

RINGKASAN

Optimalisasi Model Praktik Keperawatan Profesional dengan Modifikasi Keperawatan Primer dalam meningkatkan Mutu Asuhan Keperawatan (Riset Operasional di RSUD Mataram)

Model praktek keperawatan profesional (MPKP) adalah suatu sistem (struktur, proses, dan nilai-nilai profesional) yang memungkinkan perawat profesional mengatur pemberian asuhan keperawatan termasuk lingkungan yang dapat mendukung asuhan keperawatan. Pada aspek struktur ditetapkan jumlah tenaga keperawatan berdasarkan jumlah klien sesuai dengan derajat ketergantungan klien, jenis tenaga disuatu ruang rawat yaitu kepala ruangan, *Clinical Care Manager (CCM)*, Perawat Primer (PP) dan Perawat Asosiet (PA) serta standar rencana perawatan. Pada aspek proses ditetapkan penggunaan metoda modifikasi keperawatan primer. Metode modifikasi perawatan primer merupakan kombinasi dari kedua metode tim dan primer, diharapkan kontinuitas asuhan keperawatan dan akontabilitas asuhan keperawatan terdapat pada perawat primer. Pelayanan keperawatan sebagai inti dari praktik keperawatan profesional menuntut kemampuan perawat untuk dapat berperan sebagai pengelola pelayanan keperawatan melalui pelaksanaan MPKP sehingga mutu asuhan keperawatan dapat ditingkatkan.

RSU Mataram tahun 2004 mencoba menerapkan MPKP Tingkat I dengan modifikasi keperawatan primer di 4 (empat) ruangan rawat inap antara lain Cempaka, Kenanga, Dahlia dan Seruni. Hasil survei pendahuluan menunjukkan bahwa ruangan yang menerapkan MPKP belum mempunyai struktur ketenagaan, uraian tugas dan fasilitas MPKP. Kepatuhan perawat dalam menerapkan standar asuhan keperawatan masih belum optimal terlihat dari ketidaklengkapan dokumen asuhan keperawatan pasien berdampak terhadap kepuasan pasien/keluarga terhadap pelayanan keperawatan yang diberikan.

Berdasarkan hal tersebut di atas, maka masalah penelitian ini adalah pelaksanaan MPKP Tingkat I dengan modifikasi keperawatan primer belum optimal, hal ini dikarenakan faktor organisasi rumah sakit, perawat dan asuhan keperawatan.

Tujuan penelitian ini adalah mengoptimalkan pelaksanaan MPKP Tingkat I dengan modifikasi keperawatan primer di RSUD Mataram dalam upaya meningkatkan mutu asuhan keperawatan.

Desain penelitian menggunakan penelitian operasional dengan melakukan pengukuran sebelum dan sesudah intervensi terhadap kondisi ketenagaan (jumlah, jenis tenaga MPKP, pengetahuan perawat), pelaksanaan MPKP Tingkat I dengan modifikasi keperawatan primer meliputi tugas dan tanggung jawab, dokumentasi keperawatan, nilai-nilai profesional dan kerjasama PP, PA dan tenaga kesehatan lainnya serta pengukuran terhadap indikator keberhasilan MPKP yakni kepatuhan perawat terhadap standar asuhan keperawatan dan kepuasan pasien/keluarga terhadap pelayanan keperawatan. Penelitian ini dilakukan di RRI Cempaka RSUD Mataram karena ruangan tersebut dijadikan *training center* dan sebagai *revenue center* selama dua setengah bulan mulai tanggal 20 Maret 2006 sampai dengan 3 Juni 2006. Jumlah sampel perawat 21 orang

dan pasien sebanyak 80 orang dengan tehnik pengambilan sampel adalah purposif sampel. Tehnik analisis data menggunakan uji statistik Wilcoxon Sign Rank Test khusus variabel pengetahuan dan kepatuhan perawat.

Hasil penelitian menunjukkan jumlah tenaga perawat yang tersedia dibandingkan dengan jumlah tenaga berdasarkan perhitungan derajat ketergantungan pasien cukup memadai dalam mendukung pelaksanaan MPKP. Untuk tenaga *Clinical Care Manager (CCM)* belum tersedia. Sebagian besar dan tanggung jawab dalam MPKP sudah dilaksanakan kecuali merencanakan dan melaksanakan evaluasi mutu asuhan keperawatan dan melakukan pertemuan dengan klien dan keluarga minimal 3 hari untuk membahas kondisi keperawatan klien. Pada dokumentasi keperawatan formulir yang tersedia belum terdapat kolom tanda tangan format pengkajian dan perumusan tujuan pada standar rencana keperawatan. Fasilitas MPKP sebagian besar sudah dipenuhi sedangkan mengenai papan nama yang digantung pada tempat tidur pasien belum disediakan, sementara formulir seperti infus, obat-obatan digantung pada tempat tidur pasien. Kerjasama PP, PA dan tenaga kesehatan lainnya sebagian besar sudah dilaksanakan oleh PP sedangkan yang belum dilaksanakan adalah keberadaan ronde antar profesional yang dikoordinir oleh PP. Nilai profesional dalam pengembangan MPKP sudah dilaksanakan hanya pelaksanaan komunikasi yang belum optimal dari perawat dalam memberikan asuhan keperawatan seperti penjelasan sebelum melakukan tindakan keperawatan, obat yang digunakan, orientasi dan penjelasan pendidikan kesehatan. Evaluasi hasil intervensi menunjukkan adanya perubahan struktur ketenagaan MPKP, peningkatan pengetahuan sebesar 11,27 %, peningkatan proses penerapan MPKP Tingkat I dengan modifikasi keperawatan primer, kepatuhan perawat terhadap asuhan keperawatan sebesar 17,18 % serta kepuasan pasien terhadap pelayanan keperawatan juga meningkat.

Kesimpulan yang didapat adalah optimalisasi penerapan MPKP Tingkat I dengan modifikasi keperawatan primer berpengaruh terhadap mutu asuhan keperawatan.

Beberapa saran berdasarkan hasil penelitian adalah diperlukan peningkatan pendidikan Ners Spesialis bagi perawat yang berprestasi untuk menjadi CCM, evaluasi asuhan keperawatan meliputi persepsi, dokumentasi, implementasi dan pentingnya pelatihan komunikasi terapeutik serta pembinaan MPKP secara berkelanjutan.

SUMMARY

Optimizing Professional Nursing Practice Model with Primary Nursing Modification to Improve the Quality of Nursing Care (An Operational Research at Mataram General Hospital)

Professional Nursing Practice Model (PNPM) is a system (structure, process, and professional values) which enables a professional nurse to provide nursing care and to manage a supportive environment. In structural aspect, the number of nursing personnel is decided based on the number of patient according to patient's degree of dependency. The type of personnel in a ward consists of Clinical Care Manager (CCM), Primary Nurse (PN), and Associate Nurse (AN) plus a nursing care standard plan. Primary Nursing Modification Method is a combination of team and primary nursing methods. The continuity and the accountability of nursing care is expected to be on the shoulder of Primary Nurse. Nursing care as the core of professional nursing practice, demands nurse's ability to perform as the executor of nursing care through the application of PNPM with one goal to improve nursing care quality.

Mataram General Hospital (MGH) in 2004 had tried to apply PNPM first level with primary nursing modification method at four inpatient wards i.e. Cempaka, Kenanga, Dahlia, and Seruni. A preliminary survey at MGH disclosed that those four wards practicing PNPM were not equipped with personnel structure, job description, and PNPM facilities. Nurse compliance in practicing standard nursing care was not optimal, proven by incomplete nursing care documents which effecting patient's dissatisfaction towards nursing service. Based on these facts, the problem presented in this research was the execution of PNPM first level with primary nursing modification was not yet optimal due to hospital organization, nurses and nursing care factors.

The aim of this research was to optimize the execution of PNPM first level with primary nursing modification at Mataram General Hospital in an effort to improve the quality of nursing care. This was an operational research, measuring: 1) pre and post-intervention to personnel's condition (number, type, knowledge); 2) the execution of PNPM first level with primary nursing modification consisted of job and responsibility, nursing care documentation, professional values and joint-cooperative work between PN, AP and other health personnel; and 3) the PNPM success indicator, that was nurse compliance towards nursing care standard and the satisfaction of patient/family to nursing service. The research took place at Cempaka ward of MGH due to the utilization of that ward for 2.5 months (March 20 until June 3, 2006) as training and revenue centers. Respondents (primary data) were 40 patients (pre test), 40 (post test), and total population of nurses (21 people) amounting to total 101 respondents, while the secondary data was from MGH medical record.

The research result showed that the number of available nurses compared to the number of personnel based on patient's degree of dependency was in proportion to support the application of PNPM. No Clinical Care Manager was available. Most of PNPM duty and responsibility had been executed except for planning and actuating

nursing care evaluation and meeting with patients and their relatives to discuss patient's nursing service condition (minimal within 3 days after admittance). In nursing document, inside the form, there was no column for signature for goal formulation and assessment of Standard Nursing Planning. Most PNPM facilities were on hand but the name board on patient's bed did not exist, instead, intravenous drip and medicine forms were hanged on patient's bed. Joint-cooperative work between PN, AP and other health personnel for most part was already practiced by PN except the existence of patient's rounds among professionals coordinated by PN. Professional values in developing PNPM was actuated, yet nurse's communication in delivering nursing care was not optimal, for instance nurse's insufficient explanation prior to do nursing measures, no clarification of medicines/drugs used, no health orientation and health education briefings.

Evaluation of intervention result showed that there was a change of PNPM personnel structure, 11.27% knowledge improvement, improved process of the execution of PNPM first level with primary nursing modification, 17.18% improved nurse's compliance towards nursing care standard, increased patient's satisfaction to nursing care. The statistical test with Wilcoxon Sign Rank test ($\alpha = 0.05$) showed nurse's knowledge and compliance towards nursing care standard had a significant difference between pre and post-intervention ($p=0.000$).

Several suggestions based on the research result are: 1) improving education to be Specialist Nurses (SN); 2) for Specialist Nurses with good performance to become CCM; 3) evaluating nursing care comprises of perception, documentation, and implementation, 4) emphasizing the importance of therapeutic communication training, and: 5) sustaining continuous Professional Nursing Practice Model supervision.

ABSTRACT

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Primary Nursing Modification to Improve the Quality of Nursing Care
(An Operational Research at Mataram General Hospital)**

Mataram General Hospital (MGH) in 2004 had tried to apply PNPM first level with primary nursing modification method at four inpatient wards. The problem presented in this research was the execution of PNPM first level with primary nursing modification had not been optimal due to hospital organization, nurses and nursing care factors.

The aim of this research was to optimize the execution of PNPM first level with primary nursing modification at MGH to improve the quality of nursing care. This was an operational research, measuring: 1) pre and post-intervention to personnel's condition; 2) the execution of PNPM first level with primary nursing modification; and 3) the PNPM success indicator, that was nurse compliance towards nursing care standard and the satisfaction of patient/family to nursing service. The research took place at Cempaka ward of MGH from March 20 until June 3, 2006. Respondents (primary data) were 40 patients (pre test), 40 (post test), and total population of nurses (21 people) amounting to total 101 respondents, while the secondary data was from MGH medical record.

The research result showed that the number of available nurses compared to the number of personnel based on patient's degree of dependency was in proportion to support the application of PNPM. No Clinical Care Manager was available. Most of PNPM duty and responsibility had been executed except for planning and actuating nursing care evaluation and meeting with patients and their relatives to discuss patient's nursing service condition (minimal within 3 days after admittance). In nursing document, inside the form, there was no column for signature for goal formulation and assessment of Standard Nursing Planning. Most PNPM facilities were on hand but the name board on patient's bed did not exist, instead, intravenous drip and medicine forms were hanged on patient's bed. Joint-cooperative work between PN, AP and other health personnel for most part was already practiced by PN except the existence of patient's rounds among professionals coordinated by PN. Professional values in developing PNPM was actuated, yet nurse's communication in delivering nursing care was not optimal.

Evaluation of intervention result showed that there was a change of PNPM personnel structure, 11.27% knowledge improvement, improved process of the execution of PNPM first level with primary nursing modification, 17.18% improved nurse's compliance towards nursing care standard, and 32.26% increased patient's satisfaction to nursing care. The statistical test with Wilcoxon Sign Rank test ($\alpha= 0.05$) showed nurse's knowledge and compliance towards nursing care standard had a significant difference between pre and post-intervention ($p=0.000$).

Key words: Professional Nursing Practice Model, Primary Nursing Modification, Nurse's compliance, patient's satisfaction