Differences in Clinical Competence and Knowledge in Nursing Processes Before and After Intervention Between Supervisor and Nurse in The Hospital Ward

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The performance requires nurses to primarily provide care in applying the nursing process. The process of supervision is to mentor the nurses so that care is applied in accordance with the standards. The research objective was to determine differences in knowledge and skills of nurses and completeness of documentation before and after the nursing intervention guidance and supervision is given. This research was conducted in patient wards at Immanuel Hospital in Bandar Lampung in October-November 2019. The population is 165 nurses, with a sample of 50 nurses who worked at least 5 years. The research result shows an increase of the average value of knowledge and skills and completeness of documentation after the guidance and supervision interventions. There is a significant difference in the average value of knowledge and skills and nursing documentation and completeness before and after the intervention guidance and supervision. The results also are used to reach the ability and skills of nurses to the hospital standards. It also could be the basic for ongoing practice supervision in hospitals in Lampung.

Key words: *Guidance, Supervision, Knowledge, Skills and Documentation.*

Introduction

A nurse's duty is to mainly provide nursing care ranging from assessment, nursing diagnosis formulation, planning, implementation, evaluation and documentation (Nursalam, 2011). These basic concepts of the nursing process are very important basic sciences to be owned by a nurse (Syafridayani, 2019).

Each stage of nursing care requiring specialised knowledge and skills. The process of supervision is to mentor so that the nurses provide nursing care in accordance with the standards. The principle of supervision is that the skills and knowledge of nurses should be improved throughout their career; knowledge and skills continuing to improve so enable nurses to interact and cooperate with other professions, knowledge and skills can be accountable by nurses, and the supervision training must continue to be developed and implemented in nursing services (Butterworth & Faugier, 2013; Karmila, Lester, & Herath, 2017; Susilawati & Fredrika, 2019). The method used is direct observation at the time of the nursing interventions, documentation and reflection, observation indirectly is through documentation and feedback from a working team. The performance of nurses is successful when the nursing staff has reached performance in accordance with established standards and assessed with the standards agreed. Evaluate the performance of nurses used by Nursing Standards, refers to the stages of the nursing process that include: assessment, nursing diagnosis, planning, implementation and evaluation of nursing care as applied in patients daily (Gero, 2018; Nur & Haksama, 2016; Marquis & Huston, 2013). The purpose of this study is to measure differences knowledge and skills of nurses and nursing documentation before and after intervention guidance and supervision is applied.

Methods

This research was conducted in the Inpatient Room according to the area of the enumurator as supervisor. This research carried out in October-November 2019. There are eight selected Enumurators consisting of the Head of Nursing, Nursing Supervisors and staff of Education and Training Division, The population in this study is 165 nurses, the number of samples 50 nurses with the criteria have worked 5 years in inpatient unit. (Notoatmodjo, 2012).

Data collection tools in this quantitative study are developed by researcher based on a concept Donna Davenport, 2013, include the form of an assessment of knowledge, form of skills measurement, form of the nursing documentation completeness and form nurse satisfaction. Techniques of data collection are divided into four stages: the preparatory phase by organising a shared understanding with the supervisors, pre-intervention phase by measuring the knowledge and skills of nurses and completeness of documentation through supervision by using the assessment form, before the interventions. Having the results, then guided again aspects discovered not reach the standart during the first supervision by enumurator. Supervisors conduct another measurement (post-intervention) after completion the guidance by the direclty supervising.

Univariate analysis to look at the frequency distribution of knowledge and skills of nurses, found nursing documentation completeness before and after the intervention with 95% confident interval. Bivariate analysis performed to measure the differences in knowledge and skills of nurses before and after the guidance and supervision, nursing documentation difference before and after guidance and nursing supervison, using methods dependent sample t-test.

Results

The results of this research include comparing an average value of knowledge and skills, the average value of the nursing documentation and satisfaction of nurses, as well as the result of the difference before and after the intervention guidance and supervision. Based on Table 1. The results of the analysis showed that at the time before the guidance and supervision intervention, the highest of nurses who have knowledge and skills are not good, is 28 (56%) with the average value of 1869.64. At the time after the guidance and supervision intervention, the highest data was a value of 28 (56%) with the average value of 2059.30. The results of the analysis showed that before to the guidance and supervision, the highest number of incomplete documentation was 26 people (52%) with an average value of 2234.12. At the time after guidance and supervision, the highest level of incomplete documentation 25 people (50%) with an average value of 2495.30.

Table 1. Frequency Distribution of Knowledge and Skills of Nurses

Knowledge and Skills	result					
	Prior Guidance and Supervision			After the Guidance and Supervision		
	F	P	*mean*	F	P	*mean*
Lack of Knowledge and Skills	28	56%	1869.64	28	56%	2059.30
Good Knowledge	22	44%		22	44%	

The analysis shows that at the time after the guidance and supervision of nursing interventions the same value was obtained between satisfied nurses with not satisfied nurses was 25 (50%). The average knowledge and skills before the guidance and supervision intervention is 1869.64 with a standard deviation 81.86 and standard error 11.57. After the guidance and supervision, the average knowledge and skills is 2495.30 with a standard deviation 68.91 and standard error 9.74. The average value of the difference between before and after is 189.86 with a standard deviation of 20.60. Statistical test results obtained a value of 0.00, so it can be concluded there is a significant difference between the knowledge and skills before and the knowledge and skills after the intervention of the guidance and supervision of nursing.

On average completeness of the nursing documentation before is 2234.12 with a standard deviation of 215.82 and standard error 30.52. After guidance and supervision, the average completeness of nursing documentation is 2495.30 with a standard deviation of 44.52 and standard error of 6.29. The average value of the difference between before and after is 261.180 with a standard deviation of 20.60. Statistical test results obtained value of 0.00, it can be concluded there is a significant difference between the completeness of the nursing documentation prior to, and the the completeness of the nursing documentation after the guidance and supervision of nursing interventions.

Discussion

Respondents' condition before the intervention guidance and supervision have been applied have a good knowledge of and skills in the nursing process. This is due to respondents having five years of work, continuously applying nursing processes, and repeatedly experiencing performance assessment using the standardised scoring system for the nursing process. The system is already oriented to the career nurse performance capabilities, including application of the nursing process. Nursing documentation conditions have also been included in either category in the time before the intervention of filling the nursing documentation that are already integrated with other health teams and form the basis for work sustainability in the nursing profession and other professions. Completeness, and accuracy and speed of filling the nursing documentation, were also rated at the time of the nurse performance assessment. Many studies support these results, as research conducted by Purba N. A (2019) showed that amongst most personnel and nurses, motivation and knowledge are the most dominant influences on nursing documentation completeness. Clara (2016), Marwa, (2019) showed no significant relationship between motivation, supervision and rewards in the quality of nursing care documentation. Supervision is a dominant factor in the quality of nursing care documentation; 'indicates the factors of knowledge and motivation of nurses are the most dominant influences on the completeness of the documentation when nursing.

Supervision will observe the knowledge and skills of people who supervised, advising and motivating observed that staff are able to develop themselves. Process guidance is made by starting with a planning meeting between the supervisor with the respondent for choosing time for guidancing and aspects will be guided and supervised. After the supervision is done, then the respondent and supervisors evaluate the process and the results, then certain aspects that should be scaled back, the supervisor will guide, teach all things that are considered necessary in order to increase knowledge and skills. After it left again to apply the knowledge they have learned during the agreed time. At the time of the appointed day, the supervision is done again, especially on the actions that have been previously supervised and given ratings by using a predetermined format (Notoatmodjo, 2009).

Advantages of clinical supervision can be viewed from two aspects, namely, the individual profit and profit organisations. Advantages individual is feeling himself supported, reduce stress,

burnout and illness numbers and do not go in, develop personal skills and professionalism, increase self-confidence and develop skills and knowledge. The advantage for the organisation is; improve the quality of patient care, improve communication between the health care team, especially in the many rooms of cooperation between the health care team, develop nursing practices that improve the quality of nursing patients, desiminination good practice and share learning (Gero, 2018; R. GandaSoebrata, 2001). The results of the Puspitasari, et al. (2018) showed similar results to this study are clinic supervisions can provide a positive impact on nurses' performance both internally and externally. The number of positive effects supervision in hospital clinics can be a reference to the supervision of the clinic continue to be done in the hospital. Research conducted Woran, et al (2019), show there is a relationship between supervision and safety and nurse's performance,

Condition after the intervention, it showed an increase in the ability of the knowledge and skills of nurses and also on the completeness of the documentation marked with the average value increases. It is increasingly proving that clinical supervision positively impact both hospital services are also on the capabilities and skills of nurses. Supervision is shown to improve the ability of individuals clinic nurses and ultimately improve the performance of nursing and hospital (Hidayati & Subriah, 2018; Widiati, 2017).

The results showed that the nurse intervention was not satisfied with this process. Possible causes are not yet accustomed to nurse this process is carried out so that the nurses really feel observed and assessed, may also be done as a teacher with a student method, can also be caused be done in rushed. Many things influence that could be sought guidance method is more suitable for hospital and this program also can be used as a regular agenda for a career of service nurse, maintain and improve the quality of nursing service standards that already exist.

Results are still many who are not satisfied, maybe the guidance system and supervisinya still as a teacher and a student, or as superiors and subordinates, supervision was confusing and troubling because many nursing staff feel traumatised or feel threatened by the process of supervision because they feel watched, scrutinised. They already feel well-trained, worked at least five years, have the knowledge and skills, why should should be monitored and scrutinised again. They felt they work was focus for caring patients, why should a waste of time for supervision activities (Power, 1999). Another factor that does not make satisfied is not agreed assessment indicators, but that the nurses feel forced to obey. This is according to research conductedby Sroyhin, (2019), which shows that the agreed assessment indicators between supervisor and nursing staff, make it easier for nurses to achieve it and they feel clear and responsible for achieving it, finally nurse satisfaction and increased quality of nursing services.

The nurses who experience satisfaction will improve its performance. Satisfaction of nurses can be enhanced activities such as training, monitoring and evaluation, the leader on nurses must maintain the implementation of supervision through educational activities, supportive, and managerial addressed to nurses in order to improve the knowledge, support of the

implementation of nursing care that will have an impact the ability of nurses in performing nursing care. Based on the facts above, the supervision of the work gives satisfaction but the process supervision made unsatisfactory nursing staff.

Results of analysis showed no significant difference between before and after the intervention both at increasing the knowledge and skills as well as the completeness of the nursing documentation. This is because since the beginning it is the results already shown good results so that when given the guidance of the results improved. Supervision has been proved to provide increased capacity of nurses and the results proved by an increase in the average value after intervention and category numbers also increased. Direct supervision of nurses assist, observe and give direction has a direct impact on the motivation to develop and adhere to standards. Interaction supervisors and nurses also are built, the relationship of trust built up and this further increased the knowledge and skills as well (Woran, 2019, Purba 2019)

Supervision makes nurses are trained first as provide nursing services and direct to independent practice nurses (Power, 1999). With the clinical supervision is done with proper nursing care activity is expected to continue ditingkankan in order to become better (Yudhanoorsanti, 2017)

The results of this study are also consistent with the results of research conducted by Mohamed, FR, and Ahmed, HM (2019). which showed that the necessary skills and knowledge to do with the supervision of nurses. The most important factor is finding the right time to supervise and create an atmosphere that is palatable and familiar to supervision. Research conducted by Orozco, et al., (2018). Results supervision do not only improve the knowledge and skills of nurses but also to improving patient safety and quality of hospital services.Research conducted by (Masna, et al., 2017), states that the supervision of the head of the room, the workload, and motivation simultaneously (together) have a significant effect on the performance of nurses.

Supervisory training needs to be done and the meeting of the supervisors should be routinely performed to uniformity pattern of guidance and standards (Karlina, 2019; Mayberry, 1925; Moskowitz, 1946), This is according to research conducted by Widiyanto (2017). There are differences between the groups were given training and are not given the training found the influence of supervision on the quality of care measures.The role of supervision is very important in building a culture of patient safety, so expect the competence of supervision can be improved through training and be able to implement the activities of supervision through outreach programs, mentoring, counseling, and strengthening the role of the committee kesalamatan patient in performing safety culture surveys (Irawan et al., 2017)

Limitations of this study was non-compliance supervisor in carrying out supervision appropriate standards exist and are likely still tolerate weakness par staff, shows kebelumpahaman their supervisors about the activities of supervision and supervisor job description and differences in perception between supervisors with staff about interventions. Internal barriers form demotivating factor, while the external constraints that double work load and yet there is a

routine and periodic program of supervision, monitoring and evaluation of what nursing supervision activities because there has been no rules or policies that govern (Harmatiwi, 2017).

Conclusion

The analysis shows that in the moments before the guidance and supervision, the average value of knowledge and ketrampilam nurse has been good, the documentation has been filled although not yet complete. An increase in the average value of the knowledge and skills of nurses and nursing documentation, satisfaction of nurses showed that nurses are still many who are not satisfied, there is a significant difference between before and after the intervention both at increasing the knowledge and skills as well as the completeness of the nursing documentation.

The results of clinical supervision can also be used to homogenise the ability and skills of nurses so that according to hospital standards. and became the basis of when will be practiced in hospitals in Lampung that the achievement of a career path is really based on an objective assessment of the performance of nurses and have points of good judgment. The theory guidance for nurses who already work and supervision will increasingly be learned, will determine what is suitable find a method to be applied in Lampung Province. The results of this research are used to homogenise the ability and skills of nurses so that according to hospital standards, will improve the quality of hospital services so that the patient and nurse satisfaction can be achieved, improvements career system and hospital services and ultimately allows to add rounds. The ambiance guidance should be built with the atmosphere of a good mentor and by setting a good schedule, clarity competencies to be supervised must be clear and well spoken. The results of this study could also be the basis when going practiced in hospitals in Lampung that the achievement of a career path is really based on an objective assessment of the performance of nurses and have points of good judgment.

For further research, this research may be as additional information material implementation of development activities nursing management and nursing careers through supervision and performance assessment to examine the factors that influence nurses' satisfaction in the guidance and supervision of activities of this, researching abilities and skills. nurses are still very important in the application of the nursing process improved and researching methods are most suitable for use in the process of guidance and supervision in a hospital in Lampung

Table 2. Results of the frequency distribution and Nursing Documentation.

Nursing documentation	result					
	Prior Guidance and Supervision			After the Guidance and Supervision		
	F	P	*mean*	F	P	*mean*
Less Complete Nursing Documentation	26	52%	2234.12	25	50%	2495.30
Complete	24	48%		25	50%	

Table 3. Results of the frequency distribution of nurses' satisfaction after the intervention.

Kepuasan Perawat	Hasil	
	Frekuensi	Presentasi
Kurang Puas	25	50%
Puas	25	50%

Table 4. Results of comparison of average knowledge and skills of nurses

Knowledge and Skills	*mean*	SD	SE	The p-value	N
Prior Guidance and Supervision	1869.64	81.86	11.57	0,00	50
After the Guidance and Supervision	2495.30	68.91	9.74		

Table 5. Results of an average ratio of nursing documentation completeness

completeness of documentation	mean	SD	SE	The p-value	N
Prior Guidance and Supervision	2234.12	215.81	30.52	0,00	50
After the Guidance and Supervision	2495.30	44.52	6.29		

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