Evaluating the Implementation of Indonesian Nursing Standards to Nurses' Performance in the Care Process Documentation for Inpatients

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Abstract. The implementation of Indonesian nursing care standards among nurses has been suboptimal, influenced by factors such as educational background, psychological readiness, and organizational structure. This study aimed to evaluate the impact of these standards on nurses' performance in documenting inpatient care processes. A quantitative experimental design was employed, featuring a one-group pretest-posttest format with a control group. Nurses' documentation performance was assessed before and after the intervention, and statistical comparisons were made between the experimental and control groups. The experimental group's mean pretest score was 59.70, significantly lower than the control group's score of 73.30 ($p = 0.024$). Post-intervention, the experimental group demonstrated a significant improvement with a mean score of 87.05, compared to 45.95 in the control group. The Mann-Whitney test for posttest scores yielded a p-value of 0.000, indicating a significant impact of the implementation of nursing care standards on documentation performance. These findings underscore the importance of adopting Indonesian nursing care standards to enhance nursing documentation practices, which are critical for improving the quality of inpatient care.

Keywords: implementation; nursing care standards, Indonesia

1 Introduction

Decree of the Minister of Health (KMK) of the Republic of Indonesia Number HK.01.07/ MENKES/ 425/2020 with regard to nursing professional standards states that nursing diagnoses refer to the Indonesian Nursing Diagnosis Standards (SDKI), nursing interventions refer to the Indonesian Nursing Intervention Standards (SIKI), and Indonesian Nursing Output Standards (SLKI), abbreviated to 3S (Decree of the Minister of Health (KMK) RI, 2020; PPNI, 2016, 2018a, 2018b). Mercedes R.F et al.,

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[1] found that there has been a lot of research in the field of health care involving organizational commitment, which has been linked to other human resource management-related aspects. Irene R.L et al. [2] further argued that one of the most difficult challenges in the contemporary health-care environment is providing excellent services. Challenges experienced by health professionals worldwide where technology and healthcare advancements lead to overwork, which increases errors and decreases care quality. For example, in the face of high demand and insufficient resources, it may become too difficult to complete all nursing care criteria, and nurses may choose to take shortcuts, postpone, or avoid patient care duties such as posture changes or risk assessment [2]. Clinical documentation is an important instrument for quality assurance as it allows information to pass easily between health professionals from many professions and work areas [3].

Nursing documentation provides crucial details on inpatient treatment and is an important indicator of effective patient care delivery [4, 5].Therefore, nursing documentation can be used to assess and improve the quality of healthcare services [6]. Given the impact of nurses' work on patient outcomes, it is critical to provide optimum conditions for continuity of care and positive patient outcomes [7]. To attain these goals, nursing documentation must contain valid and trustworthy information that meets certain quality and validity standards [8]. Based on government regulations for the implementation of the SDKI, SLKI, and SIKI books, it has the potential to increase the quality of nursing care provided by nurses throughout Indonesia [9]. Atmanto et al., [10] found that 54% of nurses continue to write planning documentation that does not meet the NIC and NOC standards. More precisely, the books do not correspond to the patient's experience. This shows that the ability to comprehend nursing documentation must always be taken into account. Palese et al. [11] found that only 58.6% of nursing supervisors and 57.1% of clinical nurses reported instrument-specific training opportunities in their professional training, which could have an impact on their accuracy in daily use. More educational support for future nurses is likely to be required. Anthony et al. [12] argued that the relationships between education, clinical evaluation, and assessment tool use have not been thoroughly studied. Future studies could concentrate on screening. All of this raises primary concerns about archival quality analysis as addressed in several previous studies [13–15].

The increase in completion after implementing the multifaceted strategy was evident in terms of the number of assessments completed, although it varied in terms of the quality of assessment instrument completion. However, the impact of this type of strategy decreases over time, consequently, it is expected that changes in behavior like this may take years to reach effectiveness [16].

The objective of this research is to develop a concept for a management intervention model to improve nurses' performance in providing nursing care, as well as to design a concept. This study was conducted at the Wates General Hospital, Kulon Progo, Yogyakarta. Similar research has never been conducted at Wates Kulon Progo Regional Hospital, Yogyakarta, where the issue in this study is that nurses' performance in managing nursing care for patients is unsatisfactory. This study develops a management intervention model to improve nurses' performance in providing nursing care. This research is expected to contribute to the development of management science in nursing

rooms, including knowledge about management intervention models and related factors that influence nurses' performance behavior when providing nursing care, to ensure that it can be used as a reference in evaluating nursing care.

2 Methods

This study employed a quantitative research methodology with an experimental format, utilizing a pretest-posttest design in the control and experimental groups. The research was conducted at Wates Regional General Hospital in Kulon Progo, Yogyakarta. The sampling technique employed was proportional cluster random sampling, with a total sample size of 132 individuals. The research subjects were all nurses employed in the inpatient unit. Furthermore, 132 respondents were randomly divided into two groups, namely the control group and the experimental group. The intervention methods employed were lectures and discussions. The instrument utilized was a research questionnaire developed by [17] and validated (p=0.959>0.05).

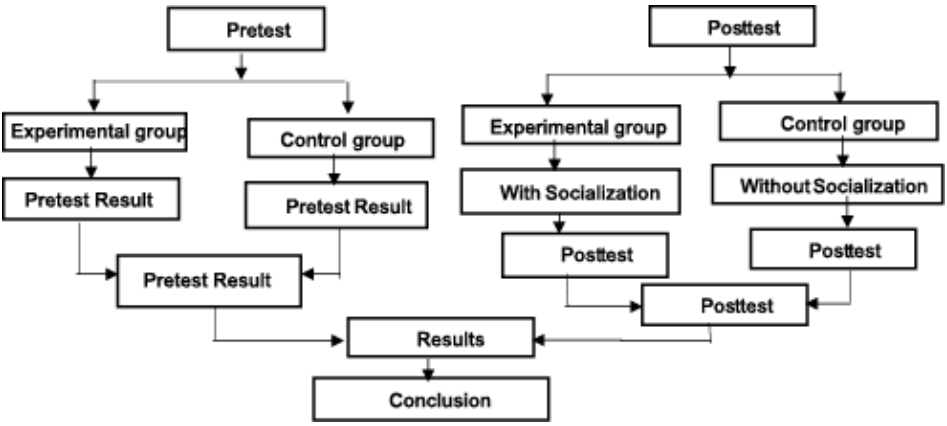

Fig. 1. Implementation Flow

Mechanism for socializing the implementation of nursing care standards

1) The event began with an opening by the moderator
2) Greetings from the Director of Wates General Hospital, Kulon Progo, Yogyakarta
3) The chairperson of PPNI Yogyakarta presented material on 3S (SDKI, SIKI, and SLKI).
4) Q&A session and discussion, as well as shared perceptions on the material presented

5) The chairman of PPNI Yogyakarta supervised the practice of how to perform the 3S.

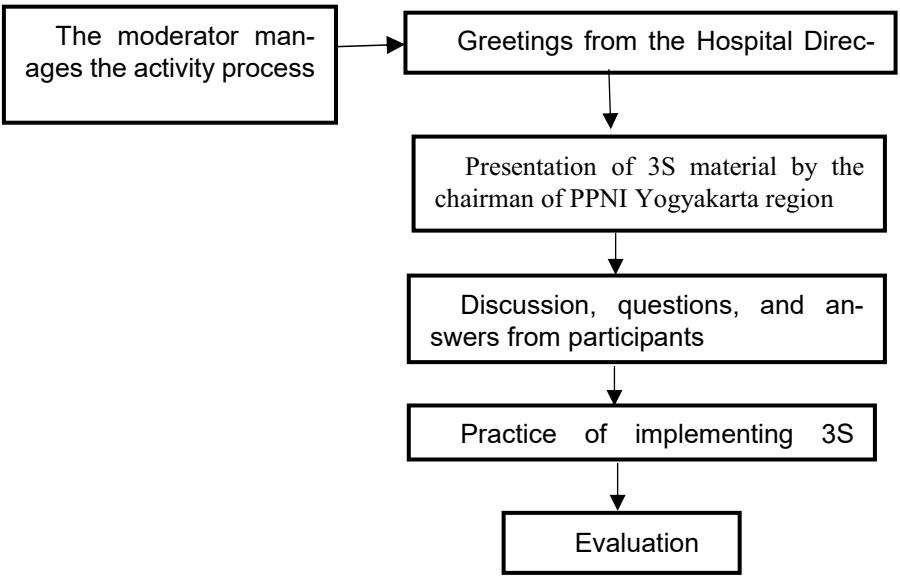

Fig. 2. Mechanism for implementing the Indonesian 3S nursing care standard

2.1 Distribution of Respondents' Characteristics

Table 1. Distribution of Respondents' Characteristics.

Respondents' Characteristics	Control Group		Experimental Group		Total	%
	N	%	N	%		
Age						
1. 20-30 years	13	19.6%	13	19.6%	26	19.6%
2. 31 – 39 years	37	56.6%	32	48.4%	69	52.2%
3. 40-49 years	15	22.7%	16	24.2%	31	23.4%
4. > 50 years	1	1.5%	5	7.5%	6	4.5%
Total	**66**	**100%**	**66**	**100%**	**132**	**100%**
Sex						
1. Male	9	13.6%	13	19.6%	22	16.6%
2. Female	57	86.4%	53	80,3%	110	83.3%
Total	66	100%	66	100%	132	100%
Education						
1. Nursing Academy	54	81.8%	52	78.7%	106	80.3%
2. Bachelor's degree in nursing	12	18.1%	14	21.2%	26	19.6%
3. Master's degree in nursing	0	0%	0	0%	0	0%
Total	**66**	**100%**	**66**	**100%**	**132**	**132%**

Respondents' Characteristics	Control Group		Experimental Group		Total	%
	N	%	N	%		
Work Experience						
1. 0 - 1 year 11 months	5	7.5%	5	7.5 %	10	7.5%
2. 2 -3 year 11 months	12	18.1%	10	15.1%	22	16.6%
3. 4–9 year 11 months	22	33.3%	16	24.2%	38	28.7%
4. >10 years	27	40.9%	35	53.0%	62	46.96%
Total	**66**	**100%**	**66**	**100%**	**132**	**100%**
Monthly Income						
1. Rp 1,000,000- 1,900,000	0	0%	3	4.5%	3	2.27%
2. Rp 2,000,000- 2,900,000	30	45.4%	14	21.2%	44	33.3%
3. Rp 3,000,000- 3,900,000	21	36.3%	22	33.3%	43	32.5%
4. Rp 4,000,000- 4,900,000	7	10.6%	18	27.2%	25	18.9%
5. Rp > 5,000,000	8	12.1%	9	13.6%	17	12.8%
Total	**66**	**100%**	**66**	**100%**	**132**	**100%**

Based on Table 1, the majority of nurses working in hospitals fall within the aged range of 31 to 39 years, consisting of 37 nurses in the control group and 32 nurses in the experimental group with a total of 69 nurses. The predominant gender was female, consisting of 57 nurses in the control group and 53 in the experimental group, making a total of 110 female nurses. In terms of education, the majority were graduated from the Nursing Academy. This include 54 nurses in the control group 52 nurses in the experimental group, summing up to a total of 106 nurses with the highest educational background being from the nursing academy. Furthermore, the majority nurses had an average length of work of more than 10 years, consisting of 27 nurses in the control group and 35 nurses in the experimental group, totaling 62 nurses. The prevalent income range among nurses was Rp 2,000,000 to Rp 2,900,000, comprising of 30 nurses in the control group and 14 nurses in the experimental group, making a total of 44 nurses.

2.2 Distribution of Respondents' Characteristics

Prior to administering the intervention to the two groups, a pretest was conducted on the control and experimental groups to ascertain any existing differences between them.

Univariate Analysis.

Table 2. Average pretest results for control and experimental groups prior to the intervention

Nurse performance			
	Control group	Statistic	Std eror
Pretest	Minimum	75.00	.39694
	Maximum	85.00	
	Mean	76.6970	
	Standard deviation	3.22476	

Nurse performance			
	Experimental group		
Pretest	Minimum	72.00	.28133
	Maximum	85.00	
	Mean	75.6212	
	Standard deviation	2.28551	

Table 2 indicates that in the control group, prior to the intervention, the pretest results exhibited a minimum score of 75.00 and a maximum score of 85.00, with an average of 76.6970. Prior to the intervention, the pretest results in the experimental group exhibited a minimum score of 72.00 and a maximum score of 85.00, with an average of 75.6212. This indicates that the control group and the experimental group exhibited a statistically significant difference in average, with the pretest results in the control group being on average higher than the experimental group. Subsequently, the Mann-Whitney pretest was conducted on the two groups to ascertain whether a genuine distinction existed between their respective averages, which exhibited the same distribution, using two independent samples from each population.

Bivariate Analysis of Pretest Scores in Control and Experimental Groups.

Table 3. Test of difference in pretest-pretest means for the two groups

	Groups	N	Mean Rank	Sum of Ranks
Pretest-pre-test	Experimental Group	66	59.70	3940.00
	Control Group	66	73.30	4838.00
	Total	132		

Table 3 shows the average for each group, notably the pretest performance of nurses in documenting of nursing care in the experimental group, which was 59.70, lower than the control group's average of 73.30. Table 4 below shows whether there is any difference between the control group and the experimental group:

Table 4. Pretest differences between the two groups using the Mann Whitney test

Test Statistics[a]	
	Pretest - Pretest of Nurse Performance
Mann-Whitney U	1729.000
Wilcoxon W	3940.000
Z	-2.254
Asymp. Sig. (2-tailed)	.024

Table 4 shows a U value of 1729,000 and a W value of 3940,000. When converted to the Z value, the result was -2,254. The Sig value (P value) was 0.024 < 0.05. Based on the average results for each group, namely in the pretest, the nurses' performance in the experimental group was 59.70, which was lower than the average of the control group,

73.30. This was further supported by the Mann-Whitney test results, which showed a difference between the pretests of the control and experimental groups based on the p-value. 0.024 indicating that there is a significant difference in nurses' performance scores in nursing care documentation between the control and experimental groups.

2.3 Post test Control and Experimental Groups

Following the intervention, both groups completed a posttest; the control group received no treatment, whereas the experimental group received treatment. Then, a test was carried out to see the differences between the two groups.

Univariate Analysis.

Table 5. Average posttest scores for the control and experimental groups

Nurse performance			
Posttest	**Control group**	Statistic	Std eror
	Minimum	72.00	.35950
	Maximum	85.00	
	Mean	76.4697	
	Standard deviation	2.92059	
Posttest	**Experimental group**		
	Minimum	74.00	.38568
	Maximum	85.00	
	Mean	80.4242	
	Standard deviation	3.13325	

Table 5 shows the posttest results in the control group with a minimum value of 72.00 and a maximum value of 85.00 with an average of 76.4697, and the posttest results in the experimental group with a minimum value of 74.00 and a maximum value of 85.00 with an average of 80.4242, indicating that there is no difference in the average between the control group that was not given the application of 3S and the experimental group that received the implementation of 3S, the difference is that in the control group, which did not receive 3S, there was no increase in nurse performance in nursing care documentation, however the experimental group received 3S and experienced an increase in performance. The Mann-Whitney posttest-posttest was then performed on the two groups to determine whether there was a real difference in the averages of two populations with the same distribution, using two independent samples from both populations.

Bivariate Analysis of Post test Scores in Control and Experimental Groups.

Table 6. The posttest mean difference test for the control and experimental groups

	Groups	N	Mean Rank	Sum of Ranks
Post test - posttest	Experimental Group	66	87.05	5745.50
	Control Group	66	45.95	3032.50
	Total	132		

Table 6 shows that the average posttest-posttest performance in the experimental group was 87.05, higher than the control group's average of 45.95. Subsequently the Mann Whitney test was used to determine the difference between the control and experimental groups, as shown in table 7.

Table 7. Post test differences between the two groups using the Mann Whitney test

Test Statistics[a]	
	Posttest- posttest of the Nurse Performance
Mann-Whitney U	821.500
Wilcoxon W	3032.500
Z	-6.240
Asymp. Sig. (2-tailed)	.000

Table 7 shows a p value of 0.0000, indicating that there is a significant difference in nurses' performance scores in documentation of nursing care following the intervention. Based on the research results, there is a difference in the pretest averages between the control and experimental groups prior to the intervention, with the control group having a higher average value (73.30) and the experimental group having a lower average value 59.70. The Mann Whitney test results show a difference in average results, with a p-value of $0.024 < 0.05$, indicating a difference in nurse documentation performance between the control and experimental groups. Furthermore, based on the test results, there is a difference in the average posttest - posttest in the control and experimental groups after intervention, with the control group having a lower average value (45.95) and the experimental group having a higher average value of 87.05. The Mann Whitney test results show a p-value of $0.000 < 0.05$, indicating that implementing the 3S nursing care standard has an impact on nurses' documentation performance. This is proven from the posttest results in the control group, which did not receive intervention, and the experimental group receiving intervention. The experimental group receiving the intervention had a higher average score than the control group that did not receive the intervention.

3 Discussion

3.1 Respondents' Characteristics

Age-related characteristics of responders. The average age of hospital nurses ranges from 31 to 39 years. Age plays an important role on productivity since work-related maturity tends to increase with age. This is in line with Artika et al., [18] who revealed significant differences in performance between age groups (one-way ANOVA test, p-value = 0.001 < 0.05). Age is an individual's age calculated from the time of birth to the birthday. The older someone is, the higher their level of maturity and strength, and so the more mature their thinking and working will be. In terms of public trust, mature people are more trusted than less mature individuals. Erly et al. [19] described this as experience and mental maturity. Owing to their educational background, the majority, 80.6% (25 nurses), were nursing college graduates. Higher education is seen as an important factor in determining a person's competency and performance.

According to Sousa et al. [20], although clinical skills are important for the development of comprehensive palliative care, educational needs have a more significant effect on practice development since nurses have the first contact with such issues in the workplace. According to Hafsiah [21], competence is a fundamental attribute that has a direct impact on or predicts greater performance. A number of factors contribute to increased employee performance, including competency, training, and work capacity [22]. Competence is defined as an individual's capacity to perform tasks while integrating knowledge, skills, attitudes, and personal values [22].

Respondent characteristics based on education particularly that the control group came from nursing academies on average and in greater numbers than the experimental group. The experimental group had a higher undergraduate (S1) education level than the control group. Knowledge is the most important aspect in mastering a certain talent. Individuals with good knowledge will find it easier to acquire skills with appropriate practice [23].

In terms of respondent characteristics based on length of service, the majority were those who had worked for more than ten years, with more in the experimental group than the control group. The maximum number of nurses' earnings fall between Rp. 2,000,000 and Rp. 2,900,000, with the experimental group earning more than the control group, emphasizing that money is the most significant variable in determining job satisfaction [1]. Yuanita's [24] research revealed that 53 nurses (93%) believe that rewards are delivered fairly, whereas only 4 executive nurses (7%) believe that rewards are still unfair. In order to improve happiness with these awards, hospitals are hoping that in the future they will be able to increase the sense of fairness by offering clear incentives, leading to 100% nurse satisfaction in the future, especially by considering performance, education, and skills.

3.2 Pretest control and experimental groups

The pretest results of nurses' performance in providing nursing care carried out in the experimental group had an average score of 59.70, lower than the average of the control

group, namely 73.30, there was a difference between the control group and the experimental group, as evidenced by the results of the Mann Whitney test with the results of the p-value 0.024, which means there is a significant difference in nurse performance scores between the control group and the experimental. This result is comparable to Rezkiki et al. [25]'s study in which before introducing 3S in nursing care, 0% of nurses did not document nursing care using 3S since documentation of nursing care still employed NANDA, NIC, and NOC. Talahatu's research (2022) revealed that in the pretest results, 4 people received a poor category of 0.18%, 16 people received a sufficient category of 72.7%, and two people received a good category of 0.09%. Nursing documentation affects patient safety and improves patient care results. Patients could be placed at risk if conventional nursing terminology is not used in nursing documentation.

3.3 Post test control and experimental groups

The results of this study showed that the average posttest performance of nurses in the control group was 45.95, however the average for the experimental group was 87.05. The implementation of 3S nursing care standards (SDKI, SIKI, SLKI) has an impact on nurses' performance in nursing care documentation, as shown from the Mann Whitney posttest results with p-values of $0.000 < 0.05$. This result corresponds to Kuswahyuningsih's research [26] who found that 11 (20%) nurses had good awareness of 3S prior to being offered socialization, which increased to 48 (87.3%) respondents. The socialization can help nurses comprehend the 3S (SDKI, SLKI, and SIKI). The SDKI is a diagnostic standard that can be used for nursing clinical decision making based on convenience of use, clarity of diagnostic reasoning, the completeness of available diagnoses, and language standards [27]. A complete assessment requires an in-depth understanding and the ability to evaluate and identify all problem factors [28].

Practical instances from scientific literature and empirical research can show the success rate of interventions as well as the challenges associated with implementing prioritization strategies. The implementation of HR nursing practices promoting simple and coherent design eliminates the causes of ambiguity and stress in carrying out health service tasks [29]. In addition, nursing programs need to include electronic documentation systems courses into the curriculum to train future nurses to use them in a safe learning setting and to increase the quality of their clinical reasoning [30]. In line with Awaliyani et al.'s, [31] who found that there is a substantial relationship between the distribution of SDKI, SLKI, and SIKI books, as well as training interventions, and increasing nurses' understanding of how to implement these three standards. Similarly knowledge gained from the right sources can lead to positive experiences in real-life situations [31]. Rezkiki et al.'s [25] research found that the majority of nurses and heads of inpatient rooms understand, assess, and implement 3S standards in nursing care.

4 Conclusion

Understanding the 3S nursing care standards (SDKI, SIKI, and SLKI) can help employees provide better nursing services to patients. Implementing Indonesian nursing care

standards has an important influence on nurses' documentation of inpatient care (p-value < 0.05). Additionally, the results of this study add to new rules that hospital management could consider implementing to improve nurses' performance in providing nursing care standards.

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