Development of Primary Nursing Practice Model in Elisabet's Roomimmanuel Hospital Bandung

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Abstract

The Professional Nursing Practice Model (MPKP) is a model of providing nursing care that provides professional nurses with the opportunity to determine their autonomy in planning, implementing and evaluating nursing care to clients. This study was conducted to see the development of the primary nursing practice model in the inpatient Elizabeth Room of Immanuel Hospital. Pre-experimental research with one group control design, through the application of pre-test post-test in one group. The results of this study indicate an increase in knowledge after the implementation of the primary nursing practice model. Before the implementation of the model, most nurses obtained scores that tended to be in the middle category, with only a few achieving the highest scores with 4 primary nurses getting a minimum score of 7 (70%). After the implementation of the model, the increase in scores appeared more evenly distributed, with more nurses achieving optimal scores with 2 nurses getting a maximum score of 10 (100%) and the average evaluation after the primary nursing practice model was 92.43%. This increase can be assumed to be the result of the primary nursing practice model approach that emphasizes holistic care and individual responsibility in providing health services. Based on these results, we recommend the implementation of the primary nursing practice model in patient care, because it has an impact on improving the quality and safety of patients in nursing services in hospitals, so that continuous clinical leadership training is needed for primary nurses in addition to increasing the level of formal education for nurses who are still diploma holders.

INTRODUCTION

As a healthcare provider, hospitals naturally focus on ensuring that the services they provide to customers are excellent, meeting or even exceeding customer expectations. Nursing care is a professional service that is an integral part of healthcare services, based on nursing knowledge and techniques, aimed at individuals, families, groups, or communities, whether healthy or ill. Quality nursing care is provided by competent, professional nurses (Nursing Law Number 38, 2014).

In the management of nursing services, nurses are certainly an important resource in providing health services because in addition to their dominant number of all existing hospital staff, they also provide services 24 hours a day for seven days a week and have constant contact with patients, 90% of Hospital services are provided by nurses, so the role of nurses is very large in determining the quality of the service (Huber, 2011). To achieve the goals set by the hospital, these nursing resources must be properly managed, because the services provided by nurses to patients greatly determine the quality and image of a hospital. Therefore, in terms of providing professional nursing care that is responsible and accountable based on professional standards and ethics, it is necessary to have nursing staff who are responsible for nursing service activities in the

room, especially to the patients they manage, so that clear arrangements are needed for the nurses on duty.

The Professional Nursing Practice Model (MPKP) is a model for providing nursing care that provides professional nurses with the opportunity to determine their autonomy in planning, implementing and evaluating nursing care provided to clients (Manurung S, 2011).The method of providing professional nursing care should involve a close and continuous relationship between the patient and a specific nurse who is responsible for planning, providing, and coordinating the patient's nursing care, throughout the patient's stay until discharge. This can be achieved through the primary assignment method.

Another advantage of implementing this primary assignment method is that it can improve and maintain the effectiveness and productivity of nurses in providing nursing care in their work areas. Nurses' work productivity with primary assignments at Sanglah General Hospital, Denpasar, was 92.3% and non-productive activities were 7.7% (Suardana, 2011). The implementation of the primary nursing practice model has a positive impact on the quality of nursing care related to increasing patient/family satisfaction with nursing services in the hospital's inpatient ward. This is evidenced by research conducted by Imelda, 2018, which states that there is a significant relationship between the implementation of the primary nursing practice model and patient satisfaction at Dr. Pirngadi General Hospital, Medan City.

A primary nurseresponsible for communicating and coordinating in planning nursing care and will also make a patient discharge plan if necessary, therefore nurse competence is needed in terms of knowledge, attitudes, skills and even the ability to make decisions (Sutoto et al., 2018). The application of this primary model can only be carried out by nurses who have adequate experience and knowledge with the criteria of assertiveness, self-direction, analytical thinking, the ability to make the right decisions, mastery of clinical nursing, full of consideration, and able to collaborate with various disciplines.

Since 2018, Immanuel Hospital has only accepted new nurses with a Bachelor's degree in Nursing. Currently, 50 inpatient nurses are in the process of continuing their education from a Diploma 3 in Nursing to a Bachelor's degree in Nursing.

Table 1.1
Distribution of Inpatient Nurses Based on Education
September 2024 Period

No	Education	Amount	Percentage (%)
1	Bachelor of Nursing	213	79.18
2	D3 Nursing	56	20.82
	Amount	269	100

Source: Inpatient Installation 2024

The collaboration system with medical and other health workers is not yet comprehensive, with nurses mostly performing routine activities, ranging from implementing delegation of authority to routine nursing actions. Discard planning is still only completed at 8.25%, with varied or unclear assignment models (Monev Subkom. Mutu Profesional, 2021), and nearly half (43.5%) of inpatient clinical nurses have poor critical thinking skills. Factors related to nurses' critical thinking skills at Immanuel Hospital are education and knowledge, with a predicted 64% (Sitio, 2020).

This phenomenon is evidenced by the continued presence of numerous complaints, criticisms, and suggestions submitted by patients and their families, both verbally and in writing. These complaints generally relate to a lack of active communication between patients and nurses, a lack of attention and friendliness from nurses. Clinical leadership skills are still not optimally applied, and primary nurses lack motivation to develop services in the ward. This is supported by research results (Ginting, 2022) that identified primary nurses' clinical leadership competencies based on self-evaluations of primary nurses and ward head evaluations, which found one component lacking: the component of service improvement. Primary nurses must possess specific skills in communication, group dynamics, teaching, power sharing, expressing one's own opinion, managing change, conflict resolution, and time management (Ali, 2010).

METHODS

This research is a quantitative research with a pre-experimental method which is a way of solving research problems that is carried out in a planned and careful manner with the aim of obtaining facts and conclusions in order to understand, explain, predict and control the situation. Pre-experimental research with one group control design, through the application of pretest posttest in one group is a study that is conducted twice, namely before the experiment (pre-test) and after the experiment (post-test) with one group of subjects who are given intervention or treatment. Previously, the researcher compiled guidelines and SOPs for primary nursing practice methods, to analyze needs that can meet expectations in carrying out health services carried out by nurses to patients in the Elisabeth inpatient room, Immanuel Hospital, Bandung. The population and sample in this study which became the population were clinical nurses I, II and III who worked in the Elisabeth inpatient room, Immanuel Hospital, totaling 17 nurses. In detail, the number of pre-clinical nurses, clinical nurses I, II and III who worked in the Elisabeth inpatient room, Immanuel Hospital,

The research variables consist of the independent variable (free variable) which is the Guide and SOP for the primary nursing practice method. Meanwhile, the dependent variable (bound variable) is the implementation before and after the implementation of the primary nursing practice model and the evaluation of the primary nursing practice method process.

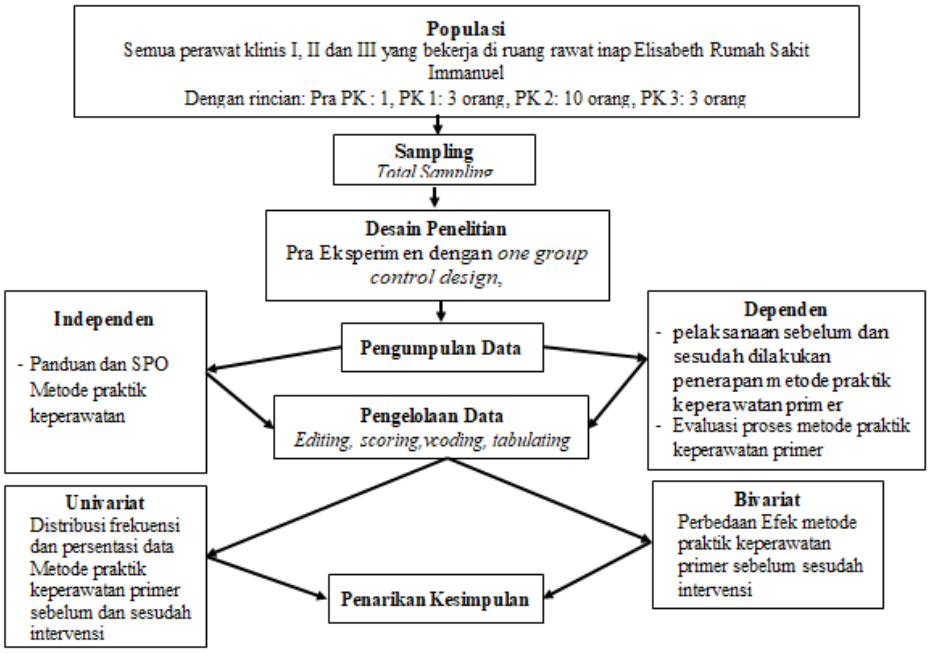

Figure 4 Research Framework: Development of a Primary Nursing Practice Model in the Elizabeth Ward of Immanuel Hospital, Bandung

RESULTS AND DISCUSSION

1. Validity & Reliability Test

1.1. Validity Test

Based on the results of the validity test, the analysis results show that all question items in the research instrument have an r count > r table of 0.68, meaning that all question items are declared valid and can be used to measure research variables.

1.2. Reliability Test

Reliability Test Table

Variables	*Cronbach Alpha*	Cut Value	Reliability
Pre-Posttest Primary nursing practice method	0.890	0.6	Reliable
Primary nursing practice method observation sheet	0.885	0.6	Reliable

Interpretation

The results of the reliability test using the Cronbach's Alpha formula, with a coefficient value above 0.60, indicate that the question item has a Cronbach's alpha value above 0.60, thus the item in this study is declared reliable and worthy of being continued in this study.

2. Univariate Analysis

2.1. Characteristics of Nurses

Table 1.
Characteristics of Primary Nurse Respondents

Number of Respondents	Frequency Per Category							
	Age (Years)			Clinical Period (Years)			Gender	
	21 - 31	31 - 55	> 55	7 – 10	10 - 15	> 15	Man	Woman
7	2	5	0	6	1	0	3	4
	28.6%	71.4%	0	85.7%	14.3%	0	42.9%	57.1%

Interpretation:

Based on the characteristics of the respondents in table 4.1 above, it can be seen that primary nursesMost (71.4%) were aged 31 – 55 years and most were female (57.1%), while in terms of clinical period, almost all (85.7%) had a clinical period of 7 – 10 years.

2.2. Knowledge Distribution

Table 2
Knowledge Distribution Before and After Implementation
Primary Nursing Practice Model

No	variables	N	Valid	f	Valid percent	Max/min value (%)	Standard Deviation	Cumulative Percent
1	Pre-test knowledge of primary nursing practice models	7	7	4	57.1%	70	0.787	**75.7%**
			8	2	28.6%	80		
			9	1	14.3%	90		
2	Post Test of knowledge of primary nursing practice models	7	8	4	57.1%	80	0.951	**87.1%**
			9	1	14.3%	90		
			10	2	28.6%	100		

Interpretation

Based on the results of the pre-test and post-test knowledge in Table 4.2, the results of the research processing test with SPSS showed that the average knowledge before the primary nursing practice model was carried out was 75.7% with 4 primary nurses getting a minimum score of 7 (70%) and 1 primary nurse getting a maximum score of 9 (90%), while the average knowledge after the primary nursing practice model was carried out was 87.1% with 4 primary nurses getting a minimum score of 8 (80%) and 2 primary nurses getting a maximum score

of 10 (100%).

Table 3
Distribution of Evaluation Before and After Conducted Primary Nursing Practice Model

No	variables	N	Valid	f	Valid percent	Max/min value (%)	Standard Deviation	Cumulative Percent
1	Pre-Evaluation of the primary nursing practice model	7	72	1	14.3%	75	9,163	**85.43%**
			74	1	14.3%	77		
			85	1	14.3%	88		
			88	1	14.3%	97		
			90	1	14.3%	94		
			94	1	14.3%	97		
			95	1	14.3%	99		
2	Post Evaluation of the primary nursing practice model	7	89	1	14.3%	93	3.101	**92.43%**
			90	2	28.6%	94		
			91	1	14.3%	95		
			95	1	14.3%	99		
			96	2	28.6%	100		

Interpretation .

Based on the distribution resultsevaluation before and after the primary nursing practice model was carried out in table 4.3 above, the results of the research processing test

with SPSS showed that the average evaluation before the primary nursing practice model was carried out was 85.43% with 1 primary nurse getting a minimum score of 72 (75%) and 1 primary nurse getting a maximum score of 95 (99%), while the average evaluation after the primary nursing practice model was carried out was 92.43% with 1 primary nurse getting a minimum score of 89 (93%) and 2 primary nurses getting a maximum score of 96 (100%).

3. Bivariate Test

3.1. Normality Test

Data normality testing was performed using the One Sample Kolmogorov-Smirnov Test with a 5% significance level. The results of the normality test are as follows:

Table 4. Distribution of Normality Test of Primary Nursing Practice Model

Treatment	Variables	Normality Test Results			
		Mean	**Standard Deviation**	**Test Statistics**	**Sig-(2-tailed)**
Pretest	**Methods and Evaluation of Primary Nursing Practice Model**	0.00000	0.30349	0.323	
Post test					0.027

Based on the results of the normality test with Kolmogorov-Smirnov in table 4.4, it shows that in the primary nursing practice model, the Asymp. Sig. (2-tailed) value is 0.027 < 0.05, with a p value = 0.027 < 0.05, so the data is not normally distributed, so a statistical test will be carried out using the Wilcoxon test.

3.2. Implementation of the Primary Nursing Practice Model in the Inpatient Elisabeth Ward of Immanuel Hospital, Bandung

Table 5
Distribution of Primary Nursing Practice Models
Using the Wilcoxon Test

variables	N	Mean Rank	Sum of Ran	P value
Pre and Post Primary Nursing Practice Model	7	Negative Rank: 0.00 Positive Rank: 4.00	Negative Rank: 0.00 Positive Rank: 28.00	0.011

Based on the distribution of the primary nursing practice model in table 4.5 above, the results of the Wilcoxon statistical test obtained p = 0.011, so it can be concluded that

the p value <0.05 means that the primary nursing practice model can be carried out in accordance with the guidelines and procedures.

DISCUSSION

1. Characteristics of Primary Nurses

The results of the study indicate that primary nurses working in the Elizabeth inpatient ward at Immanuel Hospital in Bandung are predominantly adults, with the majority being between 31 and 55 years old. In terms of gender, there are more female nurses than male nurses. Meanwhile, based on clinical experience, almost all nurses have worked between 7 and 10 years, reflecting a level of competence that has developed along with their practical experience in the hospital environment. These findings support the view that primary nurses play a crucial role as coordinators and collaborators in the health system.(Kang et al., 2024)With the clinical experience they have, nurses are expected to be able to handle various clinical situations effectively, in line with previous research which shows that the longer the clinical experience, the higher the competence in providing quality care.(Cocchieri, 2023b).

2. Knowledge before and after the primary nursing practice model was implemented.

The results of this study indicate an increase in knowledge after the implementation of the primary nursing practice model. Prior to the implementation of the model, most nurses scored in the middle category, with only a few achieving the highest scores. After the implementation of the model, the increase in scores appeared more evenly distributed, with more nurses achieving optimal scores. This increase can be assumed to be a result of the primary nursing practice model's approach, which emphasizes holistic care and individual responsibility in providing healthcare. This model focuses on strengthening practice-based skills and adapting to patient needs, which indirectly improves nurses' understanding and competence in dealing with complex clinical situations.(Ventura-Silva et al., 2024)

The results of this study confirm that the Primary Nursing Practice Model contributes to improving nurses' knowledge. With proper implementation and strong policy support, this model has the potential to be an effective strategy for improving the quality of nursing services in various healthcare facilities.

3. Evaluation before and after the primary nursing practice model was implemented.

The study results showed that before the implementation of the Primary Nursing Practice Model, evaluations of nursing practice varied significantly. Some nurses received lower scores, while others received higher scores. After the model was implemented, evaluation results improved overall, with higher and more evenly distributed scores. This improvement can be attributed to the characteristics of the Primary Nursing Practice Model, which emphasizes individualized care and continuity of care. This model has been shown to improve the effectiveness of nursing practice and increase nurse job satisfaction.(Ventura-Silva et al., 2024). In addition, the implementation of this model also reduces the possibility of missed care and improves the perception of the quality of nursing services.(Gonçalves et al., 2023b).

In terms of patient safety, the Primary Nursing Practice Model contributes to improving the standards of nursing care. Previous quasi-experimental studies have shown that after implementing this model, the nursing work environment becomes more conducive, enabling

nurses to make better clinical decisions. This has a direct impact on increasing patient satisfaction and strengthening a culture of safety within nursing care.(Ventura-Silva et al., 2024).

Although this study demonstrates a positive impact of the Primary Nursing Practice Model on nurse performance evaluations, several other factors, such as work experience, individual motivation, and institutional support, can also influence evaluation results. Therefore, regular training and ongoing supervision are necessary to ensure the model's long-term benefits are optimal.(Saputra et al., 2024).

The Wilcoxon test results indicate that the Primary Nursing Practice Model significantly improves the effectiveness of nursing practice. This demonstrates that the model's implementation conforms to established standards and procedures and contributes to improving the competence and quality of nursing services in inpatient settings. These results also align with previous research that suggests that evidence-based practice in nursing can improve nurses' skills and efficiency in providing care to patients.(Gonçalves et al., 2023b; Ventura-Silva et al., 2024).

CONCLUSION

1. The existence of Immanuel Hospital Board of Directors Regulation no. 69 of 2024 concerning the Determination of the Primary Nursing Assignment System Model Guidelines (Primary Nursing) with Document No. PDN.NCS.W.011 of 2024 and SOP for the Primary Nursing Practice Model no. NCS.W.18.029
2. The implementation of the primary nursing practice model in the inpatient Elisabeth ward of Immanuel Hospital Bandung began in September 2024.
3. The primary nursing practice model process can be significantly applied in the inpatient care of the Elisabeth ward at Immanuel Hospital, Bandung.

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