

Development of Caring-based Nurse Performance Assessment Protocols at Santa Elisabeth Hospital Medan

Eridha Putra¹, Nurmaini² and Roymond H. Simamora¹

¹Faculty of Nurses, Universitas Sumatera Utara., Jl. Prof. Ma'as No.3 Kampus USU, Kota Medan, Indonesia.

²Faculty Community of Health, Universitas Sumatera Utara, Jl. Universitas No.32 Kampus USU, Kota Medan, Indonesia.

Keywords: Performance Appraisal Protocol, Caring, Action Research.

Abstract: The caring-based nurse performance appraisal protocol is a performance appraisal instrument of nurse developed to measure the performance of a nurse daily based on the nurses' behaviour. The purpose of this study was to develop a caring-based nursing assessment protocol at Santa Elisabeth Hospital Medan. Methods: This research uses action research approach. The study was conducted from July 2017 to February 2018 with focus group discussion (FGD) method and questionnaire. Participants in this study amounted to 8 persons of managerial nurses. Data were analyzed qualitatively using content analysis and quantitatively using descriptive statistic test. Results: The results of this study indicate that managerial knowledge about caring-based nurse performance appraisal protocol prior to the implementation of protocol preparation is 62.5% have good knowledge, while after the preparation of the protocol increased to 87.5% have a good knowledge and the existence of a caring nurse-based performance appraisal protocol. Conclusion The results of this study are recommended for managerial to apply the nurse-based caring performance appraisal protocol, this protocol can assist management in measuring the performance of nurses more specifically, so as to reduce complaints from patients on hospital services and can improve the quality of nursing care.

1 INTRODUCTION

Hospital health services are the most important part of the health system. The hospital serves as a referral center in serving patients who come with various types of diseases. One of the keys to the successful attainment of quality service in hospitals is the result of nurse performance. Nurse performance becomes one of the indicators of hospital performance as a service industry that always rely on human resource competence (Guntur P, Wahono, 2012). The performance of nurses greatly contributes in supporting the implementation of health services in hospitals (Marquis, B.L., & Huston, C. J, 2010).

Nurse performance is nurse activity in implementing the best of authority, duties and responsibilities in the context of the achievement of the main task of the profession and realization of organizational goals and objectives. The nurse's performance becomes very important and need to be the attention of managers because it will affect the work performance of the hospital. Similarly, the measurement of nurse performance is measured based on open objective standards and can be

communicated just like employee performance in the company. Therefore, if the nurse is given the attention and appreciation of the superior/superior, then the nurse will be more motivated to achieve achievement at a higher level (Faizin, Ahmad & Winarsih, 2008).

The nurse is "The Caring Profession" which has an important position in producing quality health services in hospitals, because the unique service is carried out for 24 hours and sustainability is a distinct advantage over other types of services. It should be in the hospital to have a well-performing nurse, who will support the hospital's performance so as to achieve customer or client satisfaction (Arofiati, Fitri & Wahyuni, 2011).

Caring in nursing care is part of the nurse's performance in caring for the patient. The caring behavior of the nurse becomes a guarantee of whether a qualified nurse or not, then the caring should be measured on the assessment of nurse's performance in the hospital. Caring assessment tool that aims to measure the caring activities of nurses already developed by Duffy is *caring assesment tools* (Duffy. J, 2008). This measuring instrument is designed to reflect the nurse staff's perception of the managers

used for research in the field of nursing administration (Watson. Jean, 2009).

Considering that nurses have a huge role in improving clinical quality and nursing services, so hospitals must conduct a process to evaluate the performance of individual nurses. That way if the results of assessments of nurses' performance are considered questionable in the measurement of caring behavior. Then the nurse can be given guidance again or provide a warning to raise awareness in caring behavior. This study aims to develop a caring-based nurse performance assessment protocol at Santa Elisabeth Hospital Medan.

2 METHODS

The research design used in this research is action research with 1 cycle, starting from data collection from July 2017 to February 2018 at Santa Elisabeth Hospital Medan. Sampling in this research by purposive sampling. Criteria of participants in this study is nurse managerial amounting to 8 people. The data collection tool in this research used Focus Group Discussion (FGD) method and questionnaire. Data were analyzed qualitatively using content analysis and quantitatively using descriptive statistical test.

3 RESULTS

The process of developing a caring-based performance appraisal protocol is outlined in 1 action research cycle. The first stage is reconnaissance, this stage describes from the approach to interested parties in the research field up to get the problem to be studied. The next stage describes the phase of the action research cycle from planning, action, and observation and reflection.

3.1 Reconnaissance Stage

Reconnaissance stage conducted by researchers from July to September 2017. Data collection at the reconnaissance stage through FGD and questionnaire distribution resulted in two main subjects: 1) Managerial perspectives on the implementation of performance assessment of nurses at Santa Elisabeth Hospital Medan and 2) Knowledge of the managerial nurse on caring-based nurse performance assessment. The results of the FGD activities and the dissemination of the reconnaissance stage questionnaire are as follows:

Table 1: Characteristics of Participant Demography.

Characteristics	Frequency (f)	Percentage (%)
Age >31 years	8	100
Gender		
Man	1	12,5
Women	7	87,5
Education		
Nursing Diploma	4	50,0
Bachelor of Nursing	4	50,0
Working period		
5 - 10 years	1	12,5
15 - 20 years	7	87,5
Position		
Head of the room	5	60,2
Nursing committee	1	10,5
Nursing supervisor	2	29,3

Based on the characteristics of the participants it is known that, the majority (100%) of participants aged 31 years and over, mayor (87.5%) participants were female, for education level (50%) participants have diploma education and (50%) participants have a bachelor of nursing, the majority (87.5%) of participants worked for 15 to 20 years and the majority (%) of participants had positions as head of the room.

3.1.1 Managerial Perspectives on the Implementation of Performance Assessment of Nurses at Santa Elisabeth Hospital Medan

Based on the results of interviews with FGD techniques on participants in the reconnaissance stage, there are 2 (two) subject themes: 1) Implementation of performance appraisal that has not been optimal and 2) Indicators of assessed nurse performance. Broadly speaking there are some problems that arise at the reconnaissance stage, that is: 1) The absence of caring-based nursing performance assessment protocol, and 2) The timing of performance appraisal is not yet effective.

3.1.2 Knowledge of the Managerial Nurse on Caring-based Nurse Performance Assessment

Table 2: Managerial knowledge about caring-based nurse performance assessment before the preparation of protocols is as follows.

Knowledge	Frequency (f)	Percentage (%)
Good	5	62,5
Not good	3	37,5
Total	8	100

Based on the results of filling out the managerial knowledge questionnaire at the Reconnaissance stage about caring-based nurse performance appraisal at Santa Elisabeth Hospital Medan, distributed to 8 participants the results obtained are 5 participants (62.5%) who have good knowledge and 3 participants (37.5%) have not good knowledge.

3.2 Planning Stage

At the planning stage the researcher formulates the planning in the development of a caring-based nurse performance assessment protocol. To achieve the purpose of the researcher plan some activities are: 1) Planning for the initial preparation of the protocol, 2) Plan the formation of a protocol drafting team, 3) Planning a protocol drafting schedule, and 4) Planning discussion and exposure of protocol drafting results with the drafting team.

3.3 Action Stage and Observation

Plans that have been prepared in the next planning stage carried out in the action stage.

- 3.3.1 Initial preparation of the caring-based nursing performance appraisal protocol conducted by researchers on December 7 to 20 November 2017. Aims to review the review literature or materials to be used in the preparation of the protocol.
- 3.3.2 The formation of a drafting team the caring-based nursing performance appraisal protocol has been formed by researchers when conducting focus group discussion activities (FGD) on 21 October 2017, this is done by the researchers through the recommendations and consent of participants who aim to avoid a busy schedule.
- 3.3.3 Preparation of the caring-based nursing performance appraisal protocol was conducted on 20 November 2017 to 29 January 2018. The protocol team is a participant consisting of the head of the room, the chairman of the nursing committee and the head of the inpatient room.
- 3.3.4 Implementation of the results of the compilation of the caring-based nursing performance appraisal protocol, implemented in accordance with the planning that researchers have done that is on 14 January 2018 in the training room of Santa Elisabeth Hospital Medan which was attended by the drafting team.

3.4 Reflection Stage

At the reflecting stage the researchers conducted FGD on 13 February 2018. The purpose of this stage is to explore related information: 1) Managerial perspective on the caring-based nursing performance appraisal protocol and 2) Managerial knowledge about caring-based nurse performance assessment after the preparation of the protocol. The results of the FGD activities and the reflecting stage questionnaire are as follows:

3.4.1 Managerial Perspective on the Caring-based Nursing Performance Appraisal Protocol

Based on the results of interviews with FGD techniques on participants in the reflecting stage, there are 3 (three) subject themes: 1) Benefits of caring-based nurse performance appraisal, 2) Obstacles related to the caring-based nurse performance appraisal protocol, 3) Management expectations related to caring-based caring performance appraisal protocol.

3.4.2 Knowledge of the Managerial Nurse on Caring-based Nurse Performance Assessment

Tabel 3: Managerial knowledge about caring-based nurse performance assessment after the preparation of the protocol are as follows.

Knowledge	Frequency (f)	Percentage (%)
Good	7	87,5
Not good	1	12,5
Total	8	100

Based on the results of filling out the managerial knowledge questionnaire at the reflecting stage about caring-based nurse performance appraisal at Santa Elisabeth Hospital Medan, distributed to 8 participants the results obtained are 7 participants (87.5%) who have good knowledge and 1 participants (12.5%) have not good knowledge.

Tabel 4: Knowledge of the managerial nurse on caring-based nurse performance assessment before and after the preparation of protocols are as follows.

Knowledge	f	Percentage (%) before formulation	f	Percentage (%) after formulation
Good	5	62,5	7	87,5
Not good	3	37,5	1	12,5

The results of data collection through a questionnaire about managerial knowledge after the preparation of caring-based nurse performance appraisal protocols have increased. With the presentation value before the preparation of caring-based nurse performance appraisal protocol is (62.5%) which states the level of knowledge of the participants in a good category, whereas after the preparation of caring-based nurse performance appraisal protocols increased to (87.5%) which states the level of knowledge of the participants in a good category.

Researchers summarize the theme at reconnaissance and Reflection stages into a combination theme of Focus Group Discussion (FGD) about caring-based nurse performance appraisal, which researchers have done with participants. The theme at reconnaissance and Reflection stage, researchers combine into 5 (five) themes.

Implementation of Performance Appraisal That Has Not Been Optimal

Participants say that performance appraisal has not been effective, the assessment time is too long, other than that performance appraisal instruments are still general. The following interview excerpt from the participants:

“if we are here, if the local hospital regulations say 3 years once for recreditation, but here, with a very busy managerial schedule done once every 4 years, we see it as management that the performance assessment is once every 4 years, it is not effective...” (P4, L73)

“the length of time is very long, performance appraisal that day we see, that's my response, the days we see the person working, performance evaluation, days of developing or not ” (P4, L79)

“performance appraisal instruments already available, but it is very common, because we refer to DP3, there are some things that are assessed but very common and applicable to all employees”. (P4, L68)

Indicators of Assessed Nurse Performance

According to the participants, the indicators assessed from the performance of nurses so far are: nursing skills, and nurse knowledge in the work. In addition participants said the need for caring elements listed in the assessment of nurse performance. This is

in accordance with the following participant statement quotation:

“nurse knowledge needs to be assessed, the action is in accordance with standard operating procedures or not, and how he did nursing care how, that is what should be assessed” (P6, L162)

“there is no element of caringnya it, in the performance appraisal instrument has been used, so it must be made, let this caring nurse same patient” (P5, L155) “

Benefits of the Caring-based Nursing Performance Appraisal Protocol

Participants say that if applied later the caring-based nursing performance appraisal protocol can reduce complaints from patients due to caring of each nurse's actions, and be a guide in assessing the performance of nurses. This is in accordance with some participant statements as follows:

“It is true, this if for example we carry out this caring, most likely complaints in this hospital must be reduced, because, caring this is what is expected in action nursing” (P1, L6)

“which is evident in the presence of this protocol, very helpful in the performance assessment for the future later, and we can also supplement the science of the results of this research.” (P4, L).

Obstacles Related to the Preparation of the Caring-based Nursing Performance Appraisal Protocol

Some obstacles in the preparation the caring-based nursing performance appraisal protocol is a language adjustment section, and for its implementation is constrained by the number of nurses who are still lacking. This is in accordance with the participant's statement as follows:

“obstacles in preparing the rubric, it's hard to translate this caring language into its performance indicators. The language must be fully understood” (P3, L187).

“if later we caring-based performance assessment, with the current number of nurses, could be our value is all low, because it is our communication that should be 10 minutes, we shorten it to 3 minutes, finally we can not achieve good value” (P4, L61).

Management Expectations Related of the Caring-based Nursing Performance Appraisal Protocol

Management expectations related of the caring-based nursing performance appraisal protocol is a protocol that has been formed can be applied, produce good impact and caring application is done. This is in accordance with the participant's statement as follows:

“after the results of research made by researchers, we will try directly this new formula. We will see, whether to generate something from this new performance appraisal formula” (P3, L259).

“hope from us, related to our products, we can still do it, but still facilitated from the leadership, which is adjusted to the adequacy of manpower, this target is the way” (P5, L267).

3.4.3 Output Development Protocol for Caring-based Nurses Performance Assessment

The nursing caring-based performance assessment protocol has been prepared based on the results of discussions or meetings between the drafting team and researchers, which produce:

- 1) The concept of assessment and caring,
- 2) Standard of operational procedures and the flow of caring-based on performance,
- 3) Explanation of the implementation and explanatory assessment,
- 4) assessment rubric, which consists of:
 - a) nurse performance rubric and
 - b) rubric of work behavior of nurse,
- 4) assessment format.

4 DISCUSSION

The results of this study have similarities with the results of research conducted by Nikpeyma, Saeedi, Azargashb, and Majd on the issue of assessing the performance of clinical nurses in the teaching hospitals of the city of Tehran:

- 1) Contextual issues (incompatibility between nursing standards and duties),
- 2) Performance appraisal structure (subjective judgment and the gap between theory and clinical practice),
- 3) Assessment process (managers lack supervision, unfair assessment and no follow-up), and
- 4) Rating result (incorrect feedback) (Nikpeyma, N., Saeedi, Z. A., Azargashb, E., & Majd, H. A., 2013).

The concepts or materials that researchers obtain are: 1) Concept of performance appraisal, 2) Caring

concept, 3) The concept of nursing care the concept of nursing care and 4) Related research journals on caring applications and performance appraisal of nurses. For the process of drafting the nurse performance appraisal protocol, furthermore the researchers conducted the formation of a drafting team consisting of: 1) Chairman of the nursing committee, 2) Head of the inpatient room and 3) The head of the room. The team has the right and authority to carry out a nurse's performance assessment and will continue to evaluate the caring-based nurses performance assessment protocol, although the research process that researchers do at the hospital Santa Elisabeth Medan has been completed.

There are several obstacles during the preparation of the caring-based nursing performance appraisal protocol, among others: 1) Time of the participants, so that discussion activities can not be done continuously, researchers took the initiative to meet the drafting team separately for a discussion. 2) Adjustment of the performance appraisal rubric, where the compilation of rubrics using the caring code dimension, developed by Lee, Fang, Kuo, and Turton, are: 1) Assistance during patient reception, 2) Professional behavior, 3) Communication, 4) Empathy, 5) Sincerity, and 6) Appreciate (Lee-Hsieh, J., Fang, Y.Y., Kuo, C.L., & Turton, M.A, 2004). These six dimensions of caring code have been combined in accordance with the sequence that is linked to the concept of nursing care consisting of: assessment, nursing diagnoses, nursing action planning, implementation of nursing actions, evaluation of nursing actions and documentation.

The advantages of this caring -based nurse performance appraisal protocol are, before finalization to be presented, researchers do a protocol validation in advance with three experts, especially regarding the grammatical editors that can not be clearly understood by the participants. This process is similar to Zaki, Fekr and El-Hamed's research, after the development of a nurse performance appraisal system, the questionnaire questionnaire developed is submitted to the expert group to assess the relevance, validity and application (Zaki, Isis Fawzy., Fekr, Nehad Ezz-Eldin & El-Hamed, Magda Abd, 2018).

After the validation process from the expert, then the researchers and participants do the exposure of the results of the caring -based nurse performance appraisal protocol. This exposure was made to equate perceptions with the drafting team before the research process ended. The disadvantage of this stage is that the caring-based performance appraisal protocol has not been tested. This is because researchers only do 1

stage of action research process, other than that the managerial just finished doing the credentials to the nurses. Participant busyness is also one of the factors inhibiting the research process, so that the research process becomes longer if the protocol is tested.

5 CONCLUSIONS

This study aims to develop a caring-based nursing performance appraisal protocol at Santa Elisabeth Hospital Medan. The contents of this caring-based nurse performance appraisal protocol are: 1) The concept of assessment and caring, 2) Standard of operational procedures and the flow of caring-based on performance, 3) Explanation of the implementation and explanatory assessment, 4) Assessment rubric, which consists of: a) nurse performance rubric and b) rubric of work behavior of nurse, 5) Assessment format.

For the hospital as a place of study, expected to leadership, The management and the heads of the hospital units to be able to apply the caring-based nurse performance assessment protocol as a guideline for performance appraisal.

For nursing practice, it is expected that the performance appraisal team has strong commitment and motivation to run and implement the caring-based performance appraisal protocol.

For the next researcher, is expected to measure the impact of the implementation of the caring-based nursing performance appraisal protocol. In addition, the researcher hopes that the results of this research become one of the research data of nursing (evidence based) that can be developed as input of further research thus the limitations in this research can be overcome in the next research cycle in action research research.

ACKNOWLEDGEMENTS

This article is the result of my thesis research, therefore I would like to thank:

Master of Nursing Study Program, Thesis Examination Committee, Supervisor Lecturer, Research Expert, Director and Staff of Santa Elisabeth Medan Hospital and participants who participated in this study.

I also want to thank both my parents and family, who have provided moral support and motivation in completing this article.

REFERENCES

- Guntur P, Wahono. 2012. Pengaruh Person Organisatio Fit, Kepuasan Kerja dan Komitmen Organisasi terhadap Kinerja Perawat. *Management Analysis Journal*. 1 (1).
- Marquis, B.L., & Huston, C. J. 2010. Kepemimpinan dan manajemen keperawatan: teori dan aplikasi. (edisi 4). Jakarta: EGC.
- Faizin, Ahmad & Winarsih. 2008. Hubungan Tingkat Pendidikan dan Lama Kerja Perawat dengan Kinerja Perawat di RSUD Pandan Arang Kabupaten Boyolali. *Berita Ilmu Keperawatan* ISSN. 1979-2397.vol. I No. 3 September 2008.
- Arofiati, Fitri & Wahyuni. 2011. Hubungan antara Tingkat Pengetahuan Perawat tentang Kode Etik Keperawatan dan Hukum Kesehatan dengan Kinerja Perawat dalam Memberikan Asuhan Keperawatan di RS. PKU Muhammadiyah Tahun 2009. *Jurnal Kesehatan Suara Forikes*. Vol 11 (No.2) Hal 117.
- Duffy, J. 2008. The caring assessment tools—Administrative version. In J. Watson, *Assessing and measuring caring in nursing* (2nd ed.). New York, NY: Springer Publishing Company.
- Watson, Jean. 2009. *Assessing and Measuring Caring in Nursing and Health Sciences*. 2nd edition. New York.
- Nikpeyma, N., Saeedi, Z. A., Azargashb, E., & Majd, H. A. 2013. Problem of clinical nurse performance appraisal system : A qualitative study. *Asian Nursing Research*, 300, 1-8.
- Lee-Hsieh, J., Fang, Y.Y., Kuo, C.L., & Turton, M.A. 2004. Patient experiences in the development of a caring code for clinical nursing practice. *International Journal for Human Caring*, 8 (3), 21-29.
- Simamora. R.H. 2017. Penguatan Kinerja Perawat dalam pemberian Asuhan Keperawatan melalui pelatihan Ronde keperawatan di Rumah Sakit Royal Prima Medan. *Jurnal Pengabdian Masyarakat (JPKM)*, LPM-Unimed. Medan.
- Zaki, Isis Fawzy., Fekr, Nehad Ezz-Eldin & El-Hamed, Magda Abd. 2018. Developing Performance Appraisal System For Staff Nurses At Selected Hospitals In El-Minya Governorate In Egypt. *International Journal of Research in Applied*. Vol. 6, Issue 01, Jan 2018, 33-4.