



Survey on the Implementation of Health Education by Nurses in the Inpatient Room of Type B Hospital

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A nurse is a professional who can provide care to individuals, families, groups, or communities, both in sickness and health. One of the important tasks of nurses is as educators. Health education is a form of education that aims to change the behavior of individuals, groups and communities so that they can improve their health independently. The purpose of this study was to analyze the implementation of the role of nurses as providers of health education to patients. This study used a descriptive survey design. The research sample used a total sampling technique of 18 respondents consisting of nurses who served in the inpatient room of a type B hospital. The measuring instrument used an instrument in the form of a Nurse's Education Patient Questionnaire (NEPQ). Data analysis using exploratory descriptive. The results obtained 67% of nurses in the good category on the values and knowledge of nurses, 50% in the good category on the environment for providing health education, 61% in the good category on the organization of health services, 61% in the good category on interdisciplinary and peer cooperation, 61% in the good category on activities providing health education. Supporting factors for nurses as educators include the existence of a PKRS team and clear documentation related to health education documentation. While the inhibiting factors include the lack of support from the room manager and the lack of availability of nurses' time. Nurses are expected to further improve the responsiveness dimension and hospital management to increase support or encouragement, especially holding socialization/workshops and encouraging health education providers by nurses to get training, routine scheduling, and supervision to optimize the provision of health education.

INTRODUCTION

A nurse is a professional who has the ability to provide care to individuals, families, groups, or communities, both in sickness and health. One of the tasks of nurses is to act as educators or providers of health education to patients/families.⁽¹⁾

Data from the Directorate General of Health Services shows that the number of patient safety incidents reported in Indonesia until

2019 reached 10,575 cases, WHO describes 134 million adverse events every year of which 2.6 million result in death due to drug administration errors caused by communication failures in drug administration education.⁽²⁾ Hospital health education is one of the important indicators in assessing hospital accreditation which is included in KMK No. 1128 of 2022 concerning SNARS Chapter 7 Communication and Education. Insufficient promotion of hospital health education by

nurses can reduce accreditation scores and increase the risk of injury to patients.⁽³⁾ Based on the data obtained, 90% of patients who were treated experienced a high risk of injury and it was reported that 10 patients had experienced falls while in the bathroom, and 10 people had been electrocuted due to a chipped electric cable because the patient had not received information and education by nurses in fulfilling the need for security while being hospitalized.⁽⁴⁾

Nurses in providing health education are influenced by several factors that can cause less than optimal preparation of nurses as educators. Based on the description of the problems above, the researcher is interested in conducting a survey on the implementation of health education by nurses in the Type B hospital inpatient room.

MATERIAL AND METHOD

This research uses an exploratory descriptive research design. The sampling process in this study used a total sampling technique with 18 respondents. The questionnaire used to assess the provision of health education in the inpatient room of a type B hospital, the author used an instrument in the form of a Nurse's Education Patient Questionnaire (NEPQ), which was distributed to 18 nurses in the room, the data collection process begins with submitting a research permit to the head of the inpatient room, after obtaining approval, it is continued with the distribution of informed consent sheets which the respondent then signs, then the respondent fills out the questionnaire sheet. The data collection process was carried out 4 days in week 3, from 14 to 17 March 2023. The questionnaire used in this study adopted the questionnaire used by Siddiqiyah with the title "Overview of the Implementation of Health Education by PPJA," which has been tested for validity and reliability. The results of the validity test valid questions as many as 38 items with $r\text{-count} (0.386-0.720) > r\text{-table} (0.362)$. The reliability test results obtained an Alpha-Cronbach value of 0.789, so the questionnaire was declared reliable for research.⁽⁵⁾ Data analysis in this study used an exploratory descriptive method.

RESULTS

Overview of Inpatient Rooms in Type B Hospitals

Type B hospital inpatient rooms are inpatient rooms with neurological, cardiac, and stroke treatment cases, which are inpatient rooms for adult male and female adult patients. This ward has a nurse station or duty nurse room north of the patient room. The number of nurses in this room is 18, who are nurse profession graduates, and some are graduates intermediate experts. Based on the results of preliminary studies conducted by researchers in the inpatient room of this type B hospital, nurses have been provided with health education. Still, health education about the patient's condition has yet to be implemented optimally and structured/planned. Only a few things were conveyed, and we still needed to correctly use the SNARS Communication and Education Criteria standards.

Characteristics of Respondents

Based on Table 1, the characteristics of respondents of nurses in Type B Hospital Inpatient Rooms were mostly in the age range of 30-44 years, with as many as 14 people (77%). The most gender is female, as many as 11 people (62%). The last education category taken by nurses was mostly S1 Ners graduates, 10 people (56%). The length of work is dominated by 13 people (72%), and nurse respondents who have attended training are only 4 people (23%).

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Based on Table 2 below, it can be illustrated that in the Survey of the Implementation of Health Education by Nurses in Type B Hospital Inpatient Rooms, nurses in the good category were 67% in the sub-chapter of nurses' values and knowledge. The environment for providing health education is in the good category by 50%, while in the bad category by 50%. The organization of health services was in a good category at 61%, while 39% were in the bad category. Interdisciplinary and peer collaboration in the good category was 61%, while 39% were in the bad category. Health

education activities were in the good category at 61%, while 39% were in the bad category.

Table 1 Characteristics of respondents surveyed on the implementation of health education by nurses in inpatient rooms of type B hospitals in March 2023 (n=18)

Sub-Variables	Category	(n)	(%)
Age	30-44	14	77
	45-59	4	23
Gender	Male	7	39
	Female	11	61
Last Education	Diploma	8	44
	S1+Ners	10	56
Duration of Employment	≤5 years	5	28
	>5 years	13	72
Training	Yes	4	23
	No	14	77

Source: Primary Data, 2023

Table 2 Survey on the Implementation of Health Education by Nurses in Inpatient Wards of Type B Hospitals Period March 2023 (n=18)

No	Sub-Variables	Good Category	Bad Category
1	Nurses' values and knowledge	67% (n=12)	33% (n=6)
2	Health education delivery environment	50% (n=9)	50% (n=9)
3	Health care organisation	61% (n=11)	39% (n=7)
4	Interdisciplinary and peer collaboration	61% (n=11)	39% (n=7)
5	Health education delivery activities	61% (n=11)	39% (n=7)

Source: Primary Data, 2023

DISCUSSION

Nurses' Values and Knowledge

The value and knowledge of nurses in this questionnaire aim to identify nurses' attitudes in maintaining professionalism as educators and about priorities in providing patient health education. The results of the study regarding the attitude of nurses in maintaining professionalism in providing health education to patients are considered good enough where as many as 67% of room nurses pay attention

to the knowledge needs of patients related to their sick conditions while the other 40% focus on patient medical actions.

Based on these results, it was found that only 67% of nurses had good values and knowledge and that room nurses had implemented the 3rd KE (Communication & Education) standard policy (education focuses on the priorities needed by patients and families based on the results of the assessment), KE-4 (Education about the care process is delivered to patients and families tailored to the level of understanding and language understood by patients and families), and KE-5 (Educational methods are chosen by considering the values and preferences of patients and their families).⁽⁶⁾

The results of this study align with previous research conducted by Wenda et al ⁽⁷⁾, which explains that knowledge does not affect the professional attitude of a nurse. Still, nurse motivation influences the professional attitude of nurses. While the results of another study at Tabriz University Hospital, Iran, obtained inversely proportional results stating that nurses who have good values and knowledge will maintain a professional attitude in providing health education to patients because they are aware that safety, comfort, and care satisfaction can affect recovery and improve the quality of health services.⁽⁸⁾

Health Education Delivery Environment

The environment for providing health education discusses the time of providing health education and the presence of confounding factors in terms of providing health education. The results showed that 50% of nurses were in a good category while 50% were in a bad category, meaning they needed more time to provide health education because the time used was more for medical actions and documentation activities. Based on these results, room nurses have obstacles in implementing the 2nd standard (Communication & Education), which promptly discusses providing information and health education. The room nurse has not

implemented the 2nd standard (Communication & Education) properly. Patient and family access to information and health education based on the 2nd standard assessment (Communication & Education) must be carried out on time so that patients and families have no obstacles to getting the information and health education needed⁽⁶⁾.

The results of this study are reinforced by research from Akhtar et al ⁽⁹⁾ conducted at Sir Ganga Ram Hospital Pakistan that one of the factors influencing the provision of health education could be better, namely the lack of time owned by nurses. Other studies also explain that in providing health education by nurses to patients and families of patients, there are obstacles that interfere with the role of nurses as educators. These obstacles include limited time, much work, busyness, nurse limitations, and lack of knowledge⁽¹⁰⁾

Healthcare organization

Health service organization contains management support, availability and content of health education policies, health education, and teaching and use materials. The study found that 39% of room nurses needed to be better.

The preliminary study results found that the hospital has a special team (PKRS team). The PKRS team has made written policy guidelines/official guidelines related to patient health education in the workplace. However, when nurses were asked to fill out questionnaires related to health education policies and teaching materials, many of the nurses had different answers from one another. This is related to the lack of maximum performance of the PKRS team in providing nurses with an understanding of the contents of official written policies/guidelines, causing nurses to experience confusion in mentioning the policy and the contents of the policy referred to by the author.

Based on the results obtained, the room has implemented the 1st SNARS ⁽⁶⁾ Communication & Education standard, which

discusses the hospital forming a special team or PKRS unit that discusses the availability and content of hospital health education policies, routine health education activities, and health education media. However, based on the category of room management support, it is in the poor category because the management team still needs to implement the 7th Communication & Education standard for nurses. 7th Communication & Education discusses the encouragement of the management team to facilitate training and skills for health education providers so that health education or information is received by patients or patients' families in a comprehensive, consistent, and effective manner.⁽⁶⁾

The results of this study are in line with research conducted at NEI Gauteng Hospital, South Africa, which explained that 80% of nurses needed to be more optimal in providing health education to patients due to poor hospital management policies.⁽¹¹⁾ Another study in Mohali Hospital, India, explained that the lack of professionalism in the role of nurses as educators was due to the lack of support for hospital organizational infrastructure, such as the absence of training so that the delivery of information from nurses to patients was not optimal.⁽¹²⁾

Interdisciplinary and peer collaboration

Interdisciplinary and peer collaboration in health education discusses interdisciplinary cooperation, delivery of uncertain information and learning, patient knowledge of the information provided by doctors, and obligations in organizing patient education. Interdisciplinary and peer collaboration is closely related to interaction and responsibility in coordinating patient education. The provision of interprofessional education in the inpatient ward of this Type B hospital is considered insufficient because it needs to show solid cooperation.

The results were obtained by 39% of room nurses in the poor category. Based on the

study's results, it was found that time constraints are one of the main reasons for not maximizing discussions regarding the need for information and education to be delivered to patients and families. Time constraints cause room nurses as educators to not be optimal in implementing the 7th Communication & Education standard point B, which discusses the provision of health education carried out effectively and collaboratively.⁽⁶⁾

The results of this study are supported by previous research ^(5,13) explaining that poor preparation by nurses can determine the lack of maximum health education, which can occur due to the limited time owned by nurses due to the large amount of work and the limited number of nurses in the room. Another study also explained that time can be an obstacle for a nurse providing health education in carrying out interdisciplinary cooperation with colleagues in providing health education.⁽¹⁴⁾

Activity of Providing Health Education

Nursing documentation is a tool or evidence of the responsibility and accountability of nurses in carrying out nursing activities. Nursing care documentation is assessed in hospital accreditation because it contains all nursing actions and reflects the quality of nursing care.⁽¹⁵⁾ Nursing documentation is an authentic record of implementing professional nursing care management, which contains all actions taken and is expected to be accountable and accountable by professional nurses.⁽¹⁶⁾ The results of the author's analysis found that 61% of room nurses had carried out documentation activities in terms of providing health education. Based on these results, room nurses get support from the PKRS team regarding the documentation of health education activities, which is proven by 61% of nurses who are good at implementing hospital accreditation standards regarding Communication and Education (KE) 2-5 points of documentation as evidence of providing health education. ⁽⁶⁾

Documenting activities is a mandatory task for a nurse in carrying out nursing care practices as stated in Permenkes RI Number 26 of 2019 concerning Regulations for the Implementation of Law Number 38 of 2014 concerning Nursing in Chapter IV Article 36 (paragraph 1 point f), namely, nurses are obliged to document nursing care following standards (Minister of Health of the Republic of Indonesia, 2019). The same results were reported in a journal by Asmirajanti et al ⁽¹⁷⁾ which stated that nursing activities are very important in hospitals and must solve the problems of patient needs. Every nursing activity must produce documentation.⁽¹⁷⁾

Factors inhibiting nurses as educators

The results obtained show that there are several factors inhibiting nurses in the function of providing health education such as the limited time nurses have. Nurses do not have enough time to provide health education because the time used is more for medical actions and documentation activities. Time constraints are one of the main reasons for not maximizing discussions regarding the need for information and education to be delivered to patients and families. The results of this study are supported by previous research ^(5,13) explaining that poor preparation by nurses can determine the lack of maximum health education that can occur due to the limited time owned by nurses due to the amount of work and the limited number of nurses in the room. Another study also explained that time can be an obstacle for a nurse in carrying out interdisciplinary cooperation with colleagues providing health education. ⁽¹⁴⁾

Another inhibiting factor experienced by nurses in providing health education is the lack of encouragement or motivation from the management team to facilitate training and skills for health education providers such as nurses so that health education or information is received by patients or patients' families in a comprehensive, consistent and effective manner. Studies conducted by previous

researchers also support these results that nurses are required to have a good educational and training background in conducting health education so that nurses can have mental readiness in carrying out their function as educators.⁽¹⁸⁾

The inhibiting factors found by the author are supported by previous research, which explains that nurses can face various obstacles, such as the lack of nursing training owned by educators following the latest scientific advances, the lack of readiness of nurses to provide education, time constraints, and lack of coordination.⁽¹⁹⁾ The importance of experience, training, and education for nurses in providing health education is very important to support the quality of education.⁽²⁰⁾

Supporting factors for nurses as educators

The first supporting factor is that the Type B Hospital Inpatient Room already has a special team (PKRS Team). This is following other researchers who explain that in carrying out the function of nurses as health education providers require clear rules/routes, standard operating procedures, education formulas, supporting health education media and facilities, and mental readiness of nurses so that they can provide more directed services.⁽²⁰⁾ Media can help targets to understand more easily by using the right media, such as leaflets, flipcharts, etc.⁽²¹⁾

Another supporting factor is that the hospital facilitates documentation in providing health education by room nurses to patients and patient's families. Nursing documentation is an authentic record in implementing professional nursing care management, which contains all actions taken and is expected to be accountable and responsible by professional nurses.⁽¹⁶⁾

CONCLUSIONS

Survey analysis of the application of health education by nurses in Type B hospital inpatient rooms, namely nurses in the good category of 67% on the value and knowledge of

nurses, good category of 50%, based on the environment of providing health education, based on the organization of health services in the good category of 61%. Based on interdisciplinary and peer collaboration in the good category by 61%, while in the activity of providing health education in the good category by 61%. In implementing health education, there are several supporting and inhibiting factors. Supporting factors are that the Type B hospital inpatient room has a special team (PKRS team), and there is already clear documentation related to health education documentation that room nurses can utilize in providing health education. The inhibiting factors in implementing health education by room nurses are lack of support or motivation from the room manager, lack of time availability or providing time to provide health education.

SUGGESTIONS

Room nurses are expected to improve the responsiveness dimension where nurses need to take and provide time in providing education and responding to patient complaints, as well as more responsible time management to be able to carry out their role as educators and are expected to increase knowledge and the latest information related to the role of educators carried out by nurses. Hospitals are expected to optimize the role of the PKRS team in providing support or encouragement, especially such as conducting socialization/workshops and encouraging health education providers such as room nurses to get training, further maximizing the performance of the PKRS organization team by regulating/creating policies related to routine and ongoing scheduling arrangements related to health education activities, supervising room nurses to evaluate health education activities in the room.

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