



ORIGINAL RESEARCH PAPER

Nursing

EFFECT OF THE IMPLEMENTATION OF *PROBLEM-SOLVING FOR BETTER HEALTH (PSBH)* TOWARD THE DOCUMENTATION OF NURSING CARE

KEY WORDS: Nursing Care Documentation, *Problem Solving for Better Health (PSBH)*

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ABSTRACT Nursing documentation still encounters many problems that must be handled, especially related to the completeness of the documentation. This research aimed to determine the effect of the implementation of the problem-solving for better health method toward the documentation of nursing care in the Inpatient Unit of the Regional Public Hospital (RSUD). This research used quantitative quasi-experimental design with two group pre and post-test approach. There were 18 samples in each intervention and control group. The result showed that there was an influence before and after the implementation of the problem-solving for better health method toward the documentation of nursing care in the intervention group with p-value 0,002, and p-value 0,007 in the control group. Problem-solving for better health could improve the revision of the documentation. It is expected that hospitals can implement problem-solving for better health to solve the problem of nursing care documentation.

INTRODUCTION

Improving the quality of health services as a whole system needs to be done, so the entire range of health services including nursing services in hospitals are expected to have the character of excellent service quality in accordance with patient expectations (Wiyono, 2012). Nursing service is the indicator of hospital quality that becomes a consequence toward professionalism in the nursing department grade and then actualizes it so that the realization of the nursing service quality is achieved (Ministry of Health RI, 2013). The quality of nursing service can be illustrated from the documentation of the nursing process.

Lestari (2014) in her research explains that if the documentation is not done, it will influence the nursing actions that inaccurate so that the value of services will decrease. In her research, there is 26 documentation of nursing care with an incomplete category. The completeness of nursing care documentation is a part of the quality of nursing services in hospitals. According to Prakosa (2016), the documentation which is not written completely also give harm to the clients because the information about their health is neglected.

Mastini research (2012) about the relationship of knowledge, attitude, and workload with the completeness of nursing care documentation of inpatient room service at Sanglah Central General Hospital, Denpasar shows that the nursing documentation forms that have been prepared are incomplete. Mastini (2012) finds the incomplete nursing documentation data in the medical records department vary from 5 to 10 documents per month after patients return home. Siswanto's research (2013) records that the documentation is not yet complete until 71.6%. Sugiyati's study (2015) finds the incomplete nursing documentation at 20% in assessment, 12.6% in diagnosis, 28% in nursing planning, 3% in nursing action, nursing note 16.4% and 8% in the evaluation.

According to Mastini (2012), too many activities often become the workers' reason for the incomplete documenting. Warsito's (2013) research about the relationship of nurse's characteristics, motivation, and supervision with documentation quality of nursing care process found 58 (54.7%) documentation with poor quality. Desmawati (2015) in her research about the influence of head nurse supervision on nursing documentation found that most (57%) nursing documentation which are conducted by nursing associates are still incomplete.

Nowadays, many hospitals have been adopting Problem Solving for Better Health (PSBH) as an approach to promote the service quality. Hoyt (2007) mentions that PSBH is an approach to solve hospital problems in an easy action, interesting and done with happiness. The advantages of using the PSBH such as the time required to complete each activity is quite short, funds are minimal, applicable and easy to develop (Hidayat, 2010).

The result of Sugandi's (2015) research at General Hospital Dr. Pirngadi Medan gets the result that there is a significant effect of PSBH on the completeness of nursing care documentation which is conducted by nursing associate before and after the implementation of PSBH activity. Further research by Winarti (2016) also found the results of an increase in the average quality of nursing care documentation that is handled by nurses in General Hospital Dr. Moewardi Surakarta before and after the implementation of PSBH activities.

INSTRUMENT AND METHOD

This research was quantitative research (Martono, 2011), by using the quasi-experimental design with two groups pre and post-test approach (Dharma, 2011). The population in this study were 108 nursing associates who had the assignment in 8 inpatient wards of Siti Aisyah Hospital, Lubuk Linggau in 2018. Samples for each of the intervention group and the control group were 18 nursing associates. Data collection method was a research instrument in the checklist sheet form to evaluate the documentation of nursing care which adopted from SOP of Inpatient Wards of Siti Aisyah Hospital, Lubuk Linggau. The instrument consisted of 78 items such as assessment, nursing diagnosis, planning, implementation, and evaluation. On each item, a value of 1 was given for every fulfilled data and 0 for every nil. This research had passed the ethical test of the medical faculty of Andalas University.

RESEARCH RESULT

Table 1. Distribution of Respondent Characteristics (Controls and Interventions) by Age, Sex, Education and Work Duration (n = 18)

No	Characteristic	Intervention Group		Control Group	
		f	%	f	%
1	Age				
	a. < 36 Years old	15	83.3	14	77.8
	b. ≥ 36 Years old	3	16.7	4	22.2
2	Sex				
	a. Male	5	27.8	3	16.7
	b. Female	13	72.2	15	83.3
3	Education				
	a. Associate Degree of Nursing	11	61.1	13	72.2
	b. Bachelor's Degree of Nursing	3	16.7	2	11.1
	c. Ners	4	22.2	3	16.7
4	Working Period				
	a. < 5 years	14	77.8	13	72.2
	b. ≥ 5 years	4	22.2	5	27.8

Based on table 1, the majority of respondents in the intervention group are <36 years old (83.3%), more than half are female (72.2%), more than half are graduated from Associate Degree of Nursing (61.1%) and more than half have working period under 5 years (77.8%). While in the control group, more than half of the respondents' age are under 36 years old (77.8%), most of them are female (83.3%), more than half are graduated from Associate Degree of Nursing (72.2%) and more than half have working period under 5 years (72.2%).

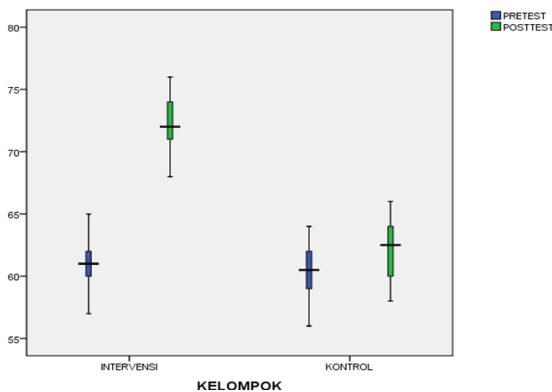
Table 2. Mean Differences of Documentation of Nursing Care (n = 18)

Documentation of Nursing Care	Pre Test		Post Test		Delta	p-Value
	Mean	SD	Mean	SD		
Intervention Group	60.89	2.05	72.11	2.19	11.22	0,002
Control Group	60.44	2.07	62.33	2.30	1.88	0,007

Based on table 2 it is known that the mean of nursing care documentation in the intervention group in the pre-test is 60.89 with a standard deviation of 2.05 and the mean in the post-test is 72.11 with a standard deviation of 2.19. We got p-value = 0,002 from the result of the analysis test, so we could conclude that there was a meaningful difference between the documentation of nursing care in the intervention group before and after PSBH.

Furthermore, the mean in the control group in the pre-test is 60.44 with a standard deviation of 2.07 and the mean in the post-test is 62.33 with a standard deviation of 2.30. P-value = 0,007 was got from the result of the analysis test, so it could be concluded that there was also a meaningful difference between the documentation of nursing care in the control group. As for the increase in scores in the intervention group reached 11.22 and only 1.88 in the control group. This meant that the application of PSBH in the intervention group was better than the control group who only got the seminar materials.

Gambar 1
Mean of Documentation of Nursing Care in Inpatient Room of Siti Aisyah Hospital, LubukLinggau Before and After the Intervention (in intervention and control group) (n=18)



DISCUSSION

The result showed that of 78 items of the documentation examination of nursing care, the mean score in the pre-test of the intervention group was 60.89. Meanwhile, the mean score in the control group was 60.44. This indicates that the documentation of nursing care that is handled by either the control or intervention groups is still incomplete.

The results of this study are in line with Mastini's research (2012) about the completeness of the documentation of nursing care in inpatient room at Sanglah Central General Hospital, Denpasar. This study shows that the prepared nursing documentation forms are incomplete. Mastini (2012) finds half-done nursing documentation data in the medical records department between 5 to 10 documents per month after the patients leave the hospital. Siswanto's research (2013) shows that the unfinished documentation reaches 71.6%. The research of Warsito (2013) on the quality of nursing care documentation process finds 58 (54.7%) documentation that performed by nurses have poor quality. Desmawati (2015) in her research notices that most (57%)

nursing documentation which are managed by nursing associates are still deficient.

Based on the analysis of pre-test questionnaires in the intervention and control groups, the researchers found that the most unfilled documentation was the item number 54 regarding nursing diagnoses. 10 respondents in the intervention group (55.6%) and 11 respondents in the control group (66.1%) did not complete the emerging nursing diagnoses.

From the results of the research, of 78 items examination of the nursing care documentation obtained the mean of the post-test score in the intervention group was 72.11. Meanwhile, the mean of the post-test score in the control group was 62.33.

This implies that there has been an improvement in the mean score of nursing care documentation which is conducted by the control and intervention groups. The increased mean score in the intervention group is 11.22 and in the control group is 1.88.

The results are in line with the research of Winarti (2016) in Dr. Moewardi General Hospital, Surakarta which also gets the result of an improvement in the quality of nursing care documentation that is conducted by the nurses before and after the implementation of PSBH activities. The achievement of the increasing score reaches 16.3%.

According to a post-test questionnaire analysis that was conducted in the intervention and control groups, the researchers found that nursing care documentation of nursing diagnoses had been filled up to 100% in the intervention group and only 50% in the control group. This indicates that the implementation of PSBH has been able to improve the administration of nursing care documentation.

Based on the results of the research in Inpatient Room of Siti Aisyah Hospital, Lubuklinggau, by using paired samples T-test obtained p-value 0,002 in the intervention group and 0,007 in the control group. This means that there are influences before and after the implementation of the problem-solving for better health method concerning the nursing care documentation in Inpatient Room of Siti Aisyah Hospital, Lubuklinggau in the intervention and control groups.

Furthermore, by using independent t-test statistics obtained p-value 0,003 (<0,05) which means that there is a difference of the mean of nursing care documentation in Inpatient Room of Siti Aisyah Hospital, Lubuklinggau after the intervention. This indicates that the implementation of PSBH in the intervention group is better than the control group who only get the seminar materials.

The results of this research are in accordance with Sugandi's research (2015) about the effectiveness of Problem Solving for Better Health (PSBH) in Dr. Pirngadi General Hospital Medan. According to the results, there is a significant influence of PSBH on the completeness of nursing care documentation that is handled by the nursing associates before and after the implementation of PSBH activities.

Hoyt (2007) mentions that PSBH is an approach to solving problems in the hospitals with an easy, interesting, and enjoyable way. The advantages of using the PSBH include the time required to complete each activity is short, the required funding is minimal, applicable and easy to develop (Hidayat, 2010).

PSBH is a program that can be used to assist in the development of small-scale problem solving that can directly benefit many people. With the presence of the PSBH, it is hoped that there will be a development of new ideas and methods to use existing resources in a more effective way to solve health problems despite the shortage of funding, human resources, and health professionals such as nurses, doctors and other health workers (Dreyfus Health, 2017).

CONCLUSION

Application of Problem Solving for Better Health method has a significant influence on the nursing care documentation in

Inpatient Room of Siti Aisyah Hospital Lubuklinggau. It is expected that there is Continuous Quality Improvement, Quality Control Circle (QCC) approach in different hospitals so that the benefit scope of the research will be greater.