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Record-keeping: Level of challenges experienced by nurses during covid-19 pandemic

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Abstract

Record keeping is the documentation of nursing care that is planned and delivered to individual patients by qualified nurses or other caregivers under the direction of a qualified nurse. Nursing documentation is a fundamental part in the character of nursing profession, and essential for arrangement, estimate of medical interventions and on-going patient care; consequently, nurses are responsible for maintaining correct report of care, it is described as a vital factor in the nursing quality improvement and promotion as well as efficient aspect in nursing practice transparency and accountability. During the coronavirus outbreak, events will move fast, and a nurse may find difficulty in facing unexpected incidents and adjustments to care plans. Detailed nursing documentation is critical to support skilled care and services for skilled nursing facility providers. Hence the study aimed to assess the level of challenges experienced by nurses during covid-19 pandemic in Saveetha Medical College and Hospitals. Univariant descriptive design was employed and 100 nurses were selected as samples based on the inclusion criteria. Researcher introduced to the subject and developed the rapport with them. Confidentiality was maintained for each sample while collecting the data. Socio-demographic data was collected from nurses by interview method and the level of challenges in record-keeping experienced by nurses during covid-19 pandemic were done by using structured questionnaire. The study results reveals that most of the nurses 84(84%) were female, 87(87%) were in the age group of 20 – 26 yrs., 93(93%) were B.Sc. (N), 54(54%) were working in ward, 93(93%) had 1 – 5 years of work experience, 93(93%) were always keeping record for every patient, 43(43%) of nurses experienced moderate level of challenges, 31(31%) faced mild level of challenges and 26(26%) faced high level of challenges in record-keeping and that none of the demographic variables had shown statistically significant association with level of challenges in record-keeping experienced by nurses during the covid-19 Pandemic.

Keywords: Record-keeping, challenges, nurses, covid-19, pandemic

Introduction

Record-keeping is the documentation of nursing care that is planned and rendered to individual patients by qualified nurses or other caregivers under the supervision of a qualified nurse. Nursing documentation is a fundamental part in the art of nursing profession, and essential for arrangement, estimation of medical interventions and on-going patient care Karkkaninen.O, *et al.*, (2003) ^[1]. Record-keeping serves as communication instrument for exchange patient information in the hospitals and health care setting inter-disciplinary and with other disciplines, record-keeping asserted crucial for the patient's care decision making and safety as it guaranteeing the continuity of care through effective, improving valuable communication, and collaborative management among healthcare professionals Jefferies, *et al.*, (2010) ^[2]. Record-keeping is described as a vital factor in the nursing quality improvement and promotion as well as efficient aspect in nursing practice transparency and accountability Potter. P, (2012) ^[3]. Effective nursing practice requires detailed and legible record-keeping that is comprehensive, timely and accurate. Without complete recording there is no evidence to prove that care was provided to the patient, and in nursing practice there is a saying that 'what is not recorded has not been done' Marinic (2015) ^[4].

According to a survey done by World Health Organization it has been shown that poor communication between health care professionals is one factor for medical errors Daniel, *et al.* (2008) ^[5]. Nursing documentation should show the rational and critical thinking behind clinical decisions and interventions, while providing written evidence of the progress of the patient Blair, *et al.* (2012) ^[6].

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Nurses should also bear in mind, when compiling records that their colleagues rely on the information they record when taking over a patient's care this can resolve any uncertainty over how much to write in patients' notes. The challenges for documentation reported so far, include shortage of staff, inadequate knowledge concerning the importance of documentation, patient load, lack of in-service training and lack of support from nursing leadership Tasew, *et al.* (2019) ^[7]. Documentation should be written with the involvement of the patient or client wherever practicable and completed as soon as possible after an event has occurred. It should provide clear evidence of the care planned, the decisions made, and the care delivered and the information shared Castledine, G. (2006) ^[8].

The Code of Professional Conduct (NMC, 2002) advises that good record-keeping is an essential tool of communication between nurse which states that nurses 'must ensure that the health care record for the patient or client is an accurate account of treatment, care planning and delivery Johnson (2014) ^[9]. covid-19 disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with covid-19 coughs, sneezes, or speaks. covid-19 is a public health emergency of international concern. During the coronavirus outbreak, events will move fast, and a nurse may find difficulty in facing unexpected incidents and adjustments to care plans. Detailed nursing documentation is critical to support skilled care and services for skill full nursing facility providers Vuorinen, *et al.*, (2020) ^[10]. Record-keeping is a practical and indispensable aid to doctor, nurse and paramedical personnel in giving the best possible care to their patients. Recorded facts have value and scientific accuracy for more than mere impression of memory and there are guidelines for better administration of health services and quality of nursing care rendered Weed, L. L. (2014) ^[11].

Methods and Materials

The research approach adopted in the study was quantitative approach by using Univariate descriptive research design. A study was conducted after obtaining the permission from the Principal, Saveetha College of Nursing, the study was conducted. A total of 100 nurses who are working at Saveetha Medical College and Hospitals were selected as samples based on the inclusion criteria. Researcher introduced to the subject and developed the rapport with them. Confidentiality was maintained for each sample while collecting the data. Socio-demographic data was collected from nurses by interview method and the level of challenges in record-keeping experienced by nurses during covid-19 pandemic were done by using structured questionnaire. Data were analyzed by using descriptive and inferential statistics.

Results and Discussion

Table 1 reveals the demographic variables of the

participants. Out of 100 nurses most of the nurses 84(84%) were female, 87(87%) were in the age group of 20 – 26 years, 93(93%) were B.Sc. (N), 54(54%) were working in ward, 93(93%) had 1 – 5 years of work experience and 93(93%) were always keeping record for every patient.

The table 2 shows that the 43(43%) of nurses experienced moderate level of challenges, 31(31%) faced mild level of challenges and 26(26%) faced high level of challenges in record-keeping during covid-19 pandemic (Figure: 1).

The table 3 states that none of the demographic variables had shown statistically significant association with level of challenges in record-keeping experienced by nurses during the covid-19 Pandemic.

This study was supported by Mahony *et al.* (2014) a study on record keeping: challenges faced by nurses of different age group, varying area of work and work experiences. His study results states that excessive time is needed for recording which leaves reduced time for patient care. Thus, all nurses, in any clinical position and at any levels of service are obliged to be offers ample knowledge and skills in the procedural essentials of documentation ^[12]. Another study states that despite numerous efforts by nurse managers to improve record-keeping, inadequate recording remains a global challenge in hospitals which is frequently reported in research findings of many nurse researchers Okaisu *et al.* (2014) ^[13]. Another study conducted by Mutshatshi *et al.* (2018) revealed that nurses do not record their actions to a great extent and they only record observations when there are abnormalities and such incomplete recording may lead people to think that they did not fulfil their duties ^[14].

A study conducted by Khani *et al.* (2016) revealed that fatigue, large number of patients, high volume of nursing actions, lack of continuous monitoring and evaluation, lack of reward system to staff by nursing management were important factors affecting nursing records in hospitals ^[15]. Kim (2011) also identified that work experience of nurses and nature of nursing shifts are other factors that influence timeous record-keeping in public hospitals. The nursing audit of patient records for quality assurance purposes, peer review team meetings, mortality reviews and hospital management meetings continuously led to complaints about the trend of poor record-keeping, despite all efforts to improve record-keeping challenges ^[16]. Despite it was proved that the nature of quality nursing documentation confronted by much uncertainty and lack of knowledge, it was apparent that nursing care documentation is implemented with varying standards and models Gunningberg, L. (2004) ^[17]. Afolayan *et al.* (2013) in their study reveal that unavailability of materials for documentation is a challenge that affects record-keeping in hospitals. Nurses need charts for effective practice of nursing care at a hospital, and these charts are unavailable and hence record-keeping is affected ^[18].

Table 1: Frequency and percentage distribution of demographic variables of nurses during covid-19 pandemic. N = 100

Demographic Variables	No.	%
Gender		
Male	16	16.0
Female	84	84.0
Age in years		
20 – 26 years	87	87.0
27 – 32 years	11	11.0

33 – 39 years	1	1.0
40 – 45 years	1	1.0
Educational qualification		
G.N.M.	2	2.0
B.Sc. (N)	93	93.0
P.B.B.Sc.(N)	4	4.0
M.Sc.(N)	1	1.0
Location of work		
Ward	54	54.0
Intensive care unit	36	36.0
Outpatient department	10	10.0
Others	-	-
Work experience		
1 – 5 years	93	93.0
6 – 10 years	3	3.0
11 – 15 years	3	3.0
More than 15 years	1	1.0
Record keeping for every patient		
Always	93	93.0
Sometimes	3	3.0
Rarely	3	3.0
Never	1	1.0

Table 2: Frequency and percentage distribution of level of challenges in record-keeping experienced by nurses during covid-19 pandemic. N = 100

Challenges in Record-Keeping	Frequency (F)	Percentage (%)
Mild	31	31.0
Moderate	43	43.0
High	26	26.0

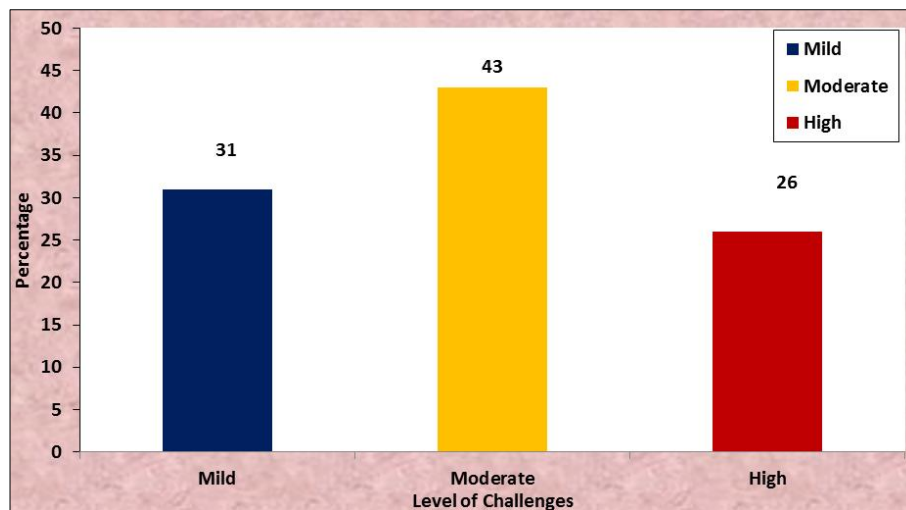


Fig 1: Percentage distribution of level of challenges in record-keeping experienced by nurses during covid-19 pandemic

Table 3: Association of level of challenges in record-keeping experienced by nurses during covid-19 pandemic with their selected demographic variables. N = 100

Demographic Variables	Mild		Moderate		High		Chi-Square Value
	No.	%	No.	%	No.	%	
Gender							c ² =0.446 d.f=2 p = 0.800 N.S
Male	4	4.0	8	8.0	4	4.0	
Female	27	27.0	35	35.0	22	22.0	
Age in years							c ² =6.064 d.f=6 p = 0.416 N.S
20 – 26 years	28	28.0	37	37.0	22	22.0	
27 – 32 years	2	2.0	6	6.0	3	3.0	
33 – 39 years	1	1.0	0	0	0	0	
40 – 45 years	0	0	0	0	1	1.0	
Educational qualification							c ² =4.954 d.f=6 p = 0.550 N.S
G.N.M.	1	1.0	0	0	1	1.0	
B.Sc. (N)	29	29.0	39	39.0	25	25.0	
P.B.B.Sc.(N)	1	1.0	3	3.0	0	0	
M.Sc.(N)	0	0	1	1.0	0	0	

Location of work							$\chi^2=5.225$ d.f.=4 p = 0.265 N.S
Ward	15	15.0	27	27.0	12	12.0	
Intensive care unit	14	14.0	13	13.0	9	9.0	
Outpatient department	2	2.0	3	3.0	5	5.0	
Others	-	-	-	-	-	-	
Work experience							$\chi^2=6.896$ d.f.=6 p = 0.331 N.S
1 – 5 years	29	29.0	41	41.0	23	23.0	
6 – 10 years	0	0	2	2.0	1	1.0	
11 – 15 years	2	2.0	0	0	1	1.0	
More than 15 years	0	0	0	0	1	1.0	
Record keeping for every patient							$\chi^2=3.586$ d.f.=6 p = 0.732 N.S
Always	28	28.0	40	40.0	25	25.0	
Sometimes	1	1.0	1	1.0	1	1.0	
Rarely	1	1.0	2	2.0	0	0	
Never	1	1.0	0	0	0	0	

N.S – Not Significant

Conclusion

The study findings concluded that 43(43%) of nurses experienced moderate level of challenges, 31(31%) faced mild level of challenges and 26(26%) faced high level of challenges in record-keeping and that none of the demographic variables had shown statistically significant association with level of challenges in record-keeping experienced by nurses during the covid-19 Pandemic. Based on the current study findings further studies can be conducted on the larger scale, another study to compare the level of challenges in record-keeping experienced by nurses in government hospitals and private hospitals. Similar study can be done to compare the level of challenges in record-keeping experienced by nurses in manual record-keeping and electronic record keeping.

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