

# Factors Influencing Documentations of Nursing Procedures among Nurses at St. Daniel Comboni Hospital, Kyamuhunga

Abura Geoffrey<sup>1</sup>, Mubarak Alhassan<sup>2</sup> and Kamahoro Venust<sup>3</sup>

<sup>1,2,3</sup>Department of Nursing, Kampala International University, Uganda

## Abstract

Documentation provides an accurate reflection of nursing assessments, changes in clinical state, care provided, and pertinent patient information to support the multidisciplinary team to deliver individualized care. The main purpose of this research study was to assess the factors influencing the documentation of nursing procedures among nurses at St. Daniel Comboni Hospital, Kyamuhunga. A quantitative descriptive cross-sectional study was used on over 50 participants who were nurses working at St. Daniel Comboni Hospital and they were selected by simple random sampling technique. The participants were interviewed using a semi-administered questionnaire and the data generated analysed using SPSS version 22.0. Results showed that out of 50 participants, 100.0 % had never heard about nursing documentation, 58.0 % were below 25 years with 76.0 % were enrolled nurses and 46.0% had less than 3 years of experience. 52.0 % reported good working conditions, 76.0 % were satisfied with the facilitation, 92.0 % said documentation of nursing procedures is good for better health outcomes of the patients, and 90.0 % said after their successors they continue with nursing documentation. 74.0 % said that they had all the supplies necessary to carry out nursing documentation. 80.0 % didn't have any other duties apart from nursing duties. Even though all 100.0 % of the participants had ever heard about nursing documentation yet, documentation of nursing procedures was negatively influenced by stressful working conditions (46.0%), lack of nursing documentation charts in the wards/units (61.4%), having additional duty mainly supervisory duty (50.0%). The majority of the participants reported good working conditions (52.0%) and were satisfied with the facilitation they are receiving from the facility 76.0%.

**Keywords:** Factors Influencing, Documentations, Nursing Procedures, Nurses.

## INTRODUCTION

Documentation is the process of communicating in written form about essential facts. Records and reports are essential components of documentation. Nursing documentation is essential for clinical communication [1] It provides an accurate reflection of nursing assessments, changes in clinical state, care provided, and pertinent patient information to support the multidisciplinary team to deliver individualized care. Documentation provides evidence of care and is an important professional and medicolegal requirement of nursing practice [2]. It is an integral, vital, and important part of professional nursing practice with the primary purpose of communicating patient information to the health care team. Nursing documentation promotes effective communication, ensures early detection of problems, quality, continuity, individuality as well as complete client care [3]. Globally, documentation of nursing procedures remains a global concept, which forms the foundation of nursing as a profession [4]. This has revolutionized nursing care although developed countries seem to have caught the bright rays in the approach to nursing procedures than the developing world [5]. In the United States of America (USA), documentation of nursing procedures in all levels of nursing practice among all nurses showed that 97.0% of nurses are knowledgeable about documenting their procedures, and held positive attitudes, 99.3% of nurses who practiced documentation had high level of education whereas 98.4% portrayed quality nursing system about documentation of nursing procedures [5]. In Africa, many countries have adopted the documentation of nursing

procedures in all nurse training institutes and health centers but the problem lies in its utilization in the clinical setting where greater than 95% of nurses implement doctor's orders but rarely do they document it [6]. In Sub-Saharan Africa (SSA), the absence of established knowledge based on documentation of nursing procedures by nurses has made documentation of nursing procedures to be unacceptably low and its transition from theory to practice difficult at the clinical level [7]. Only 50.6% of the nurses mentioned that they have ever documented their procedures while caring for the patient but many said they never documented since there are few in the wards but with many patients hence there is no time to document their procedures [3]. In East Africa, despite the training curricula for nurses and midwives incorporating the documentation of nursing procedures as a framework for nursing care, more than 70% of nurses still find it difficult to document their procedures hence contributing to poor quality of patient care at clinical level of practice [7]. This poor implementation of documentation of nursing procedures may be attributed to inadequate staff where both nurses and midwives have excess workload due to understaffing, lack of standardization of the document, and forms nurses are required to use as this lack of uniformity can create confusion, and leads to high chances of documentation errors [8]. Inappropriate or inaccurate documentation of nursing care can have a significant impact on the quality of care given to the patients. Redundant information wastes valuable information and time for nurses and doctors, missing or incomplete documentation can lead to frustration for care providers, and multiple versions of charts and forms for documentation can lead to confusion, inconsistency, and ineffective communication among professional Staff [9]. It is therefore imperative that nurses be given efficient systems and tools to provide quality documentation without compromising care as this facilitates the correct representation of nursing by nurse managers. However, nurses who were trained, proper administrative support, and adequate staffing were found to implement documentation of nursing procedures [10]. Proper documentation of nursing procedures has economic benefits to the country and any healthcare facility as it promotes the use of information to support evidence-based nursing and quality of care [3]. Despite the adoption of nursing documentation at most of Uganda's health facilities, nursing care being documented is usually imprecise, incomplete, and below acceptable standards. However, the amount of documentation of nursing care is still on increase [11]. In conclusion, the findings from this study will help nursing personnel to find means of uplifting standards of nursing documentation and make the nurses realize the benefits of documentation in their daily practice hence increasing patient safety and enhancing the quality of the nursing profession.

## METHODOLOGY

### Study Design and Rationale

This study adopted a cross-sectional study design using a quantitative research approach. The study design was chosen because it gave a detailed description of what factors influence the documentation of nursing procedures by nurses at St. Daniel Comboni Hospital, Kyamuhunga. The quantitative approach was used because it's more reliable and has objectives, it also saves time and cost.

### Study Setting and Rationale

This study was conducted at St. Daniel Comboni Hospital, Kyamuhunga. St. Daniel Comboni Hospital-Kyamuhunga is a Private Not for not-for-profit hospital Located 75km from Mbarara town in Mbarara, Uganda.

### Study Population

The study involved all nurses offering nursing care at St. Daniel Comboni Hospital, Kyamuhunga. These were selected because they are the ones who are involved in daily nursing care to the patients.

### Sample Size Determination

The sample size for the staff was calculated using Sloven's formula given as:

$$n = \frac{N}{1 + N(e)^2}$$

Where n= sample size

e=margin error

N= Total population of the target population

N=100, number of nurses at St. Daniel Comboni Hospital, Kyamuhunga

e=10% level of precision at 90% confidence interval =0.1

$$n = \frac{100}{1 + 100(0.1)^2}$$

Therefore, n=50 participants at St. Comboni Hospital, Kyamuhunga

### Sampling Procedure and Rationale

Simple random sampling methods were adopted to avoid biases in the selection of the participants. Two secret papers written on YES and NO were put in the box. Then the researcher gave each nurse to randomly choose a paper, the word on the paper that was picked was the study participants' choice. If YES, the participant was

considered to participate in the study. If the participant picked NO, he/she was not considered but was thanked. This process continued until the desired sample size was realized.

#### **Inclusion Criteria**

Trained nurses who were present in the wards/units at the time of data collection and were willing to consent to participate in the study.

#### **Exclusion Criteria**

The study excluded trained nurses who were not willing to participate in the study, those who were not feeling well and were incapacitated to give valid information, interns, and student nurses.

#### **Definition of Variables**

##### **Independent Variables**

Individual related factors such as; attitude, qualification, nurse's satisfaction, training in documentation, skills in documenting, nurse's perception, cooperation, and experience of nurses.

Health facility-related factors such as; supplies and equipment, working conditions, high patient-to-nurse ratio, task shifting, staffing, management support and monitoring, and standard nursing documentation tools

##### **Dependent Variables**

Documentation of nursing procedures

#### **Research Instruments**

An interviewer-administered semi-structured questionnaire which was developed in English and included both open-ended and closed-ended questions on individual related factors and health facility-related factors influencing documentation of nursing procedures, pretesting of the questionnaires was conducted on five nurses from Ishaka Adventist Hospital to check for clarity and understandability of questions before they could be applied on the real study population.

#### **Data Collection Procedures**

The researcher got an introductory letter from KIU-SONS which was presented to the Principal Nursing Officers (P.N.O) of the study area who then permitted data collection, the researcher then proceeded to the units/wards and met the in-charges who introduced the researcher to the participants. The researcher explained the purpose of the study to the participants. Consent was obtained from the willing participants. Questionnaires were administered to participants to fill as self-administered since nurses are elite and hence able to read and write.

#### **Data Management**

The filled questionnaires were checked for completeness and validity before leaving the data collection area. They were packed in waterproof clear bags and transported to the storage area where they were stored in a cupboard locked with a padlock and the key kept by the researcher. Data were thereafter picked for analysis and stored in the computer which was guarded with a password to avoid access by unauthorized people.

#### **Data Analysis**

Data analysis was done with the help of a computer software application called SPSS version 22.0 for quantifying and calculating frequency and percentage. Analysed data were entered in the form of tables, charts, and figures.

#### **Ethical Consideration**

An introductory letter was obtained from the Research Ethical Committee of KIU-SONS and was used by the researcher to introduce himself to the PNO St. Daniel Comboni hospital, participants were included in the study upon giving their consent to participate after a thorough explanation by the researcher on the purpose of the study and they were requested to consent. The researcher informed the participants that they had the right to withdraw from the study if they felt uncomfortable during the study. Participants were assured of maximum confidentiality and were informed that there was no hidden intention behind the study but for research purposes only.

## RESULTS

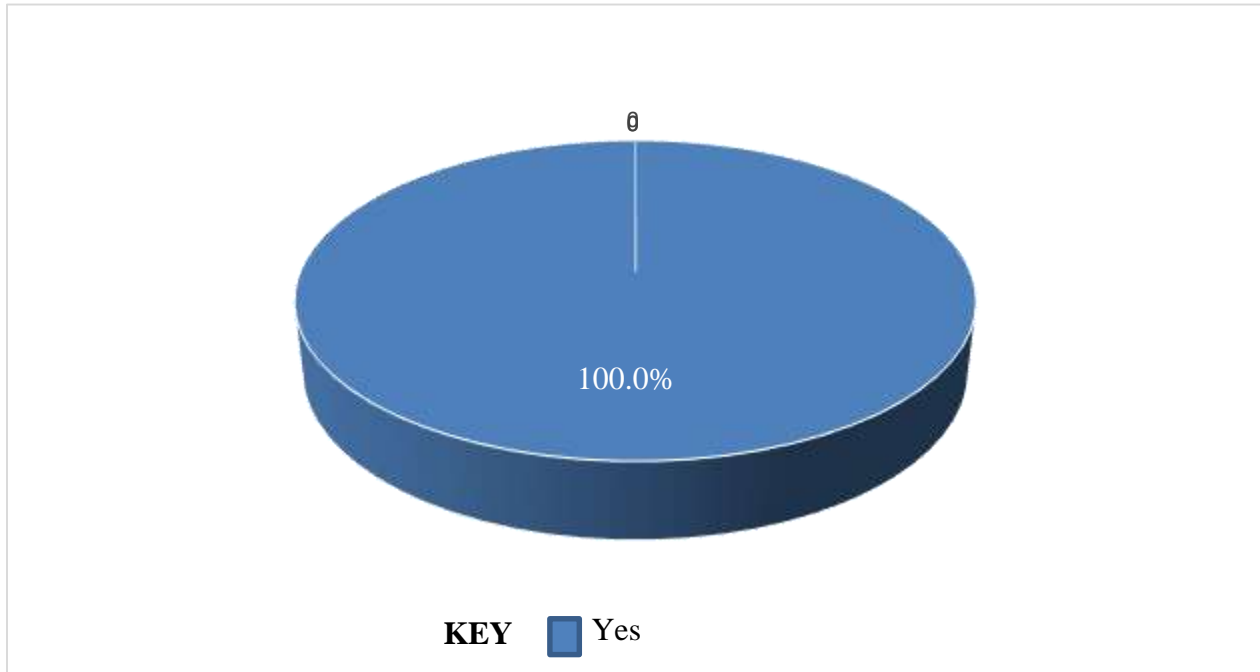
### Socio-demographic characteristics of the participants

**Table 1: Showing the socio-demographic characteristics of the participants (N=50)**

Variables	Frequency (N)	Percentage (%)
<b>Age</b>		
<25 years	29	58.0
≥25 years	21	42.0
<b>Sex</b>		
Male	20	40.0
Female	30	60.0
<b>Qualification</b>		
Enrolled nurse	38	76.0
Registered nurse	10	20.0
Nursing officer	2	4.0
<b>Years of experience in nursing care</b>		
<3 year	23	46.0
3-5 years	21	42.0
>5 years	6	12.0

According to Table 1 above, it was found that more than half of 29 (58.0%) of the participants were below 25 years as compared to only 21(42.0%) of the participants who were 25 years and above. Of which 30 (60.0%) of the participants were female whereas 20 (40.0%) of the participants were male. The majority 38 (76.0%) of the participants were enrolled nurses as compared to only 2 (4.0%) who were nursing officers. 23 (46.0%) of the participants had worked for less than 3 years in nursing practices as compared to only 6 (12.0%) who had ever worked for more than 5 years in nursing practice.

**Individual Related Factors of The Participants**  
**Participants who had ever heard about nursing documentation(N=50)**



**Figure 1: Showing Participants who had ever heard about nursing documentation**

From Figure 1 above, all the participants 50 (100.0%) had ever heard about nursing documentation since it was part of their curriculum during their training.

**Working Conditions of the Participants**



**Figure 2: Showing the working conditions of the participants**

Regarding the working conditions of the participants, it was revealed that about 26(52.0%) of the participants reported good working conditions, and only 1(2.0%) of the participants said the working conditions of the facility were poor.

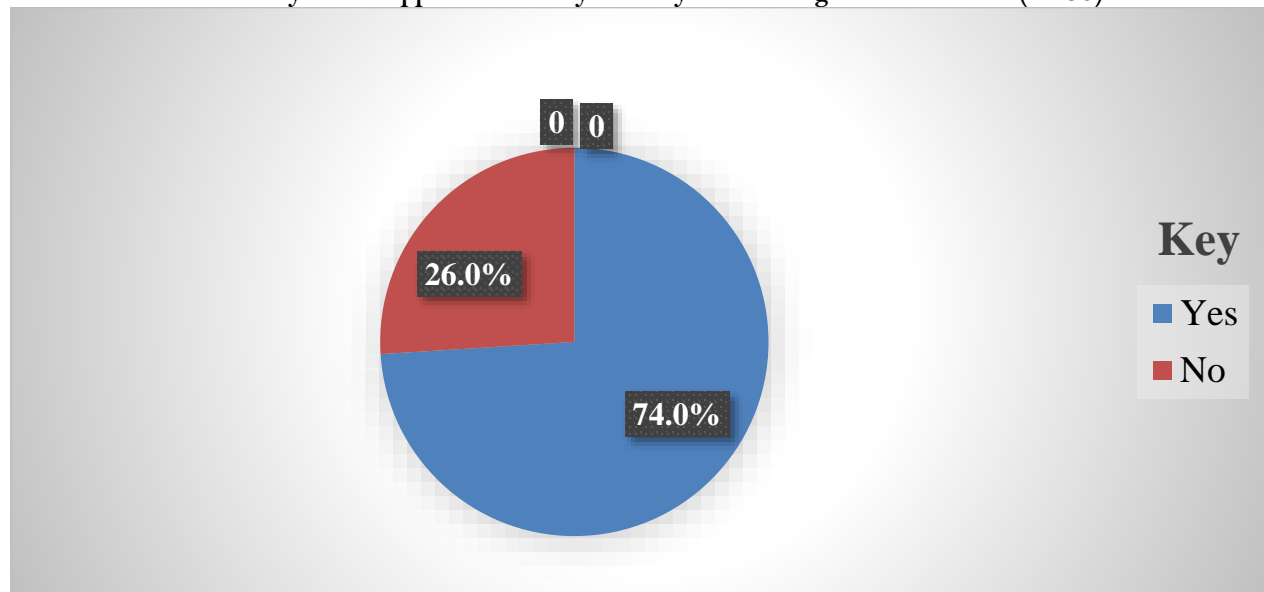
**Participants' Satisfaction with The Facilitation, Necessity of Nursing Documentation, Personal Rating on Nursing Documentation, And Continuous Documentation After Taking Over Duty**

**Table 2: Showing Participants' satisfaction with the facilitation, necessity of nursing documentation, personal rating on nursing documentation, and continuous documentation after taking over duty.**

Variables	Frequency (N)	Percentage (%)
<b>Participants' facilitation</b>		
Very satisfied	7	14.0
Satisfied	38	76.0
Not satisfied	5	10.0
<b>Nursing documentation necessity</b>		
Yes	46	92.0
No	4	8.0
<b>Personal rating regarding documentation of nursing procedures</b>		
Very good	22	44.0
Good	24	48.0
Fair	4	8.0
<b>Taking over duty and continuing documenting nursing procedures</b>		
Yes	45	90.0
No	5	10.0

This study's findings revealed that the majority 38 (76.0%) of the participants were satisfied with the facilitation given by the hospital whereas 5 (10.0%) of the participants were not satisfied with the facilitation. More than  $\frac{3}{4}$  46 (92.0%) of the participants said documentation of nursing procedures is good for better health outcomes of the patients while only 4 (8.0%) of the participants reported that documentation of nursing procedures is not good enough for better health outcomes of the patients. About 24 (48.0%) of the participants said that they have good knowledge regarding documentation of nursing procedures whereas only 4 (8.0%) of the participants had fair knowledge regarding documentation of nursing procedures. More than  $\frac{3}{4}$  45 (90.0%) of the participants said that their successors always continue with nursing documentation, and only 5 (10.0%) of the participants said their successors always fail to continue documenting their procedures.

Health facility-related Factors  
Availability of all supplies necessary to carry out nursing documentation (N=50)

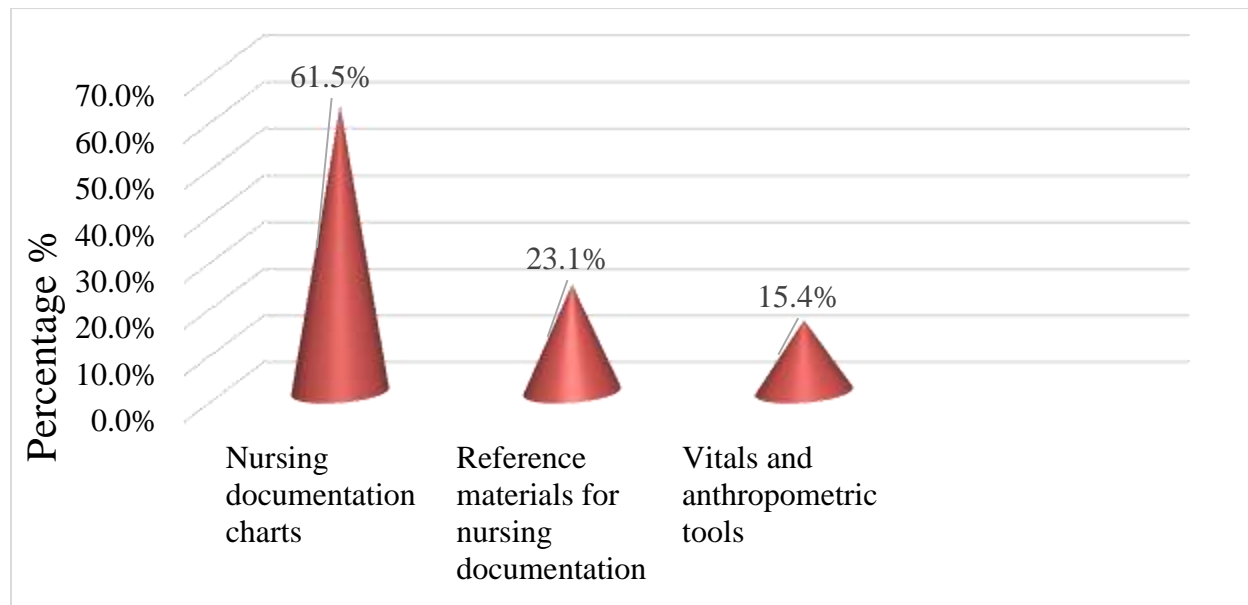


**Figure 3: Showing availability of all supplies necessary to carry out nursing documentation**

From Figure 3 above, nearly  $\frac{3}{4}$  37(74.0%) of the participants said that they had all the supplies necessary to carry out nursing documentation while 13(26.0%) of the participants said they didn't have all the supplies required to carry nursing documentation.

**Common Missing Supplies Necessary to Carry Out Nursing Documentation**

\*For only those participants who said they didn't have all the supplies required to carry nursing documentation (N=13)



**Figure 4: Showing common missing supplies necessary to carry out nursing documentation**

From Figure 4 above, the study findings revealed that 8(61.5%) of the participants didn't have nursing documentation charts whereas only 2(15.4%) of the participants said they didn't have vitals and anthropometric tools.

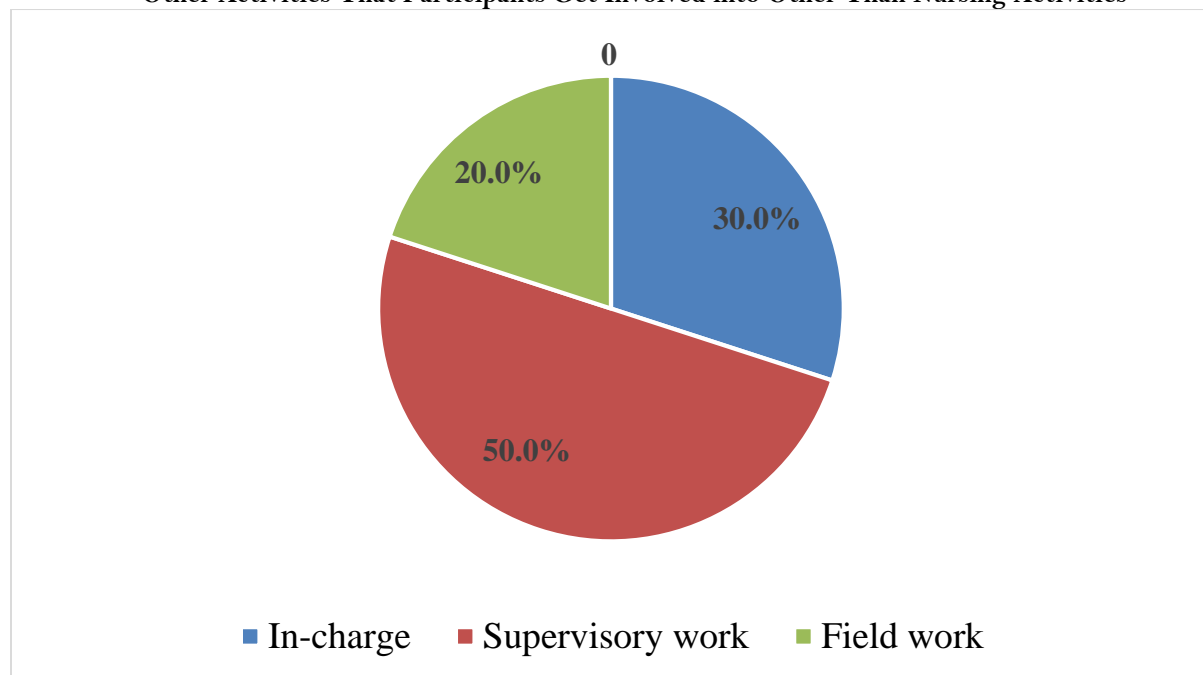
**Other Duties That Participants Get Involved in Other Than Nursing Duties and The Team Responsible for Training Nurses About Nursing Documentation**

**Table 3: Showing other duties that participants get involved in other than nursing duties and the team responsible for training Nurses about nursing documentation**

Variables	Frequency (N)	Percentage (%)
<b>Participate in other duties other than nursing roles</b>		
Yes	10	20.0%
No	40	80.0%
<b>Training and monitoring team</b>		
Yes	42	84.0%
No	8	16.0%

From the study findings above, it showed that 40(80.0%) of the participants didn't have any other duties apart from nursing duties while 10(20.0%) had other responsibilities other than nursing activities. More than ¾ 42(84.0%) said they have training and monitoring teams that ensure that documentation of nursing procedures is always in place while 8(16.0%) said there were no training and monitoring teams to implement documentation of nursing procedures.

**Other Activities That Participants Get Involved into Other Than Nursing Activities**



**Figure 5: Showing other activities that participants get involved in other than nursing activities**

**\*For only those participants who said they have other duties other than nursing activities (N=10)**

The above figure showed that 5(50.0%) of the participants were involved in supervisory duties on top of their nursing duties whereas only 2(20.0%) said they were also involved in fieldwork activities

**DISCUSSION**

**Socio-demographic Characteristics of the Participants**

According to the research findings, out of 50 participants, 60.0% of the participants were female. This could be because female occupies a larger percentage of the nursing profession as it was originally considered a feminine discipline before nursing became a profession that was recently also being embraced by males. This could not interfere with the documentation of nursing procedures since both male and female nurses can implement the nursing documentation provided, they understand and value it. This is similar to a finding by Malama [3] where 21.0% of nurses implemented nursing documentation with no differences in implementing contrasting male nurses and female nurses. The study findings also revealed that 76.0% were enrolled nurses. This could be due to an increased number of certificate nurses with two years of experience before upgrading. This makes many nurses first work as enrolled nurses hence they are likely to have lesser knowledge of nursing documentation as a result



of lesser academic training. This assertion has been buttressed by Ndunge et al., [10] in a study it was shown that 98.6% of nurses with degrees in professional nursing consistently document their procedures while offering nursing care to their counterparts. This study also highlighted that 46.0% of the participants had less than 3 years of experience in nursing care which could indicate that the hospital employs young graduates from nursing school hence lesser experience in nursing care. They have not had enough exposure to the care of patients and hence may have no adequate skills to independently document their nursing procedures. A study in Chile cited nurses' lack of experience in utilizing the process of nursing documentation in clinical settings apart from school training as a barrier to implementation [12]. The findings from this study also revealed that 76.0% of the participants were satisfied with their facilitation at work as compared to 10.0 % of the participants who were not satisfied with their facilitation. This could be attributed to low pay, and long working time which undermines nurses' determination to document their procedures when caring for the patients. This study also found that 46.0% of the participants reported stressful factors as one of the limiting factors that hinder them from documenting their procedures. This could be due to the heavy workload related to nursing activities hence nurses find it difficult to implement individualized care to patients. An earlier study in Addis Ababa found that nurses who worked in a stressful workplace atmosphere were 99% less likely to document their nursing procedures than nurses who worked in a very good atmosphere [13].

In the same study, it was found that 92.0 % of the participants mentioned that documenting nursing procedures was very necessary in providing patient care. This could be through education where they understood the importance of holistic nursing care to patients for better outcomes of nursing care. Our finding was far higher than those of Nakate et al., [14] which showed that approximately 68.2% of nurses reported barriers related to proper documentation of nursing procedures and were related to lack of time to document throughout all steps, documenting nursing procedures being time-consuming. According to this finding, 48.0% of the participants rated themselves as good at documenting nursing procedures. This could be because they attained additional training and they do give more practice regarding documenting nursing procedures. This aligned with a study involving a level five hospital in Kenya, where the majority 73.9% of nurses indicated that they were fully competent in documenting their procedures when offering patient care while the rest reported that they were not fully competent in the process hence could not document their procedures while offering patients' care [15]. This study finding also highlighted that 90.0% of the participants mentioned that they always continue with documentation of their procedures after taking over duty from their predecessors. This could be because they do understand the need for continuity of nursing care as a cycle hence it's likely to facilitate the implementation of nursing documentation. Lack of cooperation where patients are not given continuous care has been identified as a barrier to nursing documentation since nurses could not plan for the care of patients that will not be inherited by the successor nurse [16]. The finding of this study revealed that 26.0% of the participants said they didn't have all the supplies required to carry out nursing documentation while caring for patients on the ward. Out of which 61.5% of the participants said they didn't have nursing documentation charts. This could be because nursing documentation was not highly prioritized at the facility hence hindering their documentation practice. Disjointed care arises as a result of a shortage of equipment and instruments in the hospital hence nurses have difficulties in maintaining complete and proper documentation of nursing procedure [17,11]. This study also found out that 10.0% of the participants were also involved in other activities, whereas 50.0% of them had supervisory work in addition to their nursing activities hence task shifting and interferes with nursing commitment to equally and comfortably care for the patient and also affect the time which they could have used for documenting their procedures. An overload with bureaucratic activities and other tasks that are not necessarily nursing role can hinder their professional practice and documentation of nursing procedures [18]. According to this study, it was found that 16.0% of the participants said they didn't have a monitoring and training team to ensure every participant had learned and was practicing nursing documentation effectively when offering care to their patients. This could be due to a lack of enough time for training nurses on proper documentation due to an excessive number of patients, lack of authorities' support for implementation of the nursing documentation, and shortage of staff hence no reserve human resource in the nursing section can be dedicated to monitor the implementation of documentation of nursing procedures.

### CONCLUSION

Despite the fact that all 100.0% of the participants had ever heard about nursing documentation yet, documentation of nursing procedures was hampered by stressful working conditions (46.0%), lack of nursing documentation charts in the wards/units (61.4%), and having additional duty mainly supervisory duty (50.0%).

### REFERENCES

1. Clinical Guidelines (Nursing): Nursing Documentation Principles. *The Royal Children's Hospital*. 2023.
2. Definition of Nursing Documentation. BrainKart. 2023. Available from: [https://www.brainkart.com/article/Definition-of-Nursing-Documantation\\_35560](https://www.brainkart.com/article/Definition-of-Nursing-Documantation_35560).

3. Malama MS. A study to determine factors influencing documentation in nursing at Monze hospital. 2015.
4. Tamir T, Geda B, Mengistie B. Documentation Practice and Associated Factors Among Nurses in Harari Regional State and Dire Dawa Administration Governmental Hospitals, Eastern Ethiopia. *Advances in Medical Education and Practice*, 2021;12:453–62.
5. Melkie TT. Documentation Practice and Associated Factors among Nurses in Harari Regional State and Dire Dawa Administration Governmental Hospitals, Eastern Ethiopia [Preprint]. *In Review*. 2020.
6. Ayele S, Gobena T, Birhanu S, Yadeta TA. Attitude Towards Documentation and Its Associated Factors Among Nurses Working in Public Hospitals of Hawassa City Administration, Southern Ethiopia. *SAGE Open Nursing*, 2021;7:23779608211015363.
7. Banda Y. Factors Affecting Documentation of Clients' Care in the Provision of ART Services by Health Workers in Lusaka Province, 2020;10(10).
8. Seidu AA, Abdulai A, Aninanya GA. Factors Influencing Documentation in Nursing Care by Nurses at the Tamale Teaching Hospital, Ghana. *UDS International Journal of Development*, 2021;8(1):540.
9. Kamil H, Rachmah R, Wardani E. What is the problem with nursing documentation? The perspective of Indonesian nurses, *Int J Afr Nurs Sci*, 2018;9:111–4.
10. Ndunge MC, Jebet CJ, Irene MG. Factors Affecting Quality Documentation in Labour among Midwives at Kenyatta National Hospital. *Midwifery*, 2022;6(2):9–23.
11. Seidu AA, Abdulai A, Aninanya GA. Factors Influencing Documentation in Nursing Care by Nurses at the Tamale Teaching Hospital, Ghana. *UDS International Journal of Development*, 2021;8(1):540.
12. Abd El Rahman AI, Ibrahim MM, Diab GM. Quality of Nursing Documentation and its Effect on Continuity of patients' care. *Menoufia Nursing Journal*, 2021 Nov 1;6(2):1–8.
13. Lapum J, St-Amant O, Ronquillo C, Hughes M, Garmaise-Yee J. Reasons for Documentation. In: *Documentation in Nursing*. 2020.
14. Nakate MG, Moleki M, Sarki A, Fleming V. Health Workers' Documentation Process as a Prerequisite to the Integration of Patient Care at a Regional Referral Hospital in Uganda. *Open Journal of Nursing*, 2022;12(9)
15. Paans W, Nieweg RM, van der Schans CP, Sermeus W. What factors influence the prevalence and accuracy of nursing diagnoses documentation in clinical practice? A systematic literature review. *Journal of Clinical Nursing*, 2011;20(17–18):2386–2403.
16. Kasaye MD, Beshir MA, Endehabtu BF, Tilahun B, Guadie HA, Awol SM, et al. Medical documentation practice and associated factors among health workers at private hospitals in the Amhara region, Ethiopia 2021. *BMC Health Services Research*, 2022;22(1):465.
17. Obioma C. Improving the Quality of Nursing Documentation in Home Health Care Setting. 2013.
18. Alkouri OA, AlKhatib AJ, Kawafhah M. Importance and Implementation of Nursing Documentation: Review Study. *European Scientific Journal*, 2016;12(3):101.

**CITE AS: Abura Geoffrey, Mubarak Alhassan and Kamahoro Venust (2024). Factors Influencing Documentations of Nursing Procedures among Nurses at St. Daniel Comboni Hospital, Kyamuhunga. NEWPORT INTERNATIONAL JOURNAL OF SCIENTIFIC AND EXPERIMENTAL SCIENCES, 5(2):7-16. <https://doi.org/10.59298/NIJSES/2024/10.5.26716>**