Record keeping: self-reported attitudes, knowledge and practice behaviours of nurses in selected Cape Town hospitals

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Introduction

South African law holds nurses accountable for their acts and omissions and all documentation pertaining to patient care may serve as evidence in a court of law or at South African Nursing Council (SANC) hearings. Documentation can confirm or refute negligence and therefore should be an accurate and current reflection of what happened to the patient, particularly as litigation often arises long after care was rendered.

The objective of this study was describe the self-reported attitudes towards, knowledge of and practice behaviours of nurses, and the association between these factors and selected variables (category of nurse, gender, hospital sector, years of experience after registration/enrolment, day/night shift and practice discipline) relative to record keeping.

This is a short summary of a Master of Science degree research project.

Method

This was a quantitative, nonexperimental study design set in three tertiary government hospitals and three private hospitals in the Cape Town Metropole, South Africa. The study used a cross-sectional survey method to describe attitudes, knowledge and practice behaviour against predetermined measurement scales. Stratified random sampling and a questionnaire were used, with a 52.5% (186/354) response rate. Logistic regression models were fitted to determine factors associated with attitudes, knowledge and practice behaviour, fitted as binary dependent variables, each in a separate model. Strength of association was expressed as an odds ratio (OR), and a p-value of 0.05% was considered significant.

Results

Demographically, the sample consisted of 92 registered Nurses (RNs), 42 enrolled nurses (ENs) and 50 enrolled nursing auxiliaries (ENAs) of which 94.6% (n = 176) were female and 4.3% (n = 8) male. The mean age of all respondents was 42.3 years (range 23 to 64) and 48.9% (n = 91) of the respondents had more than 15 years of experience after registration/enrolment. Of the 186 respondents, 54.9% (n = 102) worked in government hospitals, comprising 53 (52.0%) RNs, 25 (24.5%) ENs and 22 (21.6%) ENAs. The 45.2% (n = 84) private hospital respondents consisted of 39 (46.4%) RNs, 17 (20.2%) ENs and 28 (33.3%) ENAs. Most respondents (18.8%, n = 35) worked in surgical units and on day duty (70.4%, n = 131).

A predominantly positive self-reported attitude was evident towards record keeping (71.7%, n = 132/184). The negative attitude ratio in the private sector (58.49%, n = 31/53) was higher than in the government sector [41.5%, n = 22/53; OR = 2.05, 95% confidence interval (CI) = 1.04-4.03, p-value = 0.04]. A larger ratio of respondents working day duty reported a negative attitude (60.0%, n = 30/50), compared to those working night duty (40.0%, n = 20/50; OR = 2.17, 95% CI = 1.07-4.42, p-value = 0.03).

Although adequate knowledge levels relative to record keeping were reported by the majority of respondents (74.9%, n = 137/183), there were some knowledge deficits. Inadequate knowledge level ratios were more evident among ENAs (45.7%, n = 21/46) when compared to RNs (30.4%, n = 14/46; OR = 4.18, 95% CI = 1.87-9.32, p-value = 0.00).

Similarly, acceptable levels of self-reported record keeping practice behaviour were reported by the majority of respondents (68.3%, n = 125/183). A higher ratio of unacceptable practice behaviour was reported by RNs (39.7%, n = 23/58) when compared to ENs (34.5%, n = 20/58; OR = 2.73, 95% CI = 1.27-5.88, p-value = 0.01).

The most prominent practice behaviours reported by respondents included making use of a combination of record keeping approaches when keeping records,
having regular record keeping audits, having sufficient supervision relative to record keeping, reading what other nurses have written and nurses writing in the progress notes themselves.

The three top-ranked barriers to effective record keeping were interruptions while keeping records, insufficient time-effective record keeping and a lack of confidence in the ability to keep accurate records.

**Conclusion**

Although respondents, particularly RNs, reported predominantly positive attitudes towards adequate knowledge of and acceptable practice behaviour relating to record keeping, there are concerns that the deficiencies among ENs and ENAs may have serious implications for patient safety for both the government and private health sectors.

In summary, the study identified deficiencies in record keeping attitudes, knowledge and practice behaviours. The identified deficiencies could be used to implement strategies to improve record keeping.