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Research article

Effectiveness of mentoring method on optimization of intravenous fluid documentation at Sulianti Saroso Infectious Disease Hospital

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Abstract

Sulianti Saroso Infectious Disease Hospital (SSIDH) introduced a documentation system for intravenous fluids in nursing care. Despite providing comprehensive technical guidelines to all nurses, there were challenges in the recording of intravenous fluids. Researchers sought to improve this by utilizing the mentorship method to re-explain the application of technical guidelines for completing intravenous fluid sheets. The study aimed to assess the effectiveness of the mentoring method in optimizing intravenous fluid sheets. Quasi-experimental research using a pretest-posttest with a control group design was employed. Respondents had an average age of 37.02 years, a work period of 9.63 years, and a majority held bachelor's degrees. Common blank items in intravenous fluid documentation included allergies, the number of bottles administered, and the name and initials of the nurse. Differences in documentation and knowledge scores were observed before and after the mentorship activity ($p<0.05$). Mentorship proved effective in optimizing the documentation of infusion fluids and increasing knowledge.

INTRODUCTION

Fluid is a fundamental human necessity that must be satisfied. Maintaining a balanced body fluid regulation is a significant focus in both health and disease [1]. The effectiveness of fluid monitoring is reflected in the precision of measuring and recording intake and output within 24 hours. Regular observation of both intake and output should be conducted continuously or multiple times during an 8-hour or 12-hour shift. Nurses are crucial in ensuring a balanced fluid intake and output for children undergoing treatment [2].

Fluid balance is regulated by the neuroendocrine control system which adjusts when the body experiences illness.[3] Fluid balance signifies the boundaries of human homeostasis, where the normal loss of fluids from the body should equal the intake of fluids [4]. Fluid input/output charts for hospitalized patients are a valuable source of

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information for clinicians to review fluid treatment. However, these charts often have incomplete and inaccurate data. Lack of awareness regarding the importance of fluid balance among nursing staff and insufficient supervision are two factors that contribute to this problem [5].

Monitoring and recording patients' fluid intake and output are essential tasks documented in medical and nursing records, specifying the duration of this monitoring. The level of fluid intake and the target to be achieved within a certain time should be stated on the fluid balance chart [6]. For fluid balance to be well-documented by nurses, it must be socialized with certain approaches such as the mentorship method.

Mentoring combines aspects of coaching and teaching, demanding a significant investment of time, empathy, a readiness to share expertise, and a passion for both teaching and fostering others' success. Receiving mentorship is thought to play a key role in personal growth, career direction, and decision-making. However, mentorship can also present ethical challenges and potential issues, such as conflicts of interest, power imbalances, and unrealistic expectations.

Mentorship is a learning process where mentors can make mentees (mentorship participants) who were previously dependent on being independent through learning activities. Research acknowledges mentoring as a valuable mechanism for offering learning opportunities to nurses at various stages of their careers. This includes pre-registration nurse education, preceptorship, staff development, or clinical supervision. When implementing mentorship, attention must be given to nursing documentation, such as the infusion fluid list [7].

The infusion fluid list is part of the nursing care documentation at SSIDH. Despite prior socialization of technical instructions among all nurses, its implementation is not optimal. To address this, researchers aim to re-socialize the technical guidelines using the mentorship method and assess the effectiveness of mentoring in optimizing fluid administration documentation. The study's objective is to determine how effective mentorship is in enhancing infusion fluid documentation at SSIDH.

METHODS

Research Design

This study employed a quasi-experimental design with a pretest-posttest and control group. Penelitian ini dilakukan pada periode Juni – Agustus tahun 2022.

Research Subjects

The population included all nurses working in the inpatient room or ward. We randomly selected participants using a simple random sampling method. The inclusion criteria in this study were for participants to be willing respondents, committed to completing the research, and have at least 1 year of work experience. Exclusion criteria encompassed nurses on leave (maternity, marriage, sick leave), nurses with duty/study permits, and nurses currently assigned outside the inpatient service.

Perhitungan sampel dilakukan dengan cara uji hipotesa beda proporsi dengan derajat kemaknaan 90% dan kekuatan uji 80%. In implementing the study, 50 nurses were given intervention and 50 other nurses became the control group. We conducted univariate and bivariate analyses to compare intervention and control groups.

Research Instruments

1. Questionnaire A, which contained characteristics, consisted of five questions: age, gender, education level, and length of employment.
2. Questionnaire B, which contained the application of documentation recording for intravenous fluid sheets.

3. Questionnaire C, an observation sheet for the mentoring program, consisted of 15 statements with observation alternatives: "Yes" (if the action was performed) with a score of 1 and "No" (if the action was not performed) with a score of 0.

Questionnaires A and B were completed by the subjects, while Questionnaire C was completed by the observer/researcher. The mentor-to-mentee ratio was 1:7. Respondents participated in the mentoring program for 4 weeks, with two sessions per week, each session lasting 30-60 minutes. The intervention techniques included:

Session I: Alignment of perceptions and identification of the mentee's abilities were carried out. The mentor and mentee discussed the infusion record sheet and explored the challenges faced in the ward.

Session II: The mentor and mentee conducted practice and simulations on filling out the infusion record sheet.

Session III: The mentor and mentee evaluated the results and challenges of the simulation that had been conducted. The challenges encountered during the simulation included the mentees still having difficulty in preparing reports, after which the mentor provided further explanations to the mentees on how to prepare the reports.

Session IV: The mentor and mentee evaluated the overall achievements of the nursing mentoring program. The mentee documented the discussed challenges and their impressions of the nursing mentoring program. After completing the four sessions of the nursing mentoring program, the researcher asked the nurse respondents to fill out a questionnaire as a post-test to evaluate the impact of the nursing mentoring program on optimizing the documentation of the infusion fluid record sheet.

Research Stages and Data Analysis

The bivariate and multivariate analyses used in this study were determined based on the type of variables and data distribution. If the data are normally distributed, bivariate analysis employs parametric tests (paired t-test and independent t-test). Conversely, if the data are not normally distributed, non-parametric tests are used for data analysis. Based on the normality test results conducted in this study, it was found that the data were normally distributed. Therefore, the bivariate analysis used was the paired t-test (dependent t-test) and the independent t-test. Meanwhile, if the data distribution were not normal, the bivariate analysis used would be the Wilcoxon test and the Mann-Whitney test.

Implementation of Research Ethics

This study has been approved by the Health Research Ethics Committee of Sulianti Saroso Infectious Disease Hospital No: 33/XXXVIII.10/VII/2022.

RESULT

We gathered 100 nurses who met inclusion and exclusion criteria. Table 1 and 2 describe the demographic background of our participants. The average age of the nurses was 37.02 years, the youngest age was 24 years, and the oldest age was 52 years. The average length of service was 9.63 years, the minimum of work experience was 1-year duration, and the longest was 28 years (Table 1).

Table 2 shows that most of the highest education is Bachelor of Nursing (48%) followed by Diploma 3 of Nursing (47%). Nurses are assigned to all wards.

Table 3 reveals that the most frequently missed infusion fluid documentation during the pre-test included recording allergies, noting the number of bottles, and providing names and initials. The most common

omission in infusion fluid documentation during the post-test was recording allergies, possibly including the provision of names and initials.

The average documentation score in the intervention group in the pre-test was 10.80 and after 13.26 with an average increase of 2.46. The Wilcoxon test results obtained a P value of 0.05 meaning that there is a significant difference in documentation scores before and after the mentorship program. This means that mentorship is effective in optimizing infusion fluid documentation.

The results of the analysis found that the average documentation score in the control group before was 10.14 and after 10.30 with an average increase of 0.16. The Wilcoxon test results obtained a P value (0.749) > α (0.05) then Ho is rejected, meaning that there is no difference in documentation scores before and after in the control group (Table 4).

The results of the analysis found that the average knowledge score in the intervention group before was 85.40 and after 95.20 with an average increase of 9.80. Wilcoxon test results obtained a P value of 0.05 meaning there is a difference in knowledge before and after mentorship intervention. This means that mentorship is effective in optimizing infusion fluid documentation.

The results of the analysis showed that the average knowledge score in the control group before was 89.20 and after 93.40 with an average increase of 4.20. The Wilcoxon test results obtained <0.05 meaning that there is a difference in documentation scores before and after in the control group. Although there was an increase in the control group, the average increase was smaller than the intervention group (Table 4).

Table 1
Age and Work Experience of Participants (n=100)

Indicators	Mean (SD)	Median	Min-Max
Age (year)	37.02 (6.32)	38	24-52
Experience (year)	9.63 (6.55)	12	1-28

Table 2
Education Background and Working Room (n = 100)

Indicators	f	%
Education		
Diploma 3 of Nursing	47	47
Diploma 3 of Midwifery	5	5
Bachelor of Nursing/ News	48	48
Working Room		
Nusa Indah 1	12	12
Nusa Indah 3	9	9
Nusa Indah 4	14	14
Dahlia 1	13	13
Dahlia 2	11	11
Dahlia 3	14	14
Mawar 1	16	16
Mawar 2	11	11

Table 3
Description of Infusion Fluid Documentation Checklist Pretest and Posttest

No	Section	Pretest				Posttest			
		Intervention		Control		Intervention		Control	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Name: Attach a barcoded ID label or write the patient's full name in at least 2 words	49	1	50	0	50	0	50	0
2	Date of Birth: Attach a barcoded ID label or write down the patient's date, month, and year of birth.	49	1	50	0	50	0	50	0
3	RM number: Attach a barcoded identity label or write down the patient's medical record number.	49	1	50	0	50	0	50	0
4	Gender: Circle according to your choice	38	12	22	28	45	5	23	27
5	Room: Write according to the patient's room	43	7	34	16	50	0	42	8
6	Allergies: Write down what allergies (medicine, food) the patient has.	18	32	10	40	46	4	14	36
7	Instruction: Write down the type of fluid according to the doctor's instructions within 24 hours.	38	12	45	5	50	0	49	1
8	Doctor: Write down the full name of the doctor giving the instruction	38	12	45	5	38	12	33	17
9	Date: Write down the date of infusion fluid administration	48	2	49	1	50	0	50	0
10	Starts at: Write down the time of liquid installation	48	2	48	2	49	1	46	4
11	Liquid Type: Write down the type and amount of liquid content in the CC	47	3	44	6	50	0	46	4
12	Kolf: Write down the colf to which the infusion was given on that date.	18	32	13	37	43	7	8	42
13	Name and Signature: Write the full name of the nurse and initial the nurse.	15	35	10	40	44	6	6	44
14	Remarks: write down the remaining fluid information in CC, drugs given with intravenous fluids (drip).	42	8	46	4	48	2	48	2

Table 4
Comparison in Documentation and Knowledge score Before and After Mentorship in Intervention and Control Groups

Indicators	Group	measure	Mean	Mean difference	Z Score	p-*value*
Documentation	Intervention	Pre-test	10.80	2.46	-5.579	0.000
		Post-test	13.26			
	Control	Pre-test	10.14	0.16	-0.319	0.749
		Post-test	10.30			
Knowledge	Intervention	Before	85.40	9.80	-4.295	0.000
		After	95.20			
	Control	Before	89.20	4.20	-2.322	0.020
		After	93.40			

DISCUSSION

The average age of participants was 37.02 years. Previous research[8] indicated that the majority fall within the 31-40 age range. This suggests that respondents are in their productive years, expected to deliver excellent performance, and have significant potential for professionalism in patient care [9]. Age is linked to work performance,

physical ability, and emotional intellectual intelligence [10]. This may be because the respondents are in the age range of 22 to 45 years, which corresponds to early adulthood (21 to 35 years) and middle adulthood (35 to 45 years) in theory.[11] In this productive age group, people begin their professions and strive for job stability by putting in their best work. This age group is still active, which means that their bodies can still withstand activities and still function well without experiencing health issues [12].

The average length of service is 9.63 years. There is research that studies the length of service of nurses determines the quality of nurses [13]. Research in 2018 showed that length of work has a positive relationship to work productivity [14]. The longer someone works, the more skilled and experienced they become in their job. More working experience can positively impact performance as nurses develop a better understanding of hospital policies and nursing practices over time. Nurses with longer tenure often exhibit superior skills in supporting performance due to the knowledge and experience accumulated during their work compared to those with shorter tenure [12].

There are internal nursing regulations at *Sulianti Saroso Infectious Disease Hospital* in the form of nursing policies, nursing service guidelines, standard operating procedures, and nursing care standards, according to the study's findings. Each of these rules turns into a resource for nurses to use when doing nursing administration, actions, and care duties. Every nurse is regularly and consistently socialized to this internal nursing regulation.

Most of the respondents have a D3 Nursing degree. This is in line with the research of Kimalaha, Mahfud, & Anggraini, (2018) where the distribution of the most education is Diploma-3 at 69.2%. Nursing is part of a society that will experience changes in line with the development of society [16]. The higher the education, it is expected that there will be changes in behavior that are better and more professional and have a more mature mindset [17]. The nursing profession and nurses with a Diploma III education level both demonstrated good performance, with a percentage of >80%. This indicates that all nurses have the same potential to work well, regardless of their educational background. Professional nurses and nurses with a Diploma III education level both performed well across the seven areas of study [12].

Infusion fluid documentation often fails to record allergies, document the number of bottles, and provide names and initials. This may be due to a lack of understanding of the purpose of recording allergies, specifying the number of bottles, and including names with corresponding details. Allergy recordings should be written in detail [18]. Recording the infusion fluid color is important to ensure the correct amount of infusion fluid has been given, the infusion fluid drop rate, the type of infusion fluid, and the availability of infusion fluid in the patient's IV bag [19].

Recording names and initials in the infusion fluid sheet documentation is crucial. This documentation is essential for nursing services, providing a record and report that serves as a measure of responsibility and accountability for potential issues experienced by patients. In addition to recording data, the name and initials of the nurse who performs the data are valid. Authentication can take the form of signatures, stamps, or initials that are recognizable in medical records [20].

Intentional mentoring relationships within the setting of a structured program that is bound by a time frame and defined objectives are the definition of mentoring, according to Race and Skees [21]. It encompasses the idea of integration within a group and an institution in addition to the advancement of knowledge. Different

mentoring approaches exist, however, they are not all the same. It could be referred to as an induction, training, or mentorship program. Only nurse mentoring programs are the subject of this scoping review.

The results of documentation analysis in the intervention group obtained a P value <0.05. This means that mentorship is effective in optimizing infusion fluid documentation. This is in line with the results of research by Feyissa, Balabanova, & Woldie (2019) which states that mentorship interventions are effective in matters relating to the performance of health workers, especially in increasing health worker compliance with standard protocols [23]. Mentorship is an interactive social process, encompassing broader mentoring [24] and involves a long-term relationship between a mentor and mentee with support from a leader [25].

The mentorship program proved to be a successful intervention in enhancing job satisfaction, retention, and intention to stay in the current position. The mentoring program received approval and was fully implemented at the practice location. A professional with significant experience and knowledge who takes on the role of mentoring, counseling, instructing, and supporting others in gaining competency, enhancing their professional skills, and favoring leadership is known as a mentor. These characteristics also address personal needs in addition to labor requirements [26].

Mentors must build mentees' trust, inspire them, and use knowledge and reflection—both vital learning tools—to teach them critical problem-solving, decision-making, and organizational skills. They must also be impartial, supportive partners and facilitators who are always in a continuous process of learning. The individual who gets assistance in developing their abilities and achieving integration into a community or institution is known as the mentee. In the context of providing care, security and the quality of the assistance are crucial factors [26].

The results of the analysis showed that knowledge in the intervention group obtained a P value <0.05. This means that mentorship is effective in increasing knowledge. These results are in line with research conducted by Roza & Wulandini (2020) showing the average difference in the results of the experimental group's knowledge before and after being given the mentoring program treatment for students about patient safety.[28] Mentoring is a social interaction process strategy in a work environment that has a specific purpose to help other nurses grow and develop and increase the effectiveness of the nurse's role [29].

In the mentoring process, there is a focus on increasing knowledge, including knowledge about nursing care documentation. This knowledge is crucial for nurses as it serves as a foundation for decision-making in accurately and effectively documenting nursing care.[30] It helps to meet the demands and stay updated with developments that occur in applying nursing care [14].

In the mentoring process, enhancing knowledge about nursing care documentation plays a crucial role. This knowledge not only serves as a foundation for decision-making but also provides various benefits that support safe, effective, and standardized nursing practices. The importance of knowledge for nurses includes serving as a basis for accurate decision-making, meeting professional demands, and facilitating the implementation of technology and nursing practices.

Mentoring has deep roots in academic health centers and is known to benefit institutions by enhancing retention, promoting wellness, improving promotion outcomes, and boosting job satisfaction. On a personal level, it fosters professional

development and offers a sense of fulfillment for both mentors and mentees. However, mentors may face difficulties in developing their mentoring abilities, addressing challenges that arise with mentees over time, or determining the appropriate way and timing to conclude the mentoring relationship.

The nursing practice uses mentoring programs as a vital component of their curricula. In the context of students and, in some countries, nursing care, particularly documentation, is fully normalized. The goal of any mentorship program is to assist newly graduated or experienced nurses in adjusting to new service areas. Mentoring programs strengthen nursing performance, increase practice and retention, and foster a happy, encouraging work atmosphere.

CONCLUSION

Based on the results of the research conducted, the following conclusions can be drawn: The characteristics of nurses in this study are in the early adulthood age range (20-40 years), with an average length of work of 9 years. After observing the infusion fluid documentation, the most frequently omitted aspects are recording allergies, noting the number of bottles, and providing names and details. There is a significant difference before and after the mentorship program on the optimization of infusion fluid documentation. Also, there is a significant difference in knowledge before and after mentorship intervention.

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