

## THE RELATIONSHIP OF THE LEVEL OF EDUCATION OF MIDWIVES AND NURSES WITH THE OPINION ON THE APPLICATION OF MIDWIFE/NURSING DOCUMENTATION

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### ABSTRACT

**Introduction:** Nursing documentation is a set of documents that a nurse fills in or records in them information about her actions during the entire care process, with the purpose of systematic monitoring of the state of the individual, family and community, planning, evaluation and control of what has been done. Nurses/technicians and midwives are becoming more aware of the need for documentation because it represents stability and security on the way to developing the profile of professional titles into recognized professions.

**Aim:** The main objective of this research is to determine the existence of a connection between the level of education of nurses / midwives and the opinion on the application of existing documentation.

**Materials and methods:** The cross-sectional study was conducted at the beginning of 2024 in the County Hospital “Dr. fra Mihovil Sučić” Livno, Livno Health Center, Tomislavgrad Health Center and Mostar University Clinical Hospital. The research was conducted on a sample of 80 participants. For the purposes of the research, a survey questionnaire was used, taken from the author of the paper “Attitudes of nurses and midwives about electronic nursing documentation in perinatalogical practice”, Car D., the use of which was requested and obtained, and adapted for the needs of this paper.

**Results:** The results of this study did not establish a statistically significant difference in opinion regarding the application of existing documentation in nursing and midwifery with regard to the level of education. Nurses/technicians and midwives with a bachelor’s degree believe that nursing documentation is better managed by nurses/technicians and midwives with a higher level of education, and that nurses/technicians and midwives with high school education attach too little importance to nursing documentation.

**Conclusion:** Healthcare professionals consider nursing and midwifery documentation to be important for overall care. There is no significant difference in opinion regarding the application of existing documentation in nursing and midwifery, based on the level of education.

**Keywords:** documentation, midwifery, nursing, satisfaction, education

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## INTRODUCTION

According to the Law on Nursing and Midwifery of the Federation of Bosnia and Herzegovina from 2013, a nurse, or midwife, is obliged to record all performed procedures in the nursing, or midwifery documentation, which is part of the medical documentation, for each individual patient, at all levels of health care (1). The role of nursing documentation is also recognized in nursing management, where it serves as an indicator of the quality of health care (2). Gossen et al. as early as 1998, they concluded that the documentation is a valuable instrument for creating a patient profile by nursing diagnostic groups, but also for insight into health care costs, etc. (3). Nurses (OB Dubrovnik) understand the need to keep documentation, but most still consider it an unimportant part of their job, and that it takes away the time they need for the patient (4). Manual documentation management increases the time required for documentation, and they believe computerization would ensure a faster and simpler flow of information (5, 6). The health workers of the Osijek hospital also consider keeping documentation in nursing a waste of time, significantly more so those with a lower level of education (7). The purpose of midwifery documentation is complex and multi-functional, involving much more than recording the clinical and legal details of a patient's care. Midwifery documentation has an impact on the positive experiences of patients with midwifery care, supports the role of the midwife, strengthens cooperation between healthcare professionals and contributes to

organizational processes and research (8). However, surveyed midwives in an Australian study overestimate the time spent on documentation and feel frustrated, and suggest revising existing documentation with the aim of creating more time for direct patient care (9). Similar views are expressed by midwives from Uganda, who support individualized midwifery care, but still see documentation as a burden in their daily work (10).

By reviewing the available scientific databases, one research paper was found on midwives' opinions and attitudes about maintaining midwifery documentation. Of all those surveyed, midwifery bachelors attach the least importance to electronic nursing documentation in their work. The majority of respondents, of all educational profiles, consider the current medical history and health care plan insufficiently applicable in everyday perinatal practice, and advocate changes in certain segments of the documentation (11). The goal of this research was to determine the existence of a connection between the degree of education of nurses / midwives and the opinion on the application of existing documentation, and to examine opinions on the benefits of the application of existing documentation in perinatal practice.

## MATERIALS AND METHODS

The cross-sectional study was conducted at the beginning of 2024 in the County Hospital "Dr. Fra Mihovil Sučić" Livno, Livno Health Center, Tomislavgrad Health Center and Mostar University Clinical Hospital.

## Respondents

The random sample consisted of 80 participants (N=80). Incompletely filled questionnaires were excluded from the research.

## Research methods

The survey questionnaire taken from the research "Attitudes of nurses and midwives about electronic nursing documentation in perinatal practice" by the author Car D., whose consent was obtained, and adapted for the needs of this paper, was used. The first part of the questionnaire was related to general sociodemographic data, while the rest was made up of statements related to the everyday use of nursing and midwifery documentation. Participants had the opportunity in the last question to indicate what would need to be included in nursing/midwifery documentation, to make it specific to perinatology practice (11). The research was conducted through a written questionnaire in the County Hospital "Dr. Fra Mihovil Sučić" in Livno and via Google Form questionnaire in other institutions.

## Ethics approval of research

The research was reported to the competent ethics committee, and approval was obtained for the same.

## Statistical analysis

The collected data were processed using the methods of descriptive and inferential statistics. The value of  $p < 0.05$  was used as the level of statistical significance. The software system IBM SPSS Statistics 25 and Microsoft Excel 2016 were used for statistical data analysis.

## Sample description

Nurses/technicians and midwives employed in: Mostar University Clinical Hospital, County Hospital "Dr. Fra Mihovil Sučić" Livno, Livno Health Center, Tomislavgrad Health Center took part in the research, and the number was 80 respondents. Out of 80 participants, 21 are male, and the remaining 59 are female participants. 28 of them (3.5%) are employed in Livno County Hospital, 44 (55.5%) in Mostar University Clinical Hospital; five participants (6.25%) are employed at the Livno Health Center and three participants (3.75%) are employed at the Tomislavgrad Health Center. The minimum age in this sample was 23 years, and the maximum age was 56 years. The average age, expressed as the arithmetic mean, is  $M=31.21$  ( $SD=8.11$ ) years, and the median age is  $C=28.0$  ( $Q=3.5$ ) years. Regarding years of service, the smallest number of years in this sample is one year, and the largest number of years is 35 years. The average number of years of service expressed by the arithmetic mean is  $M=8.59$  ( $SD=8.16$ ), and expressed by the median is  $C=6.0$  ( $Q=3.5$ ). In terms of educational status, 17 participants (21.3%) state the category of completed secondary health care education as their professional qualification, 12 of them (15.0%) state the category of midwife/midwife assistant, 16 participants (20.0%) have a bachelor's degree in nursing, 18 (22.5 %) have a bachelor's degree in midwifery and 17 participants (21.3 %) have a master's degree in nursing or a graduate medical technician.

## RESULTS

The analysis of data on satisfaction with the use of nursing documentation is shown

in Table 1, and the results of testing the significance of the difference in responses are shown in Table 2.

**Table 1.** *Data of descriptive statistics on claims about nursing documentation on the entire sample of participants (N=80)*

		N	%
1. I consider nursing documentation extremely important for overall nursing care.	Not at all.	0	0.0
	Partly no.	0	0.0
	Neither yes nor no.	10	12.5
	Partly yes.	39	48.8
	Totally yes.	31	38.8
2. I believe that nurses and midwives with a higher level of education manage nursing documentation better.	Not at all.	5	6.3
	Partly no.	8	10.0
	Neither yes nor no.	29	36.3
	Partly yes.	23	28.7
	Totally yes.	15	18.8
3. I believe that nurses and midwives with completed secondary health care education attach too little importance to nursing documentation.	Not at all.	8	10.0
	Partly no.	19	23.8
	Neither yes nor no.	34	42.5
	Partly yes.	10	12.5
	Totally yes.	9	11.3
4. I believe that the current nursing anamnesis documentation in the hospital system is appropriate for the department in which I work.	Not at all.	8	10.0
	Partly no.	10	12.5
	Neither yes nor no.	20	25.0
	Partly yes.	30	37.5
	Totally yes.	12	15.0

**Table 2.** *Testing the significance of the difference in average responses to claims about nursing documentation with regard to the category of education level, Kruskal-Wallis H test (N=80)*

	Average rank			H	df	p
	completed secondary health care education (n <sub>1</sub> =29)	Baccalaureate (n=34)	Master (n=17)			
I consider nursing documentation extremely important for overall nursing care.	36.16	42.66	43.59	1.95	2	0.38
I believe that nurses and midwives with a higher level of education manage nursing documentation better.	31.83	48.40	39.50	8.68	2	0.01
I believe that nurses and midwives with completed secondary health care education attach too little importance to nursing documentation.	31.36	47.84	41.41	8.73	2	0.01
I believe that the current nursing anamnesis documentation in the hospital system is appropriate for the department in which I work.	41.67	34.71	50.09	6.58	2	0.06

Legend: H - resultate on Kruskal.Wallis H test; df - degree of freedom ; p - statistical importance

A statistically significant difference was found in the levels of average responses to the following statements: "I believe that nurses and midwives with a higher level of education manage nursing documentation better" and "I believe that nurses and midwives with a high school education attach too little importance to nursing documentation". Those with a baccalaureate degree agree the most with both statements, and those with a secondary health care education the least.

On the other two statements ("I consider nursing documentation extremely

important for overall nursing care" and "I believe that the current nursing history in the hospital system is appropriate for the department where I work"), no statistically significant difference was found with regard to the level of education, which indicates that the participants of different education profiles agree with the stated claims to the same extent.

Table 3 shows the answers to the questions asked only to midwives and nurses working in the gynecology and childbirth department (N=31).

**Table 3.** Descriptive statistics data on claims about nursing documentation on part of the sample of midwives and nurses working in the department of women's diseases and childbirth (N=31)

		N	%
1. I believe that all segments of the current nursing anamnesis are appropriate for planning the health care of pregnant women and women in labor.	Not at all.	5	16.1
	Partly no.	9	29.0
	Neither yes nor no.	9	29.0
	Partly yes.	6	19.4
	Totally yes.	2	6.5
2. I believe that the health care plan is essential for perinatal practice.	Not at all.	0	0.0
	Partly no.	1	3.2
	Neither yes nor no.	6	19.4
	Partly yes.	12	38.7
	Totally yes.	12	38.7
3. I believe that setting nursing diagnoses and interventions is essential for quality health care in perinatology.	Not at all.	0	0.0
	Partly no.	0	0.0
	Neither yes nor no.	8	25.8
	Partly yes.	15	48.4
	Totally yes.	8	25.8
4. I believe that current nursing diagnoses (eg reduced ability to take care of oneself) are not applicable in perinatal practice.	Not at all.	0	0.0
	Partly no.	4	12.9
	Neither yes nor no.	13	41.9
	Partly yes.	11	35.5
	Totally yes.	3	9.7
5. I believe that more information about the course of pregnancy is needed in the nursing anamnesis.	Not at all.	0	0.0
	Partly no.	1	3.2
	Neither yes nor no.	4	12.9
	Partly yes.	12	38.7
	Totally yes.	14	45.2
6. I believe that there is a need to define nursing diagnoses and interventions, which are applicable for pregnant women and women in labor.	Not at all.	0	0.0
	Partly no.	0	0.0
	Neither yes nor no.	4	12.9
	Partly yes.	14	45.2
	Totally yes.	13	41.9

## DISCUSSION

The examined health professionals, mostly employees of the Mostar University Clinical Hospital and the County Hospital "Dr. Fra Mihovil Sučić" Livno, consider

nursing and midwifery documentation important for overall care. There is no significant difference in opinion regarding the application of existing documentation in nursing and midwifery, considering the

level of education. Participants with an academic level of education, primarily bachelor's degree holders, believe that the academic level affects better documentation management and that their colleagues with secondary education do not attach enough importance to documentation, but these claims can be contested on the basis of the absence of a significant difference in opinion about the importance of documentation. There were 50 nurses/technicians and 30 midwives in our examined sample. An equal number of participants (N=78) is also found in Car D.'s research (2021), whose questionnaire was taken over for the purposes of our research, and the results showed that documentation is considered extremely important by masters of nursing, i.e. graduated nurses/technicians, and electronic documentation is considered the least important by midwifery bachelors (11). Our findings are not consistent with these results, given that our participants with secondary education show awareness of the importance of documentation. The younger age of the participants (31.21 years) and the average length of service (8.59 years) can be considered as positive predictors of the attitude about the importance of documentation in this research, but further research on a larger sample is needed to confirm this.

Also, it is indicative that almost half of our participants consider documentation to be partially essential for nursing care. Are they unsatisfied with the content of the existing documentation, or do they think that direct activities around the patient play a more significant role in the quality of care? However, given that the vast majority of participants have an academic level of education, there should be an

awareness of the power of documentation as a communication tool between staff and patients, as well as in the team. Only 15% of the participants consider the content of the medical anamnesis form to be completely appropriate, while more than a third is partially convinced of its adequacy, so it is possible that the opinion about an inappropriate medical anamnesis form can be connected with an uncertain attitude about the importance of documentation for care, considering that care planning begins with quality nursing / midwifery anamnesis.

In 2019, a study was conducted in hospitals in Henan province (China) on the relationship between the education of nurses and midwives and the opinion about documentation. Half of the respondents considered high-quality archiving of documentation to be important. The authors conclude that a higher level of education is still not a strong enough factor, and that younger age, less work experience and a significant workload can lead to a decrease in the quality of nursing documentation. The need to continuously improve nurses' awareness of the importance and legal significance of documents was pointed out (12).

In this research, there is no significant difference in satisfaction with the use of documentation between nurses/technicians and midwives. Part of the sample in this research was made up of participants - midwives and nurses who work in the department related to women's diseases and childbirth in Mostar University Clinical Hospital and County Hospital "Dr. Fra Mihovil Sučić" Livno. The answers to the claims about the significance and benefits of the existing documentation are more than indicative. Namely, only 6.5%

of the participants think that the anamnesis is appropriate for care planning, and the vast majority are undecided or partially agree. Partial agreement / disagreement is more in favor of disagreement, so the opinion is clearly expressed that the current pattern of anamnesis is not expedient. Also, almost half of the participants believe that more information about the course of pregnancy is needed in the nursing anamnesis, and with this statement the participants were the most unanimous in their opinion compared to the other issues. There is no satisfaction with the use of existing nursing diagnoses either, i.e. almost half think that it is necessary to define better nursing diagnoses and interventions so that they are applicable for pregnant women and mothers. No statistically significant difference was found between the participants with secondary school education and higher education in the levels of agreement with the stated statements, i.e. dissatisfaction with the existing documentation is present regardless of the level and profile of education.

There is no satisfaction among nurses and midwives in the Republic of Croatia. According to Car D's research, nurses and midwives least agree with the statements that the current nursing history in the hospital IT system is suitable for perinatology departments, that all segments of the current nursing history are suitable for planning the health care of pregnant women and new mothers, i.e. that all segments of the categorization are applicable in perinatalogical practice (assessment of independence, physical activity, risk of falling, state of consciousness, risk of pressure ulcers, vital

signs, communication, specific, diagnostic and therapeutic procedures in health care and education). They give these articles an average score of up to 2.50, which indicates that they do not agree with the statements, and it can be concluded that nurses and midwives in the Republic of Croatia also believe that the current nursing history and categorization of patients are not appropriate for perinatalogical practice (11). No research was found in the Federation of Bosnia and Herzegovina on the views of midwives on maintaining midwifery documentation. Although the Dutch system is cited as one of the best systems in midwifery, there are also problems with insufficient data in midwifery documentation related to the course of pregnancy and childbirth. In the last decade, a lot of effort has been invested in making the so-called "Perinatalogical register", i.e. a program that is used in all hospitals with perinatology activities, and contains data on the condition of pregnant women, mothers in labor and newborns. In 2016, the above-mentioned program was introduced in all perinatology departments, which monitors the conditions of pregnant women, mothers in labor and newborns. This computer program was created at the request of the Dutch Association of Obstetrical Nurses (13, 14).

One of the possible shortcomings of this research is the design of the sample. In the methodology, it was stated that the participants will be from two health centers from the area of Hercegbosna County. However, out of a total of 80, there are only a few employees from health centers, and this information in itself has no significance for analysis or reaching any conclusion. The reason for this is the lack

of interest among the employees contacted in the health centers about completing the survey in a certain period of time. There was also a difficulty with part of the midwifery masters sample. In the Federation of Bosnia and Herzegovina, only the Faculty of Health Studies at the University of Mostar has a diploma course in midwifery, the education of which is conditioned and harmonized by EU Directive 2005/36/EC (15). The lack of research on the connection between the education of nurses / midwives and the opinion on the management of nursing documentation in the Republic of Croatia and Bosnia and Herzegovina confirms the need for further research on this topic, and the contribution of the results obtained from this research can be reflected in this. Also, the found dissatisfaction of nurses / midwives regarding the application of existing documentation requires new research hypotheses on this research topic in order to obtain more reliable results and confirmation of the need for professional reflection on the (non) existence of deficiencies in this documentation and perhaps the development of guidelines for future documents. As part of the research, the hypothesis about the existence of a difference in satisfaction with nursing documentation between the nurses/technicians of the County Hospital "Dr. Fra Mihovil Sučić" Livno and University Clinical Hospital Mostar. Nurses / technicians and midwives of the University Clinical Hospital Mostar show a significantly more positive attitude towards nursing documentation, i.e. understanding the importance of nursing documentation and setting nursing diagnoses and interventions. In that line, the same employees believe that nurses and

midwives with a higher level of education manage nursing documentation better, and that nurses and midwives with a high school education attach too little importance to nursing documentation.

Midwives and nurses/technicians of all education profiles realize the importance of setting nursing/midwifery diagnoses in perinatology, but do not consider the documentation used in the perinatology practice departments in which they work to be sufficient due to the lack of data on previous pregnancies and the course of pregnancy itself. For example, the Nursing history regulated by the Ordinance on the form and content of basic medical documentation of the law on records in the field of health of the Federal Ministry of Health (16), which is used in the County Hospital "Dr. Fra Mihovil Sučić" Livno and University Clinical Hospital Mostar, does not contain a single question related to perinatology. For example, the Republic of Croatia, at the suggestion of the Croatian Chamber of Midwives, regulated and unified midwifery documentation with the Midwifery Act, thereby raising awareness of the importance of the midwifery profession (17). In the Federation of Bosnia and Herzegovina, there is no Chamber of Midwives at the federal level, which makes any efforts to achieve documentation standardization difficult, and to strengthen the development of midwifery as a profession. The last survey question in this research was open-ended, where the nurses and midwives employed in the wards for women's diseases and childbirth were left with space to state questions that would be important as part of the midwifery anamnesis (and which are not found in the existing nursing anamnesis). By reviewing



the responses (which are numerous and of high quality), we can first of all conclude that there is dissatisfaction with the existing documentation, and that the same shows, in fact, the interest of midwives in the development of their own profession and, perhaps, awareness of the complexity of providing care for two living beings.

Only complete, orderly and clearly managed documentation can provide relevant data and thus ensure the continuity of midwifery care, but also serve as a research resource for the purpose of developing the profession (18, 19).

In order to achieve all of the above, midwives must in the future be more aware of their own professional identity, values, and responsibilities, and work and act towards the improvement of midwifery as one of the most sensitive and courageous professions.

## CONCLUSION

The results of this study did not reveal a statistically significant difference in opinion regarding the application of existing documentation in nursing and midwifery based on the level of education. Only 15% of participants considered the content of the anamnesis form to be completely appropriate, while more than a third were partially convinced of its appropriateness. No statistically significant difference was found between participants with secondary education and higher education in the levels of agreement with the statements made, i.e. dissatisfaction with existing documentation is present regardless of the level and profile of education. A more positive attitude towards nursing documentation is significantly expressed by

nurses/technicians and midwives at the University Clinical Hospital Mostar.

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## POVEZANOST STUPNJA OBRAZOVANJA PRIMALJA I MEDICINSKIH SESTARA S MIŠLJENJEM O PRIMJENI PRIMALJSKE / SESTRINSKE DOKUMENTACIJE

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### SAŽETAK

Uvod: Sestrinska dokumentacija predstavlja skup dokumenata koje medicinska sestra ispunjava ili u njih zapisuje podatke o svojim postupcima tijekom cjelokupnog procesa skrbi, sa svrhom sustavnog praćenja stanja pojedinca, obitelji i zajednice, planiranja, vrednovanja i kontrole učinjenoga. Medicinske sestre / tehničari i primalje postaju svjesniji potrebe za dokumentiranjem jer ono predstavlja postojanost i sigurnost na putu razvoja profila stručnih zvanja u priznate profesije.

Cilj: utvrditi postojanje povezanosti stupnja obrazovanja medicinskih sestara / primalja s mišljenjem o primjeni postojeće dokumentacije.

Ispitanici i metode: Presječno istraživanje se provelo početkom 2024. godine u Županijskoj bolnici „Dr. Fra Mihovil Sučić“ Livno, Domu zdravlja Livno, Domu zdravlja Tomislavgrad i Sveučilišnoj kliničkoj bolnici Mostar. Istraživanje je provedeno na uzorku od 80 sudionika. Korišten je anketni upitnik preuzet od autorice rada „Stavovi medicinskih sestara i primalja o elektroničkoj sestrinskoj dokumentaciji u perinatološkoj praksi Car D., čije je korištenje zatraženo i dobivena.

Rezultati: Nije nađena značajna razlika u mišljenju oko primjene postojeće dokumentacije u sestrinstvu i primaljstvu obzirom na stupanj obrazovanja. Medicinske sestre / tehničari i primalje sa bakalaureatom smatraju da sestrinsku dokumentaciju bolje vode medicinske sestre / tehničari i primalje sa višim stupnjem obrazovanja, te da medicinske sestre / tehničari i primalje sa srednjoškolskim obrazovanjem pridaju premalo važnosti sestrinskoj dokumentaciji.

Zaključak: Zdravstveni djelatnici smatraju sestrinsku i primaljsku dokumentaciju značajnom za cjelokupnu skrb. Nema značajne razlike u mišljenju oko primjene postojeće dokumentacije u sestrinstvu i primaljstvu obzirom na stupanj obrazovanja.

**Ključne riječi:** dokumentacija, primaljstvo, sestrinstvo, zadovoljstvo, obrazovanje

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