

Evaluating Nursing Care at Menur Mental Hospital of Surabaya

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Abstract-How mental health nursing is differentiated from other disciplines and professions, and what special contribution mental health nurses make to health services, is a question at the heart of contemporary practice. One of the significant challenges for mental health nurses is identifying, developing and advancing those aspects of their practice that they consider differentiate them in the multi-disciplinary mental health care team and to articulate clearly what a mental health nurse is and does. This paper draws on data from interviews and survey by questionnaire with mental health nurses in Menur Mental Hospital of Surabaya. This study highlights that there is a relationship between the complexity of psychiatric patient care, which was assigned a numerical value after the nursing assessment, and the occurrence of psychiatric adverse events in the recent histories of the patients. Nursing management is one strategy to optimize the role and function of nurses in delivery health services.

Keywords: evaluation, nursing care, mental health

1. INTRODUCTION

How mental health nursing is differentiated from other disciplines and professions, and what special contribution mental health nurses make to health services, is a question at the heart of contemporary practice (1). One of the significant challenges for mental health nurses is identifying, developing and advancing those aspects of their practice that they consider differentiate them in the multi-disciplinary mental health care team and to articulate clearly what a mental health nurse is and does (2). Nurses have a key role to play in reducing this burden-not least because they are the most numerous healthcare professional working in mental health, but because they are one of the most trusted and accessible (3).

International research has produced evidence to show that nurses who have a clear 'nursing' approach to mental health care have an important role in assisting consumers to understand their problems, find meaning in the experience, develop strengths and social connections, feel more satisfied with services, and be more likely to adhere to treatments and therapy (4). Nursing care activities can be defined according to both a time dimension (nursing care intensity) and a professional dimension (skill mix). Nursing care intensity depends on the volume of work (number of interventions provided), while the skill mix depends on patient care complexity and is defined by the type of care activities that are required, whether delegated or not delegated (5). The study aimed to explore, from many points of view, the experience of mental health nursing care as well as the factors that operate as boosters or barriers to that care.

2. METHOD

This study that took place in 2016 at Menur Mental Hospital of Surabaya and involved mental health nurses through survey by questionnaire and interview. Analysis data using descriptive technique.

3. RESULTS

3.1 Application of Nursing Care

Model of nursing care used today it is found that the model of nursing care used by the team. 82.35% stated not understand/understand the model used. 88.24% states fit the existing model. The model used in accordance with the vision and mission of the room. Effectiveness and efficiency of current nursing care model found that by using the current model used the average inpatient patients 30-40 days. 76.47% Nurses say that there is an increase in patient confidence by using this method. 100% of nurses stated that the current model is not overloaded. The problem of direct centralized financing, so it can be said depends on the budget allocation provided by the hospital for each room. According to the patient and family of existing power sources is quite optimal in doing the service. Data obtained from the assessment of the mechanism of implementation of nursing care model found that all nurses (100%) said that communication between the profession performed quite well. While nursing care plans between shifts sustainable. This is supported by the documentation data. All nurses said that they had been reprimanded by the Team Leader about the performance that had

been done. It's just a reprimand in the form of inputs. All nurses (100%) said they felt they had done their job according to the standard set. The data obtained from the assessment of responsibilities and division of tasks found that the nurse (76.47%) said that does not understand the job description clearly. All nurses (100%) know the patient's condition and can assess the level of the patient's needs.

3.2 Weigh Accept

Weigh the receipt done three times a day, namely at the turn of the night shift to the morning (07.15) and morning to afternoon (14.00) and evening to night (21.00). Weigh received is always followed by all nurses who have been and will be on duty but from the questionnaires that have been distributed, obtained data 70.59% nurses stated that the implementation of weigh receipt sometimes not on time with the reason there is an apple activity. The weigh-in activities are led directly by the head of the room and the primary nurse. For the things that need to be prepared in weigh received, all nurses can mention correctly & prepare the things that will be needed in weigh receipt, covering the record of the patient's condition progress, the weigh-in receipt book, etc. In every weigh there is always direct clarification, question and answer and validation of all things that weighed the money. 100% of nurses know the principles of acceptance weighing technique when in front of the patient that includes: the use of sufficient volume so as not to disturb the patient next to him, something that is considered confidential delivered with medical language, etc. There is always interaction with the patient when weigh in, at least asking what the patient feels right now, sleeping overnight or not, etc. The length of weigh-in varies depending on the patient's condition, the more that will be reported, the longer the time, according to the results of the questionnaire is usually no more than five minutes for each patient. Receipt reporting is recorded in a special book to be signed by the reporting nurse, the nurse receiving the report and the head of the room. After weigh the receipt, the head of the room held a brief discussion to know as well as to evaluate the readiness of the next shift. Then weigh the receipt will be closed by the head of the room.

3.3 Round of Nursing

From the interview with the head of the room, the nursing round in Menur Mental Health Hospital of Surabaya has not been implemented, this is because the absence of approval done by nursing round by doctor. Nursing round as a form of the implementation of Nursing Care Model with Primary Nursing method, is one method of providing nursing services that must exist and need to be improved and strengthened. The nursing round is a tool for nurses to

discuss nursing issues involving patients and the entire nursing team, nursing consultants and related divisions (medical, nutrition, medical recorders, etc.). While the team of nursing round in Menur Mental Health Hospital of Surabaya has not been formed.

3.4 Logistics and Drug Management

The data obtained on the procurement of drug centralization is that all nurses propose an understanding of drug centralization. In the room there is already a centralized drug and the activity is already running, this can be seen the existence of a special room of medicine. All nurses (100%) gave an answer to ever centralize medicine. There is no consent form for drug centralization because the patient is a psychiatric disorder so no informed consent is taken but there is already drug reconciliation to ensure timeliness, dosage, mode and place of administration. Data on the storage of medicines include the presence of special rooms of medicine with adequate facilities and infrastructure. During this time the medicines for the patients themselves with ownership etiquette. And all the nurses say that they always give ownership etiquette on existing medicines. The data obtained on how to prepare the drug showed that 76.47% gave an answer that did not inform the amount of residual ownership of drugs that have not been given because the patient is a patient of psychiatric disorders. There is a format for drug delivery to patients.

3.5 Discharge Planning

From the observations made, the discharge planning has been carried out continuously starting when the patient enters up to the patient home so that the patient and family have physical, psychological and social readiness on their health and the contents of the illness of the patient, rehabilitation, prevention, routine care, preparedness Mental patients in facing the social environment and how to cope with his illness if relapse. In discharge planning nurses do not provide brochures or leaflets to patients and families, so patients and families sometimes forget about the explanations given by the nurses. From the results of questionnaires that have been disseminated and interviews that have been done on the nurse diruangan, obtained the result that 15 nurses (88.24%) said already understand discharge planning, then 13 nurses (76.47%) are willing to discharge planning. As many as 70.59% say that there is no division of task discharge planning. All nurses (100%) said they did discharge planning using written and oral media. While the language used by the nurses is mostly the Indonesian language in providing discharge planning. Then there is 88,24% nurse do documentation after doing discharge planning.

3.6 Supervision

Supervision is one of the activities of nursing management and is an appropriate way to maintain the

quality of health services. The key to 3F's successful supervision is Fair, Feedback and Follow Up. Supervision is the spearhead of achieving the goal of health services in the hospital. From observations and questionnaires distributed, it was found that 94.12% of nurses understand about supervision. The supervision is performed unscheduled by the head of the room against the team leader and the team leader against the nurse of the executive. The format for the supervision of the room does not yet exist and there is no completeness of the instrument for supervision. Most nurses (76.47%) stated that the results of supervision were not submitted to the nurse and there was no feedback from each action by the supervisor. A total of 70.59% of nurses want a change for each action in accordance with the results of the supervisor's improvement. From interviews and questionnaires with the Head of the Room, 58.82% of nurses have received training and socialization about supervision.

3.7 Documentation

Documentation is an authentic record that can be proven or made evident in legal matters. Components of the documentation include aspects of communication, nursing process, nursing standards. The benefits and importance of nursing documentation are often overlooked by most nurses. From the observations made, the model of nursing documentation has been done on the CPPT sheet (Note Integrated Patient Development) and evaluation using SOAP. The assessment format already exists and most nurses (70.59%) understand the nursing documentation and the existing format can help (facilitate) the nurse in performing the assessment on the patient. All nurses (100%) do nursing documentation in a timely manner. Documentation system is still done manually. While for the efficiency and effectiveness of documentation model can be seen from the result of questionnaire which states that 11 nurses (64.7%) said documentation model used does not add nurses work load and 13 nurses (76.47%) said documentation model used consumed a lot of time .

4. DISCUSSION

The study also found that nurses are relying on implicit models of care and that this creates inconsistencies, a tendency to be reactive rather than strategic, and it means that in this service nursing interventions cannot be systematically evaluated, revised, or extended. The nursing contribution is thus more easily overlooked and requirements for effective nursing service delivery ignored (6). As others have found, when explicit models of care are developed and disseminated, nurses do feel more effective, their morale does rise, and their contribution to service outcomes becomes more easily measured and understood (7). Developing a model of care would

also enable staff to articulate minimum resources required to complete the role, to set out expectations and indicators of performance and thus not only to feel more supported by management, but to be able to argue their case for resources and requirements (8). This study, like others, has shown that nurses are not being assisted to use their skills to full potential. Clinical nurses are weighed down by administrative, technical, and crisis tasks that are taking them away from their desire to work in an empowering way with patients (9,10).

5. CONCLUSION

A care complexity measurement is necessary for psychiatric patients to provide nursing responses that are appropriate for their needs. This study found a relationship between nursing care complexity in psychiatric patients, which was assigned a score derived from a nursing assessment, and the occurrence of certain psychiatric adverse events in the patients' recent histories. Further investigations and stronger evidence, supported by larger studies, are necessary to validate this instrument for measuring nursing care complexity and to attest to its predictive power with regard to the occurrence of adverse events and nursing staff appropriateness in psychiatric patients.

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