

OPTIMIZING THE QUALITY OF NURSING CARE DOCUMENTATION THROUGH NURSING SUPERVISION TRAINING IN THE INPATIENT ROOM OF RSIA BUNDA DENPASAR

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ABSTRACT

Background: Hospitals are health service organizations providing integrated care by professional caregivers, including doctors, nurses, nutritionists, and pharmacists. Nursing care documentation is essential for patients, nurses, and the entire health team involved in service delivery. Complete documentation supports continuity of patient care, facilitates coordination among professionals, and contributes positively to patient safety. Therefore, the completeness of nursing documentation plays an important role in improving the overall quality of health services provided by hospitals in daily clinical practice settings.

Subjective: This study aims to determine the optimization of the quality of nursing care documentation through nursing supervision training at RSIA Bunda Denpasar.

Methods: This study uses a pre-experiment method with a one group pre-test post test design. This study included a population of 38 nurses on duty in inpatient and the sample in this study was taken with a total sampling technique of 38 people. This study uses the wilcoxon signed rank test.

Results: The results of the Wilcoxon signed rank test obtained a significance value of < 0.005 for each variable so that supervision training was obtained to be able to optimize the quality of nursing care documentation through nursing supervision training in the Inpatient Room of RSIA Bunda Denpasar.

Conclusion: Based on the research conducted, it can be concluded that the provision of proctor and reflective model supervision training is able to optimize the quality of nursing care documentation through nursing supervision training in the Inpatient Room of RSIA Bunda Denpasar.

Keywords: Documentation, Nursing Care, Supervising Nurses, Training.

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BACKGROUND

Nursing documentation is one of the evidence in the form of records which contain important data that is valid and needed by nurses when determining diagnoses, this data is very important for clients (patients), nurses, and for other health workers as the responsibility of nurses. Nursing documentation is one of the recording or documentation activities in the form of images of an event and activities that have been carried out (carried out) by nurses in the form of very important and valuable services (Duhaling et al., 2023).

This documentation is important because the nursing services provided to clients contain records and reports that can be used as responsibilities and liabilities from various possible problems experienced by clients, both satisfaction and dissatisfaction with the services provided (Ginting, 2019).

Because important information related to their treatment and health conditions is neglected. Inefficient and ineffective documentation due to inadequate quality and accuracy causes communication errors between nurses and other professions (Manuhutu, Novita, & Supardi, 2020).

So that to improve the quality of nursing care documentation, nursing supervision is carried out. Supervision is a direct and periodic observation by superiors of the work done by subordinates, if problems are found, immediate assistance is given to overcome them (Tokan, 2020)

The impact of the lack of documentation standards for nursing care can make the quality of nursing care poor, lack of accountability to patients, no information on individual protection, no evidence of nursing practice, lack of communication in nursing care, inconsistency in costs, and lack of planning for nursing health services in the future. The incompleteness of nursing care documentation can be caused by several factors, namely lack of supervision or supervision so that it is difficult for nurses to carry out effective but efficient documentation, the level of education, training related to documentation, and lack of motivation to carry out the documentation process (Rahmayanti, Mahdarsari, Maurissa, Yuswardi, & Yusuf, 2024).

OBJECTIVE

This study aims to determine the optimization of the quality of nursing care documentation through nursing supervision training at RSIA Bunda Denpasar

METHODS

Study Design

This study uses a pre-experiment method with a one-group pre-test post test design

Setting

The population in this study is all inpatient nurses in the Inpatient Room of RSIA Bunda Denpasar as many as 38 nurses.

Research Subject

Sampling selection using simple random sampling technique with inclusion and exclusion criteria

Inclusion criteria:

- a. Nurses who are willing to be responders
- b. Implementing nurse on duty in inpatient
- c. Nurses who have never received supervision training

Exclusion Criteria:

- a. Head of the nursing room

Instruments

The instruments used to evaluate the Optimization of the Quality of Nursing Care Documentation Through Nursing Supervision Training in the Inpatient Room of RSIA Bunda Denpasar are nursing care instruments and supervision instruments in the form of questionnaires.

Intervention (this heading is only for experimental studies)

The intervention provided in this study was in the form of supervision training with a proctor and reflective model for one month.

Data Analysis

The data analysis technique used in this study is a data analysis technique using a multivariate test with a multiple logistic regression test with a significance of <0.05

Ethical Consideration

This research has passed the ethics test with number No.379/EA/KEPK-BUB-2024. Researchers in carrying out research adhere to research ethics which consist of five principles, namely:

- a. Self Determination

This principle gives autonomy to respondents to determine their participation in the research. Before data collection is carried out, the researcher will provide clear information to prospective respondents.

- b. Anonymity and Confidentiality

The researcher is responsible for maintaining the anonymity of the respondent by not including the identity of the respondent but using the respondent code. Meanwhile, the implementation of the principle of confidentiality is carried out by the researcher by maintaining all information obtained from the respondents and ensuring the use of the information only for research purposes.

- c. Privacy and Dignity

The researcher maintains the privacy and dignity of the respondents by respecting every data provided by the respondents and only using the data provided for research purposes.

- d. Fair Treatment

The application of the principle of fair treatment means respecting the equal right of every individual to engage in research without discrimination.

- e. Protection from Discomfort and Harm

This principle considers the comfort of respondents both physical, psychological, and social comfort during the study.

RESULTS

Table 1.1 Results of Respondent Characteristics

Category	Frequency	Percentage
	y	
Gender		
- Male	16	42,1
- Female	22	57,9
Education		
- DIII Nursing	16	42,1
- S1/ Ners	22	57,9
Working Period		
- < 1 th	4	10,5
- 2-3 th	19	50
- > 3 th	15	39,5
Total	38	100%

Based on the results of table 1.1, the majority of respondents who have a female gender are 22 people with a percentage of 57.9%. Based on education, the respondents had the majority of S1/Nurse education as many as 22 people with a percentage of 57.9%. Based on the working period, the majority of nurses have a working period of 2-3 years, as many as 19 people with a percentage of 50%.

Table 1.2 Results of Respondent characteristics

Category	n	Mean	Min	Max
		±SD		
Age	3	27,84 ±	24	32
	8	2,31		

Based on the results of table 1.2, the average age of the respondents in this study was 27 years.

Table 1.3 Results of the Nursing Care Questionnaire

Category	Frequency	Percentage
Pre Test		
- Incomplete	24	63,2
- Complete	14	36,8
Post Test		
- Incomplete	5	13,2
- Complete	33	86,8
Total	38	100%

Table 1.3 Results of the Nursing Care Questionnaire, the majority of respondents in the pre-test obtained that some respondents carried out incomplete nursing care as many as 24 people with a percentage of 63.2% and after the supervision training and post-test were carried out, the results of the completeness of nursing care were obtained by the majority of 33 people with a percentage of 86.8%.

Table 1.4 Results of the Nursing Supervision Questionnaire

Kategori	Frekuensi	Persentase
Pre Test		
- Not	21	55,3
Implemente		
d		
- Implemente	17	44,7
d		
Post Test		
- Not	12	31,6
Implemente		
d		
- Implemente	26	68,4
d		
Total	38	100%

Based on the results of table 1.3, the majority of respondents in the pre-test obtained the results of not applying supervision as many as 21 people with a percentage of 55.3% and after conducting supervision training and post-test, the results of implementing the majority of supervision were obtained as many as 26 people with a percentage of 68.4%

Tabel 1.5 Results of Wilcoxon Signed Rank

Kategor	n	Mea	±S	Zscore	P_{value}
i	n	D			
<i>Pre Test</i>	3	1,44	0,5		
	8		0	-4,1	0,00
<i>Post</i>	3	1,68	0,4	46	0
<i>Ttest</i>	8		7		

Based on the results of the Wilcoxon signed rank test, it was obtained that the significance value of each variable had a significance value of < 0.005 so that supervision

training was obtained to be able to optimize the quality of nursing care documentation through nursing supervision training in the Inpatient Room of RSIA Bunda Denpasar.

DISCUSSION

Based on the results of the Wilcoxon signed rank test, the significance value of each variable was obtained with a significance value of < 0.005 so that supervision training was obtained to be able to optimize the quality of nursing care documentation through nursing supervision training in the Inpatient Room of RSIA Bunda Denpasar. Supervision training is very important to be carried out in hospitals to improve nursing performance. One of the efforts made is to apply a proctor and reflective supervision model. Proctor supervision is the most recommended supervision model in supervision training. Supervision of the Proctor model can improve clinical services that have an evidence base, can provide adequate support to clients. The supervision of the Proctor model has several functions in directing the supervised nurses, namely normative, formative and restorative functions that are effectively applied in nursing services. According to the researcher, the application of normative functions is useful for developing patient care related to professional nursing practices, formative functions increase self-awareness through educational roles so that they can carry out service activities by paying attention to patient safety, and through the application of restorative functions carried out by the head of the room through the provision of support and effective communication so that nurses can be motivated to carry out activities to patients who meet clinical standards and develop the professionalism of nursing supervisors (Ponco Nugroho & Sujianto, 2017).

The combination of implementing the Proctor supervision model is highly effective in improving the quality of healthcare services. One of them is by applying a reflective model. In the supervision of the reflective model, there is a reflection process led by a supervisor, where the supervisor will use trigger questions. Through this active reflection process, a supervisor can guide the nurse because the nurse will better understand the nursing practice being carried out. This can happen because in the supervision of the reflective model, the evaluation process must be prioritized to find out what must be improved or improved and there is no culture of judgment (Orenta Sidauruk, 2020).

So that supervision is an important part to help improve good clinical governance by providing support for the provision of safe and effective health services, so it is very important to improve the clinical supervision process (Widiyanto, Hariyati, & Handiyani, 2013).

CONCLUSION

Based on the research conducted, it can be concluded that the provision of proctor and reflective model supervision training is able to optimize the quality of nursing care documentation through nursing supervision training in the Inpatient Room of RSIA Bunda Denpasar.

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CONFLICTS OF INTEREST

There is no conflict in the implementation of this research.

REFERENCES

Duhaling, M., Haskas, Y., Nani, S., Makassar, H., Perintis, J., & Viii, K. (2023). Gambaran Pendokumentasian Asuhan Keperawatan Di Rsud Haji Kota Makassar. *Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan*, 3, 2023.

Ginting, C. A. (2019). *Optimalisasi Pendokumentasian Asuhan Keperawatan Sebagai Peningkatan Kualitas Kinerja Perawat*.

Manuhutu, F., Novita, R. V. ., & Supardi, S. (2020). Pendokumentasian Asuhan Keperawatan Oleh Perawat Pelaksana Setelah Dilakukan Pelatihan Supervisi Kepala Ruang Di Rumah Sakit X, Kota Ambon. *Jurnal Ilmiah Perawat Manado (Juiperdo)*, 8(01), 171–191. <Https://Doi.Org/10.47718/Jpd.V8i01.1150>

Orenta Sidauruk, T. K. Dan L. S. (2020). Perbandingan Supervisi Model Proctor Dan Model Reflektif Dalam Meningkatkan Mutu Pelayanan Keperawatan Di Ruang Rawat Covid-19. *Universitas Muhammadiyah Jakarta, Universitas Indonesia*, 8(2), 102–114.

Pius Kopong Tokan1, M. S. S. (2020). 7.+Vol+5.+Ed.1+-+Pius+Tokan+-+Page+61-69+Online. *Jurnal Kesehatan Primer*, 5(1), 61–69.

Ponco Nugroho, S. H., & Sujianto, U. (2017). Supervisi Kepala Ruang Model Proctor Untuk Meningkatkan Pelaksanaan Keselamatan Pasien. *Jurnal Keperawatan Indonesia*, 20(1), 56–64. <Https://Doi.Org/10.7454/Jki.V20i1.348>

Rahmayanti, C. R., Mahdarsari, M., Maurissa, A., Yuswardi, & Yusuf, M. (2024). Pendokumentasian Asuhan Keperawatan: Studi Observasi Di Ruang Rawat Inap. *Jurnal Penelitian Perawat Profesional*, 6, 1767–1778.

Widiyanto, P., Hariyati, T., & Handiyani, H. (2013). Pengaruh Pelatihan Supervisi Terhadap Penerapan Supervisi Klinik Kepala Ruang Dan Peningkatan Kualitas Tindakan Perawatan Luka Di Rs Pku Muhammadiyah Temanggung. *Prosiding Konferensi Nasional Ppni Jawa Tengah*, 44–51. Retrieved From <Http://Jurnal.Unimus.Ac.Id/Index.Php/Psn12012010/Article/Viewfile/848/902>