

The Need to Develop Nursing Care System in West Java

Y Hermayanti^{1*}, A Purwandari W P², T Adikusuma²

¹Nursing Faculty, Universitas Padjadjaran, Bandung

²Faculty of Sport and Health Education, Universitas Pendidikan Indonesia, Indonesia

* yhermayanti@yahoo.co.id

Abstract. Health care system at variety of services in west Java used patient center care which focused on medical treatment, whereas the patient needs other intervention to resolve their problems. The aim of this research focus on knowing the nursing care services problems which effect quality of care. This study used mixed method and the techniques to collect data were observation, provides question sheets to be filled and small group discussion. The samples were taken purposively which involve 40 chief of nursing officer from 40 hospitals in west Java. The results shows that only two of forty hospital developed a standard operational procedure for nursing services. No system for nursing care for patient. Most of them used routine strategy which not related to the patient needs while the services should covered several aspects to meet the patient needs (physical, psychological, social and spiritual). Inadequate facilities and infrastructure for the services. No privacy room for nurse's activities. Nurses should done other activities which no related to nursing care. These conditions indicate the need of change and the system of nursing care should be developed based on patient needs. Key words: Nursing Care, Nursing Care System, Patient Needs.

1. Introduction

Recently, cervical cancer is the second most deaths in women worldwide [4]. Around 273 000 women were died each year because of this disease, and it is predicted increase to four times. Mostly (80%) of the death occurred in developing countries, and almost entirely (99%) caused by human papilloma virus (HPV) infection of the reproductive system [27].

According to data Household Health Survey 2001 in Indonesia, the death rate because of cancer in 1992 was only 1%, in 1995 was 5%, and in 2001 was 6% [6]. Recent data, the incidence rate of cervical cancer in Indonesia was 21, 7%, and take first place in all cancer cases [9]. According to [28], in each year, there will be 15,000 new cases of cervical cancer, and half of them will die. The case will continue to increase because most of Indonesia women are not aware to the danger and not free from risk factors of the disease, such as: old age, low levels of education, low economic level, exposed to smoke more than an hour a day, rarely eat fruits, used cooking oil in cooking, frequently exposed to stress, sexual intercourse under the age of 17 years, sexual intercourse partners more than one person, never pap smear, frequent discharge from the vagina, using family planning pills more than five years, and gave birth baby more than four [6].

The evidence that can be seen from most (70%) Indonesian women affected by cervical cancer come to the hospital with advanced stage. Generally, these women experience hemorrhage and pain and had a variety of other complications such as kidney disorders, lung disorders and systemic



disorders, so that alternative management becomes more difficult and very limited [11] [21]. These data illustrate that there will be a lot of cervical cancer women hospitalized with advanced-stage condition, the nurse must be ready to prepare nursing care in accordance with the conditions of cervical cancer patient.

Based on various previous studies, the problems occurred in patients with cervical cancer is very complex and require a holistic approach. First thing that they must be prepared is to accept the loss of reproductive organ and functions [2] [7] [17] [23] [25] [26]. They also must accept the consequences of the treatment such as damaged mucosal of the skin, damaged healthy cells around the cancer, nausea, vomiting and hair loss [2] [20]. These conditions showed that the patients need support and mental readiness.

The mental readiness is very important because the physical changes impact directly to the psychosocial and spiritual condition of the patient. Psychologically the patients and their family's usually feel anxious, afraid, disturbance of self-image, self-esteem and self-perception, feeling guilty and some of the patient looks depressed [1] [2] [13] [20] [25].

They also should change the patterns of daily activity to fulfill the needs of social functions. According to [12] [25] [26] most patient who hospitalized should be separated from their families and unable to perform routine daily activities and could not meet the sexual needs, which may increase the suffering of the patient. For certain conditions, some of the patient must prepared to accept the stigma of this disease [18] [16], and some of them may lose their jobs [12]. They also should prepared to accept the possibility of death at any time [24]. According to [15] those who experience prolonged suffering due to illness and unable to care for they generally will have additional problems for at least three to four issues within one year.

Based on the background and the problems of cervical cancer patient above, a holistic management is needed and the nurses should prepare a strategy to help patient dealing with various problems by implementing a holistic approach. According to [8] [10] [15] [19], during the activities of holistic approach, the nurses should see the patient as a whole, because the physical conditions can affect psychological, social and spiritual, and vice versa. Nurses should be able to see that the human body and spirit could not be separated and are determined by the ability to think, attitudes and behavior of the patient. The nurses also required the concept of adaptation process in order to help patient managing the problems [22].

To what extend nurses in west java know the need to develop nursing care system for cervical cancer patient? What activities should be made to help patients adapt to the changes? How the nurses should prepare the process? Where the process should be made? Who will be involved in the process? When the best activities should be start? To answer these questions required a data base. This study focuses on knowing the nursing process that has been given to cervical cancer patient in 40 hospitals in west Java.

2. Research Question

To what extend nursing care has been given to cervical cancer patient in west Java?

3. Methods

The methodology of this research was mixed method and the techniques to collect data were Observation, provides question sheets to be filled and small group discussion. The samples were taken purposively which involve 40 chief of nursing officer from 40 hospitals in west Java, and was conducted on June to August 2014. Before study begun, all respondents should agree to be a participant prior to the study and should be able to communicate verbally and nonverbally.

3.1. Data Collection Process

To gain the aim of the study, researchers create several variables to know the condition of the service by giving 54 item questions for cervical cancer clients to look at the five main variables. It consists of 30 positive questions, 24 negative questions based on theory that needed during hospitalization. The

instrument is designed to assess patient's perception about nursing care, using Likert scale (0-4) with Cronbach alpha value, s 0.866. This shows that the instrument is reliable and will stable when used at different times [3] [14].

Researcher also create other instrument for nurses, to show the quality of nursing care by using six main variable, with 46 questions, consists of 28 positive questions 18 negative questions. This instrument is designed to assess nurse's experiences by self-evaluation, using Likert scale (1-5) with Cronbach Alpha, 0.783. This shows that the instrument is reliable and will stable when used at different times [3] [14].

Researcher also use open question for nursing manager or head of nurses to know the condition of nursing services during focus group discussion.

All participant who agree with this study are asked to fill questionnaire based on what they felt, and returned it after finish. Within the period of study, 30 questioner from patient and 29 questioner from nurses and data from 40 head nurses were collected.

3.2. Ethical Consideration

To ensure that this study is safe to all participants, ethical clearance procedures have been done. The participants were explained about the purpose of the study. Informed consent was obtained prior to the study. Confidentiality and anonymity was maintain throughout the study. The participants were informed they could stop at any time without discrimination during the study.

3.3. Data Analysis

All data collected were analyzed through the stages of editing, coding, and tabulating [5]. Two criteria are used to process data from patient perception namely done and not done, while quality of nursing actions tabulated into two conditions, namely performed not performed. The average presentation is used for each variable, so that all variables can be valued, and can be described objectively. Thematic data also used to describe the condition of nursing services for cervical cancer patients.

4. Results

The quality of nursing care for cervical cancer can be seen through the table below both from patient perception and nurses activities.

Table 1. Preliminary Study about Cervical Cancer Patient's Perceptions of the Nursing Process at Gynecology Ward from Several Hospital in Bandung (n = 30)

No.	Variable	Felt	%	Not Felt	%
1.	Feel comfortable and safe	10	33,3%	20	66,7%
2.	Nurse communication with the client	10	33,3%	20	66,7%
3.	Get attention and be appreciated	11	36,7%	19	63,3%
4.	Receive assistance as required	7	23,3%	23	76,7%
5.	Feel that the nurses have the appropriate skills	11	36,7%	19	63,3%

The result shows that 2/3 (66, 7%) of patient did not feel safety and comfort at the ward. The same result also happened for communications process which is very important between patient and nurses. Only 1/3 (33,3%) of patient said that nurses did this job. 63,3% of patient said that nurses did not pay attention and appreciation to them, and most of the patient (76,7%) did not feel that nurses help them to fulfill their needs, and more than half of patient (63,3%) not feel that nurses have the appropriate skills.

Table 2. Preliminary Study about the Experience of Nurses in Providing Services of Nursing Care to Cervical Cancer Patient at Several Hospitals in Bandung (n=29)

No.	Variable	Performed	%	Not Performed	%
1.	Communication with patient	28	97%	1	3%
2.	Providing security and comfort	15	51,7%	14	48,3%
3.	Assessing the problems	27	93%	2	7%
4.	Planning with clients	22	76%	7	24%
5.	Perform nursing actions	19	65,5%	10	34,5%
6.	Conduct the evaluation process	17	58,6%	12	41,4%

The above table shows that almost all nurses (97%) said that they performed communication with the patient, only 51,7% had been providing security and comfort to patient, but there were 48,3% nurses did not do this responsibility. This shows that quality of nursing care services is low. Although 93% of nurses have been doing the assessment stage, only 76% of them have been doing the planning stage, and only 65, 5% performed nursing action, and 58, 6% performed evaluation process. The result show that there are some different capabilities among nurses in applying the nursing process, so that the current services provided have not been able to guarantee the quality of services.

Table 3. Nursing Care Services in West Java (n=40)

No.	Variable	Yes/ Complete	%	No/Not Complete	%
1.	Standard Operational Procedure	2	5%	38	95%
2.	A systematic process	2	5%	38	95%
3.	Continuity nursing care	0	0%	40	100%
4.	Equipment for nursing care	2	5%	38	95%
5.	Facilities for nursing intervention	2	5%	38	95%

The table above show only two of forty hospital had standard operational procedure, a systematic process, equipment, and facilities for nursing services. No one had program for continuity nursing care services for patient. Most of them used routine strategy which not related to the patient needs while the services should covered several aspects to meet the patient needs (physical, psychological, social and spiritual). These conditions indicate the need of change and the system should be developed based on patient needs.

5. Discussion

Based on the result study above, the current service provided by nurses have not been able to guarantee the quality of services. The service does not guarantee safety and comfort environment to all patients. There are also problems in communication, giving attention, appreciation, and assistance and nursing action to patient. This study also shows that nurses do not perform all phases of nursing care properly, because each step of the process, have different result. This also shows that nurses have different ability to perform nursing process. Inadequate standard, facilities and infrastructure mostly happened to almost all hospitals in west java, which indicate the need to develop nursing strategies and activities to full fill the patient need.

6. Limitation

This research performed at several hospitals which may not be able to describe the whole of the services provided in West Java. Samples taken purposively so that has not been able to describe all events in the nursing process.

7. Nursing Implication

The results can be used as baseline data to develop the necessary programs, to improve quality nursing care services and to develop a service system that ensures quality of nursing services.

8. Conclusion

The current service which nurses given to the cervical cancer patient have not been able to guarantee quality of services, which is very important in the adaptation process of the patient. This study indicate a need for changes that can help nurses to ensure quality of nursing care services provided to patients.

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