

Original Research

The Implementation Of Patient And Family Education, And Effective Communication In A Hospital At South Sulawesi: An Action Research Study

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ABSTRACT

Background: Frequent phenomena found in hospitals are lack of health education, unclearness medical information delivery, poor communication, or even nurses tried to neglect the importance of health information to patients. To identify problems related to the implementation of effective education and communication in one of hospitals in South Sulawesi Province.

Methods: The study used qualitative and quantitative. This action research study involved 30 nurses consisting primary nurses and manager nurses in surgical care room, intensive care room, child care room and internal care room. Problem identification and the implementation is conducted. Analysis of data from the results of the distribution of questionnaires with descriptive statistics, while the results of interviews with content analysis. The questionnaires and interview guidelines were based on the 2012 Hospital Accreditation Rules.

Results: Based on interviews and questionnaire distribution, Main problems identified in this study were less education and effective communication for patients and patients' family. Moreover, socialization and provision of standard operational procedure (SOP) for education for patients and patients' family was not available yet. Based on the the problem identification, in-house training for implementation of patients and patients' family education and effective communication were conducted for the nurses. SOP about giving information and education for patient or patient's family were made.

Conclusion: It was proven that patients and patients' family education and effective communication contributed to improve the quality of health services.

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INTRODUCTION

One of the health workers who has an important role in health services in the hospital is nurse. Nurses are one of the spearheads of health services in hospitals. Therefore, nurses are required to provide optimal service and quality (Nursalam, 2015). In carrying out its duties and functions, nurses have several obligations in terms of providing nursing services, one of the obligations is to provide health information as an educator to patient or patient's family (Potter & Perry, 2009). In addition, health information delivery should be clear, so the information can be understood-well by the patient or the patient's family (Casey, Effective, Nursing, Casey, & Wallis, 2011; Kaariainen & Helvi, 2010).

Health education and effective communication remain a key factor in improving interpersonal relationships that may improve the quality of care (Bach & Grant, 2009), but in practice area, it is often overlooked by most nurses. Frequent phenomena found in hospitals are lack of health education, unclearness medical information delivery, poor communication, or even nurses tried to neglect the importance of health information to patients (Avsar & Kasikci, 2011).

Join Commission Data (2017) showed that communication error is one of the main root causes of sentinel events or medical errors that reported from 2011 to 2013. According to study in the United States in 2015, about 30% of all malpractice claims resulted in 1,744 deaths with a loss of \$ 1.7 billion over 5 years is due to medical error, as a result of communication error when delivering service in patient. According the data, it can be concluded that education and effective communication is very important. Therefore, hospitals should continue to ensure that education and effective communication are maximally implemented, which is intended to ensure the safety of patient care.

In developed countries data related to the application of education and effective communication has been widely reported as an input for improvement, so the quality of services is maintained, but different in the developing countries such as Indonesia, especially in hospitals in the region. Reports on the issue of the implementation of education and effective communication are less of concerned, therefore this study would like to identify issues related to the implementation of education and effective communication in order to look for some solutions for handling the problem that was found. This study aims to identify problems related to the implementation of effective education and communication in one of hospitals in South Sulawesi Province. This also attempts to find appropriate implementation to tackle the problem through action research intervention.

MATERIALS AND METHOD

Action research intervention conducted through some stages, namely Semi-structured interview for director of nursing, head of nursing care section, head of ethics and profession section, and 8 nurse managers, consisting of 10 people. Sample with purposive sampling involved as joint nurse manager. Data collection is done to get an overview of education and effective communication in every hospital room. The distribution of questionnaires was conducted to 30 nurses to obtain more specific data related to the implementation of effective education and communication to patient and patient's family.

Sampling method used purposive sampling. The questionnaires and interview guidelines were based on the 2012 Hospital Accreditation Rules. Measured variables were implementation of patient/family education and effective communication throughout the hospital's rooms. The inclusion criteria in our sampling method was nurses with a minimum of 1 year working period and the exclusion criteria was nurses with a working period of <1 year and nurse who worked outside the nursing unit.

Processing data from the results of questionnaire distribution used descriptive statistics and the results of interviews used content analysis. Content analysis involved coding and grouping data to identify results from interview transcripts. Then, the process of problem identification and problem analysis was conducted based on the results of interview and questionnaire distribution.

Team discussions were conducted through Focus Group Discussion (FGD), which involved director of nursing, head of nursing care section, head of ethics and profession section, some nurse managers and some nurses' representatives. FGD were carried out to identify possible solutions from the results of problem analysis. Problems were found, then we made program planning to be implemented. Implementation of planned programs.

RESULTS

The following are the Characteristics of Respondents

Table 1. Characteristics of Respondents Based on Quantitative Data (n:30)

Characteristics	Total	
	N	%
Sex		
Female	33	82.5
Male	7	17.5
Age		
< 30 years old	8	20.0
30 -39 years old	21	52.5
> 40 years old	11	27.5
Education		
Professional Degree	20	50.0
Bachelor Degree	3	7.5
Master Degree	2	5.0
Diploma	15	37.5
Work Experience		
< 5 years	12	30.0
5-9 years	17	42.5
>10 years	11	27.5

Action Research Intervention

- a. Conducting semi-structured interviews to director of nursing, head of nursing care section, head of ethics and profession section and 8 nurse managers. From interview with 10 informants, several issues related to the implementation of education and effective communication are as follows:

Compliance level and motivation of nurses related to the implementation of education and effective communication is still low.

The result shows that 60 % of informants (6 out of 10 informants) said that the level of compliance and motivation nurses in the implementation of education and effective communication was still low. Here are some data from informant's interview:

“That is not completely held. Not a routine yet. It means not 100% because sometimes they are tired, they are negligent, they will educate patient tomorrow. “if it is related to the motivation of nurses in terms of giving education, it is back again individually. But it should not be like that, because the patient should have got education in 1x24 hours. Whether it's about education about the medicine, the illness, or the food” (Informant 1)

“we are much complained by patients and patients' families associated with less good nurse communication including how to communicate with others. "... The problem is also usually nurses introducing their self but different ways of delivery. The way of information delivered is sometimes unclear...” (Informant 9)

- b. Socialization and SOP provision of how to give information and education have not been done yet.

About 80% of informants (8 out of 10 informants) said that the SOP socialization of patient/family education has never been done yet. SOP for giving information and education is not available in the room (Table 4). Here are some data from informant's interview:

“if education's SOP is in a person who is in the nursing education and training section, actually, it has never been socialized...”(Informant 5)

“POKJA in correlation with socialization from room to room, they said that this is SOP, then its implementation, its application, its evaluation, and the procurement of SOP in the room have never done...” (Informant 8)

- c. Barriers of education and effective communication.

Approximately 50% of informants (5 out of 10 informants) said there were obstacles in the implementation of education, including language barriers, education or knowledge, uncooperativeness patients, and nurses' compliance (Table 5). Here are some interview data:

“Communication barriers were like patients sometimes being mute, low education level and also their local languages. They do not understand Indonesian language, sometimes we think how?, because sometimes we use sign language but they also could not understand. Elderly patients are hard to receive what we educate them, especially those who have senile or forgetful, “Actually the obstacle is due to the personal such as laziness...” (Informant 7)

“Obstacles usually come from the patient or patient's family, in terms of language, level of education, a variety of languages. They also do not understand Indonesian language at all, for example, 60 years old with his or her worst Indonesian language,” (Informant 4)

- d. Patient/family education and effective communication have not been maximally implemented.

From the results, 50% of informants (5 out of 10 informants) said that it is necessary to develop skills and knowledge of nurses related to education and effective communication (Table 6). Here are some results data:

“Communication training has been done by the management. Nevertheless, not all of nurses exposed. Due to the effective communication training, if I am not wrong, that is held only twice which has been done by the management, and even not all the friends here have been exposed to the training and maybe all rooms are like that. So, if anyone have joined training, we would share each other. But, it will different if we hear and follow directly to the training comparing with we hear it from our friends because sometimes the information gathered is less understandable...” (Informant 6)

“Education and effective communication have ever been done, but not all the material have been exposed to other nurses. It only exposed managers and nurse team leaders...” (Informant 8)

- e. Evaluation of the education’s implementation has not been carried out.

From the data, 80% of informants (8 out of 10 informants) said there was no form of structured evaluation of the implementation of education and effective communication. Here are some interview data from informants:

“Evaluation from management usually came once, it seems rarely, but they sometimes see us, but not only the education that they see but overall service we provide, like that, if they come to evaluate the implementation of education, maybe never...” (Informant 3)

“The evaluation of education and effective communication of nurses has never been implemented in a structured manner...” (Informant 7)

“This system is actually not running well after announcement. Training should be evaluated by the management about the results. The management officers usually go to the room if there is a problem. I think, POKJA related education should be responsible. The POKJA related to education should socialize room to room telling nurses that the SOP is like this. Then, the responsible person who is responsible for reporting (POKJA) will handle it directly. The also should monitor the implementation of education, whether the program every week or every month for evaluating how education to patient ran. So the management officers should do that...” (Informant 8)

" ...well this is what I said, we need to make an evaluation. So, we have to conduct an evaluation, even if we find that there are health workers who do not provide education to patients. It is necessary that we should ask why, whether because they do not know or they may have any other obstacles such as the tools that should be used...” (Informant 9)

The data collected from 30 nurses using questionnaire, and the result of data collecting from nurses as follows:

The data shows about (Table 3) the implementation of education and effective communication in terms of barriers, direction, evaluation, and training. Based on

table 3 in terms of barriers, most of nurses said that there are obstacles in the implementation of education and effective communication.

Table 3. Implementation of Education and Effective Communication (n:30)

Implementation of Education and Effective Communication	Category	Frequency	
		N	%
Obstacles	Yes	18	60,0
	No	12	40,0
Briefing	Yes	6	20,0
	No	24	80,0
Evaluation	Yes	22	73,3
	No	8	26,7
Training	Yes	11	36,7
	No	19	63,3

Problem identification and problem analysis based on result of interview and questionnaires distribution.

Based on the result of interview and questionnaires distribution, it is found several problems: Motivation and level of fulfillment in the provision of education and effective communication has not been improved. Socialization and information about SOP provision for education has not been implemented. Barriers to the implementation of education and effective communication found language, patient education and patient cooperative level. Skill and knowledge of nurses related to education and effective communication has not been sufficient. Evaluation and direct implementation of effective education and communication has not been implemented.

Team Discussion

The team discussion process involved director of nursing, head of nursing section, head of ethics and profession section, nurse manager in the nursing unit, and some nurses' representatives. There were several problems discussed based on the result of problem identification. The motivation and level of fulfillment in the provision of education and effective communication has not been improved, the socialization and procurement of SOP for providing information and education has not been done, the obstacles such as patient's level of education, patient's cooperative level, and level of nursing care fulfillment.

Another problem was the development of skills and knowledge of nurses related to education and effective communication have not been comprehensive, as well as evaluation and direction of education has not been implemented. Based on the result of discussion and problems found, there were some suggestions from participants such as the hospital needs to increase nurses' skill and knowledge in terms of education and effective communication and also it is necessary to socialize SOP for providing information and education.

So, nurses would understand the flow and standard in the provision of education and effective communication. Some of the participants from discussion, nurse managers and some nurses also suggested that each room should be equipped SOP for providing information and education as a guide for nurses in providing education and effective communication.

Program Planning

Based on the result of team discussion, program planning that will be implemented are In-house training education and effective communication, Socialization of SOP for providing information and education , Provision of SOP for providing information and education.

Implementation (Table 4)

- a. In-house training education and effective communication
Participants of in-house training was attended by several nurses, team leaders, and nurse managers. Activities run smoothly, it was seen from the enthusiasm of nurses in the discussion process
- b. Socialization of SOP for providing information and education.
SOP socialization activities were attended by nurse managers and nurses. Socialization was effective, it was seen that the question and answer session between the participants and the speakers was quite enthusiastic
- c. Provision of SOP for providing information and education
Provision of SOP for providing information and education has been completed throughout hospital nursing rooms. SOP is expected to be a guidance of nurses in providing information and education.

Table 4. Implementation

Category	Knowledge of Education And Effective Communication		Knowledge of SOP of Providing Information and Education		Results of evaluation for information and education based on SOP	
	Pre	Post	Pre	Post	Pre	Post
Good	37,5%	85%	15,20%	83.33%	18,80%	61.11%
Less	65,2%	15%	84, 80%	16.67%	81.20%	38.89%

DISCUSSION

One of the implementation form that has been implemented is in-house training of education and effective communication. In-house training of education and effective communication becomes a priority needs to be implemented in the hospital. From the data POKJA of patient and family education Hospital shows that only 10% of nurses ever participated in in-house training of education and effective communication. Even though KARS (2012)states that nurse who has right to educate, is a nurse who has participated in training of education and effective communication.

The training of education and effective communication, it is hoped that understanding, knowledge and skills can be improved. This is in accordance with the results of in-house training that has been implemented, skill and knowledge of nurses in the hospital have increased. It is influenced by the interest, motivation nurse and support nurse manager to participate in the training activities. Based on research conducted by Sulaefi (2017) on the influence of training and development on work discipline and

employee performance, the results of his research indicate that training and development programs have an effect on employee performance.

The same research conducted Lolowang, Adolfini, & Lumintang (2016), human resource training and human resources development simultaneously have a significant effect on employee performance. From these results it can be concluded that in-house training of education and effective communication that has been implemented, are effective in increasing the knowledge and skills of nurses in health service area.

However, despite the in-house training of education and effective communication has been done, there are nurses who still have less knowledge, Therefore, it is necessary to study related literature for nurses who still have low knowledge despite training program. Notoadmodjo (2010) states that there are several factors that affect one's knowledge such as individual characteristics like age, education, experience, socio-cultural. It is also necessary to examine how a person before acquiring new knowledge or behavior, namely the existence of awareness, interest, evaluation, try and adopt from someone (Nursalam, 2015). This is what needs to be considered why there are still nurses who have less knowledge despite training program. In addition, the reward system can also be used as a motivation nurse to always improve quality of care especially Implementation education and effective communication (Harsul, Irwan, & Sjattar, 2019).

The next Implementation is socialization SOP and provision of SOP for providing information and education. Implementation of socialization for SOP for information and education intended to carry out education and effective communication based on SOP (Standard Operating Procedure) (Dinmohammadi, Peyrovi, & Mehrdad, 2013). Training or socialization activity of SOP is needed, so the understanding related to standard techniques in service delivery becomes more structured SOP is as a guide for nurses in the implementation of nursing services (Guerrero, Beccaria, & Trevizan, 2008).

According to some informants, they said that the implementation of education has not had appropriate SOP because it was unavailable and also it has not been socialized. Therefore through the problem, we held the socialization and provision of SOP in the hospital and it is proven that the implementation of socialization and provision of SOP increase the knowledge of nurses Likewise with SOP procurement program, nursing care fulfillment in terms of information and education according to SOP increased. From the implementation that has been implemented, it was proven that socialization and provision of SOP contribute to the nursing service, especially for health education and effective communication.

Accreditation standards KARS (2012) of hospitals have been described various documents and infrastructure facilities that must be owned by hospital, included SOP education and communication effective manual. The infrastructure is a service quality dimension. In other words, if infrastructure facilities are inadequate, it can be said that the quality of service is considered low.

Infrastructure management function is part of the planning function, while the completeness of SOP and other documents are included in the organizing function (Kurniadi, 2013). Management functions consist of planning, organizing, actuating, and controlling (Kurniadi, 2013; Marquis & Huston, 2012; Nursalam, 2015). According to research conducted by Kadir, Syahrul, & Fauzia (2020) These functions run systematically and continuously can improve the quality of service.

CONCLUSION

Based on interviews and questionnaire distribution, Main problems identified in this study were less education and effective communication for patients and patients' family. Moreover, socialization and provision of standard operational procedure (SOP) for education for patients and patients' family was not available yet. Based on the the problem identification, in-house training for implementation of patients and patients' family education and effective communication were conducted for the nurses. SOP about giving information and education for patient or patient's family were made.

Based on the result of problem identification and implementation that has been done in hospital significantly changed both nurse's knowledge and implementation of activity in nursing unit room. From several programs that have been implemented, it is expected for the hospital, especially in the field of nursing, service management and also all of nursing staff, to remain commitment related to the implementation of education and effective communication with guidance of SOP as the responsibility of the health service provider to the patient.

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