

## Implementation of Psychosocial Nursing Care Documentation For Pneumonia Patients: A Secondary Data Analysis in an Indonesian Hospital

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### ABSTRACT

Pneumonia is a respiratory disease that often requires a holistic approach in hospitals. The psychosocial aspects of holistic care play an important role in the recovery and well-being of patients with pneumonia. However, attention to psychosocial care for pneumonia patients, especially in nursing documentation, is still limited. This study aims to describe the implementation of psychosocial nursing care documentation in a government general hospital using a secondary data analysis approach. This research is a descriptive cohort retrospective study with a sample of 179 medical records selected using a purposive sampling technique. The instrument used is a checklist sheet for the Implementation of Psychosocial Nursing Care Documentation in Pneumonia Patients. Data analysis was carried out univariately and presented in the form of a frequency distribution table. The results showed that the completeness of nursing care documentation was 97.20% incomplete and 2.80% complete. These findings indicate that the implementation of psychosocial nursing care documentation in pneumonia patients has not been carried out completely. However, the assessment and recording of patient identity by nurses has been done well. Therefore, efforts to improve the implementation of psychosocial nursing care and documentation need to be made to improve holistic services for patients, especially those with pneumonia.

**Keywords:** *Holistic Care; Nursing Documentation; Pneumonia; Psychosocial; Quality of Healthcare*

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### INTRODUCTION

Pneumonia remains a significant and often fatal respiratory disease in Indonesia. As an airborne illness, pneumonia poses a serious global health threat, affecting individuals across all age groups, particularly young children and the elderly(1). According to the Indonesian Health Profile (2017), 46.34% of pneumonia cases occurred in toddlers, amounting to 447,431 cases. Furthermore, children and older adults are particularly vulnerable to this disease (2). The prevalence of pneumonia in Indonesia substantially burdens the healthcare system and society. In 2019, the World Health Organization (WHO) reported that pneumonia accounted for 14% of all deaths in children under five years of age, claiming 740,180 lives globally (3). The 2018

Indonesian Basic Health Research (Riskesdas) data indicates that pneumonia prevalence increases with age, reaching 2.5% in the 55–64 age group, 3.0% in the 65–74 age group, and 2.9% in those aged 75 and above (4).

Regionally, significant variations exist in pneumonia prevalence across Indonesia's provinces. Riskesdas 2018 identified Papua as having the highest prevalence (7.0%), followed by East Nusa Tenggara (6.9%), and West Papua and Gorontalo (6.1%). In contrast, the Jambi and Riau Islands had the lowest prevalence (2.6%). South Kalimantan ranked 17th, with a prevalence of 3.5%. Within South Kalimantan, Hulu Sungai Tengah had the highest prevalence (7.4%), while Banjar Baru reported the lowest (1.91%)—preliminary data from Dr. H. Moch. Ansari Saleh Hospital in Banjarmasin for 2022–2023 reveals

age-based variations among pneumonia patients. In 2022, 276 patients were under 18 years old, and 164 were above 18. In 2023, these numbers dropped to 186 and 160, respectively. This suggests a decline in cases as of August 2023. Nurses play a crucial role in pneumonia prevention through education, vaccination, and risk management, reducing disease incidence and its broader impacts (5).

Pneumonia often leads to psychological stress in hospitalized patients, manifesting as fear, anxiety, and uncertainty. These factors can adversely affect the patient's quality of life, leading to sleep disturbances, reduced appetite, and diminished physical strength, which may impair self-esteem and self-perception (6). Despite the emphasis on bodily care, the psychosocial aspects of pneumonia treatment are equally vital. Patients frequently experience stress, anxiety, and depression, which can hinder recovery. Psychosocial nursing care provides emotional support and helps patients manage these challenges, ultimately improving their quality of life during and after treatment (7). A holistic approach that integrates psychosocial nursing care is essential in general hospitals. This perspective emphasizes addressing not only physical health but also psychological and social well-being. Psychosocial nursing care considers family support, social networks, and daily living environments. Nurses can implement comprehensive and effective interventions by identifying non-physical barriers to recovery, enhancing overall patient outcomes (8).

At Dr. H. Moch. Ansari Saleh Hospital, preliminary interviews with five nurses in the lung ward in 2023 revealed that psychosocial nursing care had been applied to pneumonia patients. However, issues such as anxiety and ineffective coping mechanisms were common among patients and their families. Nurses reported using interventions like relaxation therapy,

counseling, patient and family education, and referrals to psychiatrists for severe psychological issues. Additionally, family education was provided to address ineffective coping mechanisms. Nurses documented these interventions in the hospital's electronic medical records (E-Medical Records). While psychosocial nursing care has been implemented per the hospital's standard operating procedures (SOPs), there has been no formal evaluation of its effectiveness. Previous research at the same hospital primarily focused on physical care, such as managing airway clearance, without addressing psychosocial care (1).

Furthermore, the documentation of psychosocial nursing care is not merely an administrative task but a critical component of high-quality patient management. Accurate and thorough documentation ensures the continuity of care, allowing different healthcare professionals across shifts or disciplines to understand the patient's psychosocial needs, interventions provided, and responses over time. It serves as a vital tool for quality evaluation, enabling audits and assessments of whether holistic care standards are being met and identifying areas for improvement in psychosocial support services. From a legal and professional standpoint, comprehensive documentation provides evidence of the care delivered, protecting both the patient and the healthcare provider. Moreover, it facilitates effective communication within the healthcare team, ensuring that psychological and social factors influencing the patient's health are considered collectively in care planning and decision-making, ultimately contributing to more integrated and patient-centered outcomes.

Given the interconnectedness of physical and psychological health, assessing whether psychosocial nursing care has been implemented comprehensively is critical. This study aims to analyze the implementation of psychosocial nursing care

documentation for pneumonia patients at Dr. H. Moch. Ansari Saleh Hospital uses a secondary data analysis approach.

## METHOD

This study employs a descriptive, cohort retrospective design, utilizing existing records and data to achieve its objectives. Retrospective studies such as this analyze patient medical records to evaluate treatment outcomes and identify risk factors. Specifically, this research examines the documentation of psychosocial nursing care for pneumonia patients at Dr. H. Moch. Ansari Saleh Banjarmasin Hospital through a secondary data analysis approach.

The research population includes all medical records of pneumonia patients aged over 18 who were treated at Dr. H. Moch. Ansari Saleh Banjarmasin Hospital from 2022 to 2023. This population comprises 164 patients from 2022 and 160 from 2023, amounting to 324 patients. The sample for this study was 179 medical records, derived using the Slovin formula to determine the minimum sample size from the population of 324. This sampling method ensures a representative selection of the research population. Purposive sampling was employed to select records based on predetermined criteria relevant to the research objectives (9). Purposive sampling was chosen for its ability to select a representative sample that meets the research criteria, ensuring that the data analyzed is relevant and supports the research objectives. Inclusion Criteria: Adult pneumonia patients (aged >18) treated at Dr. H. Moch. Ansari Saleh Hospital. Patients who received nursing care for a defined period. Medical records that are complete and available for analysis. Records include nursing care details, diagnoses, and interventions related to pneumonia. Patients with recurrent pneumonia require

multiple hospitalizations. Exclusion Criteria: Patients with a history of psychiatric or mental disorders that could affect data interpretation.

The checklist used for assessing psychosocial nursing care documentation was adapted from existing hospital instruments and included the following components: Assessment: Comprising identity, physical, general, and psychosocial evaluations. Nursing Diagnoses: Grouped into three subcategories—ego integrity, pain and comfort, and relational aspects. Nursing Outcomes: Based on identified nursing diagnoses. Interventions and Implementation: Tailored to specific nursing problems. Psychosocial Evaluation: Documenting care provided and outcomes using the SOAP method. The checklist consisted of ten items, scored as follows: 2: Complete (all criteria met); 1: Incomplete (partial criteria met); 0: Not filled (no documentation). An outcome was classified as Complete: A total score of 20. Incomplete: Total score <20. Content Validity: Tested using the Content Validity Index (CVI), with an S-CVI/Ave score of 4.5 and S-CVI/UA of 1.0, indicating substantial agreement among experts. Reliability: Assessed through Inter-Rater Reliability (IRR) using the Cohen's Kappa test. A Kappa value 0.40 and an Approximate Significance of 0.083 indicate fair agreement.

Univariate analysis was employed to analyze the data, explicitly utilizing descriptive statistics to summarize and describe individual variables. This technique included frequency analysis to identify patterns and key findings related to each variable, providing a clear understanding of the data and the research objectives. This study received approval from the Health Research Ethics Committee of STIKES Suaka Insan, with approval number 120/KEPK-SI/V/2024. This approval ensures adherence to ethical

principles such as confidentiality and the importance of the research findings for the public's benefit.

## RESULT AND DISCUSSION

**Table 1.** Distribution of Frequency of the Respondents

	Categories	N	(%)
<b>Age</b>	19-40 y.o	30	17
	41-60 y.o	65	36
	61-80 y.o	74	41
	81-100 y.o	10	6
	<b>Total</b>	179	100
<b>Gender</b>	Female	95	53
	Male	84	47
	<b>Total</b>	179	100
<b>Length of Stay</b>	1-8 Days	131	73
	9-16 Days	41	23
	17-24 Days	7	4
	<b>Total</b>	179	100

Data on pneumonia patient records from 2022–2023 at Dr. H. Moch. Ansari Saleh Regional Hospital. The study involved 179 samples of pneumonia patients, which are presented in Table 1. Based on the age range classification by the Indonesian Ministry of Health (2022), Most respondents were aged 61–80 (74 patients). This was followed by the 41–60 age group (65 patients) (Table 1). These findings indicate that elderly patients formed the largest group of pneumonia cases. Many of these patients had been treated in lung rooms such as Emerald, Alexandria, Jamrud, Nilam, and Kumala. Additionally, in 2022, some elderly patients with pneumonia were also diagnosed with COVID-19, as the pandemic was still prevalent during that period.

**Table 2.** The Completeness of Psychosocial Nursing Care Documentation for Pneumonia Patient

No	The Completeness of Psychosocial Nursing Care Documentation for Pneumonia Patient	N	(%)
1	Complete	5	2,80
2	Incomplete	174	97,20
<b>Total</b>		179	100

Based on Table 2, the completeness of psychosocial nursing care documentation for pneumonia patients was 97.20% incomplete and only 2.80% complete. This high level of incompleteness stems from the absolute requirement for quality documentation, where all components must be fulfilled for the documentation to be considered complete. On average, the majority of the components were not fully documented. However, an analysis of each element of psychosocial nursing care revealed that certain stages were filled out by nurses, resulting in a small portion of the documentation being classified as complete (2.80%). Despite this, the overall findings indicate that the implementation of psychosocial nursing care documentation for pneumonia patients remains incomplete, with 97.20% of the documentation failing to meet the required standards.

**Table 3.** The completeness Level of Each Psychosocial Nursing Care Documentation Component In Pneumonia Patients

No	Assessment of Psychosocial Nursing Care Documentation in Pneumonia Patients	Complete		In Complete		Not Filled	
		N	%	N	%	N	%
1	The assessment consist of four components: Patient Identity Assessment. This section contains eight	179	100	-	-	-	-

	categories: name, age, date of birth, gender, religion, occupation, address, and education						
	Physical Assessment ("Head-to-Toe") This section consists of six categories: examination of the head, neck, chest, upper extremities, abdomen, and lower extremities.	9	5,02	170	94,98	-	-
	General Assessment This section includes six categories: patient complaints, vital signs, health history, health patterns, nutritional and metabolic status, and medication use.	6	3,35	172	96,08	1	0,55
	Psychosocial Assessment This section focuses exclusively on psychosocial data, specifically complaints categorized into three subcategories: ego integrity, pain and comfort, and relational issues.	28	15,65	1	0,55	150	83,80
<b>2</b>	Raising a Psychosocial Nursing Diagnosis: Diagnoses are formulated based on the psychosocial assessment subcategories	29	16,20	-	-	150	83,80
<b>3</b>	Filling in Psychosocial Outcomes: Outcomes are documented	29	16,20	12	6,70	138	77,09

	according to the identified diagnoses						
<b>4</b>	Filling in Psychosocial Interventions: Interventions are planned and recorded based on the identified diagnoses and subcategories	29	16,20	12	6,70	138	77,09
<b>5</b>	Filling in Psychosocial Implementation: Implementation is documented according to the planned interventions and diagnoses	29	16,20	12	6,70	138	77,09
<b>6</b>	Filling in Psychosocial Evaluations: Evaluations are recorded based on the nursing care provided	29	16,20	12	6,70	138	77,09
<b>7</b>	Evaluating Psychosocial Outcomes Using SOAP: Psychosocial outcomes are evaluated and documented systematically using the SOAP (Subjective, Objective, Assessment, Plan) Format	29	16,20	-	-	150	83,79

The study analyzed the documentation of psychosocial nursing care for pneumonia patients at Dr. H. Moch. Ansari Saleh Regional Hospital focuses on the process from assessment to evaluation (9). The documentation was evaluated across ten components (Table 3), with findings summarized as follows: The review included four main components: Patient Identity: This section was completed for 100% of the 179 samples, including eight categories (name, age, date of birth, gender, religion, address, and education). Head-to-Toe Physical Assessment: This section, covering six categories (head, neck, chest, upper extremities, abdomen, lower extremities), was

Complete in 5.02%, Incomplete in 94.98%, and Not filled in 0%. General Assessment: Comprising six categories (patient complaints, vital signs, health history, health patterns, nutrition, and drug use), the results were: Complete in 3.35%, Incomplete in 96.08%, Not filled in 0.55%. Psychosocial Assessment: Divided into three subcategories (ego integrity, pain and comfort, and relational aspects), the results were Complete in 15.65%, Incomplete in 83.80%, and Not filled in 0.55%. Psychosocial diagnoses were based on psychosocial assessments. Only one diagnosis was raised for each subcategory in response to patient complaints. Documentation results showed that the results were completed at 16.20% and not filled in at 83.80%. Outcomes were established in alignment with the assessments and diagnoses. The results were Complete in 16.20%, Incomplete in 6.80%, and Not filled in 77.09%. Interventions were documented based on the psychosocial diagnoses. The results showed Complete in 16.20%, Incomplete in 6.70%, and Not filled in 77.09%. Implementation was documented when nurses applied psychosocial interventions. The results were Complete in 16.20%, Incomplete in 6.70%, and Not filled in 77.09%.

Evaluations were conducted after the implementation stage and documented using the SOAP method. The results were Complete in 16.20%, Incomplete in 6.70%, and Not filled in 77.09%. This section included evaluating both the actions provided and the patient's psychosocial outcomes. Results revealed that the sample was completed at 16.20% and not filled in at 83.80%. The findings highlight significant gaps in psychosocial nursing care documentation. While identity assessments were consistently completed, other components, such as physical and psychosocial assessments, diagnoses, outcomes, interventions, and evaluations, showed low completeness. Most records were incomplete or not

documented, underscoring the need for improved adherence to documentation standards.

The study revealed significant findings regarding the completeness of nursing care documentation, particularly in psychosocial assessments and interventions for pneumonia patients. The evaluation of patient identity demonstrated excellent results, with 100% completion. This indicates that nurses are highly aware of the importance of accurate patient identification. However, the head-to-toe physical assessment was largely incomplete. Observations in the Kumala lung care room showed that nurses conducted partial physical examinations, focusing only on subjective and objective conditions relevant to the patient's primary complaints. Comprehensive physical examinations, such as head-to-toe assessments, were not performed as required.

Butar (2022) highlights the importance of head-to-toe assessments as essential to nursing care, enabling nurses to identify physical and psychological health issues. A complete physical assessment provides critical data to address not only physical symptoms but also psychological concerns like anxiety, which can manifest through physical signs such as increased blood pressure, restlessness, and nausea (10). The general assessment was incomplete for most samples, with most nurses documenting only complaints, vital signs, and medical history. Essential aspects such as health patterns, metabolic nutrition, and drug use were often overlooked. According to Nursing Fundamentals, these elements are vital for identifying disease triggers and supporting patient recovery (11). A thorough and complete assessment is essential for holistic patient care and the prevention of complications. Psychosocial assessments were mostly incomplete or not documented at all. Observations showed that nurses prioritized physical problems and often referred psychosocial issues to psychiatrists

without documenting their findings. The lack of psychosocial documentation was linked to incomplete physical assessments, as psychological evaluations usually rely on comprehensive physical examination data (12).

A complete psychosocial assessment should explore biological, psychological, sociocultural, and economic status, stressors, coping mechanisms, and social support. The absence of these elements in documentation limits the scope of care provided (13). Interviews with nurses revealed that while they occasionally addressed psychological issues, these interventions were not documented, as they were managed collaboratively with psychiatrists. The study found that most psychosocial nursing diagnoses were not established due to the incomplete assessment. Nurses predominantly documented diagnoses related to physical discomforts, such as pain and nausea. Nursing diagnoses aim to identify client responses to health conditions, which are critical for effectively addressing psychosocial and physical needs (14).

Nursing care is continuous and interconnected (15). The absence of psychosocial diagnoses affected subsequent steps, including outcomes, interventions, implementations, and evaluations, which were incomplete in over 77% of cases. Outcomes and interventions often lacked alignment with formal nursing care frameworks like SDKI, SLKI, SIKI, or NANDA NIC-NOC. Instead, nurses relied on personal judgment and the hospital's computerized system, which was not fully integrated with standardized guidelines. Psychosocial interventions, though necessary for managing the psychological impact of pneumonia, were rarely documented. Psychosocial interventions are crucial for improving emotional stability, reducing stress, and supporting compliance with medical care. Effective interventions can enhance physical and psychological recovery, emphasizing the

importance of holistic nursing care (16). Despite using tools like SOAP (Subjective, Objective, Assessment, Plan), evaluations were often incomplete and focused solely on physical outcomes. Observations indicated that implementing nurses prioritized physical care over psychosocial aspects. This limited approach undermines the holistic care model necessary for patients with pneumonia.

The nursing care format at Dr. H. Moch. Ansari Saleh Hospital was based on the 3S book (SDKI, SIKI, and SLKI) but was not universally adopted. Some nurses still used NANDA NIC-NOC, creating inconsistencies in documentation. Interviews with medical record personnel and head nurses revealed that updates to the nursing care format are conducted annually, with input from nursing staff and department heads. Efforts are underway to integrate the 3S framework fully to enhance the comprehensiveness and efficiency of documentation.

To address the gaps in documentation and care delivery, Nurses should perform complete head-to-toe assessments to gather comprehensive data for both physical and psychosocial evaluations. Training on psychosocial nursing care and the use of standardized guidelines like SDKI, SLKI, and SIKI should be emphasized (17–19). In this case, hospital management should ensure full integration of computerized systems with standardized nursing care models to support consistent documentation. Annual evaluations and updates of nursing care formats should incorporate feedback from all stakeholders to ensure alignment with best practices.

Beyond the observed tendency to prioritize physical complaints and make referrals for severe psychological issues, several other underlying factors likely contribute to the significant incompleteness of psychosocial nursing care documentation observed in this study. High workload and severe time constraints

are common challenges in many nursing environments, including potentially at Dr. H. Moch. Ansari Saleh Regional Hospital. Nurses often face pressure to manage numerous tasks for multiple patients within limited shift times. Under such pressure, documentation, particularly for aspects perceived as less immediately critical or more time-consuming to assess and record like psychosocial dimensions, may be deferred or overlooked in favor of documenting direct physical interventions and physiological parameters. The complexity of capturing nuanced psychosocial states might also be perceived as demanding significant time for both assessment and articulation within the documentation system.

Furthermore, the lack of specific training or confidence in conducting and documenting comprehensive psychosocial assessments could be another significant barrier. While nurses are trained in holistic care principles, specialized skills in identifying, evaluating, and documenting a wide range of psychosocial responses (beyond obvious distress) might require further development or reinforcement. This could be compounded by a perception, conscious or subconscious, that psychosocial documentation holds less weight or urgency compared to the documentation of physical status and medical treatments, especially if institutional quality metrics or supervision predominantly focus on the latter. The inconsistency noted in the use of standardized nursing frameworks (SDKI/SLKI/SIKI versus NANDA NIC-NOC) might also reflect broader system-level issues that indirectly impact the ease

## CONCLUSION

The research findings indicate that the implementation of psychosocial nursing care

documentation for pneumonia patients was largely incomplete, with 97.20% of documentation classified as incomplete and only 2.80% as complete.

Nurses are encouraged to deliver comprehensive nursing care encompassing physical and biological aspects and thorough documentation, including head-to-toe physical assessments, general assessments, psychosocial evaluations, diagnoses, outcomes, interventions, implementations, and evaluations. To enhance their nursing care and documentation skills, participation in seminars or training sessions is recommended, along with seeking guidance and supervision from the head of nursing to ensure adherence to proper documentation practices.

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