

Knowledge and Attitude regarding Nursing Documentation among Nurses in a Private Hospital of Lalitpur, Nepal

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Nursing documentation is the process of recording and keeping evidence of what happened and when it happened, playing a vital role in professional nursing practice that promotes effective communication and ultimately improves the quality of life. The objective of the study was to assess the level of knowledge and attitude regarding nursing documentation among nurses in a private hospital in Lalitpur. A descriptive analytical study was carried out among 162 nurses working in B & B Hospital, Gwarko, Lalitpur. A structured questionnaire was used to collect data by using a self-administered technique from 7th to 20th April, 2024. Probability, proportionate stratified random sampling technique was used. Prior to data collection, informed written consent was obtained from each participant. Data was entered into Statistical Package for the Social Sciences (SPSS) version 20.0. The findings of the study were analyzed by using descriptive statistics and the Chi-square test. Most of the respondents (82.7%) had good knowledge regarding nursing documentation. The majority of the respondents (63.6%) had a favorable attitude regarding nursing documentation. There was a significant association of knowledge regarding nursing documentation with in-service education and motivation by the in-charge/supervisor. Most of the respondents had good knowledge, and the majority of the respondents had a favorable attitude regarding nursing documentation. However, Nurses should be provided with regular In-service education and motivated by supervisors to enhance their knowledge regarding nursing documentation.

Keywords: attitude, knowledge, nurses, nursing documentation.

Nursing documentation is a cornerstone of professional nursing practice and is essential for ensuring continuity, quality, and safety of patient care.¹ Effective documentation provides a permanent record of patient history, care delivered, interventions, and patient response, facilitating communication among healthcare providers, legal accountability, quality assurance, audits, and research.² Proper documentation is therefore integral to high-quality nursing care and patient safety.³ However, despite its importance, inadequate nursing documentation remains a persistent challenge globally, particularly in settings with limited resources or high workloads, where nurses may face time constraints, a lack of standardized documentation protocols, insufficient training, and limited institutional support.⁴ Recent evidence suggests that many nurses have only moderate knowledge regarding documentation skills, which correlates with suboptimal documentation quality. Studies have also highlighted gaps in both knowledge and practice of documentation, even when attitudes toward documentation are generally positive.⁵ Both knowledge and attitude are critical determinants of documentation behavior.⁶ Adequate knowledge of documentation principles, standards, and procedures enables correct and consistent

record-keeping.⁷ Simultaneously, a positive attitude toward documentation influences adherence, completeness, and regularity. When either knowledge or attitude is lacking, documentation practices may suffer, leading to incomplete records, miscommunication among caregivers, medical errors, and compromised patient safety.⁶

Recent studies, including a 2025 study from China, show that intensive training was required to improve nurses' knowledge, attitude, and practice regarding documentation quality.⁸ Similarly, a 2024 cross-sectional study from Pakistan revealed that while nurses generally had a favorable attitude toward documentation, there were notable gaps in knowledge and practice, underscoring the need for targeted in-service training and institutional support.⁵

In Nepal, the body of literature examining nurses' knowledge and attitude toward nursing documentation is limited, especially in private hospital settings.⁹ Given the issues of workload, staffing, supervision, resources, and training opportunities, it is critically important to assess documentation-related knowledge and attitudes in such settings.^{10,11} Therefore, the current study was conducted to assess the knowledge and attitude regarding nursing documentation among nurses in a private hospital of Lalitpur,

Nepal.

Materials and Methods

A descriptive cross-sectional research design was carried out among 162 nurses working in B & B Hospital, Gwarko, Lalitpur.

The sample size was 289, calculated using Cochran's formula, with a 95% confidence level and 5% permissible error, and based on a previous prevalence of 75% has adequate knowledge among nurses regarding nursing documentation.⁹

$$n_0 = \frac{Z^2 pq}{e^2}$$

Adjusting for the finite population (N=296), the estimated sample size was calculated as 147 using the following formula for finite population correction.

$$n = \frac{n_0}{1 + \frac{n_0 - 1}{N}}$$

Adding a 10% non-response rate, the final sample size was 162. Probability, proportionate stratified random sampling technique was used to collect data. Before data collection, ethical approval (Reference no: B&BIRC-24-23) was obtained from the IRC (Institutional Review Committee) of B&B Hospital. Informed written consent from each participant. Privacy and confidentiality of the information were maintained throughout the study.

A self-developed, structured questionnaire

was used to collect data by using a self-administered technique from 7th to 20th April, 2024. The questionnaire was divided into four parts.

Part 1 consisted of a questionnaire related to socio-demographic characteristics, i.e., age, gender, marital status, ethnicity, and religion, where a total of 5 questions were included.

Part 2 consisted of profession-related characteristics, which included 8 questions. Part 3 consisted of multiple-choice and multiple-response questions related to knowledge regarding nursing documentation among nurses, where a total of 20 questions were used, with a total score of 54. Each correct answer carried 1 score, and reverse scoring was done for negative responses in multiple-choice questions. The level of knowledge was categorized into two categories¹²: Good knowledge $\geq 55\%$ (≥ 30) and Poor knowledge $< 55\%$ (< 30).

Part 4 consisted of attitude-related questions regarding nursing documentation. A 5-points Likert-type scale ranging from 1(Strongly Disagree), 2(Disagree), 3(Neutral), 4(Agree) and 5 (Strongly agree) was used. It consists of 15 statements, among which 2 statements (6 and 13) were reverse-coded. The level of attitude was categorized into 2 categories¹²: Favorable attitude \geq mean score (≥ 3.96) and Unfavorable attitude $<$ mean score (< 3.96).

The questionnaire was pretested in a similar population among 17 nurses in Alka Hospital Pvt. Ltd.

All the data was edited, coded, and entered into a statistical package, the social science (SPSS) version 20.0, after checking completeness, consistency, and accuracy. Data was analyzed using descriptive statistics, such as frequency, percentage, mean, and standard deviation. Chi-square test was used to find out the association of the level of knowledge and the association of the level of attitude with selected study variables. The statistical significance value was set at $p\text{-value} < 0.05$.

Results

Table 1 shows that more than half of the respondents were from the age group 21-25 years of age. Mean age was 25.33 with a standard deviation of 4.13. Almost all (99.38%) were female, and the majority (64.81%) were unmarried. Slightly more than half (50.62%) were Brahmin/Chhetri, and Hinduism most followed religion (89.51%). Nearly half (48.77%) had completed PCL Nursing education and had work experience between 1 to 5 years (49.38%). The majority (61.73%) worked in a critical unit, and 62.35% had not received any In-service education. Most of the respondents (76.54%) agreed on the use of protocols/guidelines for nursing documentation. Almost all (92.59%) were motivated by the in-charge/supervisor. More than half (55.56%) agreed on the availability of time for nursing documentation.

Figure 1 shows that most of the

respondents (82.70%) had good knowledge regarding nursing documentation. The overall mean knowledge score \pm standard deviation was 37.87 ± 8.573 .

The majority of the respondents (63.58%) had a favorable attitude, and more than one-third of the respondents (36.41%) had an unfavorable attitude regarding nursing documentation. The overall mean attitude score was 3.96 ± 0.65 , as shown in **Figure 2**.

Table 2 shows the mean score of knowledge regarding nursing documentation. The maximum possible score was 54. The overall mean score \pm standard deviation was 37.87 ± 8.573 . The mean scores for the **purposes** and **importance of** nursing documentation were 4.17 ± 1.41 and 4.38 ± 1.35 , respectively, each out of 6. The highest mean score was observed in the area of correct statements regarding nursing documentation (24.31 ± 5.83) out of a maximum score of 35. The mean score for reasons for not maintaining nursing documentation was 4.11 ± 1.16 out of 6. The overall mean knowledge score of the respondents was 37.87 ± 8.57 , with obtained scores ranging from 11 to 52 out of a maximum possible score of 54.

Table 3 illustrates the association of knowledge regarding nursing documentation with the socio-demographic and work-related variables of respondents. We observed a significant association

Table 1: Respondents' Socio-demographic and Work-related Variables (n=162)

Variables	Number	Percent (%)
Age in years		
≤20	12	7.41
21-25	83	51.23
26-30	54	33.33
31-35	8	4.94
≥36	5	3.09
<i>Mean ± SD 25.33 ± 4.127</i>		
Gender		
Male	1	0.62
Female	161	99.38
Marital status		
Married	57	35.19
Unmarried	105	64.81
Ethnicity		
Brahmin/ Chhetri	82	50.62
Terai/ Madhesi	14	8.64
Dalit	1	0.62
Janajati	65	40.12
Religion		
Hinduism	145	89.51
Buddhism	14	8.64
Christianity	2	1.23
Muslim	1	0.62
Academic Qualification		
PCL Nursing	79	48.77
BNS Nursing	43	26.54
B.Sc. Nursing	40	24.69
Work Experience		
< 1 year	47	29.01

Nursing Documentation

1-5 years	80	49.38
6-10 years	25	15.43
>11 years	10	6.17
Working Department		
Critical	100	61.73
Non-critical	62	38.27
In-service Education		
Yes	61	37.65
No	101	62.35
Use of protocols/guidelines for nursing documentation		
Yes	124	76.54
No	38	23.46
Motivated by In-charge/Supervisor		
Yes	150	92.59
No	12	7.41
Availability of Time for Nursing Documentation		
Yes	90	55.56
No	72	44.44

*PCL- Proficiency Certificate Level, BNS - Post Basic Bachelor in Nursing Science, BSc: Bachelor in Science in Nursing; Critical- HDU, Cardio, ER, ICU, Neuro, NICU, Oncology,

Operation Theatre, Post-operative ward; non-critical: General medical and surgical wards, Arthroplasty ward, Dialysis, Gynae-obstetric, Ortho sports unit

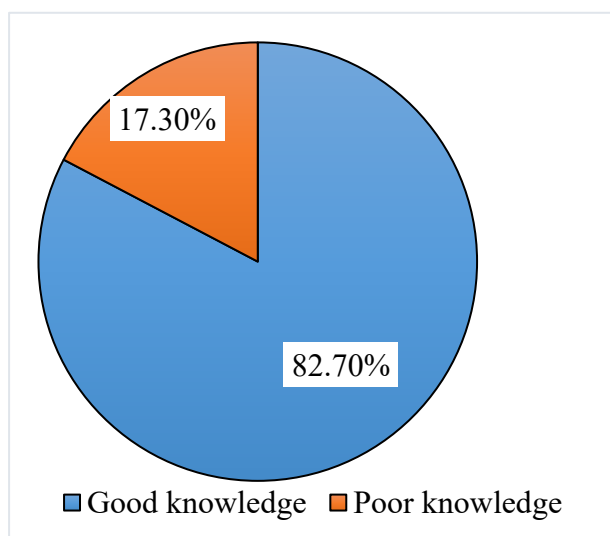


Figure 1: Respondents' Level of Knowledge regarding Nursing Documentation (n=162)

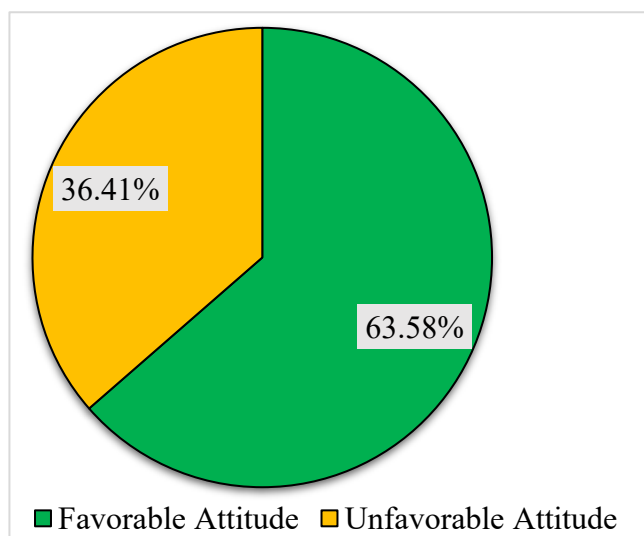


Figure 2: Respondents' Level of Attitude regarding Nursing Documentation (n=162)

Table 2: Mean Score of Knowledge regarding Nursing Documentation (n=162)

Area of Knowledge	Maximum Possible Score	Obtained Range	Mean±SD
Meaning of nursing documentation	1	0-1	0.87±0.329
Purposes of nursing documentation	6	0-6	4.17±1.405
Importance of nursing documentation	6	0-6	4.38±1.348
Correct statement regarding nursing documentation	35	8-35	24.31±5.826
Reason for not maintaining nursing documentation	6	1-6	4.11±1.162
Total score	54	11-52	37.87±8.573

Table 3: Association of Knowledge regarding Nursing Documentation with Socio-demographic Characteristics of Respondents (n=162)

Variables	Good Knowledge No. (%)	Poor Knowledge No. (%)	χ^2	p-value
Age			0.031	0.859
≤ 25 years	79 (83.16)	16 (16.84)		
> 25 years	55 (82.09)	12 (17.91)		
Marital Status			0.25	0.617
Married	46 (80.70)	11 (19.30)		
Unmarried	88 (83.81)	17 (16.19)		
Ethnicity			0.238	0.626
Brahmin/Chhetri	69 (84.15)	13 (15.85)		
Others	65 (81.25)	15 (18.75)		
Religion			0.405	0.525
Hindu	119 (82.07)	26 (17.93)		
Non-Hindu	15 (88.24)	2 (11.76)		
Academic Qualification			0.313	0.576
PCL Nursing	64 (81.01)	15 (18.99)		
Bachelor Level	70 (84.34)	13 (15.66)		
Work Experience			0.281	0.596
≤ 5 years	104 (81.89)	23 (18.11)		

> 5 years	30 (85.71)	5 (14.29)		
Work Department			0.953	0.329
Critical	85 (85.00)	15 (15.00)		
Non-critical	49 (79.03)	13 (20.97)		
In-service Education			10.227	0.001*
Yes	43 (70.49)	18 (29.51)		
No	91 (90.10)	10 (9.90)		
Use of Nursing Documentation Protocol/Guidelines			0.493	0.483
Yes	104 (83.87)	20 (16.13)		
No	30 (78.95)	8 (21.05)		
Motivation by In-Charge or Supervisor			5.389	0.020*
Yes	127 (84.67)	23 (15.33)		
No	7 (58.33)	5 (41.67)		
Availability of Time for Nursing Documentation			0.054	0.816
Yes	75 (83.33)	15 (16.67)		
No	59 (81.94)	13 (18.06)		

Table 4: Association of Attitude towards Nursing Documentation with Socio-demographic and Work-related Characteristics of respondents (n=162)

Variable	Favorable Attitude No. (%)	Unfavorable Attitude No. (%)	χ^2	p-value
Age			3.21	0.07
≤ 25 years	55 (57.89)	40 (42.11)		
> 25 years	48 (71.64)	19 (28.36)		
Marital Status			0.07	0.80
Married	37 (64.91)	20 (35.09)		
Unmarried	66 (62.86)	39 (37.14)		
Ethnicity			0.00	0.97
Brahmin/Chhetri	52 (63.41)	30 (36.59)		

Others	51 (63.75)	29 (36.25)		
Religion			0.19	0.67
Hindu	93 (64.14)	52 (35.86)		
Non-Hindu	10 (58.82)	7 (41.18)		
Academic Qualification			3.50	0.06
PCL Nursing	44 (55.70)	35 (44.30)		
Bachelor Level	59 (71.08)	24 (28.92)		
Work Experience			1.66	0.20
≤ 5 years	77 (60.63)	50 (39.37)		
> 5 years	26 (74.29)	9 (25.71)		
Work Department			0.10	0.76
Critical	65 (65.00)	35 (35.00)		
Non-critical	38 (61.29)	24 (38.71)		
In-service Education			0.19	0.67
Yes	37 (60.66)	24 (39.34)		
No	66 (65.35)	35 (34.65)		
Use of Protocol/Guidelines			1.05	0.31
Yes	82 (66.13)	42 (33.87)		
No	21 (55.26)	17 (44.74)		
Motivated by In-charge/Supervisor			3.81	0.05
Yes	99 (66.00)	51 (34.00)		
No	4 (33.33)	8 (66.67)		
Availability of Time for Documentation			1.50	0.22
Yes	53 (58.89)	37 (41.11)		
No	50 (69.44)	22 (30.56)		

Pearson's Chi-square test significance at p -value <0.05 ; others: Terai / Madhesi, Dalit, Janajati, Muslim; Non-Hindu: Buddhism, Christianity, Muslim, Islam

*PCL- Proficiency Certificate Level, BNS - Post Basic Bachelor in Nursing Science, BSc: Bachelor in Science in Nursing; Critical- HDU, Cardio, ER, ICU, Neuro, NICU,

Oncology, Operation Theatre, Post-operative ward; non-critical: General medical and surgical wards, Arthroplasty ward, Dialysis, Gynae-obstetric, Ortho sports unit

in-service education ($p=0.001$) and motivation by the in-charge/supervisor ($p=0.020$) with respondents' level of knowledge regarding nursing documentation. However, no others had a

significant relation with respondents' level of knowledge regarding nursing documentation.

Table 4 illustrates no significant association between the socio-demographic

and work-related characteristics with respondents' level of attitude regarding nursing documentation.

Discussion

Nurse's Level of Knowledge regarding Nursing Documentation

The present study revealed that out of 162 respondents, most of the respondents (82.7%) had good knowledge, and a minority (17.3%) of the respondents had poor knowledge. The finding was supported by the study conducted in Chitwan, Nepal revealed that 75.0% of the respondents had good knowledge.⁹ Similarly, the finding was similar to the study conducted in Tamale Teaching Hospital, Ghana revealed that 84.6% had adequate knowledge of nursing documentation.¹³ However, the study conducted in Mulago National Hospital, Uganda, revealed a higher study finding that 91.2% of the respondents had adequate knowledge.¹⁴

Nurses' Level of Attitudes toward Nursing Documentation

The current study concluded that the majority of the respondents (63.6%) had a favorable attitude and one-third of the respondents (36.4%) had an unfavorable attitude regarding nursing documentation. The finding was supported by the study conducted in Sana'a city, Yemen showed that 68.28% of the respondents had a

favorable attitude towards nursing documentation.¹⁵ However, the study finding was lower than a study conducted in the United States of America showed that 80.0% had a favorable attitude (Moody, Slocumb et al. 2004). Likewise, the study conducted in Tamale Teaching Hospital, Ghana, revealed a higher study finding that 84.2% had a positive attitude towards nursing documentation.¹³

The result of the study showed a significant association between in-service education and motivation by the in-charge/ supervisor with respondents' level of knowledge regarding nursing documentation, with p values 0.001 and 0.020, respectively. There is no significant association between age, gender, marital status, ethnicity, and religion with respondents' level of knowledge regarding nursing documentation, with p values of 0.859, 0.173, 0.617, 0.626, and 0.525, respectively. Similarly, the study shows no significant association between academic qualification, work experience, work department, use of protocol/ guidelines for nursing documentation, and availability of time for nursing documentation with respondents' level of knowledge regarding nursing documentation, with p-values 0.576, 0.596, 0.329, 0.483, and 0.816, respectively. The study shows that none of the variables were significantly associated with nurses' level of attitude regarding

nursing documentation.

Conclusion

Based on the findings of the study, it is concluded that most of the respondents had good knowledge, and less than one-fourth of the respondents had poor knowledge regarding nursing documentation. The majority of the respondents had a favorable attitude, and more than one-third of the respondents had an unfavorable attitude regarding nursing documentation. The study shows that only in-service education and being motivated by the in-charge/supervisor were significantly associated with nurses' level of knowledge regarding nursing documentation. The study shows that none of the variables were significantly associated with nurses' level of attitude regarding nursing documentation.

Conflict of Interest: None.

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