



THE EFFECT OF IMPLEMENTING PRE-CONFERENCE AND POST-CONFERENCE ON THE COMPLETENESS OF NURSING CARE DOCUMENTATION: A SYSTEMATIC REVIEW

Acep Yudi Wahyudi*, Elsy Maria Rosa

Universitas Muhammadiyah Yogyakarta, Jl. Ring Road Selatan, Geblagan, Tamantirto, Kasihan, Bantul, Yogyakarta 55184, Indonesia

*acep.yudi.fkik25@mail.umy.ac.id

ABSTRACT

Completeness of nursing care documentation is an important indicator of service quality and patient safety because it supports continuity of care, communication between shifts, and professional accountability. However, in clinical practice, documentation is often incomplete due to workload, time constraints, varying adherence to SOPs, and minimal feedback. Pre- and post-conferences, as a forum for structured briefings and evaluations, are seen as capable of organizing team communication flows and strengthening process discipline, thus potentially improving documentation completeness. To synthesize scientific evidence regarding the application of pre-conference and post-conference in nursing practice and their impact on the completeness of nursing care documentation. The study design was a systematic review with narrative synthesis. A literature search was conducted on Google Scholar, Scopus, and PubMed for articles published between 2011 and 2025, in Indonesian or English. Included studies were original research that evaluated the implementation of pre- and/or post-conferences for nurses or nursing teams in clinical settings and reported outcomes related to completeness of documentation or relevant process quality indicators. Selection was conducted through title/abstract screening and full-text assessment. Data were then standardized and synthesized descriptively due to heterogeneity in design, context, and measurement indicators. Eight studies met the inclusion criteria with varying designs, including case studies, descriptive studies, PDSA-based pilot studies, quasi-experimental, pre-experimental, and cross-sectional correlational studies. Thematic synthesis showed that pre-conferences play a role in establishing shared clinical perceptions, establishing priorities, and aligning care plans, resulting in more focused recording. While post-conferences serve to close the work cycle by evaluating and verifying completeness before the shift change. Studies that directly assessed documentation reported improved completeness after the implementation of pre- and post-conferences, while others demonstrated improved compliance with the handover/conference process and nurse performance as supporting mechanisms for documentation quality. Effective implementation appeared to be influenced by team leader leadership, clarity of SOPs and formats, practice-based training (e.g., role-play/simulation), and tiered supervision. Workload and time constraints, particularly at the end of the shift, were key barriers. Implementing pre- and post-conferences has the potential to improve the completeness of nursing care documentation by improving team communication processes, standardizing clinical priorities, and strengthening accountability before handover. A more consistent impact is likely to emerge when conferences are integrated into a quality control system that includes clear standard operating procedures (SOPs), training, supervision, and periodic documentation audits and feedback.

Keywords: completeness of documentation; nursing documentation; post conference; pre conference

How to cite (in APA style)

Wahyudi, A. Y., & Rosa, E. M. (2026). The Effect of Implementing Pre-Conference and Post-Conference on the Completeness of Nursing Care Documentation: A Systematic Review. *Indonesian Journal of Global Health Research*, 8(3), 79–90. <https://doi.org/10.37287/ijghr.v8i3.1180>.

INTRODUCTION

Nursing care documentation is a fundamental component of nursing practice because it serves as written evidence of clinical thought processes, interventions provided, patient responses, and evaluation of care outcomes (Kartini & Eka Ratnawati, 2022). Completeness and accuracy of documentation play a direct role in ensuring continuity of care between shifts and between professions, minimizing miscommunication, and supporting patient safety through clear, traceable, and consistent information (Mamhidir et al., 2017). In the dynamic context of hospital care, incomplete documentation has the potential to lead to information gaps, delayed interventions, duplication of interventions, and even preventable clinical errors (Rohmani et al., 2024).

In daily practice, documentation challenges often arise from high workloads, time constraints, varying nurse competencies, irregular recording flows, and a lack of structured feedback. When recording is done solely as an "administrative task" without strengthening clinical processes and team communication, documentation quality tends to decline, both in terms of the completeness of assessment data, the accuracy of nursing diagnoses, the consistency of intervention plans, and evaluation (Johansson et al., 2002). Yet, documentation is more than just a record; it is an integral part of the care process, reflecting the quality of service and the professional accountability of nurses (Fibriansari et al., 2022).

One relevant approach to strengthening documentation is enhancing team communication and reflection through structured conferences, namely pre- and post-conferences (Suganda & Hariyati, 2020). A pre-conference is generally understood as a brief meeting before providing care or before the start of a service to align perceptions regarding the patient's condition, priority issues, action plans, task allocation, and documentation standards (Bennett et al., 2021). Through the pre-conference, the team is expected to have a clear work plan, allowing for more focused, systematic, and clinically appropriate record-keeping (Chellan & Sibiya, 2018).

In contrast, post-conferences are viewed as a forum after the provision of care or after a series of actions have been implemented to evaluate outcomes, reflect on the process, identify obstacles, and formulate improvements (Okuda et al., 2024). Post-conferences can provide feedback on the accuracy of interventions, the quality of communication, and the quality of documentation, including correcting recording deficiencies and realigning plans and implementation (Arcia, 2024). Thus, the combination of pre- and post-conferences not only strengthens coordination but also builds a culture of reflective practice and continuous improvement, potentially enhancing the completeness of nursing care documentation (Amalia et al., 2015).

Although conceptually, pre- and post-conferences are considered beneficial, their implementation can vary across units and institutions, including in terms of duration, agenda structure, facilitator, frequency, and evaluation indicators (Afandi et al., 2023). This variation impacts the heterogeneity of research results, including differences in how to measure "documentation completeness" (e.g., completeness of assessment formats, appropriateness of diagnosis–intervention–outcome, adherence to specific standards/sheets, or documentation audit scores) (Dhinakaran et al., 2023). Empirical evidence regarding the effectiveness of pre- and post-conferences is also often scattered across various research designs and service contexts, making it difficult to draw consistent conclusions for both managerial practice and clinical education (Chua et al., 2015).

Therefore, this systematic review was conducted to synthesize scientific evidence regarding the impact of pre- and post-conference implementation on the completeness of nursing care documentation. Specifically, this review aims to identify the forms and characteristics of pre- and post-conference implementation reported in studies and summarize their impact on documentation completeness indicators. The results of this systematic review are expected to form the basis for recommendations for nursing managers, clinical nurses, and healthcare institutions in designing more structured communication and supervision strategies to strengthen documentation quality and patient safety.

METHOD

Study Design

This study used a systematic review design to identify, collect, and synthesize scientific evidence regarding the effect of pre- and post-conference implementation on the completeness of nursing care documentation (Page, 2021). The review focused on original research studies that assessed changes or differences in documentation completeness after the implementation of pre- and/or post-conference implementation in clinical nursing practice.

Search Strategy

A systematic literature search was conducted in three databases: Google Scholar, Scopus, and PubMed. The publication range was limited to the last 15 years, from 2011 to 2025, with articles in Indonesian or English. The search strategy was developed from the research question by combining keywords describing interventions and outcomes. Terms used included variations for pre-conference and post-conference, such as pre-conference, post-conference, nursing conference, briefing, shift briefing, shift huddle, handover or handoff, debriefing, as well as documentation-related terms such as nursing documentation, documentation completeness, nursing record, charting, nursing notes, documentation quality, nursing documentation, and documentation completeness. The Boolean operators AND and OR were used to combine synonyms and broaden coverage without compromising relevance, and adjustments were made to suit the search format of each database. In addition to the primary search, additional searches were conducted by reviewing the bibliographies of articles meeting the criteria to identify other potentially relevant studies.

Inclusion and Exclusion Criteria

Inclusion criteria were established based on the PICOS framework. The included population was nurses or nursing teams working in clinical settings, primarily hospitals or service units such as inpatient care, emergency departments, intensive care units, or other units that provide nursing care and documentation. The interventions included pre- and/or post-conferences, which functioned as a forum for coordination, briefing, evaluation, or structured reflection on the implementation of nursing care and documentation. Comparators could include standard practice without pre- and post-conferences, conditions before and after implementation, or comparisons between units/groups, if available. The primary outcome was the completeness of nursing care documentation, assessed measurably, for example through documentation audits, percentage of completeness, compliance scores, or other clearly reported indicators of documentation quality. Accepted study designs included quantitative or mixed-methods studies containing quantitative data related to outcomes, such as quasi-experimental, pre- and post-conference, program evaluations, or audits with intervention implementation. Studies were excluded if they did not discuss pre-conference/post-conference or equivalent concepts in nursing briefing and debriefing practice, did not report outcomes or complete documentation, were not original research (e.g., editorials, opinions, or letters), were only conference abstracts without full texts, or the full text was inaccessible so that data could not be adequately extracted.

Study Selection and Data Extraction

All search results from the three databases were compiled into a single list and duplicates were removed. The selection process was carried out in stages, including title and abstract screening to assess initial compliance with the inclusion criteria, followed by a full-text assessment to ensure population suitability, pre/post conference implementation format, study design, and availability of outcome data and completeness of documentation. Articles meeting the criteria were then extracted using a standardized extraction form that included study identification (author, year, and country), setting/service unit, study design, sample characteristics, details of the pre/post conference intervention (e.g., duration, frequency, facilitator, and agenda content if reported), type of comparator, indicators or instruments for assessing completeness of documentation, timing of measurements, and a summary of key outcomes, including pre-post conference values or intergroup differences, if available.

Data Synthesis

Data synthesis was conducted descriptively using narrative synthesis due to variations in the implementation of pre- and post-conferences, differences in unit settings, and the diversity of indicators used to measure documentation completeness, which could potentially lead to heterogeneity between studies. Results are presented by summarizing the study characteristics and

key findings, and grouping the studies based on the type of implementation (pre-conference, post-conference, or a combination of both) and the type of documentation completeness indicator used.

RESULT

Search and Selection Process

A total of 214 initial records were identified from three electronic databases: Google Scholar, Scopus, and PubMed. After the duplication removal process, 32 records were identified as duplicates and removed, leaving 182 records for the title and abstract screening stage. At this stage, 154 records were eliminated because they did not meet the inclusion criteria, primarily because the studies did not discuss the application of pre- and/or post-conference studies in the nursing context, did not assess the completeness of nursing care documentation, or were non-original research publications such as reviews, editorials, opinion pieces, or reports without measurable data.

Next, 28 articles were searched and reviewed in abstract and title. Of these, 20 were excluded because the full text was inaccessible, they did not report measurable outcomes, or their intervention focus could not be classified as pre/post conference (e.g., they only discussed the handover in general without a conference component). Thus, 8 studies met all inclusion criteria and were included in this systematic review. The complete selection process is presented in the PRISMA chart (Figure 1), while study characteristics and a summary of findings are presented in Table 1.

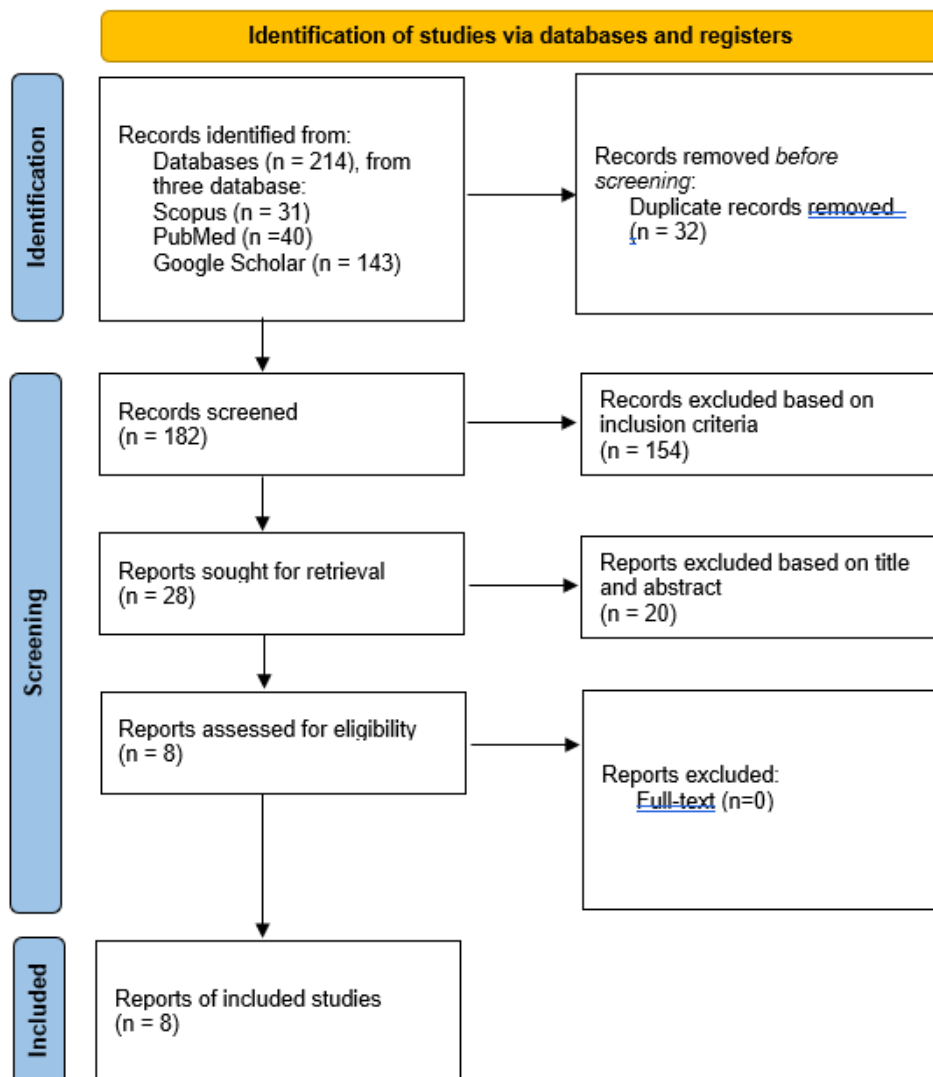


Figure 1. PRISMA Flow Diagram

Table 1.
Data Extraction

Authors, Year	Purpose	Design	Sample	Interventions	Key Results
(Ukar, 2022)	Optimizing the implementation of post-conferences in Ward 16 and Ward 21 of Mubarakiyah Al-Kabir Hospital, Kuwait.	Case study with nursing care process approach.	7 Team Leaders(3 from Ward 16 and 4 from Ward 21).	Conducted over five consecutive days (August 26-30, 2022), the activities included knowledge dissemination and role-playing about post-conferences to align perceptions among ward heads, team leaders, and nurses. Researchers facilitated the material using LCDs and laptops.	There was a significant increase in post-conference implementation; the highest score increased from 41 to 60 after treatment.
(Harvia et al., 2022)	Identifying the description of the implementation of pre and post nursing conferences in the Zamzam 3 inpatient ward at RSUDZA Banda Aceh.	Descriptive study.	17 nurses in Zamzam room 3.	Data collection was conducted through observation (December 27, 2021 – January 1, 2022) and an online Google Form questionnaire (December 29, 2021 – January 1, 2022). The intervention focused on evaluating the roles of room heads and team leaders in implementing SOPs.	59% (10 nurses) assessed that the implementation was good, but observations showed that implementation was not optimal according to SOP (for example, not all team heads explained the follow-up plan).
(Hamdani et al., 2022)	To obtain an overview of the influence of bedside handover and conference training on improving nurses' knowledge, performance, and job satisfaction.	<i>Quasi Experiment</i> with a pre-post test approach with control group design.	64 nurses (32 intervention groups, 32 control groups).	The training was conducted through lectures and discussions via Zoom (November 6, 2021), followed by role-play exercises, independent practice, and small-group evaluations in the treatment room (November 6-10, 2021), as well as three days of independent implementation. Conducted by researchers.	There was a significant influence on increasing knowledge, performance, and job satisfaction of nurses (p-value ≤ 0.05) in the trained group.
(Gunawan et al., 2019)	Identify problems in implementing inter-shift handovers and develop problem-solving solutions.	<i>Pilot study</i> with root cause analysis using fishbone and PDSA.	1 Emergency Room (IGD) involving 32 nurses and 2 room heads.	Implementation took place over five shifts (December 13-14, 2018). Activities included revising SOPs, creating role-play videos, re-socializing the tiered supervision guidelines, and conducting live handover and supervision	Increased handover, pre-conference, post-conference, and supervision implementation rates; bedside handover implementation increased from 20% to 100%.

Authors, Year	Purpose	Design	Sample	Interventions	Key Results
				simulations. The activities were conducted by researchers and Bagwat management.	
(Afandi et al., 2023)	Describes pre- and post-conference activities during the COVID-19 pandemic carried out by students in the inpatient ward.	Case studies use observation data (checklist) and interviews.	Students who manage patients in the inpatient unit of a hospital in Jember.	Observations were conducted on March 28-31, 2022. The post-conference activity lasted approximately 5 minutes, led by the team's PJ, and included a discussion of the results of the actions, although documentation and closure were not optimal.	The results of the pre-conference implementation were in the good category (score 86.25-88.75), while the post-conference was still not good (score 61.25-63.75).
(Rezkiki et al., 2019)	To determine the influence of the implementation of pre and post conferences on the documentation of nursing care.	<i>Pre-experimental</i> with a one-group pretest-posttest design.	10 samples of medical records (from a population of 33 nurses in the internal room).	Provide pre and post conference treatment which is monitored through observation sheets to see the completeness of nursing care documentation at the end of the shift.	There was a significant effect (p-value 0.000); the average completeness of documentation increased from 75.2% to 95.2% after the pre- and post-conferences.
(Amalia et al., 2015)	Knowing the relationship between pre and post conferences and the implementation of nursing care.	Descriptive correlation with cross-sectional approach.	31 nursing teams (total sampling technique).	The research was conducted on July 13 – August 1, 2015. The activity was in the form of direct observation using observation sheets of routine pre and post conference activities in the room.	There is a significant relationship between pre-conference (p=0.01) and post-conference (p=0.013) with the implementation of nursing care.
(Komala et al., 2023)	Knowing the relationship between pre and post conferences and documentation of nursing care.	Quantitative research with a correlation description design and cross-sectional approach.	30 respondents (nurses) in the Sandalwood and Acacia room.	Data were collected from March 20 to April 8, 2023. Using a checklist instrument sourced from the hospital's SOP to assess the course of the pre- and post-conference as well as documentation observation sheets.	A significant relationship was demonstrated (p-value 0.016); 96.7% of pre-post conference implementation was categorized as good, and 100% of nursing care documentation was complete.

The implementation of pre- and post-conferences is an integral component of nursing management, aimed at optimizing team communication and ensuring the quality of patient care across various healthcare units. Numerous scientific evidence from research sources indicates that the integration of these conferences not only streamlines the inter-shift handover process but also plays a key role in improving the completeness and accuracy of nursing care documentation. The following thematic synthesis is narratively structured to examine the implementation mechanisms in the field, the resulting clinical impact, and the determinants and strategies that support the successful transformation of the quality of professional nursing services.

Operational and Procedural Characteristics of Implementation

The first sub-theme relates to time and duration management, where a pre-conference is conducted immediately after the shift handover to plan care, while a post-conference is conducted approximately 5 minutes before the end of the shift for evaluation (Afandi et al., 2023; Amalia et al., 2015). The second sub-theme concerns leadership structure and participation, emphasizing that this activity must be led by the Team Leader (Katim) or the Person in Charge (PJ) of the shift, involving all nurses to align perceptions of actions (Harvia et al., 2022; Ukar, 2022). The third sub-theme encompasses clinical communication content, focusing on sharing daily plans, discussing patient issues using the SBAR/ISBAR technique, and direct data validation to ensure accurate and uninterrupted information transfer (Gunawan et al., 2020; Hamdani et al., 2022).

Dimensions of Impact on the Quality of Nursing Care Documentation

Within the impact theme, the first sub-theme highlights improvements in the quantity of completeness, where consistent interventions have been shown to drastically increase the completeness of medical records, from the poor category to nearly perfect, reaching 95.2% (Komala et al., 2023; Rezkiki et al., 2019). The second sub-theme is the quality and objectivity of records, where regular conferences help nurses record more realistic data and align with nursing diagnosis standards (SDKI, SLKI, SIKI) because each patient's problem has been scientifically discussed beforehand (Hamdani et al., 2022; Rezkiki et al., 2019). The third sub-theme relates to information continuity and security, which indicates that complete documentation through post-conferences prevents the loss of critical information that could compromise patient safety on subsequent shifts (Afandi et al., 2023; Gunawan et al., 2020).

Determining Factors for Successful Implementation

The subthemes in this section identify individual nurse characteristics, where age and gender are often insignificant factors, but length of service or experience is a key variable that improves conference quality because senior nurses have greater maturity of thought (Hamdani et al., 2022; Ukar, 2022). The next subtheme is management support and supervision, which reveals that the absence of a standard supervision format and insufficient oversight from the ward head are the main causes of incomplete documentation (Gunawan et al., 2020; Harvia et al., 2022). The final subtheme is workload and motivation barriers, where high ward activity and work burnout often lead nurses to skip conference procedures or document them incompletely (Afandi et al., 2023; Rezkiki et al., 2019).

Service Transformation and Optimization Strategy

The first sub-theme in this strategy is innovative training methods, such as the use of video role-plays and live simulations, which have been shown to be more effective in improving nurses' understanding than mere verbal socialization (Gunawan et al., 2020; Hamdani et al., 2022). The second sub-theme is strengthening hierarchical supervision, which recommends regular oversight from the head of nursing down to the head of the team to ensure SOPs are consistently implemented and well-documented (Gunawan et al., 2020; Ukar, 2022). Finally, the sub-theme of integrating the professional care system (MAKP) emphasizes that conferences should be viewed as an integral part of the care delivery model to strengthen the teamwork culture and professionalism of nurses in hospitals (Afandi et al., 2023; Amalia et al., 2015).

DISCUSSION

This systematic review demonstrates that pre- and post-shift conferences have the potential to be effective managerial interventions to improve the completeness of nursing care documentation, but these effects cannot be understood as a "single impact" of a short meeting. Pre- and post-shift conferences operate primarily through process improvement mechanisms: establishing a shared clinical understanding with the team, standardizing communication, clarifying priorities and assignments, and creating accountability for what has been planned and what needs to be completed

before handover (Häyrynen et al., 2010; N. Wang et al., 2011). Documentation, then, improves not simply because nurses are “reminded,” but because the workflow becomes more structured, making record-keeping an inherent part of the care process, not a task left to be done later (Walker et al., 2020).

Conceptually, the pre-conference can be viewed as the phase of aligning the care plan and establishing a shared mental model among team members. In this phase, clinical information and patient priorities are mapped together; consequently, the standards for what should be recorded become clearer from the outset (Alhur, 2023; Nurhayati et al., 2022). When the team agrees on priority issues, target outcomes, and key interventions, documentation more easily follows the logic of the nursing process because the framework has already been agreed upon. In other words, the pre-conference strengthens the team's "cognitive structure": what is important, what must be done, and what must be documented (Rohmani et al., 2024). This explains why units that conduct pre-conferences well tend to demonstrate consistency in care delivery and documentation, as both share a common source: explicit clinical planning (Suganda & Hariyati, 2020).

In contrast, the post-conference serves a different and often more crucial function for documentation completeness: closing the loop. Documentation often fails to be complete not because nurses lack understanding of standards, but because operational “drift” occurs: workloads increase, priorities shift to immediate action, and record-keeping becomes a last-minute activity (Nurhayati et al., 2022). The post-conference provides a checkpoint to assess whether planned interventions are actually carried out, whether patient responses have been evaluated, and whether critical information is documented securely for the next shift. From a quality management perspective, the post-conference acts as a daily micro-audit mechanism: brief, but forcing the team to verify and correct before handover (Kartini & Eka Ratnawati, 2022). The repeated shortcomings of post-conference implementation found in some contexts can be understood as a logical consequence of the shift workflow design; the end of the shift is the period most vulnerable to fatigue, time pressure, and unforeseen events, so without the protection of time and leadership support, the post-conference quality control function is easily eroded (Hariyati et al., 2021).

Another important discussion is that the effectiveness of pre/post conferences appears to be conditional: they are strongest when positioned as part of the system, not an additional activity. In practice, implementation accompanied by clear SOPs, simple formats/checklists, training (e.g., role-playing), and tiered supervision tends to produce more tangible process changes (Seibert et al., 2021). This leads to the interpretation that "conferences" are not a single variable, but rather a package of managerial practices. Without reinforcing components such as supervision and communication standards, conferences risk degenerating into administrative routines that disregard the clinical core, thus minimizing their impact on documentation (Gunawan et al., 2019). Conversely, when conferences are guided by an active team leader, the discussion focuses on clinical priorities and follow-up, and there is feedback on the quality of recording, conferences become a concrete process control tool (De Juan Pardo et al., 2021).

This review also highlights a gap between perceived implementation and actual quality. While some contexts indicated respondents rated the SOP as “good,” observations indicated that core elements of the SOP were not consistently implemented. Scientifically, this is a reminder that organizational behavior-based interventions are highly susceptible to perceptual and social biases; staff may perceive procedures as being in place because activities occur, when in fact, components that determine quality (e.g., confirming follow-up plans, clarifying critical information, or checking records) are inconsistently implemented (Susanti et al., 2025). The implications for documentation are clear: conferences that occur solely as a “gathering forum” do not necessarily improve the completeness of records. It is the quality of the content and consistency of the core elements of the conference, not the existence of the forum itself, that are crucial (Kleib et al., 2024).

From a patient safety and continuity of care perspective, the review's findings are relevant because comprehensive documentation serves a dual purpose: as a track record of clinical accountability and as a cross-shift communication tool. Pre/post conferences strengthen documentation through two channels (B. Wang et al., 2022). The first is prospective: pre-conferences reduce variation in actions and ambiguity, allowing for more systematic recording. The second is retrospective: post-conferences prevent information loss before the shift change and force the team to ensure that records reflect actions and evaluations that have occurred (Mehrholtz et al., 2020). These two channels are complementary; focusing on only one can potentially result in partial improvements, such as a well-written plan but no final evaluation is recorded, or actions are taken but not clearly structured in the plan (Schofield et al., 2021).

Although the evidence tends to be supportive, this review should be read with methodological caution. Most available studies used non-randomized designs, limited sample sizes, and varied outcome indicators; some also combined conference interventions with other changes such as bedside handovers, revised standard operating procedures (SOPs), or training (Schofield et al., 2021). This makes “pure” causal attribution difficult: documentation improvements could stem from a combination of supervision, standardization of tools, and increased managerial attention during implementation (Muadi & Anggriawan, 2025). Furthermore, many evaluations were short-lived, leaving unanswered questions about whether changes in documentation behavior persist once the initial monitoring and encouragement phases wane (Wongso et al., 2024). In other words, the evidence is stronger that pre-/post-conferences can be a catalyst for short- to medium-term process improvements, but evidence for sustainability and scalability remains to be established.

The practical implication for nursing management is the need to shift the focus from “conducting conferences” to “designing conferences as quality control tools.” This means conferences need to have a consistent minimum structure, a clear leader, a clinically oriented agenda, and a follow-up mechanism that directly addresses documentation. Realistic implementation typically requires time protection, as without it, post-conferences will primarily fall victim to operational pressures (Huang et al., 2024; Schlicht et al., 2025). Furthermore, practice-based training (role play/simulation) is important because it helps standardize communication, reduces variation among team leaders, and makes conferences independent of individual styles. Reinforcing tiered supervision is also crucial; conferences are team behavior, and team behavior tends to be stable when there are clear expectations, regular feedback, and consistent consequences.

For future research, the primary need is not simply to “increase the number of studies,” but to improve the quality of design and measurement standards. Intervention studies with clearer comparators, the use of standardized indicators of documentation completeness, and detailed reporting of conference components (duration, frequency, facilitator, format used, and reinforcement strategies) will help identify which components are most critical for success. A follow-up evaluation several months later is also important to test whether conferences truly foster documentation habits or merely temporarily increase adherence during the implementation period.

CONCLUSION

This systematic review indicates that the implementation of pre- and post-shift conferences has the potential to improve the completeness of nursing care documentation and strengthen the quality of the care process in various service units. Overall, the findings across studies are consistent: pre- and post-shift conferences serve as a managerial mechanism that organizes team communication, aligns clinical priorities, and clarifies accountability, making documentation more likely to be completed completely and according to standards. Furthermore, the success of pre- and post-conferences appears to be heavily influenced by the quality of implementation, particularly the leadership of the team leader, clarity of the SOP/format, training (e.g., role-playing or simulations), and tiered

supervision that ensures consistent implementation. Without system support and time protection, particularly during the post-conference phase, which is vulnerable to workload pressure, conferences risk becoming routine activities with no real impact on documentation. Therefore, pre- and post-conferences should be designed as part of an ongoing quality control system, accompanied by periodic audits and feedback on documentation, and supported by intervention research with a more robust design and more standardized measurement indicators to clarify the magnitude of the effect and its sustainability.

REFERENCES

- Afandi, A. T., Fauziah, N. H., Asmaningrum, N., & Sujarwanto. (2023). An Application Pre-Conference and Post-Conference in Hospital: a Case Study. *Jurnal Kegawatdaruratan Medis Indonesia*, 2(1 SE-Articles), 53–63. <https://doi.org/10.58545/jkmi.v2i1.4>
- Alhur, A. (2023). An Investigation of Nurses' Perceptions of the Usefulness and Easiness of Using Electronic Medical Records in Saudi Arabia: A Technology Acceptance Model: Technology Acceptance Model. *Indonesian Journal of Information Systems*, 5(2 SE-Articles), 30–42. <https://doi.org/10.24002/ijis.v5i2.6833>
- Amalia, E., Akmal, D., & Sari, Y. P. (2015). Hubungan Pre Dan Post Conference Keperawatan Dengan Pelaksanaan Asuhan Keperawatan Di Rsud Dr. Achmad Mochtar Bukittinggi Tahun 2015. *Nursing Care*, 01, 117–124.
- Arcia, A. (2024). Incorporation of Generative AI in an Introductory Nursing Informatics Course. In G. Strudwick, N. R. Hardiker, G. Rees, R. Cook, R. Cook, & Y. J. Lee (Eds.), *Studies in Health Technology and Informatics* (Vol. 315, pp. 505–510). IOS Press BV. <https://doi.org/10.3233/SHTI240200>
- Bennett, V., Southard, M. E., & Monsen, K. A. (2021). Evaluation of Evidence-Based Interventions for the Nurse Coach Scope of Practice Within the Omaha System Guidelines Corpus. *Journal of Holistic Nursing*, 08980101211045550–08980101211045550. <https://doi.org/10.1177/08980101211045550>
- Chellan, J., & Sibiyana, M. N. (2018). Perceptions of nursing staff regarding the existence of best practice standards in selected private hospitals in eThekweni district, South Africa. *International Journal of Africa Nursing Sciences*, 9, 14–22. <https://doi.org/https://doi.org/10.1016/j.ijans.2018.06.001>
- Chua, A. Z. E., Lo, D. Y. K., Ho, W. H. H., Koh, Y. Q., Lim, D. S. Y., Tam, J. K. C., Liaw, S. Y., & Koh, G. C. H. (2015). The effectiveness of a shared conference experience in improving undergraduate medical and nursing students' attitudes towards inter-professional education in an Asian country: a before and after study. *BMC Medical Education*, 15(1), 233. <https://doi.org/10.1186/s12909-015-0509-9>
- De Juan Pardo, M. A., Fuster, P., Gallart, A., Rodríguez, E., Wennberg, L., & Martin-Ferreres, M. L. (2021). Fostering leadership competence and satisfaction in nursing undergraduates through a student-led conference: A quasi-experimental pre-post study. *Nurse Education Today*, 98, 104748. <https://doi.org/https://doi.org/10.1016/j.nedt.2021.104748>
- Dhinakaran, M., Deepthi, P., Kalpana, A., Gehlot, A., Asiya, A., & Swathi, B. (2023). Internet of Things-Based Sensible Health Nursing Care Facility for Emergency Medical Care. 2023 3rd International Conference on Advance Computing and Innovative Technologies in Engineering (ICACITE), 1302–1306. <https://doi.org/10.1109/ICACITE57410.2023.10182769>
- Fibriansari, R. D., Astuti, A., Maisyaroh, A., & Widyanto, E. P. (2022). Perceptions of applications of standart nursing language in nursing care documentation. *Jurnal Hasil Penelitian Universitas Jember*, 1(1), 42–47. <https://journal.unej.ac.id/JPSTI/article/download/73/17>
- Gunawan, D., Hariyati, R. T. S., & Fitri, D. (2019). Supervisi Meningkatkan Pelaksanaan Serah Terima di Rumah Sakit X di Jakarta: Fishbone Analysis. *Jurnal Penelitian Kesehatan "SUARA FORIKES" (Journal of Health Research "Forikes Voice")*, 11(April), 6. <https://doi.org/10.33846/sf11nk102>

- Hamdani, rike sebrianti, Yani, A., & Adzidin, Y. (2022). Pelatihan Bedside Handover Dan Conference Meningkatkan. *Jurnal Kepemimpinan Dan Manajemen Keperawatan*, 5(2).
- Hariyati, R. T. S., Handiyani, H., Rahman, L. A., & Afriani, T. (2021). Description and Validation of Nursing Diagnosis Using Electronic Documentation: Study Cases in Mother and Child Hospital Indonesia. *The Open Nursing Journal*, 14(1), 300–308. <https://doi.org/10.2174/1874434602014010300>
- Harvia, Z., Wardani, E., & Maurissa, A. (2022). Penerapan Pre dan Post Conference di Ruang Rawat Inap : Suatu Studi Kasus. *JIM FKep*, 1(1), 56–62.
- Häyrinen, K. r. i. s. t. i. i. n. a., Lammintakanen, J. o. h. a. n. n. a., & Saranto, K. a. i. j. a. (2010). Evaluation of electronic nursing documentation—Nursing process model and standardized terminologies as keys to visible and transparent nursing. *International Journal of Medical Informatics*, 79. <https://doi.org/10.1016/j.ijmedinf.2010.05.002>
- Huang, Y.-Y., Lin, C.-J., & Chen, C.-M. (2024). Investigating the Acceptance of Large Language Model Technology on Nursing Interviews Among Nurse-Interns. In Y.-P. Cheng, M. Pedaste, E. Bardone, & Y.-M. Huang (Eds.), *Lecture Notes in Computer Science: Vol. 14785 LNCS* (pp. 64–72). Springer Science and Business Media Deutschland GmbH. https://doi.org/10.1007/978-3-031-65881-5_8
- Johansson, I., Athlin, E., Frykholm, L., Bolinder, H., & Larsson, G. (2002). Intermittent versus indwelling catheters for older patients with hip fractures. *Journal of Clinical Nursing*, 11(5), 651–656. <https://doi.org/10.1046/j.1365-2702.2002.00646.x>
- Kartini, M., & Eka Ratnawati. (2022). The Effectiveness of Nursing Documentation Training on Nurse’s Knowledge about SDKI, SLKI, and SIKI). *Jurnal Kesehatan*, 11(1), 47–51. <https://doi.org/10.46815/jk.v11i1.78>
- Kleib, M., Darko, E. M., Akingbade, O., Kennedy, M., Majekodunmi, P., Nickel, E., & Vogelsang, L. (2024). Current trends and future implications in the utilization of ChatGPT in nursing: A rapid review. *International Journal of Nursing Studies Advances*, 7. <https://doi.org/10.1016/j.ijnsa.2024.100252>
- Komala, R. I., Yusnilawati, Y., & Kamariyah, K. (2023). Hubungan Pre dan Post Conference dengan Pendokumentasian Asuhan Keperawatan di Ruang Perawatan Cendana dan Akasia Rumah Sakit Dr. Bratanata Kota Jambi Tahun 2023. *Jurnal Ners*, 7(2), 1600–1606. <https://doi.org/10.31004/jn.v7i2.16871>
- Mamhidir, A.-G., Sjölund, B.-M., Fläckman, B., Wimo, A., Sköldunger, A., & Engström, M. (2017). Systematic pain assessment in nursing homes: a cluster-randomized trial using mixed-methods approach. *BMC Geriatrics*, 17(1), 61. <https://doi.org/10.1186/s12877-017-0454-z>
- Mehrholz, J., Thomas, S., Kugler, J., Pohl, M., & Elsner, B. (2020). Electromechanical-assisted training for walking after stroke. *The Cochrane Database of Systematic Reviews*, 10(10), CD006185. <https://doi.org/10.1002/14651858.CD006185.pub5>
- Muadi, M., & Anggriawan, M. I. (2025). Implementation of Pre and Post Conference in the Delivery Room of Wisma Tulip 1, Prof. Soerojo Hospital Magelang. *INDOGENIUS*, 4(2A SE-Articles), 92–96. <https://doi.org/10.56359/igj.v4i2A.723>
- Nurhayati, S., Suryani, R. L., Cahyaningrum, E. D., & Nony. (2022). Fisioterapi Dada Untuk Mengatasi Masalah Bersihan Jalan Nafas Tidak Efektif Pada Penderita pneumonia. *Jurnal Altifani Penelitian Dan Pengabdian Kepada Masyarakat*, 2(5), 467–473. <https://doi.org/10.25008/altifani.v2i5.279>
- Okuda, R., Xia, Q., Maekawa, T., Hara, T., & Inoue, S. (2024). Preliminary Investigation of Activity Prediction in Nursing Homes using Activity History with Erroneous Time Stamps. *UbiComp Companion 2024 - Companion of the 2024 ACM International Joint Conference on Pervasive and Ubiquitous Computing*, October 2024, 851–855. <https://doi.org/10.1145/3675094.3678384>
- Page, M. J. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. <https://doi.org/10.1136/bmj.n71>

- Rezkiki, F., Febrina, W., & Anggraini, D. (2019). Pengaruh Pelaksanaan Pre Dan Post Conference Terhadap Pendokumentasian Asuhan Keperawatan. *REAL in Nursing Journal*, 2(1), 1–10. *REAL in Nursing Journal (RNJ)*%0AResearch of Education and Art Link in Nursing Journal
- Rohmani, N., Zulkarnaen, D., & Winar Cahyo, P. (2024). Web-Based Nursing Care Documentation for Students to Support Online Learning. *The International Review of Research in Open and Distributed Learning*, 25(4), 52–65. <https://doi.org/10.19173/irrodl.v25i4.7758>
- Schlicht, L., Wendsche, J., Melzer, M., Tschetsche, L., & Rösler, U. (2025). Digital technologies in nursing: An umbrella review. *International Journal of Nursing Studies*, 161(November 2024). <https://doi.org/10.1016/j.ijnurstu.2024.104950>
- Schofield, R., Dibb, B., Coles-Gale, R., & Jones, C. J. (2021). The experience of relatives using intensive care diaries: A systematic review and qualitative synthesis. *International Journal of Nursing Studies*, 119, 103927. <https://doi.org/https://doi.org/10.1016/j.ijnurstu.2021.103927>
- Seibert, K., Domhoff, D., Bruch, D., Schulte-Althoff, M., Fürstenau, D., Biessmann, F., & Wolf-Ostermann, K. (2021). Application Scenarios for Artificial Intelligence in Nursing Care: Rapid Review. *J Med Internet Res*, 23(11), e26522. <https://doi.org/10.2196/26522>
- Suganda, T., & Hariyati, R. T. S. (2020). Perbandingan kualitas dokumentasi keperawatan berbasis elektronik dan berbasis kertas: Study literature. *Holistik Jurnal Kesehatan*, 14(1), 17–28. <https://doi.org/10.33024/hjk.v14i1.2085>
- Susanti, I. H., Sumarni, T., & Alifiya, I. N. (2025). Case study: review of nursing management and it's implementation in the Ar-Rahman Room Islamic Hospital Purwokerto. *BIO Web of Conferences*, 152. <https://doi.org/10.1051/bioconf/202515201026>
- Ukar, M. M. (2022). The application of post conference on shift operates in ward 16 and ward 21 Hospitals Mubarak Al-Kabir Kuwait. *South East Asia Nursing Research*, 4(1), 51. <https://doi.org/10.26714/seanr.4.1.2022.51-56>
- Walker, R. M., Burmeister, E., Jeffrey, C., Birgan, S., Garrahy, E., Andrews, J., Hada, A., & Aitken, L. M. (2020). The impact of an integrated electronic health record on nurse time at the bedside: A pre-post continuous time and motion study. *Collegian*, 27(1), 63–74. <https://doi.org/https://doi.org/10.1016/j.colegn.2019.06.006>
- Wang, B., Zou, G., Zheng, M., Chen, C., Teng, W., & Lu, Q. (2022). Correlation between the quality of nursing handover, job satisfaction, and group cohesion among psychiatric nurses. *BMC Nursing*, 21(1), 86. <https://doi.org/10.1186/s12912-022-00864-8>
- Wang, N., Hailey, D., & Yu, P. (2011). Quality of nursing documentation and approaches to its evaluation: a mixed-method systematic review. *J Adv Nurs*, 67. <https://doi.org/10.1111/j.1365-2648.2011.05634.x>
- Wongso, E. S., Tahjoo, A., & Nofiarni, N. (2024). Competency, Motivation, and Supervision Technique Strong Predict to Completeness of Nursing Documentation. *International Journal of Nursing and Health Services (IJNHS)*, 7(5), 164–172. <https://doi.org/10.35654/ijnhs.v7i5.800>