

Original Research Article

Factors Inhibiting the Implementation of Professional Nursing Practice Model (PNPM) In General Hospital of Belitung, Indonesia

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ABSTRACT

The quality of nursing care is the selling power of hospitals in the future. One way to increase the quality is applying the Professional Nursing Practice Model (PNPM), which focuses on client satisfaction. It has been implemented in one inpatient ward of General Hospital of Belitung in 2009. However, the implementation of PNPM in the other inpatient wards has been postponed. The purpose of this study was to identify and explore the factors inhibiting the implementation of PNPM in the hospital.

This was a research using a descriptive qualitative method and involved 16 informants consisting of 8 clinical nurses and 8 hospital administrators by using purposive sampling. Data were collected with focus group discussions, and were analyzed by reduction process of data, presentation of data, and draw conclusions. Results of this research showed that there were four factors identified, namely human resources, budgeting, supervision, and nursing care standard.

Management of the hospital should apply PNPM as an alternative to the establishment of policies in improving patient satisfaction, add the number of nurses, delegate employees to pursue higher education, socialize PNPM to all nurses, formulate policy on the appointment of head of nurses selection based on managerial competence, do supervision, and provide a reward system for all employees.

Keywords: Professional Nursing Practice Model (PNPM), nursing care delivery, nursing care model.

INTRODUCTION

Professional Nursing Practice Model (PNPM) is a system (structure, process, and professional values), which facilitates the professional nurse, organizes the provision of nursing care, including the environment in which nursing care is provided. ^[1] Implementation of PNPM is an attempt of many countries to improve the quality of nursing care and nurse work environment.

In Indonesia, PNPM was first developed by Sitorus (1997) in Cipto

Mangunkusumo Hospital, which is now widely adopted by hospitals in Indonesia, including Belitung Hospital. PNPM is a hybrid model of two traditional nursing care delivery models, namely team model and primary nursing model. PNPM has several levels consisting of level of Beginner, PNPM I, PNPM II, and PNPM III. PNPM beginner is an early step towards the next stage of the PNPM, which diploma nurses act as primary nurses, and SPK (same level

with senior high school) and diploma nurses as associate nurses. ^[2]

PNPM beginner was a model applied in Belitung District Hospital in one inpatient ward. The observation result in a preliminary study conducted by the researchers indicated that PNPM in Belitung District Hospital was first implemented in 2009 in a pilot unit and the development of PNPM in the other wards has not been implemented yet until now. The interview results with the Head of Nursing Department found that the application of this PNPM actually been planned since 2001 and could be implemented only in 2009 in a pilot unit. Whereas, in 2001 this hospital is one of the hospitals that received training in Clinical Performance Management Development System (SPMCK) given by Ministry of Health (MOH) and WHO Consultant directly. However, there was no evaluation of implementation of this PNPM although it was related to hospital accreditation.

Through the interview in a preliminary study, the implementation of PNPM in this unit actually had a positive impact on patient and nurse satisfaction. The results of the interview with the head ward and three nurses indicated that by implementing PNPM, job descriptions of each nurse became so much clear, the collaboration between nurse-physician was much better, the autonomy of nurses was increased and nurses more focused on the patient. Additionally, the head ward also felt that the jobs were more organized and most of nurses have high autonomy, high motivation and commitment. The interview had also been conducted to four patients in this unit, which its the result indicated that patients who had previously been treated in this unit said that nurses at PNPM were more friendly, kind, and always kept smiling. The patients also got more attention, and felt satisfied in this ward than the patient in the other inpatient wards.

On the other side, in terms of nursing documentation, it was found that nursing documentation in PNPM fit to the standard of nursing care format, while the other wards through observation and interview of four nurses in this hospital said that they never implement nursing documentation, but rather to write the collaboration care only, such as injection time and medication. However, it was different from PNPM unit, nurses at PNPM preferred to implement nursing documentation in order to achieve quality of nursing care. It could be concluded that implementation of PNPM in this ward was strongly impact on improving the quality of health services, which was in line with the vision this hospital "Becoming Best Hospital in the province of Bangka Belitung, Indonesia", with its mission consists of: 1) Providing quality health services, affordable, effective, efficient, useful, and in accordance with professional standards, 2) Improving customer satisfaction, employee welfare and increase of hospital resources, 3) Improving a clean, order, and safety hospital environment. ^[3] This was also in line with the Guidelines of National Hospital Accreditation: Nursing Services stated that nursing services are organized and managed to achieve optimal nursing care for patient satisfaction according to the standard, vision and mission of the hospital. ^[4] So, in order to achieve optimum care in accordance with the vision and mission, the development of PNPM in other wards needs to be implemented.

The General Hospital of Belitung, Indonesia is type C hospital, which has a capacity of 153 beds, 24 doctors, 178 nurses, and 19 midwives (Sub Division Officer Belitung Regency Hospital, 2011). There are many levels of nurses and midwives consisting of 79 technical nurse, 98 diploma nurses (D3), 9 baccalaureate nurses (S1), 1 master level of nurse, 9 diploma midwives

(D3), and 10 midwives diploma one year (D1). In preparing the implementation of PNPM, Department of Nursing in this hospital has socialized PNPM in 145 nurses and midwives, [5] and based on the interview result in preliminary study of six nurses from non-PNPM ward indicated that these nurses were interested in implementing PNPM to make job easier, clearer, and more focused on the patient. However, the expansion of the implementation of PNPM has been postponed. Therefore, this study aimed to explore the factors inhibiting the implementation of PNPM in the hospital.

MATERIALS AND METHODS

A descriptive qualitative design was used in this study involving Focus Group Discussion (FGD) for data collection. Participants were recruited through purposive sampling, which were divided to be two groups: (1) Clinical Nurses in PNPM and Non PNPM Inpatient wards, which consisted of 8 nurses and (2) Hospital administrators consisting of 8 persons, namely the Director of General Belitung hospital, Head of department of nursing, Head of planning department, Head of nursing association in Belitung, three heads of inpatient wards, and one representative of clinical nurses. FGD ranged from 45 to 120 min, and audiotaped to ensure that the totalities of the spoken words were captured. Data were analyzed by reduction process of data, presentation of data, and draw conclusions.

To ensure trustworthiness, in this study, the *peer-checking* method was used to establish the credibility of the analysis process. The peer reviewer in this study was the advisor in Faculty of Nursing, Padjadjaran University. The researchers analyzed the data independently and compared the developed concepts, categories, and themes. On the other side, the *member checking* method was also used

to establish the credibility of data, which the researcher provided a summary of data analysis process and findings and the participants were asked to check whether the developed concepts reflects their experiences or ideas.

Data collection was conducted during November - December 2011 after obtaining permission from the Ethics Committee of Faculty of Nursing, Padjajaran University and Belitung Hospital. After that, all the participants were informed about the aim of the study. They were assured that participations in the study were voluntary. Moreover, they were able to voluntarily withdraw from the study. The researcher also guaranteed the confidentiality of their data and ensured them that their information would be published anonymously. In the end, the researcher asked the participants to read and sign the informed consent form.

FINDINGS

Human Resource

The most common factors inhibiting the implementation of PNPM were human resource. There were subthemes under human resource that consisted of:

The number of nurses

The number of nurses in this hospital was imbalance, which the ratio of nurses and patients were not appropriate that one nurse took care of 10 patients. Most of nurses complained about this issue. One informant described:

Actually, we already prepared for the implementation of PNPM. But, the problem was we had a few of nurses. Furthermore, most of nurses were day off. However, based on Ministry of Health regulation No. 340, year 2010 that the number of nurses in one inpatient ward of hospital Type C was 14 nurses. There were three shifts in hospitals such as morning shift, afternoon, and evening shift. Every shift would be 3 nurses maximally.

Nurse Qualification

In this hospital, the bachelor nurses/RN were only 9 nurses. The majorities are SPK, approximately 79 nurses, and diploma nurses were 79 persons. Five of 9 head nurses in this hospital had a background of SPK. Based on this qualification, those who had lower education than bachelor nurses might not be able to communicate each other, in terms of knowledge or PNPM itself. Informants described:

I tried to explain to nurses having a background of SPK and diploma. But, they did not accept what I told them. So, I kept silent. Might be they did not know what I was talking about.

When we tried to apply PNPM, the bachelor nurses moved to another ward. So, we did not have bachelor nurse. It was difficult for us to apply PNPM, because we did not understand at all, only a surface of PNPM

Motivation

In order to apply PNPM, most of nurses need more incentives; there was no such a reward for nurses in this hospital. As one nurse described:

We need stimulus such as incentive to deal with the boring routine. So, the implementation of PNPM will be effective because our job was being rewarded. Until today, we never accepted any rewards whether from head nurses or head of department. PNPM or Non PNPM, the incentive was still the same.

Mindset of nurses

In implementing PNPM, nurses were classified to be primary nurse and associate nurse. In this model, primary nurses plan for nursing care and fulfill all nursing documentation. But, associate nurses thought that primary nurses were too much writing rather than working. Most of nurses rejected the delegation from primary nurses. So, in the morning shift, nurses applied PNPM, but in afternoon and evening shift, nurses turned back to the functional model. As one informant mentioned that:

We applied PNPM in our ward. We made two teams. In this model, most of assessments are a job of chair of the team. However, the chair could not standby in the hospital 24 hours. So, the chair delegated the job to associate nurse/member of the team. But, the members were rejected to do that job. So, in the afternoon and evening shift, we came back to functional model. So, I thought it was because our mindsets were not the same.

Budgeting

In this hospital, every budgeting should have been proposed to Regency Government, and it was found that the budgeting was a factor inhibiting the implementation of PNPM, such as the limited funding, the budgeting was not open and flexible, and there was always cut off the budgeting based on the priority. One informant described:

Honestly, we were crashed by funding. When we have a program to increase the knowledge of our nurses and quality of nursing care, we prepared everything. But, when we proposed budgeting to Regency Government, there was so many cut off budgeting, and gradually was rejected. On the other hand, when we have proposed the budgeting to the team already, the budgeting plan from inpatient wards just came. So, it could not be granted due to late submission.

Now, we have no priority in applying PNPM, now we have a priority to apply Badan Layanan Umum Daerah (BLUD) or Local Community Service Agency in order to make an effective budgeting

Supervision

Supervision was also found as a factor, because the quality of nursing care between wards applied PNPM and non-PNPM could not be measured. So, there was no data to develop nursing care quality in this hospital, especially to expand the PNPM. As one informant described:

We applied PNPM in Kenanga Ward as pilot unit, but until now the evaluation could not be conducted whether it was in Pilot unit or other inpatient wards.

Nursing Care Standard

In PNPM, nurses have a nursing care standard, and it is simple for nurses because they only write nursing documentation by checklist. However, it was not all cases developed in PNPM. So, when nurses had new case, they needed to write nursing documentation from assessment to evaluation. On the other hand, nurses also needed to write the same content to another report because they have another report book, and book of implementation. As one nurse mentioned that:

In our ward, nursing care format were using checklist, but there were several cases had no format. So, we need to write from beginning to evaluation, and we also needed to write another report with same content because we have another report book, and nurse implementation report. Many things needed to write, and it burdens us

DISCUSSION AND CONCLUSION

Firstly, in Human Resource factor, the regulation of the number of nurses based on Ministry of Health No. 340, year 2010, which was recruiting nurses based on the number of bed, did not fit on the need of patients. It would cause the lack or over number of nurses. Ideally, to state the number of nurses in one ward, it should be based on the classification of the need of patient, such as the patient who needs Total Care, Partial Care, and Minimal Care. [6] So, we can determine how many nurses we need in one ward and the burden of nurses could be decreased. After the number of nurses has been identified, we need to consider the qualification of nurses. The challenge to apply PNPM in this hospital was due to many SPK and Diploma nurses than bachelor nurses. Based on Ministry of Health No. 1534 year 2005 that SPK nurse was non-professional nurse and having a competency as beginner of associate nurse. [7] Because in PNPM, nurses applied a

professional nursing care, and those who can give this professional care are bachelor nurses. On the other hand, the head nurses of Inpatient wards were mostly from SPK background. It could be seen that this hospital put the position of the staff based on the length of experience of nurses working in this hospital, not based on the level of education and level of competency of nurses. It would be a problem to communicate between head nurses and the member of nurses. So, the hospital needs to upgrade or develop the level of education of nurses.

Secondly, most nurses in this hospital needed incentive to apply PNPM. This incentive was a source of motivation for them. But, there is no such a change in giving incentive or other rewards until now. Professionally, nurses have a right on compensation and reward. [8] It is a reward after the job assignment has been completed. However, the quality of nursing care in this hospital was questionable whether they were professional or not based on standard of nursing care. The data from FGD indicated that nursing care delivery model applied by most inpatient wards was functional model, which focused only on the task, not focus on holistic care of patient. Therefore, the quality of nursing care has been fragmented. But, nurses need to show the quality first before asking for compensation and rewards.

Thirdly, the mindsets of nurses in this hospital have been formed by the routine environment. It was a challenge for this hospital to break and change the mindset. However, it could be changed by creating organization culture. Organization culture is a symbol and unique interaction of each organization. This is how all members think and behave together. It is the way to encourage all members to interact with the others and proactively help them to fulfill their satisfaction. [9] The first person that will

be a role model is a head of department, and then followed by head nurses.

Fourthly, the budgeting method applied by this hospital was zero-based budgeting, which starts from the beginning of the year. This method needs to validate every program and the needs in the circle of budgeting. ^[10] It means that every single fund needs to have a reason and it should be based on priority. Therefore, there was cut off of budgeting in this hospital, maybe the regency government had another priority than implementing PNPM, or capacity building of nurses. On the other hand, because of late submission of budgeting from nurses in inpatient wards, the need could not be granted. So, it needs a good communication, which is open and flexible between middle manager and lower manager in this hospital. However, right now, the hospital is in the process of applying BLUD to make an efficiency budgeting.

Fifthly, during implementing PNPM in pilot unit, it was expected that head of nursing department could evaluate the quality care of this model. However, the evaluation has not been implemented yet either in PNPM ward or non-PNPM ward. So, it could be difficult to convince the director of hospital to expand the implementation of PNPM because there was no data showing the quality of nursing care in this hospital.

Sixthly, this hospital had been applied checklist format for nursing documentation, and it was very helpful for nurses. However, not all cases were included in this format, so for new cases, nurses needs to write from assessment to evaluation. In this case, hospital needs to develop the format of nursing care standard for all cases in this hospital to decrease the burden of nurses in their working. On the other hand, the hospital needs to apply only one report of nursing documentation to

avoid redundant of documentation and make more writing.

In conclusion that there were many factors inhibiting the implementation of PNPM in General Hospital Belitung consisted of human resources, budgeting, supervision, and nursing care standard. However, management of the hospital should apply PNPM as an alternative to the establishment of policies in improving patient satisfaction, add the number of nurses, delegate employees to pursue higher education, socialize PNPM to all nurses, formulate policy on the appointment of head ward selection based on managerial competence, do supervision, and hold a reward system for all employees.

This paper provided the insight of the situation of hospital and factors inhibiting the implementation of PNPM. The findings of this paper might lead to further research in analyzing the correlation of these factors, and exploring the factors supporting the implementation of PNPM.

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