Nursing Knowledge about Model of Professional Nursing Practice: Team at USU Hospital

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Abstract: The team model is one of the Professional Nursing Practice Methods (MPKP) by a group of nurses in providing nursing care to a group of patients. The focus of this research on 4 components namely definition, nursing care planning, nursing tasks, and implementation of team models. The purpose of this study was to identify the nurse's knowledge of the team's nursing practice model. Descriptive design with the number of nurses 77 people each consisting of head nurse, team leader, and associate nurse. Total sampling technique. The result of the research showed that the knowledge of the Associate nurse was 67,2% in the less category, the knowledge of the team leader was 81,8% in enough category, and the knowledge of the head nurse in the good category was 80%. It shows that the higher the nurse's position the better the nurse's knowledge. However for the knowledge on the implementation of the team model is in the category less for each level of position. It is necessary to socialize the knowledge of the team model and the application of the model to support comprehensive communication and care and services that reflect the patient.

1 INTRODUCTION

Hospitals have responsibility in efforts to improve the quality of health services. One of the efforts of the hospital is the approach of Professional Nursing Practice Model (MPKP). (Sitorus, 2000) stated that the implementation of MPKP can improve the quality of nursing care in the hospital. (Wan, 2011) described the model of professional nursing care can improve patient satisfaction.

Model of Professional Nursing Practice (MPKP) is nursing care system to patients by applying the principles suitable to standard, easy to implement, efficient and effective (Nursalam, 2007). MPKP consists of various models such as team model. Team models are needed to be able centralize services to patients, reduce coordination and communication problems (Babiker et al, 2014).

The implementation of MPKP aims to ensure adequate communication between nurses and health teams, continuous nursing care, patient safety, and improved nursing care services in accordance with standards. The Service focus on patients with standard of care and patient care of the National Standard Accreditation of Hospital edition I. (JCI, 2017)

Kasim's result research said better the application of team methods will be better service quality and documentation of nursing care. Seeing the importance of the team model to the patient, then a nurse must have prior knowledge in implementing the provision of nursing care in the form of professional nursing care.

According to (Notoatmodjo 2010) Knowledge or cognitive is a very important domain for the formation of one's actions. (Eizenberg, 2010) stated the high knowledge and experience of nurse work will improve the nurses' professional skills. *American Nurse Association* (ANA) mentions professional standards of nurses is good knowledge. Therefore, the first step to achieve the team model application required good knowledge. In this study knowledge includes on the definition, planning, team tasks, implementation. So the possibility of nurse knowledge about MPKP Team not be known. It is expected with good knowledge then the implementation of MPKP in University Of north Sumatera Hospital will be more optimal.

This study aimed to identify the nurse's knowledge about the model of professional nursing practice team in inpatient room of University of Sumatera Utara Hospital

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2 METHOD

The study was conducted using descriptive method which aimed to identify the nurse's knowledge about the professional nursing practice model of the team. Total sampling technique with a total of 77 nurses.

The data collection process was carried out in May 2018 by first obtaining approval for research and permission from the ethical commission on health research. The data were collected using a research questionnaire containing questions related to team methods.

Next, data analysis is done quantitatively, presented in the form of frequency distribution tables and percentages. From the data obtained description of Nurse Knowledge Level about professional nursing practice of team model.

3 RESULT AND DISCUSION

3.1 Result

From 77 nurses inpatient room of RS USU which become respondent of research, got the characteristic of respondent like in table below. From the table shows that the largest number of nurses in the room Mahogany (22.1%) is class 3, based on the nurse position of the majority of nurses (79.2%), Based on gender of all nurses in the hospital inpatient room of USU hospital (100%). Based on marriage status, the majority of nurses are married (68.8%), based on tribe, the majority is bataknese (66.2%), based on the last Education majority of nursing D3 (57.1%), based on employment status majority employee status Civil Affairs (87%), based on information received on the MPKP majority stated that they had received information about MPKP (53.2%) and the average age of nurses inpatient room is 30 years.

Characteristic of Nurses	f	%
Work Unit		
Cendana	16	20,8
Meranti	13	16,9
Mahoni	17	22,1
Maternitas	15	19,5
Child	16	20,8
Total	77	100
Position		
Head nurse	5	6,5
Team leader	11	14,3
Associate nurse	61	79,2
Total	77	100
Gender		
Male	0	0

	f	%
Female	77	100
Total	77	100
Marriage status		
Married	53	68,8
Single	24	31,2
Total	77	100
Tribe		
Bataknese	51	66,2
Minangnese	5	6,5
Javanese	15	19,5
Malay	1	1,3
Karonese	1	1,3
Others	4	5,2
Total	77	100
Education		
D3	44	57,1
Ners	30	39
S2	3	3
Total	77	100
Employment status		
PNS	67	87
Non PNS	10	13
Total	77	100
Information		
Yes	41	53,2
No	36	46,8
Total	77	100
Experience		
Head Nurse		
< 5years	4	5,2
≥ 5 years	1	1,3
Team Leader		
< 5years	8	10,4
≥ 5 years	3	3,9
Associate Nurse		
< 5years	60	77,9
≥ 5 years	1	1,3
Total	77	100
Age, Mean = 30 years old		

Based on the table 2 characteristics of nurse education level with n = 77 inpatient nurses at USU Hospital showed that head nurse education level was 60% Ners, team leader 63.6% Ners, associate nurse 65.6% D3 Nursing. In detail can be seen in table 2 below:

Table 2. Frequency distribution of Nurse Education based on occupation in inpatient room University of Sumatera Utara Hospital, n= 77 Mei 2018

Education Level		f	%
Head Nurse			
- D3		0	0
- Ners		3	60
- S2		2	40

		5	100
Total		5	100
Team Leader			
- D3		4	36,4
- Ners		7	63,6
- S2		0	0
Total		11	100
Associate nurse			
- D3		40	65,6
- Ners		20	32,8
- S2		1	1,6
Total		61	100

Based on table 3, all head nurses get 100% information, team leader is 72.7%, associate nurse is 45.9%.

Table 3. Data Distribution Information about MPKP in Inpatient room University Of Sumatera Utara Hospital, n = 77 Mei 2018

Nurse information	f	%
Head nurse		
- Yes	5	100
- No	0	0
Total	5	100
Team Leader		
- Yes	8	72,7
- No	3	27,3
Total	11	100
Associate nurse		
- Yes	28	45,9
- No	33	54,1
Total	61	100

Table 4 shows that level of head nurse knowledge is good at 80%, the level of the team leader is 81.8% while associate nurse are less than 67.2%.

Table 4. Distribution of Nurse Knowledge Level about MPKP Team in inpatient room University of Sumatera Utara Hospital n= 77 Mei 2018

Nurse's Knowledge	f	%
Associate nurse		
- Good	1	1,6
- Enough	19	31,1
- Less	41	67,2
Total	61	100
Team Leader		
- Good	0	0
- Enough	9	81,8
- Less	2	18,2
Total	11	100
Head Nurse		
- Good	4	80
- Enough	1	20

- Less	0	0
Total	5	100

Table 5 shows that majority of the head nurse have goodh knowledge for definition at 100%, Good knowledge in Nursing Care Planning and nurse duty at 60%, and enough category in team model implementation at 72.7%.

Table 5. Knowledge Frequency Distribution Head Nurse about MPKP Team in Inpatient Room University of Sumatera Utara hospital n= 5 Mei 2018

Knowledge of Head Nurse	f	%
Definition of MPKP		
- Good	5	100
- Enough	0	100
- Less	0	100
Total	5	100
Nursing Care Planning		
- Good	3	60
- Enough	2	40
- Less	0	0
Total	5	100
Nurse duty		
- Good	3	60
- Enough	2	40
- Less	0	0
Total	5	100
Team Model Implementation		
- Good	4	80
- Enough	1	20
- Less	0	0
Total	5	100

Table 6 shows that majority of the team leaders have enough knowledge for definition at 72,7%, Enough knowledge in planning and nurse duty at 63.6%, and science team leader for execution of team model at category less namely 72.7%.

Table 6. Knowledge Frequency Distribution of Team Leaders about Team MPKP in inpatient room University Of Sumatera Utara Hospital n= 11 Mei 2018

Knowledge of Team Leader	f	%
Definition of MPKP		
- Good	3	27,3
- Enough	8	72,7
Total	11	100
Nursing Care Planning		
- Good	4	36,4
- Enough	7	63,6
Total	11	100
Nurse Duty		
- Good	2	18,2
- Enough		

- Less	7	63,6
	2	18,2
Total	11	100
Team Model Implementation		
- Good	3	27,3
- Enough	8	72,7
- Less	0	0
Total	11	100

Table 7 shows that associate nurses have knowledge that they are less than 42.6%, knowledge for nursing care planning at 42.6% and nurse duty at 62,3%, and associate nurse knowledge for team model implementation at less category 91.8%

Table 7. Knowledge Frequency Distribution of Associate Nurse about Team MPKP in inpatient room University Of Sumatera Utara Hospital n= 61 Mei 2018

Knowledge of Associate Nurse	f	%
Definition of MPKP		
- Good	18	29,5
- Enough	17	27,9
- Less	26	42,6
Total	61	100
Nursing Care Planning		
- Good	10	16,4
- Enough	25	41
- Less	26	42,6
Total	61	100
Nurse Duty		
- Good	7	11,5
- Enough	16	26,2
- Less	38	62,3
Total	61	100
Team Model Implementation		
- Good	0	0
- Enough	5	8,2
- Less	56	91,8
Total	61	100

3.2 Discussion

Based on the research which is analized about knowledge definition, planning, nurse duty, model execution. Nurses have potential to improve their knowledge so be able do practice as good as possible. (Donaldson dan Risjord, 2010).

Based on result about MPKP team for head nurse knowledge is 80% good category. Head nurse is key position to set and manage nursing service in inpatient room. So that understanding of definition and MPKP concept must be better. The result is found that knowledge head nurse in inpatient room

University of Sumatera Utara Hospital part of in good categoty that good in knowledge MPKP about definition, nursing care planning, nurse duty. Team models are needed to be able centralize services to patients, reduce coordination and communication problems. (Babiker, 2014)

Based on quentionere about knowledge is gotten that all head nurse answered clearly about definition component namely: definition of team model, qualifications of team leader, the sense of weighing in nurse and in the patient's bed, the pre and post confrence understanding, team member replacement, the subjective data understanding, Situation concept, Background, Analysis, Recommendation (SBAR) and priority of nursing problem. This shows that the basic concept of knowledge MPKP a head nurse should be good considering the head nurse is the highest leader in the inpatient room so as to be able to delegate tasks to team leader and associate nurse as subordinate. (Ferguson, 2009) stated Role of team leader necessitated staff development and support to enhance clinical leadership skills involved in this new role, and main gains achieved with team nursing for patients were more contact with nurses, better quality care in a safer environment and for less skilled and less experienced nurses, better support and direct supervision. ANA mentioned professional standard nurses are good knowledge, is expected able to achieve a good application as well.

However, head nurse knowledge in execution of team model most of them at sufficient category. It mean head nurse didn't understand and having experience in execution of team model. It was suitable with (Notoatmojo,2010) who said that experience is period of time who were undergone by people in doing job that impact on improving understanding and skill in the area. While period of work the head nurse majority less than 5 years. If head nurse has good knowledge in the team model application, so nursing care can be achieved. Therefore, good application knowledge supports service applications.

This can be proven by FGD results in March 2018 at USU Hospital that the application of team model has never been done. If we look at the question items of knowledge in the application of the team model it can be seen that most of them head nurse don't understand about priorities which is discussed during post confrence.

Post conference is an activity undertaken by associate nurse to deliver nursing care reports to the team leader. Aplication team model a head nurse must be supported by good knowledge so that

process of post conference can be done better. At item question about Nursing Care Standards (SAK) as the guidance of a team leader in the implementation of pre conference also majority answer wrong, this is reflected in the room that obtained in implementing nursing care a team leader not yet use SAK as regularity in doing action plan of nursing.

Nurse's knowledge in aplication of conference team, started from hand over, pre conference, nursing care, post conference, nursing round. (Marquis and Huston, 2010) mentioned that function of management useful as nurse role model, The head nurse should be use his/her knowledge in patient management. It's means the head nurse can act as role model in team application, so is needed knowledge in applying team model in the room.

The nurse who work under head nurse is a team leader. Team leader is a nurse who responsible to lead associate nurse in doing nursing care in the inpatient room and direct responsible to head nurse in report the result of management patient. At team model the team leader hold a very important role in managing care and guiding staff.

Based on the result research about knowledge of team leader is found that most of them at enough category was 81.8% from definition knowledge, nursing care management, and nurse duty, and there was no result good category. It can be seen at item question about planning what must be made by a associate nurse, team leader and head nurse can be answered exactly by team leader.

But, team leader knowledge in management of team model most of them at less category. Based on question in aplication team model can be seen that team leader most of them didn't know the priorities discussed during post conference. At team model application a team model is leader of post conference that aims to evaluate action plans that have been implemented and evaluate patient progress. This is the same thing with head nurse, where the knowledge of head nurse still lacking. Another question that can not be known team leader is about assessment of patient dependency level.

While the knowledge result of team leader about the implementation of model at less category. indicating that the team still lacks knowledge of the subject. It can be seen on the item about priorities discussed during post conference many team leader do not know this, as well as the question items about assessment of dependence level patient. It was according with theory is forward by (Notoatmodjo, 2016) where between knowledge, understanding and application must be suitable.

Many factor can be caused low team leader knowledge. This MPKP Definition is basic knowledge must be has by a team leader about team MPKP. Knowledge about MPKP definition and planning nursing care interpreted as a reminder of MPKP theories that have been learned previously both from education and from experience.

When team leader knowledge about MPKP definition is good, so interpreted team leader on do nurse duty has good duty in team work model. Interpreted is ability explain corectly about the object be known and be able to interpret material correctly. In this good understanding the implementation of team model as an application will also increase. Applications were defined as ability to use the material that had been learned in the actual situation or true condition.

Thus the research result to associate nurse knowledge is gotten most of them at less category was result 67.2%. It can be seen in the knowledge of definitions, planning, nurse assignments and model execution. The lack of knowledge on associate nurse can be seen in nurse knowledge questionnaire about the execution of team model. It was means that associate nurse less understood about the execution of team model.

The team method is method of giving nursing care, a professional nurse lead a group of nursing staff in providing nursing care to a group of clients through cooperative and collaborative efforts (Douglas, 1992). The team method is based on the belief that every member of the group has contribution in planning and providing nursing care so that it raises a high sense of responsibility. (Sitorus, 2006)

Head nurse knowledge, team leader, and associate nurse is very needed to provide nursing care who comprehensif, because team method is shape good comunication between team to reach goals together. If reviewed based on knowledge about execution of team model, for each level it can be proved that knowledge of the three levels in execution of team model has lower percentage value. In addition, the higher the nurse position so the higher knowledge was had. Thus it can be stated that knowledge is very important in supporting the achievement of optimal nursing care. This means that placing the position of the USU Hospital is appropriate, that a head nurse must be at least Ners.

4 CONCLUSIONS

The higher of position nurse so the higher knowledge which was had. All nurses stated that knowledge in the application of team models was in the less category. Recommendations from the results of this study are necessary to socialize the MPKP Team and Applications at USU Hospital to support comprehensive communication and patient center care.

ACKNOWLEDGEMENTS

REFERENCES

Babiker, A., Husseini, M.E., Nemri, A. A., Frayh, A. A., Juryyan, N. A., ...Faki, O.M. 2014. Health Care Professional Development: Working as a Team to Improve Patient Care. Sudane Journal of Paediatrics, 14(2): 9-16. https://www/ncbi.nlm.nih.gov/pmc/articles/PMC4949805/

Cioffi J, Ferguson L. 2009. Team Nursing : experiences of Nurse Managers in Acute Care Settings. Australian Journal Of Advanced Nursing. Volume 28 Number 4. http://www.ajan.com.au/vol28/28-4_ferguson.pdf

Eizenberg, M.M. 2010. Implementation of evidence-based nursing practice : nurse' personal and professional factors. J AdvNurs. 2010:33-42.

Gilies, D.A. 2012. *Nursing Management; A System Approach.* (third edition) Philadelphia : W.B Sauders Company.

Huber, D. 2006. *Leadership and Nursing Care Management*. (3nd ed), Phildelphia : W.B Sauders Company.

Ilyas, Y. 2012. *Perencanaan SDM Rumah Sakit : Teori, Metode dan Formula*. FKM UI. Cetakan keempat. Depok : Jawa Barat.

Joint Commission International Accreditation Standards for Hospitals. 2017. 6th Edition.

Kuntoro, A. 2010. *Buku Ajar Manajemen Keperawatan*. Yogyakarta: Nuha Medika.

Kasim,M., Abdurrouf, M. 2016. The Increasing Service Quality and Nursing Care Documentation by Team Method Implementation. Vol 1 No.1 ISSN 2540-7937. p.62-72.

Marquis, B. L and Huston, C. J. 2010. Kepemimpinan dan manajemen keperawatan. Toeri dan aplikasi Edisi 4. EGC. Jakarta.

Melchior, ME. Philipsen, H. Abu-Saad, HH. Halfens, RJ., Van de Berg AA, et al. 1996. *The effectiveness of Primary Nursing on Burnout Among Psychiatric Nurses in Long-Stay Setting*. J AdvNurs 24:694-701.

Murwani, A. and Herlambang, S. 2012. *Manajemen Kesehatan dan Rumah Sakit.*Yogyakarta : Gosyen Publising.

Notoatmodjo, S., 2010. Ilmu Perilaku Kesehatan. Jakarta : Penerbit Rineka Cipta.

Nursalam. 2012. Manajemen Keperawatan Aplikasi dalam Praktik Keperawatan Profesional. Jakarta: Salemba Medika.

Siagian, S.P. 2002. Manajemen Sumber Daya M anusia. Cetakan ke – 7. Jakarta: PT Bumi Aksara

Sitorus R. 2003. Dampak Implementasi Model Praktik Keperawatan Profesional terhadap Mutu Asuhan Keperawatan di Rumah Sakit: Jurnal Keperawatan Indonesia. Vol 7 : 41-47.

Sitorus, R. 2006. Model praktik keperawatan profesional di rumah sakit. Jakarta: EGC.

Standar Nasional Akreditasi Rumah Sakit Edisi 1. 2017. Komisi Akreditasi Rumah Sakit.

UU RI No. 38 Tahun 2014 about Nursing.

Wan H, Hu S, Thobaben M, Hou Y, and Yin T. 2011. Continuous Primary Nursing Care Increases Satisfaction with Nursing Care an Reduces Pospartum Problems for Hospitalized Pregnant Women. Contemp Nurse 37: 149-159.

Donaldson, S. K and Mark Risjord Nursing Knowledge, Science, practice and philosoph. Wiley Blacwell. 2010. Ri(https://books.google.co.id/books?id=ZeaMhWxdA6cC&printsec=frontcover&dq=knowledge+nurse+about+model+nursing&hl=jv&sa=X&ved=0ahUKEwiKuaHYx4HcAhVYWH0KHVY_DswQ6AEIQDAD#v=onepage&q=knowledge%20nurse%20about%20model%20nursing&f=false