

Nursing Records: Factors that May Contribute to Deficiencies in Reports on Wound Dressings

Lucimeire Fermino Lemos*, Maria Alves Barbosa, Alessandra Rodrigues De Almeida Lima, Regiane Aparecida Da Silva Souza Barreto, Karina Suzuki and Marinésia Aparecida Do Prado

Universidade Federal de Goiás, Brazil

*Corresponding Author: Lucimeire Fermino Lemos, Universidade Federal de Goiás, Brazil.

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Abstract

Introduction: Defined as the act of transcribing, records support research in several areas. In health care the nursing team produces a lot of information about the patient care and is responsible for more than 50% of the information contained in the patient's medical record. The need to register complete and concise records is underscored.

Objective: Identify factors that may contribute to deficiencies in records of wound dressings made by nurses.

Method: Descriptive exploratory study with a quantitative approach, carried out in a teaching hospital located in the Centre-West Region of Brazil. Using a questionnaire containing open and closed questions, 56 healthcare nurses were interviewed.

Results: As for the execution of registration of nursing actions in medical records, it was found that less than half of them (48.2%) reported some difficulty. Most participants reported difficulties motivated by personal, operational and professional preparation aspects, in reporting dressings. Lack of time and human resource, overwork, difficulties in accessing the patient's medical record, interruptions in procedures, and lack of guidance are factors that contribute to deficiency or absence of records on dressings.

Conclusion: There were factors for the absence of information in records among the studied group. The identification of these motives and their resolutions are the path to offering differentiated qualified service. Continuing education measures are recommended for the qualification of those responsible for the records, as well as a reorganization of activities carried out by nurses in the inpatient units.

Keywords: Records Control; Nursing Records; Nursing

Introduction

Defined as the act of transcribing or simply registering an action [1] records are present in our daily lives, being relevant to all areas of knowledge. Records support research in several areas, including monitoring the economy, agriculture, and population growth [2], making surveillance and epidemiological assessments of the population possible [3,4].

In health care, reports are made in the medical record - a document that contains a large volume of information about the patient [5]. The nursing team stands out among health professionals in the practice of patient care, as they perform the most actions involving the patient, considering that patients remain in the hospital 24 hours and require constant care during this time [6]. As a result, nursing produces a lot of information related to patient care, so it is estimated that nursing is responsible for more than 50% of the information contained in the patient's medical record [7].

It is also important to note that the correct registration of procedures may translate to a reduction in expenses or an increase in hospital billing [8]. Conversely, the lack of adequate documentation can have implications for the quality of care and patient safety [9]. Therefore, the need for these professionals to register complete and concise records is underscored [10].

These records consist of a form of written communication, information relevant to the patient and the care provided by the nursing team, which, in addition to enabling effective communication between the nursing team and other professionals involved in the care, supports the execution of the patient care plan, provides support for evaluation of the care provided, monitoring of the evolution of the patient’s condition, and nursing audits, as well as collaboration with teaching and research [11].

Deficiencies in the records of activities performed by nurses, such as: procedures performed, description of the evolution of treatment, and adequate communication with the team, can result in health incidents, including adverse events (AE) such as injuries, errors in the administration of medication, and/or death of the patient [12].

These considerations motivated this study, which aimed to identify factors that may contribute to the lack of records on dressings made by nurses.

Methods

This is a descriptive study with a quantitative approach. Patient care nurses working in inpatient units were included in the study, and those who worked in administrative areas or in units where hospitalization does not occur were excluded, for example, the ambulatory and surgical centers, as well as those who were on vacation or leave during the period in which the collection occurred.

Considering 95% confidence intervals and 5% margin of error, in the population of 70 nursing assistants in the inpatient units participating in the study: Surgical, Medical, Orthopedics, Maternity, Pediatrics, Tropical, Intensive Care, Pediatric Emergency and Emergency services, a sample of 60 nurses was calculated. However, after four losses due to refusal, the sample consisted of 56 nurses.

Data collection was completed in 2015 by the researcher and research assistants, previously trained undergraduate nursing students. A questionnaire with open and closed questions was prepared and applied among nurses, after a pilot test to verify the instrument’s conformity with regard to content, form and adequacy to the research objective.

For the scope of this study, primary data were used on the socio-demographic and labor characteristics of nurses, corresponding to the variables: sex, education, length of professional practice, employment relationship, knowledge of nursing records, and notes. The variables were presented with their frequencies and percentages and the analyzes of associations between them were made using the Chi-square test or the Proportion Difference Test (p value ≤ 0,05).

The project was evaluated by the Research Ethics Committee of Clinics Hospital/Hospital das Clínicas, Federal University of Goiás/ Universidade Federal de Goiás, and obtained approval according to Decision 616.998/14.

Results

In this study, 56 nurses participated, representing 80% of the total number of nursing assistants at the study institution, this group being mainly composed (87%) of women, with a specialization (48.2%) and with a statutory employment relationship (80.4%) (Table 1).

| Variable | Nurses n (%) | P* |
|---------------------------------|--------------|---------|
| Sex | | |
| Male | 7 (12.0) | < 0.001 |
| Female | 49 (87.0) | |
| Education | | |
| Undergraduate | 10 (17.9) | |
| Specialization | 27(48.2) | |
| Academic Master | 11 (19.6) | < 0.001 |
| Professional Master | 5 (8.9) | |
| Doctor | 3 (5.4) | |
| Type of employment | | |
| Statuary | 45 (80.4) | |
| Other | 11 (19.6%) | < 0.001 |
| Possess other employment | | |
| Yes | 26 (46. %) | |
| No | 30 (53.6%) | < 0.001 |

Table 1: Percentage of nurses participating in the study, according to sex and professional profile. Goiânia-GO, 2015.
*Chi-square significance level < 0.05.

Table 2 illustrates data related to nurses’ activities with regard to the treatment and registration of wounds.

| Activities | Yes n (%) | No n (%) | Sometimes n (%) | Not Reported n (%) |
|--|------------|-----------|-----------------|--------------------|
| Prescription of dressings | 38 (67.9%) | 8 (14.3%) | 9 (16.1%) | 1 (1.8%) |
| Performing wound treatment | 44 (78.6%) | 4 (7.1%) | 6 (10.7%) | 2 (3.6%) |
| Description of wounds | 46 (82.1%) | 2 (3.6%) | 7 (12.5%) | 1 (1.8%) |
| Classification of wounds | 48 (85.7%) | 4 (7.1%) | 3 (5.4%) | 1 (1.8%) |
| Description and quantification of consumables used | 34 (60.7%) | 9 (16.1%) | 12 (21.4%) | 1 (1.8%) |

Table 2: Distribution of nurses according to activities reported in relation to wound treatment. Goiânia-GO, 2015.

As for the execution of registration of nursing actions in medical records, it was found that 23.2% have no difficulty in writing, 48.2% reported having some difficulty, 23.2% occasionally have difficulty and 5.4% did not report.

Figure 1 illustrates the main justifications of nurses regarding the absence of records in the medical records.

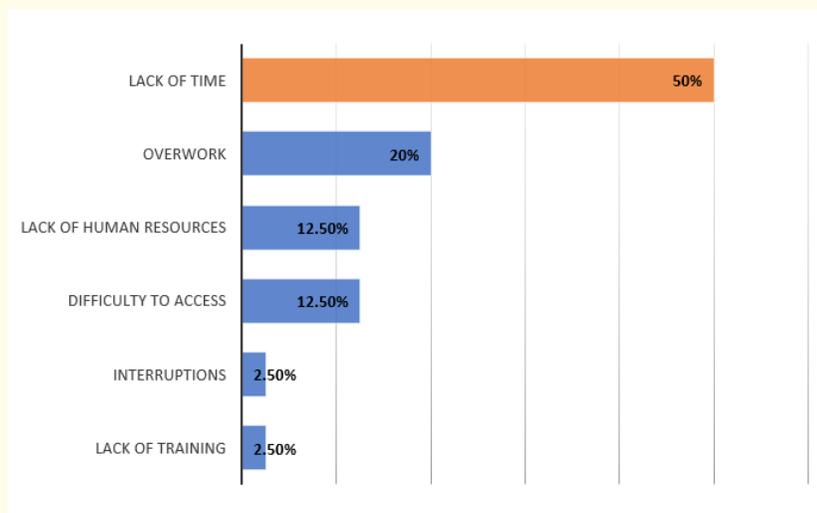


Figure 1: Justifications presented by nurses regarding the absence of medical records. Goiânia, Goiás, 2015.

Discussion

There was greater participation of female professionals, because the nursing profession is dominated by women. This fact can be easily evidenced by several national studies [13-15]. Historical events contributed to the social division of nursing work, which, according to some authors [16], made women responsible for the care activities provided to patients, children and the elderly. The preference of the female gender in the pursuit of the profession stems from the practice of nursing being accepted in society as a female action, attributing to the female gender the ability to develop caring skills, a fact also reported by other cultures [13].

Most respondents took graduate level courses. This information demonstrates the institution’s policy of valuing the training of professionals. A study conducted in teaching hospitals in Paraná obtained a similar result, in which the population was composed of nurses

with professional experience and complementary training. This result would be related to the fact that the interviewees work in teaching hospitals that are linked to universities where training is incentivized [17]. A similar result was found in a study performed in two federal educational institutions in Minas Gerais, which revealed that 83% of the professionals interviewed in that study had postgraduate certification [16].

With regard to employment, a statutory relationship can confer certain security to the professional; whereas, low wages in the sector may be the main reason for seeking a second job. This result is in accordance with the national context, in which job accumulation is a characteristic of hospital nurses, as the growth of multi-employment due to low wages is a trend in the labor market. This condition, found more frequently in the public sector, is described as a risk factor for the condition of occupational stress and the negative conditions resulting from this situation [18,19].

In a university hospital in São Paulo, it was found that long working hours, with breaks in between shifts of 36 or 60 hours, allow nursing professionals to dedicate themselves to more than one productive activity. However, long hours can lead to exhaustion and fatigue, which can affect the care offered to patients, increasing the risk of errors [19].

Every activity performed must be duly registered. The complete registration, with signature and rubric, is an ethical responsibility [13]. However, our results indicate that professionals found it difficult to execute their recording. The causes identified were: lack of time, overwork, lack of human resources, difficulty in accessing medical records, lack of guidance on how to record, and constant interruptions in procedures.

Overwork was also verified in a study conducted in the ICU of a philanthropic hospital which identified that the work overload caused by double employment and high turnover of professionals in the sector, causes weaknesses in nursing notes, such as a large amount of erasures, absence of information, and the lack of identification of professionals [20].

Administrative problems, such as the lack of organization of the work schedule, with uneven distribution in the performance of heavier tasks, was attributed as the possible cause for overwork and occupational disorders in another study [21].

Another study whose objective was to determine the perception of nurses about their records, identified the scarcity of human resources, the lack of time to carry out recording, and the excess of administrative-bureaucratic activities, such as limitations to access to the records. As a result, this study also showed that there is an idea that nursing is seen as a support service for other health professionals, especially doctors [22].

The reduced number of nursing professionals, and the lack of time and knowledge, can interfere in the quality and safe performance of actions, and are weighted when considering the indicators of quality in nursing care [16,23].

In this study, a lack of human resources was reported by 12.5% of nurses as a cause for difficulty in registering. However, staff right-sizing was previously performed at the same institution, and previously identified the need for quantitative readjustment of the professional staff, as it detected a deficit of nurses in all inpatient units [24].

Another factor referred to as difficulty in registering by nurses was related to the lack of access to the patient's medical record. At the time of data collection at this institution, the medical record was not yet computerized and since it is a teaching hospital, with the medical record handled simultaneously by several professionals, access is more difficult. This fact can generate stress in the team, in addition to making the work process less effective. A similar problem was discussed in a study that verified the quality of the records from the point of view of the multidisciplinary team, where both the collective research and the difficulty of access were factors identified as hindering the preparation of the records [10].

Other causes were also pointed out, such as the lack of guidance for registration and frequent interruptions during the procedures performed by the nurse, these being previously reported in some studies [25,26].

The lack of guidance on how to register leads to the need for continuing education on this topic, also identified in another study [27].

This survey showed that nursing is involved in several patient care activities and due to the lack of time and overwork, these activities are not reported in their entirety. What is not registered becomes as if it had never been done, and given that, it is possible to say that nursing services perform much more work than can be measured by their records. It is believed that the reasons can be explained both by the lack of structure in the institution, and by the existence of non-standardized work processes. A study conducted at a university hospital in Rio de Janeiro also showed that a lack of adequate infrastructure for nursing activities in health institutions, associated with the growing demand for nursing activities, caused fundamental elements of the quality standards of the records to be neglected [28].

Still corroborating the data found, another investigation cited the high demand for services, the deficit in continuing education, the lack of motivation related to the poor working conditions, in addition to the low salary, the complexity of the language, and the ineffective communication of the team, as possible factors that may influence the low quality and lower performance with regard to nursing records [29].

Conclusion

The factors found for the absence of information in records among the studied group were: lack of time, overwork, lack of human resources, difficulty in accessing medical records, lack of guidance on how to record, and constant interruptions in procedures. The identification of these motives and their resolutions are the path to offering differentiated qualified service. It is suggested that more studies be performed to solve this problem, as well as the adoption of measures such as continuing education, to include qualification of the actors responsible for the records.

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