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## Impact Of Structured Training Interventions On Nurses' Attitudes Toward Bedside Documentation In Peshawar, Pakistan

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### ABSTRACT

**Background:** Bedside documentation is an essential component of quality nursing care that ensures patient safety, continuity of care, and professional accountability. However, many nurses face challenges such as inadequate training and heavy workloads that affect documentation accuracy and consistency. This study evaluated the impact of a structured training intervention on nurses' attitudes toward bedside documentation.

**Methods:** A quasi-experimental pre-test and post-test design was conducted among 219 registered nurses working in public sector teaching hospitals in Peshawar, Pakistan. Participants received a structured training intervention focused on the purpose, accuracy, and ethical aspects of bedside documentation. Data were collected using a validated 09-item attitude scale administered before and after the intervention. Statistical analysis was performed using SPSS version 25, and the Wilcoxon signed-rank test was applied to compare pre- and post-test scores.

**Results:** A significant improvement was observed in nurses' attitudes toward bedside documentation after the intervention ( $Z = -3.89$ ,  $p < 0.001$ ). The mean attitude score increased from 3.22 (SD = 0.29) to 3.93 (SD = 0.16), with a large effect size ( $r = 0.77$ ). Post-training results indicated enhanced professional motivation, awareness, and responsibility toward accurate and timely bedside documentation.

**Conclusion:** The structured training intervention effectively improved nurses' attitudes toward bedside documentation. Incorporating such programs into ongoing professional development can foster sustained positive attitudes, promote documentation accuracy, and strengthen the culture of safety and accountability in nursing practice.

**Keywords:** Bedside Documentation, Nursing Attitude, Training Intervention, Quasi-Experimental Study, Wilcoxon Signed-Rank Test, Patient Safety

### Introduction

Nursing documentation is a critical element of clinical practice, making it the foundation of effective communication, patient safety, and continuity of care. It provides the written evidence of nursing assessments, interventions, and outcomes that ensure accountability and support clinical decision-making (De Groot et al., 2022). Accurate bedside documentation not only facilitates care coordination but also upholds legal, professional, and ethical standards within healthcare systems (Asmirajanti et al., 2019). Despite its essential role, numerous studies indicate persistent gaps in nurses' documentation



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practices and attitudes, particularly in low-resource settings where workload, inadequate training, and limited access to digital systems hinder timely and precise record-keeping (Bolado et al., 2023; Tadese et al., 2024).

Bedside documentation refers to the real-time recording of patient care activities, interventions, and observations directly at the point of care. This process bridges the gap between nursing actions and clinical records, ensuring that patient data remains accurate, current, and comprehensive (Ehrler et al., 2021). Effective bedside documentation has been shown to enhance communication, reduce medical errors, and improve overall quality of care (Bjerkan et al., 2021). However, studies reveal that many nurses, especially in developing nations, continue to perceive documentation as a time-consuming task secondary to direct care activities, reflecting a need for attitudinal change through structured education and policy support (Sydykova et al., 2023; Demsash et al., 2023).

Training interventions play a crucial role in improving nurses' knowledge, attitudes, and behaviors toward accurate and efficient documentation. Educational and behavioral interventions such as workshops, simulation-based learning, and continuous professional development programs have demonstrated measurable improvements in documentation accuracy and compliance with care standards (Dos Santos et al., 2022; Sureda et al., 2021). For instance, the development and evaluation of electronic nursing documentation systems have proven to reduce errors and enhance data completeness, directly linked to training-based implementation (Shafiee et al., 2022; Strudwick et al., 2022). Similarly, capacity-building initiatives that combine theoretical sessions with hands-on bedside exercises have been found to strengthen nurses' sense of accountability and confidence in their documentation practices (Cocchieri et al., 2020).

Globally, the transition toward evidence-based nursing has underscored the necessity for accurate and consistent documentation for both patient care and institutional learning. Reliable nursing documentation supports research, auditing, and quality improvement initiatives (Bunting et al., 2022). Yet, studies from various regions highlight that nurses' compliance with documentation standards remains inconsistent, often due to inadequate exposure to structured training or lack of managerial support (Pereira et al., 2024; Tomotaki et al., 2024). In South Asian contexts such as Pakistan, the problem is compounded by outdated manual systems and limited access to continuous training opportunities (Sydykova et al., 2023). Consequently, bedside documentation often lacks uniformity, resulting in discrepancies between recorded and actual care delivered.

Given the global trend toward digital health integration and quality assurance frameworks, it is essential to understand how targeted training can reshape nurses' documentation behavior. Studies across Europe, Africa, and Asia have consistently demonstrated that well-structured education programs significantly improve the completeness and quality of nursing records, enhance nurse satisfaction, and strengthen patient safety outcomes (Verloo et al., 2020; Tadese et al., 2024). However, empirical evidence from Pakistan remains scarce, and few studies have explored the direct impact of structured interventions on nurses' attitudes toward bedside documentation (Morgan, 2023; Chellew, 2024).

The present study addresses this gap by examining the **impact of a structured training intervention on nurses' attitudes toward bedside documentation** across public sector hospitals in Peshawar, Pakistan. A quasi-experimental design was adopted to evaluate pre- and post-intervention attitudes among 219 nurses. The intervention combined theoretical sessions, workshops, and supervised bedside practice over four weeks to enhance both conceptual understanding and practical documentation competencies.



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This research is significant for policymakers, nurse educators, and healthcare administrators as it provides evidence-based insights into how structured training interventions can foster positive behavioral and attitudinal changes among nurses. Strengthening nurses' documentation skills contributes to institutional accreditation, patient safety, and the successful implementation of electronic health records in Pakistani healthcare settings (Bertocchi et al., 2025). Ultimately, enhancing nurses' attitudes toward bedside documentation is pivotal for advancing clinical quality, transparency, and accountability in hospital practice.

### Objectives

- Assess nurses' baseline attitudes toward bedside documentation before the training intervention.
- Evaluate the impact of a structured training program on their attitudes.
- Compare pre- and post-intervention scores to identify significant changes.
- Examine how demographic characteristics relate to improvements in attitudes after training.

### Methodology

This study employed a quasi-experimental pre-test and post-test design to examine the impact of a structured training intervention on nurses' attitudes toward bedside documentation. The design was chosen to determine whether the educational intervention could produce measurable improvements in professional attitudes within routine clinical settings (Cocchieri et al., 2020).

The study was conducted across major public sector tertiary hospitals in Peshawar, Pakistan, including Khyber Teaching Hospital, Hayatabad Medical Complex, and Services Hospital. These institutions are key centers for clinical practice and nursing education in the province, representing diverse patient populations and standardized documentation protocols.

In this quasi-experimental study, the sample size was determined to ensure the reliability, validity, and generalizability of the findings. The target population comprised registered nurses providing bedside care in selected tertiary care hospitals in Peshawar, Pakistan, totaling approximately 800 nurses.

The sample size was calculated using **Cochran's Formula**, a widely recognized method for determining adequate sample size in quantitative research, particularly for cross-sectional and quasi-experimental designs. Based on these calculations, a minimum representative sample of **219 nurses** was determined to provide sufficient statistical power to detect the effect of the structured training program on nurses' attitudes regarding nursing documentation.

The target population consisted of registered nurses employed in the participating hospitals. From this population of approximately 800 nurses, a total of 219 were included in the study through convenience sampling based on predefined inclusion criteria:

Registered with the Pakistan Nursing Council (PNC)

Minimum of one year of clinical experience

Actively engaged in bedside nursing care and documentation.

Nurses on extended leave, in administrative roles, or unwilling to participate were excluded. Written informed consent was obtained from all participants before data collection.

Data were gathered using a structured, self-administered questionnaire adapted from validated international tools used in nursing documentation research (Tadese et al., 2024). The instrument comprised two sections:

**Section I:** Demographic information (age, qualification, years of experience, and hospital affiliation).



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**Section II:** A 9-item attitude scale assessing nurses' perceptions, motivation, and professional responsibility toward bedside documentation. Each item was rated on a five-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (5).

The tool was pretested for reliability among 25 nurses before implementation, yielding a Cronbach's alpha of 0.87, which confirms strong internal consistency.

Baseline (pre-test) data were collected one week before the training intervention, and post-test data were obtained immediately after the four-week program using the same instrument. Data collection was supervised by trained research assistants under the guidance of the research team to ensure accuracy, confidentiality, and uniform administration across all study sites.

Data were analyzed using IBM SPSS Statistics version 25.0. Descriptive statistics (mean, standard deviation, frequencies, and percentages) were used to summarize demographic and attitudinal variables. Inferential analysis was conducted using the Wilcoxon signed-rank test to compare pre- and post-intervention attitude scores, appropriate for paired ordinal data. Effect sizes were calculated to estimate the magnitude of change, and a significance level of  $p < 0.05$  was adopted.

Ethical approval for this study, consequent upon the reference number issued by Lincoln University College (LUC), Malaysia (Ref: LUC/CPGS/PGS/20250611/001), was obtained from the Institutional Review Boards (IRBs) of Services Hospital, Khyber Teaching Hospital, and Hayatabad Medical Complex, Peshawar. Administrative permission was also obtained from the nursing superintendents of all participating hospitals. Participation was voluntary, and confidentiality was strictly maintained. Participants were fully informed of their right to withdraw at any stage without consequences. No identifying information was included in the final dataset.

## Results

The quasi-experimental study examined the impact of a structured training intervention on nurses' attitudes related to bedside documentation. Data were collected from 219 registered nurses working across medical, surgical, Orthopedic, Children's, ICU, CCU, gynecology, and other departments in major teaching hospitals. The analysis includes participants' demographic characteristics and evaluates changes in their attitudes and perceived barriers before and after the training intervention. Given the ordinal nature of the data, the Wilcoxon signed-rank test was applied to determine the statistical significance of pre- and post-intervention differences. Descriptive statistics, mean scores, frequency distributions, effect sizes, and p-values are reported to provide a comprehensive assessment of the intervention's overall impact.

The majority of participants were affiliated with **Hayatabad Medical Complex (HMC)** (45.2%), followed by **Khyber Teaching Hospital (KTH)** (43.4%) and **Services Hospital** (11.4%), as shown in Table 1. The nursing staff was mainly **female (90.9%)**, while only **9.1%** were male. Most participants were within the **31–40 years** age group (45.2%), followed by those aged **20–30 years** (33.3%), indicating a relatively young professional profile.

Regarding academic qualification, nearly half of the nurses (**49.3%**) held **FA/FSc**, while **37.4%** had **matric-level** education and **13.2%** possessed a **bachelor's degree**. In terms of professional qualification, the majority (**59.8%**) had completed **Post RN/BScN**, followed by **Diploma holders (36.1%)** and a small proportion (**4.1%**) with **MScN** degrees.

Concerning clinical experience, most nurses had between **1 and 20 years** of experience, with **23.3%** serving for 1–5 years, **22.8%** for 11–15 years, and **21.9%** for 16–20 years.



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Only a few participants had over 25 years of experience (7.8%). The participants represented diverse clinical units, with **surgical wards** accounting for **21.9%**, followed by **gynae (16.4%)**, **children's wards (16.4%)**, **medical wards (16.0%)**, **orthopedic (14.6%)**, and **ICU (14.6%)**.

All participants (100%) reported **no prior formal training** in bedside documentation, highlighting a consistent gap in professional development opportunities related to documentation practices. The majority of nurses spoke **Pashto (61.6%)**, while **14.2%** were Urdu speakers and **24.2%** spoke other regional languages, reflecting the linguistic diversity of the nursing workforce in Peshawar's public hospitals.

**Table 1: Demographic Characteristics of Participants (n = 219)**

Variable	Category	Frequency (n)	Percentage (%)
Institution Name	Services Hospital	25	11.4
	Khyber Teaching Hospital (KTH)	95	43.4
	Hayatabad Medical Complex (HMC)	99	45.2
Gender	Male	20	9.1
	Female	199	90.9
Age (Years)	20–30	73	33.3
	31–40	99	45.2
	41–50	35	16.0
	51–60	12	5.5
Academic Qualification	Matric	82	37.4
	FA/FSc	108	49.3
	BA/BS	29	13.2
Professional Qualification	Diploma	79	36.1
	Post RN/BScN	131	59.8
	MScN	9	4.1
Years of Experience	1–5	51	23.3
	6–10	34	15.5
	11–15	50	22.8
	16–20	48	21.9
	21–25	19	8.7
	26–30	17	7.8
Working Area	Medical	35	16.0
	Surgical	48	21.9
	Orthopedic	32	14.6
	Children	36	16.4
	Gynae	36	16.4
	ICU	32	14.6
Prior Training	No	219	100.0
Mother Tongue	Pashto	135	61.6
	Urdu	31	14.2
	Other	53	24.2



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The reliability analysis using Cronbach's Alpha showed good internal consistency across Attitude ( $\alpha = 0.82$  was acceptable (Table 2). These results indicate that the questionnaire items were consistent and reliable for assessing the impact of the training intervention on nurses' knowledge, attitude, practice, and perceived barriers toward bedside documentation.

Table 2: Reliability Analysis of Study Domains (Cronbach's Alpha)

Domain	No. of Items	Cronbach's Alpha ( $\alpha$ )	Interpretation
<b>Attitude (A1-A9)</b>	9	0.82	Good internal consistency

The impact of the structured training intervention on nurses' **attitudes toward bedside documentation** was evaluated using the **Wilcoxon signed-rank test**, suitable for paired ordinal data. As presented in Table 3, there was a marked improvement in post-intervention attitude scores compared with pre-intervention scores, indicating that the training significantly enhanced nurses' perception and commitment toward accurate and timely bedside documentation.

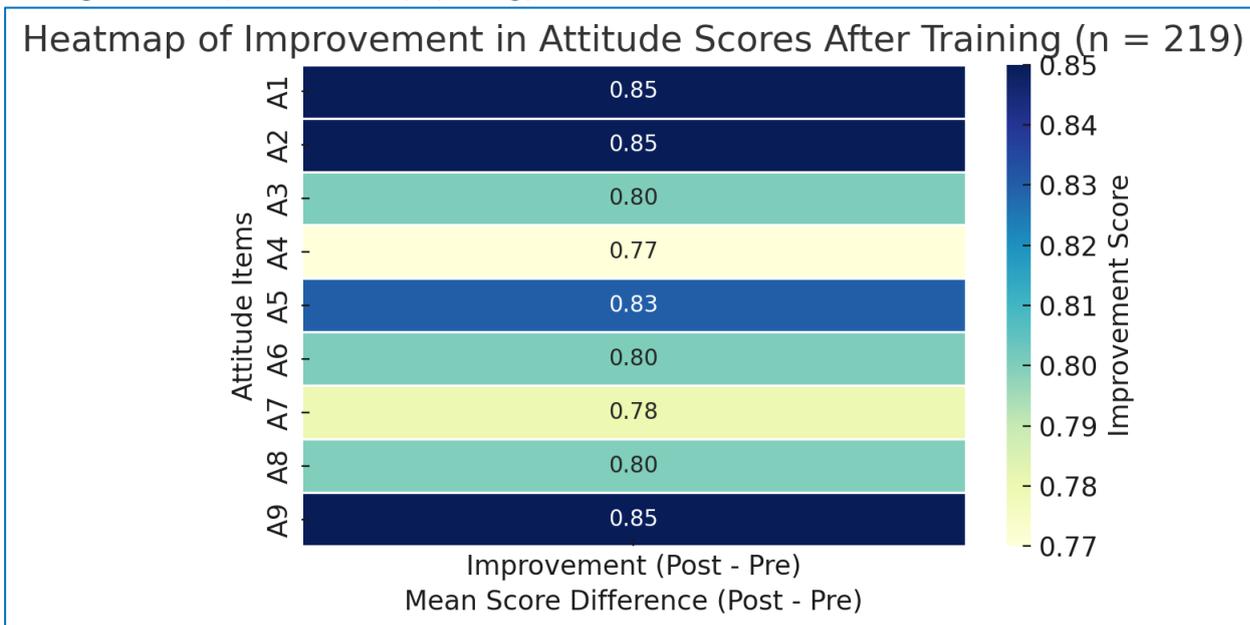
The **mean attitude score** increased from **3.22 (SD = 0.29)** before training to **3.93 (SD = 0.16)** after the intervention. The **Wilcoxon Z-value (-3.89)** and **p < 0.001** confirm a statistically significant improvement, with a **large effect size (r = 0.77)** demonstrating a strong positive shift in nurses' attitudes. These results suggest that the structured training program effectively strengthened nurses' understanding of the importance of comprehensive bedside documentation as a core component of safe and accountable nursing practice.

Table 3: Wilcoxon Signed-Rank Test Attitude (n = 219)

Domain	No. of Items	Pre-test Mean (SD)	Post-test Mean (SD)	Wilcoxon Z	p-value	Effect Size (r)
<b>Attitude</b>	9 (A1-A9)	3.22 (0.29)	3.93 (0.16)	-3.89	<0.001	0.77

\*see the appendix for item details

Figure 1: Heatmap of pre- and post-training attitude scores (n=219)



**Table 4** presents the pre- and post-intervention mean scores for nurses’ attitudes toward bedside documentation. The results show a substantial improvement following the training intervention. The mean attitude score increased from **3.22 (SD = 0.30)** before training to **3.93 (SD = 0.16)** after the intervention, representing a mean difference of **-0.72**. The positive change was statistically significant ( $p < 0.001$ ), indicating that the structured training program effectively enhanced nurses’ attitudes toward accurate, timely, and accountable bedside documentation.

Table 4: Mean Scores of Individual Domains Pre- and Post-Intervention of Attitude

Variable	Mean	SD	Std. Error Mean	Sig. (r)	Mean Difference	df	p-value
Pre-test	3.22	0.296	0.020				
Post-test	3.93	0.162	0.011				
Paired correlation				0.135			
<b>Difference (Pre – Post)</b>					<b>-0.715</b>	<b>218</b>	<b>&lt; 0.001*</b>

The training intervention resulted in significant improvements in nurses’ attitudes toward bedside documentation, accompanied by concurrent **reductions in perceived barriers**. The findings are supported by statistically significant Wilcoxon test results and large effect sizes across all domains. These results indicate that the intervention was effective and provide valuable baseline data for future studies with larger samples. The subsequent chapter will discuss the implications of these findings in the context of nursing practice, education, and policy, highlighting how structured training programs can enhance the quality and safety of patient care through improved documentation practices.

**Discussion**

The findings of this study show that the structured training intervention led to a significant improvement in nurses’ attitudes toward bedside documentation. The post-intervention mean attitude score increased from 3.22 to 3.93, with a large effect size ( $r =$



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0.77), indicating a strong and meaningful change. This suggests that the educational program successfully enhanced nurses' professional outlook, motivation, and sense of responsibility toward maintaining accurate and timely bedside records. These results are consistent with Dos Santos et al. (2022), who found that targeted training programs improve nurses' confidence and adherence to evidence-based documentation standards.

Before the intervention, nurses often perceived bedside documentation as time-consuming and secondary to direct patient care. After training, participants demonstrated a more positive outlook, recognizing documentation as a vital component of safe, continuous, and accountable care. This transformation reflects findings from Asmirajanti et al. (2019) and Strudwick et al. (2022), who emphasized that structured education helps nurses understand the ethical and professional significance of proper documentation, reducing inconsistency and non-compliance across healthcare settings. Similarly, Tadese et al. (2024) reported that training-based interventions enhance nurses' understanding of documentation standards, resulting in more complete and reliable nursing records.

The improvement observed in this study also aligns with Sydykova et al. (2023), who documented significant gains in documentation accuracy and timeliness following structured training. Their findings, similar to the present results, highlight that ongoing education and reinforcement can reshape nurses' perceptions of documentation as an integral part of their professional role rather than an additional workload. Bolado et al. (2023) likewise emphasized that long-term improvements in documentation behavior depend not only on policy enforcement but on developing intrinsic motivation and professional responsibility through continuous education.

Generally, the positive attitudinal changes observed in this study suggest a broader professional transformation among nurses. The training intervention not only improved awareness and perceived importance of bedside documentation but also encouraged a more proactive and responsible approach to record-keeping. These results affirm that structured educational programs are effective in fostering positive attitudes toward documentation, which is crucial for ensuring patient safety, professional accountability, and the overall quality of nursing care.

### **Conclusion**

The structured training intervention had a significant and positive effect on nurses' attitudes toward bedside documentation in tertiary care hospitals in Peshawar. The post-intervention findings showed a clear improvement in attitude scores, reflecting that nurses developed a stronger appreciation for the importance of accurate, timely, and accountable documentation. The training helped participants shift their perception of documentation from being a secondary or administrative task to a core professional responsibility integral to patient care and safety.

This improvement in attitude indicates that structured educational programs can effectively enhance nurses' professional outlook, motivation, and sense of responsibility toward maintaining high standards of record-keeping. Nurses became more confident in their ability to perform documentation tasks correctly and understood the broader implications of thorough documentation for patient outcomes, continuity of care, and clinical accountability.

The results underscore the value of targeted interventions in cultivating positive attitudes, which are critical for sustaining consistent, high-quality nursing practices. By fostering a professional mindset toward documentation, such training programs can serve as a foundation for ongoing development, ultimately supporting a culture of accountability, efficiency, and excellence in bedside nursing care.



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### Conflict of Interest and Funding

The authors declare that there are no conflicts of interest associated with this study. No financial, personal, or institutional relationships influenced the design, implementation, analysis, or reporting of the research. The study was conducted solely for academic and professional development purposes.

No funding, grants, or financial support were received from any public, private, or commercial organization for this research. All expenses related to data collection, training implementation, and analysis were self-supported by the research team. The independence of the researchers and the integrity of the study were maintained throughout all stages of the research process.

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## Appendix-A

### Attitude toward Bedside Nursing Documentation (A1–A9)

1. A1 – I believe that accurate and complete nursing documentation is an essential part of my professional responsibility.
2. A2 – I know nursing documentation is an integral component of quality patient care.
3. A3 – I am motivated to maintain high standards in my documentation practices.
4. A4 – I consider nursing documentation to be as important as providing direct patient care.
5. A5 – I believe that timely documentation prevents errors and improves patient safety.
6. A6 – I believe that proper documentation enhances communication among healthcare team members.
7. A7 – I am committed to keeping patient records up to date during each shift.
8. A8 – I believe that clear and concise documentation protects me from legal and professional risks.
9. A9 – I have a positive attitude toward using electronic systems for nursing documentation.