

## STRUCTURE OF NURSING PROFESSIONAL PRACTICE MODEL (NPPM) IN REGIONAL PUBLIC HOSPITAL (RSUD) OF BAUBAU TOWN

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### ABSTRACT

Nursing services must prioritize quality in its implementation. The initial data was obtained from the inpatient interview that the nurse was giving services were considered to be less responsive, lack empathy and lack discipline. The Nursing Professional Practice Model (NPPM) had three elements namely structure, process, and professional values that enabled professional nurses to manage the provision of Nursing Care including the environment, which could sustain the provision of Nursing Care. This research focused on the structure of the professional nursing service model at Regional Public Hospital (RSUD) of Baubau Town with a qualitative research design. The results showed that the structure of the nursing practice model that was carried out well only formed teams and hand-over, whereas pre-conference, post-conference and nursing rounds were not implemented properly.

**Keywords:** Structure, Nursing Professional Practice Model

### INTRODUCTION

The professional nursing practice model is a conceptual framework of the structure of interrelated nursing care, relational processes and values that are meaningful to nurses in clinical practice and support their control of their practice and practice environment (Slatyer *et al.*, 2016). So that many authors define the Nursing Professional Practice Model (NPPM) as a system (structure, process, and values) that supports nurse control over nursing care and the environment in which care is provided (Hoffart and Woods, 1996).

Nursing services in Indonesia do not currently describe professional nursing practices, where the quality of service is still below standard, and nursing activities are not yet fully oriented towards meeting the needs of patients (Rohmiyati, 2010).

NPPM is also developed and implemented in hospitals in the United States consisting of eight components: philosophy; standard of practice; collaborative decision making; professional development; patient care delivery models; credential / peer review; theory-based research and practice (Ives Erickson and Ditomassi, 2011). Ten years after its application, the model is revised to include the following components: vision and values, practice standards, innovation / entrepreneurial teamwork, clinical recognition and progress, research, patient care delivery models, collaborative decision making, narrative culture, and professionals' development (Ives Erickson and Ditomassi, 2011). With regard to this revision, narrative culture is introduced as an effective way to share and reflect clinical practice, which allows professionals to integrate theory into practice and move towards excellence in care; clinical recognition and progress, based on the Dreyfus Model of Skill Acquisition, reinforces the idea that professionals must master every step before moving on to the next step; Entrepreneurial innovation / teamwork is

added as essential to the creation of an environment of professional practice that includes change (Ives Erickson and Ditomassi, 2011).

Another researcher, Berger et al, adds that NPPM must reflect and guide nursing professional practice and function as a tool to assess nursing effectiveness. Nurses use NPPM to help others understand their important and complex roles and the differences they make in patients' lives and organizational sustainability (Berger, Conway and Beaton, 2012). NPPM is a framework that allows nurses to integrate and coordinate the contribution of theory to practice (Jacobs, 2013). With a well-designed framework, nurses feel connected to their relationships with patients, with their own performance, with other nurses, and with organizations (Ives Erickson and Ditomassi, 2011) It can be concluded that NPPM, in addition to providing a structure that guides nursing practice, also defines the relationships established between nurses, patients and hospitals.

A model of professional nursing practice is needed to inspire and strengthen nurses in implementing practice, helping nurses to overcome challenges faced (Meehan, 2012). Although nurses are aware of all elements / components of nursing practice that must be applied properly, they do not have a model to articulate their understanding. In fact, nurses cannot define and describe NPPM and its application in daily practice (Berger, Conway and Beaton, 2012)

Although NPPM is complicated and challenging to implement, its benefits can improve nurse performance for patients, because this model offers the potential to avoid violations in maintaining the quality and safety of patient care (Stallings-Welden and Shirey, 2015), and can help prevent failure of nursing practice. (Slatyer et al., 2016).

In Baubau town, NPPM began to be implemented on May 4, 2015 through a director's decree on the determination of the NPPM team at the RSUD. The policy is issued due to public complaints about nursing services that are no longer effective because nurses do not have patients managed, lack of collaboration with other health teams so that they are less in providing services to patients. (Interview results with HA, Head of Nursing at the RSUD, 29 April 2018). In addition, in the RSUD, the number of nurses in the five inpatient rooms is 130 people. This number is not yet adequate because it is dominated by 75 volunteers and only 55 civil servants. This condition causes less than optimal nursing services. However, it must be acknowledged that the RSUD during implementing NPPM has never conducted an evaluation of the implementation of NPPM. Conditions like this do not only occur in the RSUD but in several hospitals in Indonesia also have not been evaluated whether the implementation of NPPM is in accordance with NPPM standards or not, thus it is important studied the structure of the NPPM implementation model.

## **Method**

The research design used was qualitative research with a case study approach. This research focused on the structure of the Nursing Professional Practices Model (NPPM) in RSUD of Baubau town. The data used as the basis for supporting this research was primary data obtained from two sources, namely observation and interviews. Researchers conducted interviews with the management involved in the implementation of the NPPM of RSUD in Baubau. These informants were those who worked in an institutional environment that was the object of research. Participatory observation (observation) was also done by observing directly the activities of nurses in the hospital in the structure of the Nursing Professional Practice Model (NPPM) to complement and support data / information obtained through interviews. A

documentary study of written secondary data was also carried out which could explain in more detail the results of interviews and observations about the implementation of the NPPM policy in the hospital. The data analysis technique used in this qualitative study was based on the Milles and Huberman concept, an interactive model that classified data analysis in three steps, namely data reduction, data presentation, and drawing conclusions (Miles, Matthew and Huberman, 2014).

### Structure Discussion

The structure in the Nursing Professional Practice Model (NPPM) includes the determination of the number of nursing staff. The number of staff here is adjusted to the number of beds, based on Permenkes No. 129 of 2014 or based on the level of patient dependence calculated using the Douglas / Dept.of Health 2005 formula or using another formula according to the conditions of each hospital, the determination of the type of nursing staff varies where standard types the head of the room is prioritized by Ners, primary nurses are also preferred nurses and associate nurses are D III Nursing, it is stated in Permenkes Number 40 of 2017 and the determination of the standard of nursing care plan based on nursing care standards prepared by the drafting team consisting of the nursing field, nursing committee and functional nursing group (KFK).

Table 1: Structure in implementation of Nursing Professional Practice Model (NPPM)

Component	Informant	Trend of Interview Results	Meaning
Structure	Informant 1	The director has set NPPM policies since May 2015 through the Director's Decree Number 465 / KEP / V / 2015, where the decision begins with training and workshops, socialization in each inpatient room and mentoring by experts.	Implementation of the NPPM Policy has been established since May 2015 and various efforts have been made so that all parties involved in implementing NPPM understand and could implement NPPM in accordance with applicable standards.
	Informant 2	The implementation of NPPM in the inpatient room has been modified in such a way as adjusted to the existing conditions. This was done because civil servant nurses in Baubau City Hospital were lacking and dominated by volunteers. Actually we have calculated the need for personnel in the inpatient room, if voluntary workers were counted, then the existing staff in the inpatient room is in accordance with NPPM standards.	Based on the results of the calculation of labor needs in the inpatient room, if the voluntary workforce is calculated then the amount is in accordance with the standard. So that the team in the field of nursing has modified the existing conditions by arranging nurses' hours.
	Informant 3 Informant 4 Informant 5 Informant 6 Informant 7	NPPM has been implemented in each inpatient room but it has not been fully implemented because it was constrained by the insufficient number of staff in each inpatient room and the staff was dominated by voluntary staff.	The NPPM implementation has been running in adult in-patient rooms but there were still shortcomings in its implementation due to the lack of nurses in all inpatient rooms.

Source : the Reduction of Interview Results 2019

Based on the above information contained in appendix 5 it can be interpreted that the implementation of the policy of the Nursing Professional Practice Model (NPPM) has been established since May 2015. The implementation of the Nursing Professional Practice Model (NPPM) in the inpatient room has been implemented even though there are still many obstacles in its implementation. One of obstacles in the implementation of the NPPM is the insufficient number of nurses, both in terms of number and qualifications of education that have not yet met the requirements for the Nursing Professional Practice Model (NPPM) but because of the large number of public complaints about nursing services, the nursing field took the initiative to implement a Nursing Professional Practice Model (NPPM) in the inpatient rooms, thus recommending to the Director of the RSUD to establish a policy of professional nursing practice (NPPM) in the inpatient rooms. Before the determination of the implementation of the policy of Nursing Professional Practice Model (NPPM) in the inpatient rooms various efforts had been made including training and workshops, socialization and assistance by experts so that all parties involved in implementing the Nursing Professional Practice Model (NPPM) understood and could carry out the practice model professional nursing according to existing standards.

Calculation of staff needs in the inpatient room has been carried out by the nursing supervisor by involving the head of the room to provide data on the level of patient dependence that had previously been socialized to all head of the room how to analyze the level of patient dependence based on the guidelines in the nurses' standard book in hospital and how to calculate staffs requirements. After calculating the staffs requirements based on formulas and criteria that have been determined in accordance with the conditions of the RSUD, the results are obtained if voluntary personnel are included in the calculation, the staffs requirements have been met. The number of personnel based on educational qualifications and employment status can be seen in the following table:

Table 2: Nursing Staff of Inpatient Rooms Based on Educational Qualifications and Employment Status at the RSUD of Baubau

NO	WORK UNIT	EDUCATIONAL QUALIFICATIONS				EMPLOYMENT STATUS	
		S2	S1	D3	SPK	CIVIL SERVANTS	VOLUNTEERS
1.	Surgery Class 1 and 2	1	1	18	2	9	13
2.	Surgery Class 3	-	5	15	1	8	13
3.	Interna Class 1 and 2	-	5	14	-	11	8
4.	Interna Class 3	-	10	11	1	9	11
5.	ENT, Eyes and Nerves	-	4	9	-	7	6
TOTAL		1	26	68	4	44	51

Source : Data of Nursing Field Staffs

Based on the above table, it can be seen that the number of nurses based on educational qualifications, namely: Nursing S2 for 1 person, 26 people for Nurses S1, 68 people for Nursing D3, and 4 people for SPK Nursing. The number of nurses is based on employment status,

namely: 44 civil servants and 51 volunteers. According to the directorate of nursing and medical engineering the directorate general of medical services of the Republic of Indonesia's health department regarding guidelines for nursing staff standards at the Hospital stated that the need for nursing staff was determined based on patient characteristics, the assignment model and competencies required to achieve the goals of nursing services and the qualifications of nurses based on competencies required to achieve the goals of nursing services.

Determination of the number of staff in the RSUD is based on the level of patient dependency by using the Douglas formula combination of the Ministry of Health because there are still many Non-Nursing Jobs performed by nurses such as: drug return activities, supervision of safe room care, taking care of patient payments and other activities outside nursing activities. Determination of the type of nursing staff varies where the standard type of Head of Staff is preceded by Ners, Primary Nurses also preferred by Ners and Associate Nurses is D III Nursing, it is stated in Permenkes Number 40 of 2017. In its application in the RSUD there are still several room heads with a background D III nursing education and even SPK, as well as primary nurses who have D III Nursing education is done because of the lack of Ners staffs so that in the implementation of Nursing Professional Practice Models (NPPM) sometimes there are obstacles because the duties of the head of the room and primary nurses / the team leader is not an easy task but requires firmness, good knowledge and good analysis in preparing patient nursing care from assessment to evaluation and being able to collaborate with other health workers regarding the health status of the patient under management.

Nursing care standards have been prepared by the team based on the 10 biggest diseases and there is a standardized nursing care format that makes it easy for nurses to write and does not take up much time, before implementing the Nursing Professional Practice Model (NPPM) at the RSUD all nurses write care nursing and there is no standardized format for nursing care so that a lot of time is spent on writing, but after the implementation of NPPM a standard nursing care plan has been developed aimed at reducing nurses' time to write, so that more time is available to take action according to patient needs. The nursing care plan is validated by the primary nurse / team leader and discussed with the associate nurse and directs the associate nurse to the implementation of nursing actions to the patient.

According to the researchers' observations the number of workers is sufficient if there are volunteers who help. The calculation of the need for personnel in the RSUD is based on the level of patient dependency using the Douglas formula modified Dept. of Health and varying educational qualifications dominated by D III Nursing education and SPK education. Although according to the calculation of the number of enough personnel, both voluntary and civil servants are not disciplined in working time, voluntary workers who work in two places so that if they are still working in another place, the work in the RSUD is neglected, there are workers who are not optimal in working because sickness, and Non-Nursing Job that burdens nurses so that the implementation of the Nursing Professional Practice Model (NPPM) has not been maximally caused by the state of the nursing staff. Based on the facts in the inpatient room, the nursing field is looking for the best solution to the condition by modifying the nurse's care schedule with a team method so that the implementation of the Nursing Professional Practice Model (NPPM) can be maximized.

But the reality in the field, the Nursing Professional Practice Model (NPPM) is still not implemented well, of all the stages of the NPPM that is implemented well only the formation of teams and Hand Over, whereas pre-conference, post-conference and nursing rounds are not well done, in addition to undisciplined nurses is also caused by lack of understanding of the



Nursing Professional Practice Model (NPPM) because the training is limited to the head of the room and the team leader. Socialization and assistance by experts has also not been done.

## CONCLUSION

The implementation of the policy of Professional Nursing Practice Model has been implemented but not yet in accordance with the standard, where from the stages that exist in the Nursing Professional Practice Model (NPPM), namely Pre Conference, Post Conference, Team Formation, Hand Over, Nursing Round, but only Team and Hand Formation Over conducted is maximal, while others are not maximal. This is due to the lack of personnel, varying educational qualifications which causes nurses to be less able to communicate with medical staff and other health workers, especially in the implementation of the nursing round.

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