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Quality of Nursing Work Life and Nurses' Behaviour in Documenting Integrated Patient Progress Notes in Hospital

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INFORMATION

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ABSTRACT

Background: The quality of nurses' work life pays attention to the fulfillment of nurses' needs which will have an influence on nursing services and organizational productivity. The purpose of the study was to analyze the relationship between quality of nursing work life (QNWL) and nurse behavior in documenting integrated patient progress notes.

Methods: This study is quantitative in nature with a cross-sectional approach and took a population of 40 nurses in abimanyu room of jombang hospital. This sampling technique uses total sampling. The independent variable in this study was QNWL, using the QNWL questionnaire instrument, while the dependent variable was nurse behavior in documenting patient development records, using a nurse behavior questionnaire instrument modified by the researcher and declared valid (calculated r = 0.904) and reliable (Cronbach alpha = 0.961) and tested using SPSS version 16.0 with the Spearman's rho statistical test.

Results: The best QNWL indicator was Work life-Home life, with 34 respondents (85.0%). Meanwhile, knowledge, which is an indicator of nurses' behavior in CPPT documentation, showed the highest score with 35 respondents (87.5%), thus forming behavior in the positive category. Based on the results of the the Spearman's rho statistical test with the SPSS program, dengan nilai r = 0.476 and with significant value P = 0.002

Conclusions: This study concluded that QNWL among nurses at a hospital in Jombang was almost entirely in the good category, with nurses exhibiting positive behavior in documenting integrated patient progress notes

INTRODUCTION

Integrated patient progress notes are an important part of nursing care because they serve as a means of communication between healthcare professionals and as legal evidence of the services provided to patients (Sukawan et al., 2021). Nurse requirements and work incentives improve the performance of Integrated Patient Progress Notes (Gulo et al., 2022). Nurse behavior, work experience, and high education are very important assessments in the quality and progress of the hospital's vision and mission (Qin et al., 2023). Patient assessment, diagnosis, intervention, implementation of care, and evaluation of changes or discontinuation of care constitute nursing documentation (Munjiati et al., 2023). Unfavorable conditions and workloads can disrupt hospital services. Health encourages nurses to improve documenting integrated patient progress notes (Rohman et al., 2024). Quality of Nurses Work Life (QNWL) affects nurse development and service quality (Fardiana, 2019). As a result, incomplete documentation often occurs due to nurses' non-compliance with professional work practices, whereby documents should be complete and accurate in accordance with hospital SOPs. (Omoit, 2021)

Nurse noncompliance leads to noncompliant nursing care documentation. Nursing documentation compliance is 80% in many countries, with initial hospital admission assessments and integrated patient progress notes having the lowest compliance due to limited patient care time (De Groot et al., 2019). Erna et al. (2020) found that 22.7% of Indonesian nurses did not document their care. Research at Bethesda Gunungsitoli General Hospital, North Sumatra, linked QNWL with nurse productivity in integrated patient progress notes recording with a preferred frequency distribution of 60.2% (Gulo et al., 2022). Due to time constraints and the large number of patients, Soedirman General Hospital in Kebumen found that integrated patient progress notes were incomplete and incomplete (Setyaningtyas & Wahab, 2021). A hospital in Jombang had a bed occupancy rate (BOR) of 85.06% in March 2024, which could hamper patient services.

The cause of nurse dissatisfaction results in a decline in QNWL and can affect nursing service skills for patients, especially the documentation of integrated patient progress notes (Rohmayanti & Wijayanti, 2023). Due to high workloads, an unbalanced nurse-to-patient ratio, long working hours, lack of management support, and minimal recognition and opportunities for professional development (Schwenker, 2022). Low QNWL has a direct impact on nurses' behavior in documenting integrated patient progress notes, such as incomplete, untimely, and inaccurate documentation. Nurses tend to prioritize direct nursing actions over documentation, resulting in neglected documentation quality. As a result, the continuity of nursing care is disrupted (Alruqaie et al., 2021). Previous studies show that QNWL dominates work life quality. Age, education, geography, and position affect QNWL. Good QWL improves nurses' performance, productivity, and happiness, which benefits the organization (productivity and reduced turnover) and personal life (development and safety) (Damanik et al., 2021). A decline in QWL leads to inadequate documentation integrated patient progress notes by nurses (Rohmayanti & Wijayanti, 2023).

QNWL must be assessed in various hospital units to detect problems and track interventions. Unit size, patient type, hospital rules, and environment affect nurses' quality of work life (Gulo et al., 2022). The decline in nurse performance, job satisfaction, work motivation, and work quality has an impact on work productivity, which will affect the decline in accreditation and the vision and mission of the hospital, so QNWL assessment is very important in the success of the vision and mission (Muthiah et al., 2022). Therefore, improving workloads, adjusting the number of nursing staff, increasing management support in the work environment, and improving work-life balance will provide better services, especially in writing integrated patient progress documentation (Frintner et al., 2021). Work productivity can be improved by improving productivity components, increasing the quality of work results, and empowering human resources (Alshemmari, 2023). The benefits of improved nurse performance, job satisfaction, work motivation, and higher quality of work, which have a positive impact on productivity, will improve the quality of hospitals in providing excellent service (Muthiah et al., 2022). This study will explain the relationship between QNWL and nurse behavior in documenting integrated patient progress notes the Abimanyu Room of Jombang Regional General Hospital.

The aim of this study is to analyze the relationship between the QNWL and nurses' behaviour in documenting Integrated Patient Progress Notes in a hospital setting.

METHODS

Study Design

This research design is quantitative with a cross-sectional approach and was conducted in a hospital in Jombang from April to May 2024. This study evaluated QNWL data and nurses' behavior in

documenting integrated patient progress notes using a work productivity questionnaire and activity interference questionnaire.

Participants Recruitment

The research population included individuals, patients, and nurses (Nursalam, 2020). The target of this study was 40 nurses who had participated in PPA training at a hospital in Jombang. This sample includes nurses from a hospital in Jombang. The researcher took a sample of 40 nurses using total sampling. The inclusion criteria in this study were nurses from a hospital in Jombang, including team leaders, practicing nurses, clinical instructors (CI), and practicing nurses, while the exclusion criteria were intern nurses (trainers) and nurses who were on study leave.

Variable and Instrument

Independent Variable: The independent variable in this study is QNWL using the QNWL Questionnaire. This tool contains 41 statements and this measurement was adopted and modified from (Yuwanto et al., 2021) according to (Yuwanto et al., 2021) from Samanthi's (2015), which was conducted on 30 respondents with a table r = 0.361 on all four dimensions. The first dimension is the work life dimension, consisting of 7 questions, only 5 of which are valid with an r value > 0.361, while the rest are < 0.361. The second dimension is the work design dimension, consisting of 10 questions, only 8 of which are valid with an r value > 0.361, while the rest are < 0.361. The third dimension is the work context dimension, consisting of 19 questions, only 16 of which are valid with an r value > 0.361, while the rest are < 0.361. The fourth dimension is the work world dimension, consisting of 5 valid questions, only 4 of which have an r value > 0.361, while the rest are < 0.361. The researcher took 41 questions. The reliability results of the QNWL for the four dimensions are as follows: first, the work life dimension with Cronbach's alpha = 0.667; second, the work design dimension with Cronbach's alpha = 0.655; third, the work context dimension with Cronbach's alpha = 0.893; and fourth, the work world dimension with Cronbach's alpha = 0.641.

Dependent Variable: The dependent variable in this study is Nurse Behavior using the Nurse Behavior Questionnaire: This instrument was modified and developed independently by the researcher (Seyedrezazadeh et al., 2020). This tool contains 41 statements. The questionnaire consists of sub-variables of Knowledge, Attitude, and Action. The validity of the sub-variable of knowledge was tested by the first researcher using 12 questions with an r value of 0.506-0.832 and was declared valid. The second sub-variable of attitude consisted of 10 questions with an r value of 0.618-0.915 and was declared valid. The third sub-variable, Action, consisted of 6 questions with an r value of 0.582-0.778. The reliability of the sub-variables was tested by the first researcher. The first sub-variable, Knowledge, had a Cronbach's alpha of 0.962. The second sub-variable, Attitude, had a Cronbach's alpha of 0.961, and the third sub-variable, Action, had a Cronbach's alpha of 0.936.

Data Collection

The data collection process began with obtaining research permission and coordinating research objectives. The author selected respondents based on inclusion criteria with the assistance of the head of the ward in collecting the data. The head of the ward assisted in explaining the research and obtaining consent to ensure that respondents completed the research questionnaire within a week. The research began with a respondent questionnaire, and the researcher emphasized that respondents who refused to participate in the survey had the right to do so. Before data collection, the researcher explained the objectives and benefits of the research by giving the survey to respondents who agreed to participate. The researcher asked respondents to complete the questionnaire within one day and would submit the questionnaire and follow up in 2-3 days if respondents requested additional time. The researcher collected the questionnaires and verified the completeness of the data, and incomplete data was completed on the same day. The researcher analyzed the questionnaire data using descriptive analysis and multiple linear regression.

Ethical Clearance

This study passed an ethics review at a hospital in Jombang with ethics number No. 49/KEPK/V/2024 in an effort to protect the human rights and welfare of health research subjects. The ethics team at a hospital in Jombang has carefully reviewed and approved the protocol for this study.

Data Analysis

Descriptive analysis covers all research variables. Frequency determines the frequency distribution of demographic data in descriptive analysis. Integrated patient progress notes and nurses' quality of work life were evaluated in this study. There is a significant relationship ($p < 0.05$) between nurses' quality of work life and their behavior in recording integrated patient progress notes. Higher quality of work life improves performance, with a correlation strength of $p = 0.002$.

RESULTS

Table 1 describes the demographic characteristics of respondents, showing that most respondents were female (67.5%) aged 31-40 years (65.0%). These respondents were married (92.5%) with a final education level of D3 nursing (57.5%).

According to the data, most respondents were NON-ASN (BLUD, CONTRACT) (62.5%) and had been working as nurses for 6-10 years (42.5%).

Table 2 QNWL with nurses' behavior in integrated patient progress documentation showed good behavior (80.0%) and fairly good behavior (7.5%), while the rest of the nurses showed poor behavior (5.0%) and the rest showed not quite good behavior (7.5%) in terms of the quality of nurses' working life. The Spearman rank test in SPSS showed a significant relationship between QNWL and nurses' behavior in recording CPPT in the Abimanyu ward of Jombang Regional General Hospital (p-value = 0.002) with a correlation coefficient of r 0.476.

Table 1. Characteristics of respondent study

Demographic data	Frequency (n)	Percent (%)
Gender		
Male	13	32.5
Female	27	67.5
Age		
21-30 years	6	15.0
31-40 years	26	65.0
41-50 years	8	20.0
>50 years	0	0
Marital status		
Unmarried	3	7.5
Married	37	92.5
Windowed or Divorced	0	0
Highest level of education		
D3 Nursing	23	57.5
D4 Nursing	0	0
Nursing Profession	17	42.5
Employment status		
Civil Servants (ASN, CPNS, PPPK)	12	30.0
Non-Civil Servants (BLUD, Contract)	25	62.5
Temporary Employees	3	7.5
Length of service		
1-5 years	6	15.0
6-10 years	17	42.5
11-15 years	7	17.5
>15 years	10	25.0
QNWL		
Good	34	85.0
Adequate	6	15.0
Insufficient	0	0
Nurses behaviour		
Positive	35	87.5
Negative	5	12.5

Table 2. Cross-tabulation of the relationship between QNWL and nurses' behaviour in integrated patient progress documentation

QNWL	Nurses' behavior	
	Positive n (%)	Negative n (%)
Good	32 (80.0)	2 (5.0)
Poor	3 (7.5)	3 (7.5)
Spearman rho	r = 0.476; p value = 0.002	

DISCUSSION

Nurses at a hospital in Jombang have good QNWL. Researchers say that QWL plays an important role for nurses at one of the hospitals in Jombang. Previous researchers have suggested that monitoring and improving the Quality of Work Life of nurses is very important for sustainable health care and the well-being of nursing staff (Gouda Metwally & Meslhy Mohamed, 2021; Irwanto et al., 2024). For a better work life, nurses aged 31-40 prioritize professional goals and patient and individual satisfaction. The work environment, individual satisfaction, career goals, and institutional support influence the work life of hospital nurses (QNWL) (Hwang, 2022; Maf'ula et al., 2020). This study shows that working in a hospital for 6-10 years can increase employee dedication, productivity, and organizational success by encouraging innovation. Work life quality can enhance employee commitment, productivity, and organizational effectiveness (Ardiana et al., 2023). QNWL reflects nurses' views on organizational work activities that suit their needs. Work-home life, design, environment, and world are the strong areas of QNWL. Experts say that work-home life is the most important of the four categories. This confirms the argument of previous theorists that the four domains of QNWL Work-Home have good categories (Alharbi et al., 2022).

The study shows that 35 nurses reported integrated patient progress notes well. The researchers argued that recording integrated patient progress notes according to main tasks and functions would improve nursing performance and professionalism. The final level of study in D3 Nursing encourages optimal care for all tasks. The theory of behavioral documentation uses nursing documentation such as integrated patient progress notes to show that nurses follow protocols to improve the quality of nursing (Sonoda et al., 2018). The study found that female nurses will improve nursing services by caring for patients who record integrated patient progress notes carefully and accurately in hospitals. The hypothesis states that

female nurses provide superior nursing care and services with patience, thoroughness, technique, and compassion (Ahmad, 2022). According to this study, hospital contract personnel are more likely to accept documentation modifications and reduce carelessness. According to theory and research findings, nurses' behavior, including the completeness of integrated patient progress notes records, enhances professional nursing care. If nurses' behavior in integrated patient progress notes documentation is to be improved, knowledge, attitudes, and actions must enhance professional behavior (Paramitha et al., 2021). The documentation of integrated patient progress notes behavior, attitudes, and knowledge reflects nurses' behavior. The researcher's questionnaire shows that nurses' knowledge most influences integrated patient progress notes documentation. Knowledge is crucial for nursing success and professionalism; therefore, knowledge influences performance. Research reveals that nurses' behavior depends on integrated patient progress notes documentation performance and work professionalism (Rohman et al., 2024).

QNWL strongly correlates with nurses' behavior in recording integrated patient progress notes at a hospital in Jombang. The questionnaire found a substantial correlation between one component of QNWL and nurses' behavior in recording integrated patient progress notes. Knowledge influences nurses' recording of integrated patient progress, but work-life balance, or an exceptional work-home balance, is the most important factor. Nurses must manage their energy after work and adapt to changes in schedules and policies (Suwandi et al., 2021). Nursing care ensures that each patient's journey is smooth, efficient, and meets their health needs (Purnamayanti et al., 2023). Researchers say nurses neglect integrated patient progress notes documentation in the Work Design component due to their heavy workload and patient dependency. Because nurses have more urgent tasks, previous theorists believed that their work patterns and workload increased anxiety (Hidaya et al., 2021). Giving nurses more authority and responsibility and allowing them to make decisions can improve their critical thinking, leadership, and process compliance (Suwandi et al., 2021).

Researchers suggest that nurses' challenges in documenting integrated patient progress notes in the work life-home life dimension include the absence of work hour restrictions and regulatory roles at home because they are exhausted from working and caring for children. This supports previous research that nurses' quality of work life, which includes work-home life, is very dominant in documenting integrated patient progress notes because nurses who can balance their roles as parents and hospital workers will properly and accurately carry out all their responsibilities at home and at the hospital (Permarupan et al., 2021). His researcher argues that the lack of contact between nurses and their colleagues makes integrated patient progress notes documentation more difficult because they work alone and interfere with other tasks. This shows that successful work requires productivity and personal balance (Kau et al., 2022). Good communication improves nursing care, documentation, and compliance (Pratiwi, 2020). In the workplace, incentives that are not commensurate with the workload cause nurses to record CPPT and violate SOPs, according to researchers. A poor reputation undermines nurse collaboration. This supports previous research showing that fair remuneration rewards nurses' hard work. Good pay can motivate integrated patient progress notes documentation (Suaib, 2020).

CONCLUSION

Quality of Nurses' Work Life is significantly associated with nurses' behavior in integrated patient progress documentation. Nurses with better quality of work life tended to demonstrate more positive documentation behavior. Therefore, improving nurses' quality of work life may support better compliance, accuracy, and consistency in nursing documentation, which may contribute to the improvement of patient care quality.

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