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IMPLEMENTATION OF SDKI, SLKI, AND SIKI TRAINING AS AN EFFORT TO IMPROVE NURSING PERFORMANCE

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ABSTRACT

The Indonesian Nursing Diagnosis Standards (SDKI), the Indonesian Nursing Intervention Standards (SIKI), and the Indonesian Nursing Outcome Standards (SLKI), collectively referred to as the 3S, are standards established by the Indonesian Nursing Professional Organization (PPNI). However, their use is not uniform across all hospitals in Indonesia and has not been optimally implemented in nursing care documentation. This is due to the uneven distribution of documentation training based on the SDKI, SLKI, and SIKI, as well as the fact that most nurses still use outdated standards when documenting nursing care. This lack of uniformity has the potential to reduce the quality of nursing care. Objective: This study aims to analyze the SDKI, SIKI, and SLKI training, as well as the implementation of SDKI, SIKI, and SLKI as an effort to improve nursing performance at Soeharto Heerdjan Hospital. This study used a qualitative descriptive approach with 36 participants. Data collection procedures included in-depth interviews, field notes, and a voice recorder. The Collaizi technique was used for data analysis. Training using SDKI, SLKI, and SIKI enhanced both nurses skills and documentation quality. However, nursing care implementation at Soeharto Heerdjan Hospital remained suboptimal, leading to inconsistent documentation. SDKI, SIKI, and SLKI training was delivered according to SOP and improved nursing skills and documentation. Nevertheless, full adoption is challenged by non-nursing duties, staff shortages, and a lack of specific SOPs. While some nurses adapted, others rely on prior formats. Training enhanced assessment, planning, and diagnosis, but implementation and evaluation require ongoing support.

Keywords: nursing performance; SDKI; SIKI; SLKI; training implementation

INTRODUCTION

Nursing care is a systematic, scientifically based process used by nursing staff to meet patients' needs in maintaining their biological, psychological, social, and spiritual well-being. This process is implemented through several stages: nursing assessment, establishing a nursing diagnosis, planning interventions, implementing interventions, and evaluating nursing care (Rezkiki et al., 2022). In implementing nursing care, nurses are required to document each stage thoroughly, systematically, and in a structured manner. This documentation demonstrates the nurse's professional accountability for every action provided to the patient during the nursing care process (Kusumaningrum et al., 2022). Nursing documentation is a crucial part of professional nursing practice and must be complete and accurate. These records serve as protection for nurses against potential lawsuits and evidence that nursing care has been implemented according to standards (Damanik et al., 2019). Nursing care documentation is a factor in determining service quality because it serves as a means of written communication between nurses and other healthcare professionals. Accurate, systematic, and complete documentation can facilitate smooth communication and coordination, ensuring the continuity of nursing care (Prabowo et al., 2023).

One of the issues related to nursing documentation is the completeness of its content (Juniarti et al., 2020). Incomplete, inaccurate, or irrelevant nursing documentation can make it difficult for nurses to prove that actions have been performed correctly and in accordance with procedures (Muryani et al., 2020). Incomplete and irrelevant documentation of nursing care can impact nurse performance

because it does not align with established nursing care standards. This also impedes coordination between nurses and other healthcare professionals. This condition ultimately has the potential to reduce the quality of hospital services. Research by Rosnawati et al. (2023) indicates that nursing care documentation in Indonesia shows that nurses' ability to record nursing interventions remains below 60%. This is supported by research by Muryani et al (2020) at the Central Kalimantan Regional General Hospital on 222 medical records as a sample, which found that the quality of nursing care documentation was classified as good in 55.9% (124 medical records) and poor in 44.1% (98 medical records). Another study conducted by Suwignjo et al (2022) on the completeness of nursing care documentation at the Bandung City Regional General Hospital found that nursing documentation was complete in 71.15% (37 medical records) and incomplete in 28.85% (15 medical records). Research by Nellisa et al (2022) on 10 medical records and 17 nurses found that the completeness of the assessment stage was 80%, nursing diagnosis 0%, nursing planning 80%, nursing implementation 70%, and nursing evaluation 10%. Sagala et al. (2025) in their study on nurses' experiences in documenting nursing care stated that factors influencing the quality of nursing care documentation include time constraints, internet network systems, increased knowledge and skills, Electronic Medical Record (EMR) documentation, workload, and staffing requirements.

The Indonesian National Nurses Association (PPNI), as a legally recognized professional nursing organization, has established nursing care standards to oversee nursing care and ensure the delivery of nursing care to patients (Tunny & Rumaolat, 2022). Decree of the Indonesian Minister of Health No. HK.01.07/MENKES/425/2020 concerning Nursing Professional Standards, the preparation of nursing care refers to the Indonesian Nursing Diagnosis Standards (SDKI), the Indonesian Nursing Intervention Standards (SIKI), and the Indonesian Nursing Outcome Standards (SLKI). The SDKI was first published in December 2016, followed by the SLKI and SIKI in 2018 (Kartini, 2022). With the existence of government regulations regarding the use of SDKI, SLKI, and SIKI, the quality of nursing care provided by nurses will improve.

Rendana & Muharni (2023) observed that some nurses are still unfamiliar with nursing care standards and require assistance in completing nursing documentation. Efforts are needed to improve nurses' skills to ensure proper documentation of nursing care, one of which is through training in the 3Ss (Romawati et al., 2024). The transition to new standards for nursing care documentation requires a training program aimed at helping nurses compile documentation that aligns with the SDKI, SLKI, and SIKI standards (Sukesi & Wahyuningsih, 2021). Continuous nursing care training can improve nurses' understanding of nursing care (Supratti & Ashriady, 2018). Research by Maryam (2015) found that nurses who had received training completed nursing documentation 59.3% more often than nurses who had not received nursing documentation training.

Interviews with several nurses in the wards at Soeharto Heerdjan Hospital revealed that some nurses did not fully understand the use of the new SDKI, SLKI, and SIKI standards. Observations of several nursing care documentation revealed that documentation writing practices varied. Most nurses had used the SDKI, SLKI, and SIKI standards, while others still applied the old standards. Based on the above background, the researcher was interested in conducting a study entitled "The Implementation of SDKI, SLKI, and SIKI Training as an Effort to Improve Nursing Performance at Soeharto Heerdjan Hospital."

METHOD

This study employed a qualitative method with a descriptive approach. In this study, the researcher sought to explore in-depth the implementation of nursing care based on the SDKI, SLKI, and SIKI at Soeharto Heerdjan Hospital. The informants consisted of 36 respondents, including ward heads, nurses in charge of nursing care (PPJA), nurse implementers, and nursing management. The sampling technique used was purposive sampling. Data collection was conducted from October to December

2024 at the Inpatient Unit of Soeharto Heerdjan Hospital. Data were collected using in-depth face-to-face interviews with informants. The inclusion criteria for this study were nurses who had participated in SDKI, SLKI, and SIKI training, nurses who provided nursing care services at the Inpatient Unit of Soeharto Heerdjan Hospital, and nursing stakeholders at Soeharto Heerdjan Hospital. Informants were first given an explanation of the general overview of the study, the research objectives, research procedures, the rights and obligations of informants, as well as the advantages and disadvantages during the study. Informants who had agreed and provided informed consent were involved in this study. The interview process was conducted in-depth with each informant using interview guidelines, field notes, writing tools, and a voice recorder. Each interview session lasted 10-20 minutes. The data obtained were in the form of participant opinions, then analyzed qualitatively to complete the research data. Data analysis in this study used collaizi data analysis. Researchers used the Collaizi method because there was a process of re-clarification with participants regarding the results of the analysis. In addition, this method also allows researchers to revise the results of data analysis based on clarifications provided by participants. The Collaizi method includes seven stages, namely acquiring a sense of each transcript (getting the essence of each transcript), extracting significant statements (extracting important statements), formulating meaning from significant statements (formulating the meaning of significant statements), organizing formulated meanings into clusters of them (organizing formulated meanings into a collection of themes), writing an exhaustive description of the phenomenon (writing a complete description of the phenomenon), describing the fundamental structure of the phenomenon (describing the basic structure of the phenomenon), returning to the participants (revisiting respondents) (Sagala et al, 2025).

RESULT

The informants in this study consisted of 36 participants, including 30 nurses who had attended training on nursing care using SDKI, SLKI, and SIKI, and 6 members of the nursing management team.

Table 1.
The characteristics of the informants (n=36)

No	Variable	Category	f	%
1	Age (years)	20-30	2	6
		31-40	12	33
		41-50	19	53
		51-60	3	8
2	Gender	Male	6	17
		Female	30	83
3	Education Level	Diploma III (D3)	4	11
		Bachelor of Nursing (S1 Ners)	27	75
		Master's Degrees (S2)	5	14
4	Potition	Head Nurse	9	25
		Primary Nurse (PPJA)	13	37
		Staff Nurse	7	19
		Nursing Management	7	19
5	Year of Service (years)	1-5	7	19
		6-10	4	11
		11-15	10	28
		16-20	9	25
		21-30	4	11
		31-40	2	6

Based on the interview findings and thematic analysis, several research themes were identified, namely: training overview, input, process, output, and barriers.

Training Overview

The training program was conducted over two days, with 30 participants attending each session. The training overview is described through four main aspects: training materials, training methods,

trainers, and facilities and infrastructure. Regarding the training materials, 66% of participants stated that the content was delivered comprehensively and covered all essential components related to nursing care within the SDKI, SLKI, and SIKI frameworks. However, 34% reported that they had not fully understood the concepts of SDKI, SLKI, and SIKI. This was attributed to the use of unfamiliar terminology within these frameworks and the focus of the material primarily on psychiatric nursing diagnoses. Concerning the training methods, 97% of informants expressed satisfaction with the approach used, which combined lectures, discussions, and role play. Nevertheless, participants indicated the need for follow-up training, as they perceived the one-day duration of the session as too short. The SDKI, SLKI, and SIKI training involved trainers who were considered competent in the subject matter. Based on the interviews, 97% of participants were satisfied with the trainers' delivery. The materials were presented clearly, systematically, and in language that was easy to understand.

Differences were identified in the facilities and infrastructure between the first and second training days, as the sessions were held in different locations. Participants attending the first-day session reported dissatisfaction with the facilities. The training room was perceived as uncomfortable due to its limited size, accommodating 30 participants, which made the space feel crowded and restricted movement. Additionally, the Wi-Fi access was considered inadequate and less supportive of the learning process. In contrast, participants attending the second-day session expressed satisfaction with the facilities, describing the training room as more comfortable and adequately equipped to support the implementation of the program.

Input

a. Policy on Implementing the SDKI, SLKI, and SIKI

Based on interviews with informants from nursing management, it was discovered that the hospital currently lacks specific guidelines for the use of the 3S standards (SDKI, SLKI, and SIKI) in documenting nursing care. Documentation practices still rely on the old Nursing Care Standards (SAK), resulting in less than optimal implementation of the new standards. Management explained that the coordination process for establishing new nursing care standards is ongoing and planned for implementation soon. This demonstrates the institution's commitment to updating the nursing documentation system to better align with evolving national standards and improve the quality of nursing practice at Soeharto Heerdjan Hospital. Setyawan et al. (2023) and Almudiawati et al. (2023) stated that SOP's have a positive impact on improving nurse performance because they can guide practice changes toward improvement.

b. Continuous Competency Development

Interviews with informants revealed that training on nursing care based on the SDKI, SLKI, and SIKI has not been implemented evenly among all nurses. This situation has led to differences in knowledge about nursing care models, particularly the latest nursing care models that utilize the SDKI, SLKI, and SIKI. Based on the interviews, both nurses and management agreed that training needs to be provided comprehensively to all nurses and conducted regularly. This is intended to improve nurses' competency in implementing nursing care in accordance with standards.

c. Supporting Facilities and Infrastructure

Research at Soeharto Heerdjan Hospital indicates that nursing management has provided supporting facilities for the nursing care documentation process. Starting from the provision of computer units in each treatment room as a means for nurses to document nursing care, the provision of books as a guide for nurses in writing nursing care based on SDKI, SLKI and SIKI, to the provision of computer-based programs such as electronic medical records (EMR) as a digital system for storing and managing patient health data.

d. Regular supervision and monitoring, and evaluation

Research at Soeharto Heerdjan Hospital indicates that supervision and monitoring, and evaluation, including tiered supervision, have not been optimally implemented. Nursing management has assigned supervisors to each nursing service unit, but the supervision and monitoring, and evaluation process, particularly regarding nursing care documentation, has not been implemented comprehensively, and there is no routine schedule for evaluating nursing care documentation. Furthermore, there are no specific assessment indicators that refer to the latest SDKI (Indonesian Health Insurance, Indonesian Health Insurance, and Indonesian Hospital Standards).

Process

Based on the results of interviews conducted with informants who had attended the SDKI, SLKI, and SIKI training, they stated that the training helped participants update their knowledge regarding the use of SDKI, SLKI, and SIKI standards in nursing care documentation.

"There has been an improvement in knowledge because previously we used NANDA as our guideline, and then it changed to the 3S. Automatically, many things also changed in terms of wording, the formulation of diagnoses, and the types of interventions, even though the core concept remains the same."

Several informants have shown initiative in starting to implement the results of the SDKI, SLKI, and SIKI-based nursing care training in providing and documenting nursing care. The forms of implementation that have begun to be applied include the use of SDKI diagnosis codes, which are starting to appear in the CPPT (*Integrated Note*), writing nursing outcomes according to SLKI, and documenting interventions referenced from the SIKI list.

"...personally, I have started trying to follow it by changing the old pattern and making the 3S my new reference."

Output

a. Increased knowledge and understanding (Learning)

Based on the interview results, it was found that nurses have become more aware of the importance of standardization in nursing care documentation.

"...our documentation really needs to have clear guidelines, so that we can write in a more structured way and in accordance with standards, not just randomly..."

Interviews with other informants also indicated that the training helped nurses understand the structure of nursing care documentation based on SDKI, SLKI, and SIKI.

"...being able to formulate correct nursing diagnoses in accordance with SDKI, then being able to develop appropriate interventions based on SIKI, and determine outcomes according to SLKI. And of course, how to write the SOAP evaluation referring to the 3S as well...".

b. Behavioral Changes in Nursing Care Documentation (Behaviour)

Based on the interview results, it was found that after receiving the training, nurses have started to familiarize themselves with applying the updated standards when completing nursing care documentation.

"...yes, we started applying it during the training, and now we continue using it..."

Interviews with other informants indicated that by implementing the SDKI, SLKI, and SIKI standards, documentation has become neater, more systematic, and more structured.

"...there has been an improvement in the quality of CPPT documentation, starting from the subjective data and objective data, which are now more aligned with the assessment (A) that is generated..."

c. Impact on Service Perfomance (Results)

The interviews revealed that the training program positively influenced nurses' performance, especially in enhancing the quality and organization of nursing care documentation.

"...so now it is more directed; for example, if we identify hallucinations, we clearly know what interventions to provide. The scientific basis is clearer like this"
Observations conducted by the researcher through the Electronic Medical Record (EMR) system revealed that documentation using the SDKI, SLKI, and SIKI standards has not yet been fully implemented by all nurses. Based on the interview findings, this is because some nurses are still not consistent in applying the SDKI, SLKI, and SIKI standards and occasionally continue to use the previous documentation format, resulting in variations in documentation practices.
"...while others sometimes do not use it; sometimes the follow-up plan is written in general terms and does not align with the specific points in the 3S..."

Obstacles
According to the interview data, a number of barriers were found to hinder the optimal implementation of SDKI, SLKI, and SIKI at Soeharto Heerdjan Hospital. One participant highlighted that the training sessions had not been uniformly provided to all nursing staff.
*"...in my opinion, everyone should attend the training so that all are exposed to it, and we can be on the same page. Those who have not attended the training may not understand..."*Interviews with other informants explained that the relatively high nursing workload at RS Soeharto Heerdjan has contributed to the less-than-optimal documentation of nursing care.
"...sometimes some parts are skipped because using the 3S for 7–8 patients is too much..."
Another informant also stated that nurses are still required to perform non-nursing tasks that consume a significant amount of time.
"...it is not possible to write documentation ideally because it coincides with other duties, such as administering medication, making 30-minute observation reports, and so on, so ideal documentation is not feasible..."
In addition, suboptimal supervision was identified as another factor influencing nurses' compliance in using SDKI, SLKI, and SIKI.
"...we have the training, but sometimes the monitoring does not run properly..."

DISCUSSION
Input
a. Policy on Implementing the SDKI, SLKI, and SIKI
Policies play a crucial role in determining the direction, scope, and responsibilities for carrying out tasks, including the implementation of the SDKI, SLKI, and SIKI nursing care standards. In this context, policies serve as operational guidelines and reinforce a culture of documentation. Standard Operating Procedures (SOPs) serve as a written reference for nurses to work according to professional standards, ensuring a clearer, more controlled workflow and minimizing errors (Wahongan et al., 2021). Documentation SOPs contain systematic steps, from assessment to evaluation. Interviews with informants revealed that Soeharto Heerdjan Hospital does not yet have a standard policy or SOP for documenting nursing care. This situation results in inconsistent documentation models among nurses. Nurses who have received training have begun implementing the SDKI, SLKI, and SIKI, while other nurses continue to use outdated methods. This difference leads to inconsistent documentation and a lack of continuity of patient information, potentially reducing the quality of nursing care.

Based on interviews with informants from nursing management, it was discovered that the hospital currently lacks specific guidelines for the use of the 3S standards (SDKI, SLKI, and SIKI) in documenting nursing care. Documentation practices still rely on the old Nursing Care Standards (SAK), resulting in less than optimal implementation of the new standards. Management explained that the coordination process for establishing new nursing care standards is ongoing and planned for implementation soon. This demonstrates the institution's commitment to updating the nursing documentation system to better align with evolving national standards and improve the quality of nursing practice at Soeharto Heerdjan Hospital. Setyawan et al. (2023) and Almudiawati et al. (2023)

stated that SOPs have a positive impact on improving nurse performance because they can guide practice changes toward improvement.

b. Continuous Competency Development

Nurses play a crucial role in providing quality nursing care, so ongoing training is necessary to improve understanding and knowledge (Saragih et al., 2021). Training is a form of non-formal education that serves as a means to equip employees with additional knowledge, abilities, skills, and behaviors that support effective task performance (Kasmalena et al., 2021). Through this training, a nurse's abilities and skills can develop, thereby improving their performance in providing nursing services. Interviews with informants revealed that training on nursing care based on the SDKI, SLKI, and SIKI has not been implemented evenly among all nurses. This situation has led to differences in knowledge about nursing care models, particularly the latest nursing care models that utilize the SDKI, SLKI, and SIKI. Based on the interviews, both nurses and management agreed that training needs to be provided comprehensively to all nurses and conducted regularly. This is intended to improve nurses' competency in implementing nursing care in accordance with standards. This aligns with research conducted by Wahyuliati et al. (2024) and Kartini & Ratnawati (2022), which revealed that training on nursing care based on the SDKI, SLKI, and SIKI significantly improved nurses' ability to document nursing care. This is supported by Wahyuni et al. (2023), who stated that the more frequently nurses receive training, the more their performance will improve.

c. Supporting Facilities and Infrastructure

Healthcare facilities and infrastructure are equipment used in the healthcare process to facilitate healthcare workers in carrying out healthcare activities (Fragawaty et al., 2019). Andoko & Putri (2020) stated that the availability of facilities and infrastructure that meet hospital standards can improve nursing performance. Research at Soeharto Heerdjan Hospital indicates that nursing management has provided supporting facilities for the nursing care documentation process. Starting from the provision of computer units in each treatment room as a means for nurses to document nursing care, the provision of books as a guide for nurses in writing nursing care based on SDKI, SLKI and SIKI, to the provision of computer-based programs such as electronic medical records (EMR) as a digital system for storing and managing patient health data. The provision of these components aims to provide easier access and expedite the work of healthcare workers in documenting healthcare services and provide greater control over their work (Agustiningrum et al., 2024; Parvida, 2022). This aligns with research conducted by Fragawaty et al. (2019) and Andoko & Putri (2020), which revealed that the availability of adequate facilities and infrastructure will support the continuity of healthcare services, thereby contributing to improved quality of healthcare services. The better the facilities and infrastructure a hospital has, the higher the nurses' satisfaction in carrying out their duties.

d. Regular supervision and monitoring, and evaluation

Nursing care documentation is a strategic issue in hospital management because it serves not only as an administrative record but also as a multidimensional function in healthcare services (Cahyo et al., 2025). Nursing care documentation is an important indicator of patient care quality because it reflects accountability for all actions nurses provide to patients. Therefore, completeness in nursing care documentation is crucial. It is essential because it will affect the quality of nursing care (Sari et al., 2022). To minimise errors in nursing care documentation, regular supervision and monitoring and evaluation by nursing management are required. In this case, supervision is a series of continuous monitoring and coaching activities, one of which includes documentation of nursing care (Wadan et al., 2023). Research at Soeharto Heerdjan Hospital indicates that supervision and monitoring, and evaluation, including tiered supervision, have not been optimally implemented. Nursing management has assigned supervisors to each nursing service unit, but the supervision and monitoring, and evaluation process, particularly regarding nursing care documentation, has not been implemented comprehensively, and there is no routine schedule for evaluating nursing care documentation.

Furthermore, there are no specific assessment indicators that refer to the latest SDKI (Indonesian Health Insurance, Indonesian Health Insurance, and Indonesian Hospital Standards). This has led to differing nurses' perceptions of nursing care documentation models, leading to varying writing styles. This disparity results in a lack of continuity between documentation, resulting in nursing care documentation not being able to fully reflect the patient's progress or the effectiveness of nursing care provided. Therefore, regular supervision and monitoring, and evaluation are essential to ensure more structured, consistent nursing care documentation, and support the provision of optimal patient care. This aligns with research by Wadan et al. (2023), which found that supervision influences nurses' compliance with nursing care documentation.

Process

Research results indicate that the SDKI, SLKI, and SIKI training at Soeharto Heerdjan Hospital played a significant role in improving nurses' knowledge and understanding of nursing care documentation standards. Nurses' participation in the training influenced their knowledge regarding the implementation of the latest nursing care standards (Meidianta & Milkhatun, 2020). As explained by Agustina et al. (2021), one factor influencing the quality of nursing care documentation is the nurse's level of knowledge. The training provided nurses with updated knowledge, particularly regarding the application of the nursing process based on national standards. Following the training, most nurses at Soeharto Heerdjan Hospital began implementing the SDKI, SLKI, and SIKI standards in their nursing care documentation. The implementation of these new standards had a positive impact on the quality of nursing documentation, as several nurses reported that they found it easier to prepare nursing care. This demonstrates that the training improved nurses' knowledge, analytical skills, and skills in establishing nursing diagnoses, determining outcomes, and determining interventions appropriate to patient needs (Kartini & Ratnawati, 2022). Before the training, nursing care documentation tended to be variable and lacked continuity between stages of the nursing process, resulting in an unclear depiction of patient progress. However, after the training, documentation became more structured and clearly reflected patient progress. Therefore, it was concluded that the SDKI, SLKI, and SIKI training contributed to improving the quality of nursing care documentation at Soeharto Heerdjan Hospital and supported more professional, standards-based nursing services, thereby enhancing nurse performance effectiveness (Widayanti et al., 2021).

Output

a. Increased knowledge and understanding (Learning)

Training on nursing care based on the SDKI, SLKI, and SIKI has been shown to contribute to increasing nurses' knowledge and understanding in implementing nursing practice standards. The results of the study showed that after participating in the training, most nurses experienced an increase in their ability to understand the basic concepts and apply the three standards in the nursing care documentation process. These results align with research conducted by Wahyuliati et al. (2024) and Kartini & Ratnawati (2022), which stated that SDKI, SLKI, and SIKI training significantly improved nurses' knowledge in documenting nursing care. This training is an effective tool for nurses because it provides them with the opportunity to update their knowledge and skill. Based on research findings, nurses are also more aware of the importance of standardization in nursing care documentation. Previously, differences in writing and compiling documentation often led to inconsistencies among nurses. With the introduction of standardized documentation and the implementation of the Indonesian Nursing Diagnosis Standards (SDKI), the Indonesian Nursing Intervention Standards (SIKI), and the Indonesian Nursing Outcome Standards (SLKI), nurses have become more aware that documentation is not merely an administrative obligation but also a crucial part of a nurse's professional responsibility. This is supported by research by Heryyanoor et al. (2024) that found that increased understanding and shared perceptions among nurses regarding the application of standards in nursing care documentation contributed to improving the quality of healthcare services in hospitals. Furthermore, the training also helped nurses understand the structure of nursing care documentation based on three main components: SDKI, SLKI, and SIKI. Understanding this structure makes it easier

for nurses to systematically integrate nursing diagnoses, outcomes, and interventions. With clear guidelines, nurses become more confident and consistent in compiling nursing care documentation, thereby improving the quality of nursing services.

b. Behavioral Changes in Nursing Care Documentation (Behavior)
The results of the study indicate that after the SDKI, SLKI, and SIKI training at Soeharto Heerdjan Hospital, there was a change in nurses' behavior regarding nursing care documentation. Most nurses began implementing the SDKI, SLKI, and SIKI standards in documenting nursing care. This behavioral change indicates an increased awareness and commitment by nurses to the importance of using standards in nursing practice. Interviews revealed that after implementing the SDKI, SLKI, and SIKI, documentation became more organized, systematic, and structured. This facilitated understanding of the nursing care process and assessment of patient health progress. This finding aligns with Kirkpatrick's theory that the success of a training can be assessed by changes in participants' behavior (behavior) in applying and implementing training materials in the work environment (Azizah et al., 2023). In this case, behavioral changes can be seen in the application of SDKI, SLKI, and SIKI-based nursing care standards in nursing practice in the Soeharto Heerdjan Hospital work environment.

c. Impact on Service Performance (Results)
After participating in the training, nurses demonstrated improved skills in documenting nursing care systematically, effectively, and efficiently. The implementation of the SDKI, SLKI, and SIKI at Soeharto Heerdjan Hospital can assist nurses in identifying nursing problems, determining measurable outcomes, and selecting appropriate interventions based on established standards. Sulistyawati & Hilfida (2025) suggest that the implementation of the SDKI, SLKI, and SIKI in treatment rooms can contribute to improving the quality of nursing care documentation. Furthermore, the implementation of the SDKI, SLKI, and SIKI can also improve the quality of hospital services. In line with this, Jefferies et al (in Sulistyawati & Hilfida, 2025) explain that documentation is one indicator that can improve hospital accreditation standards, as a means of interprofessional communication, an indicator of quality service, and as evidence of nurses' responsibility and accountability in implementing nursing care.

However, based on observations conducted through the Electronic Medical Records (EMR) system, it was discovered that nursing care documentation at Soeharto Heerdjan Hospital still does not fully comply with the SDKI, SLKI, and SIKI standards. The observations showed that there were still discrepancies in determining diagnoses, incompleteness in determining measurable outcomes, and inaccuracy in selecting interventions appropriate to the patient's health problems. These discrepancies indicate that the implementation of the SDKI, SLKI, and SIKI has not been fully implemented in the Soeharto Heerdjan Hospital work environment. Based on interviews, this condition is caused by some nurses who are still inconsistent in applying the new standards because they are still in the adaptation period, and sometimes still use old writing patterns. Furthermore, a large number of nurses have not received Nursing Care training. Nursing is based on SDKI, SLKI, and SIKI. This is the reason why documentation of nursing care is not yet optimal (Sulistyawati & Hilfida, 2025).

Obstacles
Research results indicate that nurses who have received training have begun implementing nursing care standards based on the SDKI, SLKI, and SIKI at Soeharto Heerdjan Hospital. This finding indicates an increased understanding of the latest standards. However, interviews and observations indicate that implementation of these standards has not been optimal. One cause is uneven training. Many nurses have not received training and therefore do not fully understand the concepts and procedures of the SDKI, SLKI, and SIKI. This condition leads to variations in documentation. Research by Widhiastuti et al. (2024) shows that training can improve nurses' knowledge, skills, and awareness of the importance of accurate and standardized documentation. Furthermore, training can

strengthen nurses' awareness of the importance of accurate and standardized documentation to support the safety and quality of healthcare services. Another factor is the high workload. In one shift, nurses can care for up to eight patients, limiting the time for documentation. Prilianda et al. (2024) revealed that nursing care documentation is influenced by nurses' workload. The imbalance between the number of nurses and patients impacts documentation quality (Sagala et al., 2025). The high number of patients increasingly limits the time available for documentation. This situation encourages nurses to write brief documentation and revert to faster, traditional methods, thus affecting the quality of nursing care documentation.

Furthermore, nurses still perform non-nursing tasks, such as preparing therapy, delivering meals, or performing administrative tasks. Safar et al. (2022) stated that non-nursing tasks are described as activities carried out by nurses outside the scope of nursing practice. These additional tasks reduce nurses' time and focus on providing nursing care according to standards. This aligns with research by the Ministry of Health and the University of Indonesia (in Mulyadi, 2021), which states that most nurses are still involved in cleaning, administrative tasks, and various non-nursing activities. Only a small proportion of nurses are able to carry out nursing care according to their roles and functions. The large number of non-nursing workloads and tasks results in low achievement of nurses' work targets in providing nursing care and has the potential to impact the overall quality of nursing services.

The next factor is suboptimal supervision. Supervision plays a crucial role in ensuring nurses not only understand standards but also consistently implement them. Hasan & Purwaningsih (2025) explain that supervision conducted by nursing managers aims to identify various obstacles in the implementation of nursing care in the ward. Suboptimal supervision and monitoring result in a lack of structured feedback regarding the implementation of the SDKI, SLKI, and SIKI. As a result, some nurses revert to using outdated documentation formats. This indicates that training alone is insufficient to ensure sustainable implementation. Post-training support in the form of consistent supervision, monitoring, and evaluation is needed to ensure optimal and sustainable implementation of standards. Research by Fatimah & Sulistyowati (2025) explains that planned and continuous nursing supervision has proven effective in improving the quality of nursing resources in providing services, particularly nursing services in hospitals. Supervision can provide benefits in the form of increased understanding, competence, and skills, while also mitigating the risk of errors. Overall, the research findings confirm that training needs to be conducted equitably, workload adjustments should be made, the use of non-nursing tasks should be minimized, and supervision should be strengthened to ensure optimal and sustainable implementation of the SDKI, SLKI, and SIKI.

CONCLUSION

Training based on the SDKI, SLKI, and SIKI has been proven to have a positive impact on improving the quality of record-keeping at all stages of the nursing process, resulting in more systematic and standardized documentation. However, the implementation of these standards-based documentation in the field has not yet reached an optimal level. The main obstacles identified include the presence of non-nursing duties, a limited number of nursing staff, and the lack of specific SOPs governing the use of the new standards. Some nurses have begun implementing the standards, but others are still experiencing difficulties adapting due to reliance on outdated documentation patterns.These findings indicate the need for stronger organizational support, including guidance, ongoing supervision, and regular evaluation, to ensure consistency and improve the quality of implementation at every stage of the nursing process. Furthermore, equitable and regular training is needed for all nursing staff to ensure ongoing knowledge and skills updates. Overall, this training effectively improves nurse competency and can serve as an important foundation for efforts to strengthen the quality of nursing care at Soeharto Heerdjan Hospital.

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