

Training on Therapeutic Communication and Patient Safety to Improve the Quality Indicator of Nursing Care at the Government Hospital in Bukittinggi, West Sumatera

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Abstract. Hospitals as one of the agencies that have a role in providing health services to the community are required to improve the quality of performance or quality of service in meeting needs and expectations so as to provide satisfaction to the community. One indicator of the quality service needed is an increase in the quality of services provided. As an effort to improve service quality, there are two quality indicators (communication and patient safety) that have not been optimally implemented in the hospitals. This Community Service (PKM) aims to provide training and increase knowledge through socialization and outreach to the nurses in one of the government hospitals in Bukittinggi, West Sumatera. The method that has been used in this PKM includes counseling related to the therapeutic communication between nurse-patient and socialization of hand washing with six steps and five moments. The results of this PKM obtained an increase in the knowledge and competence of nurses as well as the procedural for implementing hand washing and five moments in the treatment room. From the results of monitoring and evaluating PKM activities, it is known that nurses understand and practice therapeutic communication and five moments. It is hoped that this activity will be useful for increasing the knowledge and experience of therapeutic communication between nurses and patients as well as five moments of hand washing by nurses in the room as an effort to improve indicators of the quality of nursing care as a collaborative services in the hospital.

Keywords: therapeutic communication, patient safety, nursing quality, nursing care

1 Introduction

Management is the process of carrying out activities through other people. Nursing management activities refer to management concepts in general, using a functional approach. Management functions include planning, organizing, directing, and controlling (supervision and evaluation). Nursing service management focuses on the 5M component (Man, Money, Material, Method, and Machine). In every management activity it always starts with planning and ends with controlling which is a repeating cycle for whole management process [1].

Nursing management is an interrelated process of planning, organizing, staffing, directing, and controlling. The role of the nursing manager is inseparable from the management process carried out, including applying attention to material resources and nursing human resources. The role of the manager that is applied is actually able to bring transformation for other nursing staff to apply nursing quality standards. Standards are set to measure the performance of nursing care and services that are objective, measurable and achievable [2].

Nursing Quality Indicators (NQI) also focus on development activities in areas that are aligned with organizational policies and imperatives, which aim to proactively improve the quality of care for patients. Embedding NQI in nurse performance and management systems can provide a robust framework to support delivery and assurance in clinical and community care governance [3]. However, in practice, translating nursing values through quality indicators is both a challenge and an opportunity for the profession to apply these indicators accurately [4]. This quality indicator shows the quality of the implementation of nursing care, collects and analyzes data, and shares complex results in the process of implementing this nursing quality indicator [5].

In its development, in Indonesia itself, nursing quality indicators have been prepared in draft form as Guidelines for Quality Indicators of Clinical Nursing Services in Health Facilities which have actually been drafted since 2008 by the Ministry of Health. The design of the indicators for nursing services includes six quality indicators, namely: (1) Patient safety which includes pressure sores, falls, drug administration errors and injuries due to restraint, (2) Comfort, (3) Self-care, (4) Anxiety, (5) Patient satisfaction, and (6) Knowledge [6].

One indicator of the quality of service needed is an increase in the quality of services provided. In an effort to improve service quality, there are two quality indicators (communication and patient safety) that have not been optimally implemented in hospitals. There was a significant association between the workloads in the inpatient units and the satisfaction of patients with nursing care. The increase in the workload of the nursing team had an impact on quality of care and safety for patients [7]. This PKM aims to provide training and increase knowledge through socialization and outreach to nurses in one of the government hospitals in the City of Bukittinggi. From this explanatory background, we wish to dig deeper into the effectiveness of management in the ward of one of the government hospitals in Bukittinggi. The problem experienced by hospitals today is the decline in quality indicators and causes a lack of patient satisfaction, especially in nursing services. In an initial survey of nurses at Achmad Mochtar Hospital, Bukittinggi as a Government hospital, it was found that there were still many nurses in the room who had not carried out therapeutic communication and introduced the names of nurses when carrying out actions or some nursing implementation or nursing care on patients. Nurses are still not seen doing patient safety washing hands according to the five moments.

On this occasion, we carried out Knowledge Dissemination and Outreach activities for nurses in the emergency room of Achmad Mochtar Bukittinggi Hospital in order to retrain effective communication and therapeutic nurse-patient as well as five moments in hand washing. Hopefully this activity is useful for increasing the knowledge and experience of effective and therapeutic communication between nurses and patients as well as five moments in washing hands for nurses in the room to improve indicators of the quality of nursing services.

2 Method

The work procedures for implementing the community service in this program were the demonstration/training/assistance and socialization of the nursing quality indicators including the knowledge about therapeutic communication and patient safety as well as five moments in washing hands for nurses in the room to improve indicators of the quality of nursing service are as follows:

The dissemination and knowledge transfer of therapeutic communication and patient safety as well as five moments in washing hands for nurses consists of four stages, which are: 1) obtaining permits and consultation with the authorities in this case the field of nursing at Achmad Mochtar Bukittinggi Hospital regarding community service activities for the implementation of PKM activities by the implementing team; 2) Prepare activity material and media communication also media presentation about of therapeutic communication and patient safety as well as five moments in washing hands for nurses. 3) implementation of knowledge transfer, training and socialization about the nursing quality indicators including the knowledge about of therapeutic communication and patient safety as well as five moments in washing hands for nurses in the room to improve indicators of the quality of nursing service 4) monitoring the evaluation of activities carried out in the PKM program to the nurses at hospital.

Evaluation of program implementation and program sustainability after the completion of the implementation of these PKM activities was using assessment tools of quality indicators which can be assessed using measuring instruments which are translations and adoptions of the six quality indicators previously described. Assessment can be done on nurses in a treatment room by implementing existing quality indicators [8].

3 Results and Discussion

Implementation of PKM Activities related to Implementation of Quality Indicators (Therapeutic Communication and Patient Safety) at Achmad Mochtar Bukittinggi Hospital received a positive response from the hospital and nurse. The following is an overview of PKM activities in which there are activities:

- a. Survey of initial demographic data on nurses in the emergency room and surveys related to service quality indicator work related to Therapeutic Communication and Patient Safety in the emergency room of Achmad Mochtar Bukittinggi Government Hospital
- b. Health education regarding therapeutic communication by nurses to patients in providing nursing care
- c. Hand washing counseling and training six steps and five moments for nurses
- d. Role playing activities to whole nurses
- e. Evaluation and monitoring of the results of PKM activities

The results of the implementation of activities and discussed in detail are as follows:

Generally, community service activities in the form of PKM run streamlined. Activities carried out in accordance with the mapping of activities that have been planned. An initial survey of knowledge about therapeutic communication and the implementation of patient safety (hand washing and five moments) which was conducted on 23 nurses at Achmad Mochtar Government Hospital obtained data on nurse characteristics in terms of age, gender, length of work and education background. The data is presented in the following table:

Table 1. Characteristic of PKM Participants

Variable	f	%
Age		
21-30 yo	7	30.4
31-40 yo	9	39.2
41-50 yo	7	30.4
Gender		
Male	13	56.2
Female	10	43.8
Education Background		
Professional Nurse	10	43.5
Bachelor Degree	7	26.1
Nurse Vocational	6	30.4
Work Experience (Year)		
0-5	4	17.4
6-10	9	39.1
11-15	6	26.1
>15	4	17.4

From the table, it is known that the average age of most nurses is in the age range of 31-40 years (39.12%) where this age category is the middle adult category. Furthermore, most of the nurses were male (56.3%) and the most recent education was nurse education (43.8%). For work experience, the average nurse in the work room is more than 5 years.

The implementation of PKM was continued by providing health education regarding therapeutic communication carried out by nurses to patients in providing nursing care. Another supporting factor that greatly influences patient satisfaction is therapeutic communication. Therapeutic communication must be in accordance with the actual indicators and in accordance with the theory that explains the therapeutic communication itself. Therapeutic communication must be able to develop interpersonal relationships between patients and caregivers [9]

Nurses looked enthusiastic about participating in activities and actively asked questions related to the material provided. The following is a picture of the outreach activities that have been carried out at the hospital:



Figure 1. Activities to provide dissemination of knowledge to nurses regarding nurse-patient therapeutic communication

Nurse-patient communication was a basically needed in the nursing care activities. It also claims a nursing quality care indicators. A research showed that corroborated information from three sources (documentation review, patient and nurse responses and communication) strengthened the conclusion that the NQI framework could provide more comprehensive assurances on nursing quality and identify care improvement [10]. Good communication will improve a good relationship between nurses and patients. Patient care will increasingly show progress as well as nursing care.

Furthermore, counseling activities were also carried out regarding patient safety (six-step hand washing) and five moments which were carried out with students practicing the nursing profession. The activity took place enthusiastically and ran smoothly. The following is the activity documentation:



Figure 2. The activity of providing knowledge dissemination to nurses regarding patient safety six steps of hand washing and five moments



Figure 3. Role Play Handwashing 6 Steps and Five moments

3.1 Evaluation of Activities and Follow-Up Plans

Application of quality indicators (therapeutic communication) showed the evaluation where prior to implementation. The percentage of implementing quality indicators (therapeutic communication) before dissemination was around 43.75%. After implementation, the percentage of implementing quality indicators (therapeutic communication) is around 75%. The evaluation results showed an increase in the application of quality indicators (therapeutic communication). Where the hand over was used therapeutic communication, as well as validating the patient's condition with data obtained from nursing hand over.

For the activity of implementing quality indicators (hand washing with six step and five moments), the evaluation showed that before implementation the percentage of implementing quality indicators (hand washing with six steps five moments) was around 54.54%. After implementation, the percentage of implementing quality indicators (hand washing with six steps five moments) was around 63.63%. The evaluation results obtained, according to the group there was an increase in the application of quality indicators (hand washing with six steps five moments). It showed before going to the patient's place wash hands first with six steps.

The Follow-Up Plan for therapeutic communication activities, it is hoped that in the future the head nurse of the room or ward will be able to improve the implementation of therapeutic communication, ratify the procedural and carry out periodic evaluations of the implementation of therapeutic communication. As for the six step of hand washing, it is hoped that in the future the head of the room will be able to improve the implementation of hand hygiene, ratify the procedural and carry out periodic evaluations of the implementation of the five moments of hand washing and five moments.

4 Conclusions

Community Service Activities with the theme implementation of quality indicators (therapeutic communication and patient safety) in Achmad Mochtar Government Bukittinggi Hospital received a positive response from the hospital and nurses who work at Achmad Mochtar Government Bukittinggi Hospital. This PKM activity ran clearly and obtained various benefits for both the hospital and educational institutions. Learning and educational experiences as well as role plays given to nurses can increase nurses' knowledge about

effective and therapeutic nurse-patient communication as well as the five moments in hand washing. This activity can also increase nurses' awareness of the importance of five moments in hand washing as an effort to improve quality indicators of nursing services. It is hoped that the hospital will be able to continue this activity and carry out continuous supervision, so that it can improve the quality indicators of nursing services at the hospital.

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