COACHING AS A STRATEGY TO ENHANCE NURSING CARE DOCUMENTATION QUALITY

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ABSTRACT

Introduction: Nursing care documentation serves as the cornerstone of effective interprofessional communication, continuity of care, and patient safety, continuity of care, and defensible legal practice. Despite its important role, the quality of nursing care documentation remains a constant challenge in various clinical settings. While traditional methods for improving nursing documentation can result in some initial improvements, they often fail to achieve sustained and meaningful change. Given these persistent problems, coaching became one of the innovative strategies to improve nursing documentation practices and foster a culture of continuous improvement in healthcare settings. **Purpose:** This study aims to explore the effectiveness of coaching as a strategy to improve the quality of nursing care documentation. **Method:** 16 nursing documentation measures were used the Q-DIO before-after coaching implementation with one coach-one nurse method along two phases. Collected data in this study were analyzed using Wilcoxon test to find significance of the difference before-after measurements. **Result:** The study found that there was improvement in each dimension of nursing documentation quality as measured by the Q-DIO instrument, and that the dimensions significantly differed in overall quality ($p<0.001$). **Discussion:** Therefore, further implementation of the coaching method with longer and more intermittent sequences gives certain promise as an alternative strategy for enhancing the quality of nursing care documentation in the future.

Kata Kunci: diagnosis, intervention, nursing process, outcome, Q-DIO

INTRODUCTION

In the rapidly evolving modern healthcare landscape, the quality of nursing care documentation is a critical cornerstone for patient safety, continuity of care, and defensible legal practice (Harding, Troyer and Bailey, 2014; Foba, Liforter and Atanga, 2024). Effective documentation goes beyond its role as a mere record-keeping activity; it serves as a dynamic communication channel among multidisciplinary healthcare teams, providing a comprehensive narrative of patient care and clinical decision-making (Tawfik, Mahfouz and AbdAllah, 2024). However, persistent deficiencies in nursing documentation practices, including incompleteness, inaccuracy, and lack of standardization, continue to pose significant challenges for healthcare organizations around the world. These deficiencies can lead to adverse patient outcomes, an increased risk of medical errors, impaired care coordination, and increased legal liability (Simanjuntak *et al.*, 2021).

The imperative for high-quality nursing documentation is further reinforced by regulatory mandates and accreditation standards set which emphasizes comprehensive, accurate, and timely documentation as a critical component of quality patient care and effective interprofessional communication. Despite this mandate, nursing professionals often face obstacles in maintaining optimal documentation standards due to a variety of factors. These include heavy workloads, time constraints, inadequate training in documentation practices, and the complexities associated with electronic medical record (EHR) systems (Akhu-Zaheya, Al-Maaitah and Bany Hani, 2018). In addition, the increasing demands for detailed and precise documentation to support billing, reimbursement, and performance measurement further complicate these challenges (Kelley, Brandon and Docherty, 2011; McCarthy *et al.*, 2019).

Nursing care documentation serves as the cornerstone of effective interprofessional communication, continuity of care, and patient safety. It provides a comprehensive record of patient assessments, interventions, and outcomes, acting as a legal and ethical imperative in contemporary healthcare systems (Mykkänen, Miettinen and Saranto, 2016; Potter *et al.*, 2021). However, despite its important role, the quality of nursing care documentation remains a constant challenge in various clinical settings. Suboptimal documentation, characterized by incompleteness, inaccuracy, and lack of clarity (Charalambous and Goldberg, 2016), can lead to fragmented care, an increased risk of adverse events, and compromised patient outcomes (Instefjord *et al.*, 2014; Samani *et al.*, 2023; Zainalayn *et al.*, 2024).

Traditional approaches to improving the quality of documentation often rely on didactic education and standard templates. While these methods can result in some initial improvements, they often fail to achieve sustained and meaningful change (Casado *et al.*, 2024; Assick, 2026). The dynamic and complex nature of clinical practice requires a more individualized and supportive approach to fostering professional development and upskilling (Gordon *et al.*, 2013). Given these persistent problems, there is a growing need for innovative strategies to improve nursing documentation practices and foster a culture of continuous improvement in healthcare settings.

One promising approach lies in the implementation of coaching as a targeted intervention designed to empower nurses to refine their documentation skills, improve their understanding of documentation standards, and improve their overall competence in this critical area of practice (Gordon *et al.*, 2013; DeForge *et al.*, 2020). Coaching, defined as a collaborative and supportive process that aims to facilitate individual growth and performance improvement through personalized

feedback, mentorship, and skill development, has demonstrated its effectiveness in a variety of professional fields, including education, sports, and business (Tenza *et al.*, 2026).

In the context of nursing, coaching offers a unique opportunity to address specific documentation challenges by providing nurses with individualized support tailored to their learning needs, practice environment, and professional goals (Gordon *et al.*, 2013). Nurse coaching involves a structured process of observation, feedback, reflection, and action planning that allows nurses to identify areas for improvement, develop targeted strategies to strengthen their documentation skills, and build confidence in their ability to meet documentation standards (Tenza *et al.*, 2026). This approach aligns with the principles of adult learning theory, which emphasizes independent learning, active participation, and relevance to practice.

By providing individualized support and fostering a culture of continuous improvement, coaching can address the specific challenges that nurses face in their documentation practices. This includes addressing issues such as implementation of inconsistent documentation standards, lack of critical thinking and clinical reasoning, time constraints and workload pressures, and variability in skill and confidence in documentation (Samani *et al.*, 2023; Tenza *et al.*, 2026). So, coaching can promote a shift from a punitive approach to a supportive approach to quality improvement. By creating a safe, non-judgmental environment, coaching encourages nurses to engage in open dialogue about their documentation challenges and collaboratively develop solutions, also provides a transformative learning environment(Fletcher and Meyer, 2016).

Research shows that coaching interventions can lead to significant improvements in clinical practice by fostering a culture of continuous learning, promoting self-reflection, and increasing individual accountability (Gordon *et al.*, 2013; DeForge *et al.*, 2020; Tenza *et al.*, 2026). Coaching can also facilitate the integration of evidence-based practices into nursing documentation, ensuring that documentation reflects current standards of care and best practices in patient management. Additionally, coaching can empower nurses to become active participants in quality improvement initiatives, contributing to the development of organizational policies and procedures that support high-quality documentation practices. Therefore, this study aims to explore the effectiveness of coaching as a strategy to improve the quality of nursing care documentation.

RESEARCH METHODS

This study used a pre-experimental quantitative design with coaching as the intervention to enhance the quality of nursing documentation. Individual coaching interventions (one coach per nurse) were conducted by the research team during shift overlap or midday shift between morning and evening rotations, optimizing participation across two inpatient wards. The intervention comprised two distinct phases. Phase one involved a baseline measurement (pre-test) of nursing documentation, followed by an instructional discussion based on Indonesian Nursing Standards compared with nursing care documentation, and the formulation of an immediate action plan for the next shift. Phase two comprised a review of the implemented changes, structured feedback, and a post-intervention evaluation (post-test).

Nursing care documentation from a private hospital in Palembang was taken from two inpatient rooms on two shifts of the nurse's duty schedule. However, the name of the hospital involved in this study will not be disclosed due to confidential reasons. Sixteen nursing documentation

samples were randomly measured using *Quality of Diagnosis, Intervention, and Outcome* (Q-DIO) as an instrument in this study (Müller-Staub *et al.*, 2008, 2009; Bozzetti *et al.*, 2025) (before and after intervention measurement). Post-test measurement was taken a day after the coaching implementation to see changes or improvements in nursing care documentation. All data of nursing documentation quality were categorized based on quartiles for each dimension (nursing diagnosis as process, nursing diagnosis as product, nursing intervention, and nursing outcome) and overall quality (Q-DIO), distributed to good, sufficient, and less quality (Koerniawan, Daeli and Srimiyati, 2020). Wilcoxon Signed-Rank Test was used to analyze the before-after differences in nursing documentation quality (Mawarti *et al.*, 2021; Frisca *et al.*, 2022).

RESULTS

Results of descriptive analysis in this study include the characteristics of nurses who documented the nursing care, as well as the main variables in before-after measurements.

Table 1 shows that nurses in this study had an average age of 35.19 years, ranging from 26 to 43 years old, and 11.69 years of work experience, with a range of 2-15 years. In addition, most nurses are women (87.5%) and have level III in their career path (75%).

Table 1. Results for nurse's characteristics

Variables	Mean ± SD	Median (Min-Max)
Age	35.19 ± 5.063	36 (26-43)
Work length	11.69 ± 5.512	13 (2-15)
	Frequencies	**Percentage**
Gender		
Men	2	12.50%
Women	14	87.50%
Nurse's career path		
Level I	3	18.80%
Level II	1	6.30%
Level III	12	75.00%

The dimensions of Q-DIO are nursing diagnosis as process (nursing assessment), nursing diagnosis as product (nursing diagnosis and outcome), nursing intervention, and nursing outcome (nursing evaluation). The quality of nursing documentation for each dimension and overall measurement (Table 2) shows that most of the documentation has sufficient quality before coaching implementation and changes to good quality after the coaching, although some remain in the same categories (nursing as product, nursing intervention, and nursing outcome). In detail, there was one document in nursing assessment that has lower quality. All documentation improved to good quality in nursing assessment and overall Q-DIO, five documents were still in sufficient quality of nursing diagnosis as product, also there were three and two documentation remains sufficient quality in nursing interventions and nursing outcomes, respectively.

Table 2. Results of the quality of nursing documentation

Dimensions	Before		After	
	Frequencies	Percentage	Frequencies	Percentage
Nursing Diagnoses as Process				
Good	4	25.00%	16	100.00%
Sufficient	11	68.80%	0	0%
Less	1	6.30%	0	0%
Nursing Diagnoses as Products				
Good	2	12.50%	11	68.80%
Sufficient	14	87.50%	5	31.30%
Less	0	0%	0	0%
Nursing Interventions				
Good	6	37.50%	13	81.30%
Sufficient	10	62.50%	3	18.80%
Less	0	0%	0	0%
Nursing Outcomes				
Good	2	12.50%	14	87.50%
Sufficient	14	87.50%	2	12.50%
Less	0	0%	0	0%
Q-DIO				
Good	1	6.30%	16	100.00%
Sufficient	15	93.80%	0	0%
Less	0	0%	0	0%

Table 3. Differences and significance of before-after coaching implementation

Q-DIO before	Q-DIO after			Total	p-value
	Less	Sufficient	Good		
Less	0	0	0	0	0.0001
Sufficient	0	0	15	15	
Good	0	0	1	1	
Total	**0**	**0**	**16**	**16**	

The improvement in overall nursing documentation quality (Table 3) is displayed in the change from 15 nursing documentation that had sufficient quality has improve to good quality after the coaching implementation and one documentation maintained in good quality. The differences show significant improvement in how coaching enhances the quality ($p<0.001$).

DISCUSSION

High-quality nursing care documentation is essential for various reasons (Selvi, 2017; Marušić *et al.*, 2020), such as to ensure that patient records are accurate, up-to-date, and comprehensive. Standardized documentation practices, including the use of nursing classifications and terminologies, are crucial for ensuring consistency and accuracy in nursing records (Mykkänen, Miettinen and Saranto, 2016). Continuous professional training and education are necessary to address gaps in nurses' knowledge and practices related to documentation, thereby improving the quality of care and patient safety (Okaisu *et al.*, 2014; Hussain, Saddique and Jabeen, 2024). While electronic documentation systems offer numerous benefits, they also

present challenges, such as the need for nurses to adapt to new technologies and the potential for incomplete documentation due to system limitations (Purwoto *et al.*, 2023; Solehudin *et al.*, 2024). Additionally, the transition to electronic systems requires careful planning and management to ensure successful implementation and adoption by nursing staff (Jedwab *et al.*, 2022). Balancing the advantages of electronic systems with the need for comprehensive content quality remains a critical consideration for healthcare organizations aiming to optimize nursing documentation practices.

According to Q-DIO, nursing diagnosis as process refers to nursing assessment process and how the nursing problems prioritize. Meanwhile, nursing diagnosis as product is about how nurses state the nursing diagnosis. Nursing assessment that observed in this study has different format and more general aspects of assessment, so it not specifically assesses the social situation and living environment/circumstances, coping in the actual situation/with the illness, beliefs and attitudes about life (related to the hospitalization), and hobbies or activities for leisure. Moreover, the improvement from 25% rated as 'Good' to 100% post-coaching indicates a profound impact on nurses' understanding and application of nursing diagnoses. These findings of this study align with the literature that emphasizes the importance of structured training in enhancing clinical decision-making and documentation skills among nursing staff (Belal, EL-Said and Elkhawaga, 2024; Hussain, Saddique and Jabeen, 2024). Effective documentation of nursing diagnoses is crucial for ensuring continuity of care and improving patient outcomes (Anggariswa *et al.*, 2024). The increase in 'Good' ratings from 12.5% to 68.8% suggests that coaching has effectively improved the quality of documentation related to nursing diagnoses as products. This improvement is vital as accurate documentation influences treatment plans and patient safety. However, the remaining 31.3% rated as 'Sufficient' indicates that further training may be necessary to achieve comprehensive proficiency in this area.

The rise in 'Good' ratings from 37.5% to 81.3% highlights the positive impact of coaching on documenting nursing interventions. This is critical, as well-documented interventions are essential for evaluating patient progress and ensuring that care is tailored to individual needs. The improvement in this area reflects the effectiveness of targeted coaching strategies that focus on enhancing practical skills (Ballengee *et al.*, 2022). The significant increase in 'Good' ratings from 12.5% to 87.5% underscores the coaching program's success in improving documentation of nursing outcomes. The ability to demonstrate positive patient outcomes through accurate documentation can also enhance the credibility of nursing practice. The remarkable improvement in overall Q-DIO ratings from 6.3% to 100% signifies that the coaching intervention has substantially transformed the quality of nursing documentation. This comprehensive improvement supports the notion that structured coaching can lead to a culture of excellence in documentation practices (Arthurs *et al.*, 2017).

The results indicate that coaching has effectively addressed the gaps in nursing documentation practices, leading to a complete transformation in how nurses document care. The shift from predominantly 'Sufficient' ratings to all 'Good' ratings reflects a comprehensive understanding of documentation standards among nursing staff, which is crucial for delivering high-quality patient care. This transformation highlights the importance of targeted interventions that focus on specific areas of need within nursing documentation. This evidence underscores the necessity for healthcare organizations to prioritize continuous education and

resources aimed at enhancing documentation practices, ultimately fostering better patient outcomes and ensuring compliance with regulatory standards. The commitment to improving documentation standards not only enhances the efficiency of nursing practice but also contributes significantly to patient safety and overall healthcare quality. Assessment and identification of factors that determine commitment need to be explore further to form "a new-culture" adaptation (Elon *et al.*, 2018; Koerniawan and Frisca, 2023). These efforts create a culture of accountability and excellence within healthcare teams, empowering nurses to deliver high-quality care while maintaining accurate and comprehensive records. This proactive approach not only benefits individual practitioners but also strengthens the entire healthcare system by facilitating effective communication among team members and improving interdisciplinary collaboration. By investing in ongoing coaching and development, healthcare organizations can ensure that all staff members are equipped with the latest tools and knowledge necessary for effective documentation, thereby streamlining workflows and minimizing errors.

Nevertheless, there are some limitations that must consider of this study. The study's findings may be limited by the sample size, which could affect the generalizability of the results. The assessment of nursing documentation quality was conducted before and after the coaching intervention over a relatively short period, so the good practices and patient's outcomes may not be fully captured. Although the Q-DIO's Muller-Staub instrument provides a structured framework for evaluating documentation quality, there may still different aspects in hospital assessment form, therefore not all items found in the assessment. Lastly, the absence of a control group limits the ability to draw causal conclusions regarding the effectiveness of the coaching intervention.

CONCLUSION AND SUGGESTIONS

Conclusion

This study provides evidence that coaching implementation can enhance the quality of nursing care documentation in overall aspects, also in every dimension of nursing process significantly. Especially, it showed has highest in nursing as process and nursing outcome.

Suggestion

Therefore, commitment from both nurses and hospital management become the important key to make coaching as ongoing program to develop best practice culture of nursing documentation. Thorough high-quality documentation can enhance patient outcomes, foster a culture of safety, and drive continuous improvement within healthcare settings. This commitment to meticulous record-keeping ultimately leads to better patient experiences and outcomes, as well as increased accountability among healthcare providers. These improvements not only enhance the quality of care but also contribute to a more efficient and resilient healthcare system that can adapt to evolving challenges.

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