Clinical Supervision of Implementing Nurses on the Completeness of Information Technology-Based Nursing Care Documentation in the Inpatient Ward of Pasar Minggu Regional General Hospital, South Jakarta, 2019

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Abstract
Nursing documentation is everything written and printed related on the development of patient's health status. Nursing documentation should comprehensive and flexible in which fixed, maintained the quality and care continuity. The aim of this research was to know correlation the supervise clinic managing toward documentation completeness ASKEP based IT at hospital ward RSUD Pasar Minggu South of Jakarta,2019. This study used cross sectional. The sample of the study were 117 respondent which used two proporsion different test. The instrument of this study used valid and realible questionnaire. For testing Bivariat used Chi-square test while multivariat testing used double logistic regration. the result of this study of clinic supervise and direct observation was p-value 0.000 < 0.05 which indicated that there was any significant correlation toward documentation completeness ASKEP based IT. Meanwhile, the dominant factor toward documentation completeness ASKEP based IT was clinic supervise with Odd Ratio 10.571. The clinic supervice and direct observation have correlation toward documentation completeness ASKEP based IT, it was suggested and expected that RSUD Pasar Minggu can maintain and develop the quality that already exists.

Keywords: Clinic Supervise, Direct Observation, Documentation Completeness ASKEP Based IT.

Introduction

The millennial era has impacted various sectors, including healthcare. The impact of this is a challenge for the healthcare sector to improve the quality of healthcare services in both public and private hospitals. This is in line with the increasing public/consumer demand for guaranteed quality healthcare services. The quality of healthcare services is greatly influenced by the quality of the healthcare delivery process, infrastructure, the availability of personnel, medicines, medical devices, other supporting facilities, the compensation received, and the expectations of the community using the service facilities. One of the determining factors of a hospital's healthcare services is the quality of nursing services [1].

Nursing documentation is important from various perspectives, including legal aspects, service quality, communication, finance, education, research, and accreditation. The completeness of nursing documentation is one indicator of the quality of nursing care provided. Nursing documentation is a crucial aspect of nursing practice. Nursing documentation must be comprehensive and sufficiently flexible.

untuk dapat diperbaiki, menjaga kualitas and continuity of care. As members of the healthcare team, nurses need to communicate accurate and timely patient information. The quality of patient care depends on communication between healthcare team members. Nursing documentation can be an indicator of nurse performance [2].

Nursing documentation is crucial in nursing care and reflects various aspects, including nurses' awareness of their role in providing nursing care, which determines the quality of care. Nursing documentation comes in two main forms: paper-based and electronic. Paper-based documentation has certain disadvantages, such as a lack of completeness and clarity. Therefore, there has been a strong trend toward shifting from paper-based to elec-

tronic documentation [3].

The current study assessed and compared the quality of paper-based and computerized documentation in terms of content, process, and structure. Both paper-based and computerized documentation have disadvantages. Numerous issues and weaknesses in nursing documentation have emerged in terms of content, process, and structure, while utilizing technology and paper-based systems. The results of this study confirm that nurses have gagal memahami dan menerapkan konsep inti diagnosis keperawatan, perencanaan, implementasi, dan evaluasi. Ini Concerns about the quality and effectiveness of nursing education, staff development, and training programs for nurses [4].

Field observations indicate that current supervision only covers the number of beds, the number of patients, the incidence of pressure ulcers, and the rate of needlestick/infusion infections. Conversely, supervisors' attention to documentation remains minimal. This is reinforced by interviews with nurses who stated that there is no supervision to monitor the completeness and accuracy of existing nursing documentation.

Documentation activities at Pasar Minggu Regional Hospital do not fully reflect the expected recording. The author's field observations indicate that supervision of the completeness of nursing care documentation has not been optimally implemented. Meanwhile, validation of documentation or medical records is carried out by the head of the ward for hospital payment administration purposes at Pasar Minggu Regional Hospital. Based on the above phenomenon, the researcher is interested in pursuing a study entitled "The Relationship between Clinical Supervision by Nurses and the Completeness of Nursing Care Documentation" keperawatan berbasis IT di ruang rawat inap RSUD Pasar Minggu".

Research Methods
This quantitative study used a cross-sectional approach to examine the relationship between clinical supervision of nurses and the completeness of nursing care documentation in the inpatient ward at Pasar Minggu Regional General Hospital, South Jakarta.

The sampling technique used was simple random sampling. For populations less than 1,000, the Isaac and Michael formula cited in Sugiyono (2016) was used to calculate the sample size. Based on the formula, a population size of 206 resulted in a sample size of 117 respondents.

Research Result
The univariate test will describe the percentile values. The OR and P values cover each variable: clinical supervision, direct observation, educational background, training, length of service, and completeness of IT-based ASKEP documentation. These values can be seen in Table 5.1 below.

Tabel 1: Respondent demographic data, independent variables and dependent variables at Pasar Minggu Regional Public Hospital, South Jakarta

Variabel	Kategorik	Jumlah	Persentase (%)
Umur	20 – 30	96	82,1
	30,1 - 40	21	17,9
Jenis kelamin	Pria	16	13,7
	Wanita	101	86,3
Pendidikan	D3	69	59,0
	Ners	48	41,0
Lama bekerja	< 10	40	34,2
	≥10	77	65,8
Pelatihan pengisian SIMKEP	Jarang	95	81,2
	Sering	22	18, 8
Supervisi Klinik	Kurang Baik	45	38,5
		72	61,5
Pengamatan Langsung	Kurang Baik	21	17,9
		96	82,1
Kelengkapan	Kurang Baik	56	47,9
		61	52,1

Based on table 1, it can be concluded that the majority of implementing nurses are 20-30 years old (82.1%), In general, respondents are female (86.3%), the educational level of implementing nurses is vocational (D3) (59.0%), with work experience > 10.1 years (65.8%) and those who participate in SIMKEP filling training/orientation are still rare (81.2%). The variable for the implementation of clinical supervision stated that it was good (61.5%). For the direct observation variable, the majority said it was good (82.1%), while for the completeness of IT-based ASKEP documentation, it stated it was good (52.1%).

Selanjutnya uji bivariat dilakukan untuk see the relationship between variables. The test results can be seen in the table below:

Tabel 2: The relationship between demographic data and the completeness of IT-based ASKEP documentation

| Variabel | Dokumentasi | Total | OR (95% CI) | P - value |
	Kurang (%)	Baik (%)		
Usia 20 – 30 30,1 - 40	76,8 23,2	86,9 13.1	82,1 17,9	0,499 (0,190 1,315)	0,228
Laki – laki Perempuan	10,7 89,3	16,4 83,6	13,7 86,3	0,612 (0,207 -1,811)	0,428
Pendidikan D3 Ners	57,1 42,9	60,7 39,3	59,0 41,0	0,865 (0,414 – 1,808)	0,711
Lama kerja < 10 tahun > 10,1 tahun	33,9 66,1	34,4 65,6	34,2 65,8	0,978 (0,455 – 2,102)	1,000
Pelatihan Jarang Sering	83,9 16,1	78,7 21,3	81,2 18,8	1,414 (0,552 – 3,622)	0,489

Based on Table 2, it was found that the documentation for the 20–30 year olds (82.1%) was good. The statistical test results obtained a P-value = 0.228 < 0.25, which means they can continue to enter the program. multivariate modeling. Female gender (86.3%) is well documented. The statistical test results obtained a P-value = 0.428 > 0.25, which means it cannot continue to multivariate modeling. Vocational education (59.0%) is well documented. The statistical test results obtained a P-value = 0.711 > 0.25, which means it cannot continue to multivariate modeling. Length of service > 10 years with good documentation (65.8%). The statistical test results obtained a P-value = 1,000 > 0.25, which means it cannot continue to multivariate modeling. SIM-KEP filling training/orientation is rarely (81.2.7%) well documented. The statistical test results obtained a P-value = 0.489 > 0.25, which means it cannot continue to multivariate modeling.

Tabel 3: The relationship between independence and the completeness of IT-based ASKEP documentation

| Variabel | Pendokumentasian ASKEP berbasis IT | | Total | OR (95% CI) | P- value |
| | Kurang | Baik | | | |
	%	%	%		
Supervisi klinik Kurang Baik	66,1 33,9	13,1 86,9	38,5 61,5	12,901 (5,107 – 32,589)	0.000
Pengamatan Langsung Kurang Baik	33,9 66,1	3,3 96,7	17,9 82,1	15,149 (3,334 – 68,841)	0,000

Based on table 3, clinical supervision of the completeness of IT-based ASKEP documentation (61.59%) has good documentation. The results of statistical tests obtained a P-value = 0.000, so it can continue to enter multivariate modeling. The Odd Ratio (OR) value = 12.901, meaning that well-implemented clinical supervision has a 12.90 times chance of increasing the implementation of complete IT-based ASKEP documentation well. Meanwhile, direct observation (82.1%) has good documentation. The results of statistical tests obtained a P-value = 0.000, so it can continue to enter multivariate modeling. The Odd Ratio (OR) value = 15.149, meaning that well-implemented direct observation has a 15.14 times chance of increasing the implementation of complete IT-based ASKEP documentation well.

Multivariate modeling of the direct relationship between clinical supervision variables and direct observation on the completeness of IT-based ASKEP documentation.
After the bivariate stage is completed, the Next, perform a multivariate analysis simultaneously. Valid variables in a multivariate model are those with a p-value > 0.05, so these variables must be removed from the model. Variable removal is not done simultaneously, but rather gradually, one by one, starting with the highest p-value. The modeling principle must be simple, so that each independent variable needs to have its p-value checked. Variables with a p-value > 0.05 are removed from the model.

Tabel 4: Final model analysis of multiple logistic regression of independent variables against dependent variables

Subvariabel	B	S.E.	Wald	OR (CI 95%)	P-value
Supervisi klinik	2,358	0,494	22,750	10,571 (4,011 – 27,859)	0,000
Pengamatan langsung	2,337	0,828	7,959	10,352 (2,041 – 52,506)	0,005
constanta	-3,431	0,867	15,658	0,032	0,000

Dari hasil pemodelan di dapat bahwa variabel independen signifikan dengan nilai pemodelan P-Value = 0,000, sedangkan kemampuan prediksi = 80,3 %. Dari hasil diatas, interpretasi persamaan regresi yang diperoleh adalah:

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Using the equation model above, researchers can estimate the completeness of IT-based ASKEP documentation using clinical supervision and direct observation variables.

Based on this model, it is possible to determine which variable, clinical supervision of nurses, is most closely related to the completeness of IT-based ASKEP documentation at Pasar Minggu Regional Hospital by examining the Beta coefficient values. The multiple logistic regression model above shows that the variable with the greatest correlation to the completeness of IT-based ASKEP documentation is clinical supervision, with a value of 2.358.

Based on the results of the research that has been conducted, it shows that out of 117 respondents, 72 respondents (61.5%) perceived that clinical supervision of the completeness of IT-based ASKEP documentation was good, however, respondents who stated that the clinical supervision carried out was still lacking were 45 respondents (38.5%). This shows that the clinical supervision received and perceived by the implementing nurses in the Inpatient Room of Pasar Minggu Regional Hospital is still lacking.

Supervisi klinik merupakan proses aktif dalam providing direction, boundaries, and can influence a person's work results. The perception of implementing nurses at Pasar Minggu Regional Hospital indicates that only 61.5% of clinical supervision activities regarding the completeness of IT-based ASKEP documentation are considered good. This indicates the need for increased clinical supervision activities regarding the completeness of IT-based ASKEP documentation.

From the results of the bivariate analysis, it was found that there was a significant relationship between clinical supervision and IT-based documentation as indicated by a P value of 0.000. The final modeling of the multivariate analysis showed that the OR of the clinical supervision variable was 11.377, which means that nurses who received good clinical supervision had the opportunity to carry out complete IT-based ASKEP documentation 11.37 times better than nurses who did not receive good clinical supervision after being controlled by direct observation.

This is in line with the results of research conducted by Lusianah (2008) which found that there was a significant relationship between the supervision of the head of the room and the quality of nursing process documentation after being controlled by other variables.

This is in line with the results of research conducted by Olsen (2013) which found a significant relationship between improving the quality of post-operative nursing care documentation using computer-based medical records after supervision [5].

This research is in accordance with the theory which states that clinical supervision is an active process in directing, guiding and influencing the performance of nurses in carrying out their duties, is a formal support process and professional learning to develop staff knowledge and competence, be responsible for their work and improve consumer safety protection for health services in a complex clinical environment [6]. Clinical supervision is a form of direction, mentoring or non-formal education carried out by a manager to subordinates to carry out nursing services professionally in accordance with their knowledge.

According to the researcher's assumption, if clinical supervision is implemented properly, the completeness of IT-based ASKEP documentation in SIMKEP will be more thorough and optimal. Nurses themselves must be guided and supported to improve the quality of care during treatment and documentation in SIMKEP, as the system used is not yet fully integrated. Therefore, the percentage of completeness Documentation has increased significantly, there are no administrative errors and when a complaint occurs from a client, Pasar Minggu Regional Hospital only needs to re-access data that has been properly supervised [7-10].

Direct Observation

Based on the results of the research that has been conducted, it shows that out of 117 respondents, as many as 21 respondents (17.9%) perceived the direct observation received as less good and 96 respondents (82.1%) perceived the direct observation received as good. The test results show that there is a significant relationship between direct observation and the completeness of IT-based ASKEP documentation as indicated by P value = 0.005. The final modeling of the multivariate analysis shows that the OR of the direct observation variable is 9.794, which means that nurses who receive good direct observation have the opportunity to carry out complete IT-based ASKEP documentation as much as 9.794 times better than nurses who do not receive good direct observation after being controlled by clinical supervision.

This is in accordance with the results of research conducted by Dewi (2013) which found that supervision by the head of the room had a significant relationship with the completeness of documentation of nursing care by implementing nurses with a P value < 0.05. This is in line with the results of research conducted by Harriet (2016) which found a significant relationship related to the use of technology in clinical nursing supervision [11-20].

This research is in accordance with the theory, which states that one method of supervision that can be carried out is for the supervisor to directly observe how the implementing nurse provides care to one or several patients. If during this supervision, the supervisor finds actions that are not in accordance with standards, or the implementing nurse needs assistance, then the supervisor can directly assist or ensure that what the implementing nurse is doing is correct and in accordance with procedures. Nursing care provided by implementing nurses includes documentation of the nursing process [21-30].

According to the researcher's assumption, direct observation will strengthen the recording of completeness of IT-based ASKEP

documentation, therefore it will improve analytical skills in carrying out nursing service actions and ASKEP documentation as well as the skills of implementing nurses in determining the points to be included in IT-based ASKEP documentation because nursing records on computers are not yet fully integrated, so continuous direct supervision is needed [31-40].

Conclusion and Suggestions
Conclusion
The dominant factor related to the completeness of IT-based ASKEP documentation at Pasar Minggu Regional General Hospital is the clinical supervision variable with an odds ratio of 10.571, which means that implementing nurses who receive good clinical supervision have a 10.57 times greater chance of having better completeness of IT-based ASKEP documentation compared to nurses who do not receive good/poor clinical supervision after being controlled by direct observation [41-46].

Saran
It is hoped that Pasar Minggu Regional Hospital will implement clinical supervision in stages or on a schedule to improve the completeness of IT-based ASKEP documentation. Direct observation of the completeness of IT-based ASKEP documentation will be more objective for assessment, resulting in improved IT-based administrative processes. Furthermore, training on filling out the latest or up-to-date IT-based ASKEP documentation, in accordance with the practices implemented by Pasar Minggu Regional Hospital management, should be increased [47-52].

References
1. Nursalam. (2011). Nursing process and documentation: Concepts and practice. Salemba Medika.
2. Potter, P. A., & Perry, A. G. (2009). Fundamentals of nursing (7th ed.). Salemba Medika.
3. Alkouri, O. A., Alkhatib, A. J., & Kawafhah, M. (2016). Importance and implementation of nursing documentation: A review study. European Scientific Journal, 12(3), 101–106. https://doi.org/10.19044/esj.2018.v12n3p101
4. Akhu-Zaheya, L. M., Gharaibeh, M. K., & Alostaz, Z. M. (2013). Effectiveness of simulation on knowledge acquisition, knowledge retention, and self-efficacy of nursing students in Jordan. Clinical Simulation in Nursing, 9(9), e335–e342. https://doi.org/10.1016/j.ecns.2012.05.002
5. Marquis, B. L., & Huston, C. J. (2014). Nursing leadership and management (Widyawati et al., Trans.). EGC.
6. Royal College of Nursing. (2007). Productivity and the nursing workforce. RCN Institute and Policy Unit. https://www.rcn.org.uk
7. Riyanto, A. (2009). Application of health research methodology. Nuha Medika.
8. Ali, Z. (2010). Fundamentals of nursing documentation. EGC.
9. Alligood, M. R., & Tomey, A. M. (2010). Nursing theories and their work (7th ed.). Mosby.
10. American Nursing Association. (2012). ANA recognized terminologies that support nursing practice. https://www.nursingworld.org
11. Arikunto, S. (2014). Research procedures: A practical approach. Rineka Cipta.
12. Asmadi. (2010). Basic concepts of nursing. EGC.
13. Bara, M., & Suryanti, B. (2014). The relationship between nurse motivation and the implementation of nursing care documentation in the inpatient ward of Pasar Rebo Regional Hospital. Health Quality Journal, 5(1).
14. Braaf, S., Manias, E., & Riley, R. (2011). The role of documents and documentation in communication failure across the perioperative pathway: A literature review. International Journal of Nursing Studies, 48(8), 1024–1038. https://doi.org/10.1016/j.ijnurstu.2011.05.009
15. Campling, A., Ray, M., & Lopez-Devine, J. (2011). Implementing change in nursing informatics practice. In A. Davidson, M. Ray, & M. Turkel (Eds.), Nursing, caring, and complexity science: For human–environment well-being (pp. 325–339). Springer.
16. Carpenito, L. J. (2009). Nursing diagnosis pocketbook. EGC.
17. Dahlan, S. (2010). Sample size and sampling methods in medical and health research (3rd ed.). Salemba Medika.
18. Dahlan, S. (2011). Statistics for medicine and health: Descriptive, bivariate, and multivariate (5th ed.). Salemba Medika.
19. Indonesian Ministry of Health. (2009). National health system. Ministry of Health of Indonesia.
20. Erda, R. (2016). Relationship between emotional intelligence level and caring behavior of nurses in the inpatient ward of Dr. Rasidin Padang Regional General Hospital (Master's thesis). Andalas University.
21. Handayaningsih, I. (2012). Nursing documentation "DAR": Guide, concepts, and applications. Mitra Cendekia Press.
22. Hidayat, A. A. A. (2017). Nursing and health research methodology. Salemba Medika.
23. Hidayat, A. A. A., & Uliyah, M. (2012). Pocket book of basic human needs practicum. EGC.
24. Jefferies, D., Johnson, M., Nicholls, D., & Lad, S. (2012). A ward-based writing coach program to improve the quality of nursing documentation. Journal of Nurse Education. http://e-resources.perpusnas.go.id/library.php?id=000012019
25. Kozier, B., Erb, G., Berman, A., & Snyder, S. J. (2010). Fundamentals of nursing (E. W. Ningsih, D. Yulianti, Y. Yuningsih, & A. Lusyana, Trans.). EGC.
26. Kurniadi, A. (2013). Nursing management and its prospects: Theory and application. Faculty of Medicine, University of Indonesia.
27. Linggardini. (2009). Nursing management residency report (Unpublished report). Faculty of Nursing, University of Indonesia.
28. Lusianah. (2008). The relationship between motivation, supervision, and documentation quality of nursing in the inpatient unit of Cilandak Marine Hospital, Jakarta (Unpublished master's thesis). Faculty of Nursing, University of Indonesia.
29. Masruri. (2014). Analysis of the effectiveness of the national program for empowering independent urban communities. Akademia Permata.
30. NANDA International. (2012). Nursing diagnoses: Definitions and classification 2012–2014. EGC.
31. National Council for the Professional Development of Nursing and Midwifery. (2008). Clinical nurse/midwife specialists intermediate pathway. Dublin, Ireland.
32. National Council for the Professional Development of Nursing and Midwifery. (2008). Framework for the estab-

lishment of advanced nurse and advanced midwife practitioner posts. Dublin, Ireland.

33. Notoatmodjo, S. (2009). Human resource development (4th rev. ed.). Rineka Cipta.

34. Nursalam. (2015). Nursing management. Salemba Medika.

35. Nursalam. (2011). Concepts and application of nursing research methodology. Salemba Medika.

36. Nursalam. (2014). Nursing management applications in professional nursing practice (4th ed.). Salemba Medika.

37. Australian Nursing and Midwifery Council. (2006). National competency standards for the registered nurse [Electronic resource].

38. Olsen Winther, S. (2013). Quality improvement in documentation of postoperative care nursing using computer-based medical records. Journal of PeriAnesthesia Nursing. https://pubmed.ncbi.nlm.nih.gov/23522267/

39. Polit, D. F., & Beck, C. T. (2012). Resource manual for nursing research: Generating and assessing evidence for nursing practice (9th ed.). Lippincott Williams & Wilkins.

40. Ray, M. A. (2006). The theory of bureaucratic caring. In M. Parker (Ed.), Nursing theories and nursing practice (2nd ed., pp. 360–368). F. A. Davis.

41. Robbins, S. P., & Coulter, M. (2013). Management (10th ed.). Erlangga.

42. Harriet. (2016). Using technology to enhance clinical supervision and training. In C. E. Watkins Jr. & D. L. Milne (Eds.), The Wiley international handbook of clinical supervision (pp. 204–237). Wiley.

43. Pasar Minggu Regional Hospital Team. (2016). Pasar Minggu Regional Hospital. https://rsudpasarminggu.jakarta.go.id

44. Sastroasmoro, S. (2011). Basics of clinical research methodology. Sagung Seto.

45. Sitorus, R., & Panjaitan, R. (2011). Nursing management in the treatment room. Sagung Seto.

46. Suarli, S., & Bahtiar. (2009). Nursing management with a practical approach. Erlangga.

47. Sugiyono. (2016). Quantitative, qualitative, and R&D research methods. PT Alfabet.

48. Susanto. (2009). Reputation-driven corporate social responsibility: A strategic management approach to CSR. Esensi Erlangga Group.

49. Sutanto, T. E., & Abdullah, S. (2015). Statistics without stress. Trans Media Pustaka.

50. Sutabri, T. (2012). Information systems analysis. Andi.

51. Wiyana, M. (2008). Supervision in nursing. http://www.akpermadiun.ac.id/index.php?link=artikeldtl.php&id=3

52. Zulkarnain. (2016). Nursing leadership and management application. Pasar Minggu Regional General Hospital.