate attitude regarding nursing care documentation.

Figure No: 2 Percentage distribution of overall level of attitude on nursing care documentation.

Table:4 Frequency and percentage distribution of the accuracy on nursing care documentation among Nursing students . N =40

S.NO	ACCURACY STATEMENTS	Great Accuracy		Decent Accuracy		Mediocre Accuracy		Poor Accuracy	
		F	P(%)	F	P(%)	F	P(%)	F	P(%)
1.	**Clear, Readable**	3	10	12	40%	17	57	--	-
2.	**Clear Sign And Name**	4	13	12	40%	14	47	--	-
3.	**Re g.Number**	3	10	12	40%	15	50	--	-
4.	**24 Hours Time Format**	2	7	15	50%	13	43	--	-
5.	**No Over Writing**	2	7	12	40%	16	53	--	-
6.	**Complete Patient Data**	4	13	13	43%	13	43	--	-
7.	**Noted Doctor's Order**	10	33	11	37%	9	30	--	-
8.	**Noted Vital Signs**	11	37	13	43%	6	20	--	-
9.	**Don't Leave Space .**	6	20	16	53%	8	27	--	-
10.	**Not Used Corrector**	6	20	16	53%	8	27	--	-

Table 4: Shows that majority (53%) of the samples don't leave any space and not use corrector in nursing care doocumnetation,50% of the samples had written twenty four hours time format and registration number and 47% of the samples put clear sign and name,43% of the samples had documented complete patient data and 40% of the samples had written the document clear and readable.

Table :5 Accuracy of nursing students towards nursing care documentation .

N=40

S.No	Level of accuracy	Frequency(f)	Percentage (%)
1	Great accuracy	8	20
2	Decent accuracy	18	45
3	Mediocre aaccuracy	14	35
4	Poor aaccuracy	0	0

Table 5: Showed that majority 45% of the samples had decent accuracy and 35% of the samples had mediocre accuracy and remaining 20% of the samples had great accuracy in nursing care documentation.

Table 4 : Relationship between Knowledge with Attitude and Accuracy for Nursing Care Documentation .

Variables	Correlation coefficient	P-value
Knowledge –Attitude	r -value 0.799	< 0.01 S**
Knowledge –Accuracy	r -value 0.659	< 0.01 S**

**Significant at 1% level

Table 4: Shows positive significant correlation (r=0.799, p=0.01) is observed between knowledge and attitude, the null hypothesis H_{01} is rejected at 1% level. It indicates that the student's knowledge level has helped attitude of students and positive significant correlation (r=0.659, p=.000) is observed between knowledge and accuracy, the null hypothesis H_{02} is rejected at 1% level. It indicates that the student's knowledge level has helped accuracy of students.

7. HUMAN RIGHTS AND ETHICAL CONSIDERATION

The study was approved by the ethical committee constituted by the college. Permission was obtained from concerned authority of College of Nursing, Chennai. Informed consent was obtained from the samples for their willingness to participate in the study.

8.Conclusion:

Accurate nursing documentation leads to the evolution of knowledge and enhance professional autonomy. This study assessed the knowledge attitude and accuracy of nursing care documentation among nursing students. The study found that nursing educator should insist the student nurses to develop the skills in documenting knowledge, attitude and accuracy on nursing care documentation and they should be motivated to document the nursing care in accurately. There is a need for continues observation among nursing students to increase accuracy level of nursing care documentation.

9.**References:**

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