

Work Commitment is a Mediator Nursing Management on Quality of Nursing Services Inpatient Community Health Centre

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Abstract

The Community Health Centre (PHC) is a health service provider in one area. The importance of improving the quality of care at PHC by establishing a close relationship with patients. This study aims to describe the influence of care management and service quality, especially in PHC with work commitments as a mediator. This study uses a quantitative approach and path analysis. An accidental technique determined the sample by distributing questionnaires; the number of nurses was 100 people. The results showed that work commitment as a mediator in improving service quality had a small and insignificant effect. In contrast, the direct impact was more significant on care management on service quality. The conclusion is that nursing management has an immediate but insignificant effect on service quality, compared to the direct impact: supervision, patient satisfaction survey, percentage of cases carried out in inpatient PHC.

Keywords: care management, quality of nursing services, work commitment, Indonesia.

1. Introduction

Today's hospital growth is growing rapidly. Data from the Ministry of Health shows that the number of private hospitals registered in 2015 was 455 for general hospitals and 246 for special hospitals for private non-provincial hospitals as many as 531 and for non-profit specialty hospitals totaling 202. This number has increased compared to the previous year, where there were 300 private hospitals in the general category and 168 in the special category. While the private non-profit hospitals for the general hospital category were 515 and in the special category were 212 (Depkes RI 2015).

Competition between hospitals, both public and private and foreign, will be even harder to seize a market that is increasingly free. In addition, the community demands that the hospital be able to provide one stop service, meaning that all health care needs, and patient-related services must be served by the hospital quickly, accurately, with quality at affordable costs for all levels of society. Meanwhile, hospital management is different from businesses in other fields because hospitals are capital-intensive, labour-intensive and technology-intensive businesses, apart from having to apply social and ethical values, they also have to take into account the economic aspects (Kuntoro, 2010).

Community Health Centre (PHC) is a health service provider at the first level, which carries out health services efforts. Namely, promotive (health improvement), preventive (prevention), curative (treatment), the government, local governments, and community (Ministry of Health, 2014). Work is a process of activities that include human awareness in obtaining results according to what they want. As for work commitment, means that work commitment is a trait associated between a person with an organization who has a high commitment and a strong desire always to be part of the organization (Gani et al.), willingness to provide the best for the organization's interests, and full trust and assumption of achievements and also the nature of the organization, this means that individuals who have a high work commitment mean that they have a real desire to do business for organizational needs (Sahabuddin et al.). Nursing Care Management in inpatient PHC includes management at various nursing stages (assessment, diagnosis, planning, implementation, evaluation). Nurses always do this as their primary task in providing nursing care to clients. Most problems arise in general by PHC, namely that they do not have a PHC that provides what service users expect. The main factor is because PHC is an organization that offers services. Therefore, quality services have demands that must be met (Y. Yusriadi et al.; Hasbi et al.; Usman et al.; Mustafa et al.).

The inadequacy of Service Quality at PHC is often the main point of public complaints as service users. General dissatisfaction with the quality of services at the health centre is often related to the health services provided, including nursing services at inpatient health centres, namely the nursing care management, which includes the nursing process. Achievement of nursing services in health service facilities currently has no standard. Nursing services will support the healing and restoration of the health of the cared patient. The quality of nursing services as part of the quality of health services shows the image of health service institutions in the eyes of humans in an area. This situation occurs because nursing is the profession with the most number, the front and the closest to the suffering, pain, and misery that happens to patients and their families.

The quality of health services, including the quality of nursing services, can be influenced by several factors, including public trust regarding the suitability of health services, including nursing care management, in this case, the nursing services provided and the health needs of the community (Gorontalo Provincial Health Office, 2016). This is also supported by the Strategy of the Gorontalo Provincial Health Office, namely improving equitable, affordable, quality, and just evidence-based health services, by prioritizing promotive and preventive efforts as well as improving accountable management, which is visible, and practical (Sahid et al.; Yusriadi, Farida, et al.). The nursing career development system is still unclear. This has something to do with the varying levels of nursing education. Nursing education is held based on the need for nursing services, as stated in Health Law No. 23/1992 /. Meanwhile, the National Health System Law No.2 / 1989 states that higher education is needed to provide professional staff. Based on the law above, what is said to be a professional nursing staff is a nurse with a minimum educational background at the diploma level (DIII) (Robins, 2013).

The profile of a professional nurse is a comprehensive description and appearance of nurses in carrying out nursing activities in accordance with the nursing code of ethics. Continuous education for nurses to increase the knowledge and skills is very necessary so that the career development system can be implemented. Professional nursing practice which is characteristic of the profession must be maintained and improved to maintain high standards of performance. Nursing personnel must always develop and improve their abilities (Wahyuni 2012).

This study will answer that the determination of essential things by each Health centre is the initial stage for developing a program to maintain the Quality of Service, which includes the Quality of Nursing Services. The increased commitment and support of PHC nurses need to be continuously improved to improve the quality of nursing services that are realistic and appropriate. People expect services following their wishes. Health service providers that include nursing services that are directly provided to patients must-have skills, one of which is when communicating with patients, although the quality of services, which consists of the quality of public services, is not only determined by the level of academic ability, that what is meant also has human characteristics (Awaluddin et al.; Yusriadi, Sahid, et al.).

2. Theoretical Review

The quality of health services will be felt by its customers if the delivery is felt to exceed the expectations of service users. Assessment of service users is aimed at service delivery, service quality, or the way the service is delivered to service users. According to Wyckof, service quality is a level of excellence that is always well designed and control of the level of excellence is also carried out appropriately to meet customer expectations.

The dimensions of service product quality have been developed by several marketing experts. Garvin describes service quality into eight dimensions, namely the operational characteristics of the main product performance, various additional features provided to its users, reliability, and service conformity with product specifications,

durability, products, or institutions that produce these services. Other factors that are also used by consumers to measure service quality are the outcome, process, and image of the service.

According to Gronroos, the three criteria were translated into six elements: 1) Professionalism and skills; In the field of health care, this criterion is related to the outcome, namely the patient's cure rate. Customers realize that health services are produced by human resources who have different professional knowledge and skills; 2) Attitudes and behaviour; The attitude and behaviour criteria for staff will be related to the service process. Customers of health service institutions will feel that doctors and hospital paramedics have served them well according to service SOPs; 3) Accessibility and flexibility; This assessment criterion relates to the service process. Service users will feel that the service provider institution, location, working hours, and the system are well designed to make it easier for users to access services in accordance with the conditions of service users; 4) Reliability and trustworthiness; This grading criterion also relates to the stewardship process. Health service users do not understand the risks they face when choosing services offered by doctors. For example, a Caesarean section on a delivery; 5) Recovery: This evaluation criterion is also related to the service process. Customers are aware that there is an error or risk due to medical actions taken, but service users believe that service providers have made improvements to the quality of services offered to the public to reduce the medical risks that patients will receive; 6) Reputation and credibility; This criterion is related to image. Customers will be sure that the health service provider institutions do not have a good reputation, can be trusted, and have a high value (rating) in the service/health sector. From this description, Parasuraman, Zeithmal and Berry analysed the dimensions of service quality based on five aspects of quality components. The five components of service quality are known as ServQual. The five dimensions of quality according to Pasuraman include: 1) Tangibles are concrete evidence of a company's ability to perform at its best for customers. In terms of the physical appearance of the building, facilities, supporting technology equipment, to the appearance of employees; 2) Reliability: Reliability is the company's ability to provide services in accordance with consumer expectations regarding speed, timeliness, no errors, sympathetic attitude, and so on; 3) Responsiveness is responsiveness in providing fast service or responsiveness and accompanied by a clear and easy-to-understand way of delivering.

Health service customers in general are people or institutions using health services, who need health services or who have the potential to pay for health services. The type of health service provided by the service provider institution must be comprehensive, covering preventive health services, health promotion, treatment, and rehabilitation. Institutions that provide health services are also differentiated based on the level of service available, namely strata I services providing basic health services, strata II health services providing limited specialist health services, and strata III services providing complete specialist services. Customer satisfaction is the response of customers to the suitability of the level of interest or expectations of customers before they receive services with the services they receive. Satisfaction of health service users can be concluded as the difference between the performance of health service institutions and customer expectations.

The quality of health services, which includes performance that shows the level of perfection of health services, not only results in satisfaction for patients according to the average satisfaction of the population but also according to predetermined standards and modes of activity (Ministry of Health, Republic of Indonesia 2015). WHO (1988) describes the quality of health care products that include "the appropriate performance of interventions that are known to be safe, affordable for the people concerned and that can have an impact on mortality, disability and malnutrition?"

The profile of a professional nurse is a comprehensive description and appearance of nurses in carrying out nursing activities in accordance with the nursing code of ethics. Continuous education for nurses to increase the knowledge and skills is very necessary so that the career development system can be implemented. Professional nursing practice which is a characteristic of the profession must be maintained and improved to maintain high standards of performance. Nursing personnel must always develop and improve their abilities (Wahyuni 2012).

3. Research Method

This research design is a survey using a quantitative research approach by obtaining data in the form of numbers or qualitative data that are estimated. The population in this study were all the nurses who served in 7 inpatient health centers in the Gorontalo district as many as 104 nurses, but those found when doing the research were 100 nurses. Some of the nurses are on leave and attending the training. In this sampling technique, the authors use the Non-Probability Sampling technique, namely the accidental sampling technique. The appropriate sample of nurses who meet can be used as a data source when researchers research by distributing questionnaires (A'yun et al., 2017; Nuraini et al., 2019; Umanailo, 2019). And the analysis technique uses linear regression analysis in the form of Path Analysis.

4. Results

Nursing care management's effect on the quality of nursing services through work commitment at the inpatient health centre in Gorontalo district was analysed using intervening variable regression analysis (Path Analysis). Path analysis (Path analysis) of the intervening variables will be outlined in the image below:

Table 1. Results of Coefficients Multiple Linear Regression Analysis

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	15,317	3,136		4,884	0,000
	Nursing Care Management (X)	0,214	0,074	0,282	2,905	0,005

a. Dependent Variable: Work Commitment (Z)

Source: Primary data processed, 2019

The results of the "coefficients" table above show the variable significance value, namely $X = 0.005 < \alpha = 0.05$. It can be concluded that Regression Model I, namely the variable X has a significant effect on Z.

Table 2. Results of the Summary Model Determination Coefficient Test

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0,282 ^a	0,079	0,070	3,113

a. Predictors: (Constant), Nursing Care Management (X)

Source: Primary data processed, 2019

The R Square value contained in the "Model Summary" table is 0.079, which shows the contribution of X's influence on Y by 7.9%. The remaining 92.1% is the contribution of other variables not in the study. then, the value of e1 is searched using the formula $e1 = \sqrt{1-0.079} = 0.9596$. Can be formed a path diagram of the structure model I as follows:

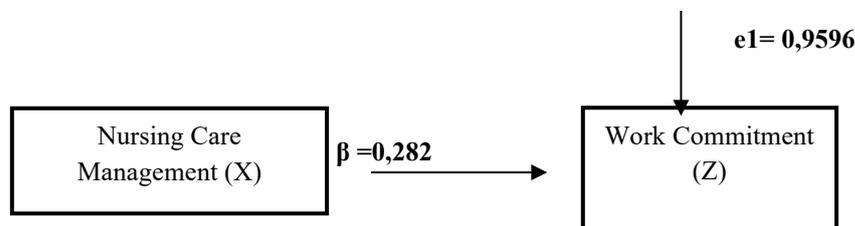


Figure 1. Structure Model Path Diagram I

So that the regression equation can be made as follows:

$$Y = 15,317 + 0,214X + 0,9596$$

Analysis of the influence of nursing care management (X) on the quality of nursing services (Y) through work commitment (Z) of inpatient HEALTH CENTRE nurses in Gorontalo district, that the direct effect of X to Y, was 0.454 or 45.4%, while X's indirect effect through Z on Y is the multiplication of X's beta value against Z with the beta value of Z on Y: $0.282 \times 0.256 = 0.072$ or 7.2%. The findings show that the direct effect is greater than the indirect effect. To test the hypothesis is done by using the Sobel test as follows:

$$a = 0,282$$

$$b = 0,256$$

$$Sa = 0,074$$

$$Sb = 0,101$$

$$Sab = \sqrt{(0,256)^2(0,074)^2 + (0,282)^2(0,101)^2 + (0,074)^2(0,101)^2}$$

$$ST = \sqrt{(0,65536)(0,005476) + (0,079524)(0,010201) + (0,005476)(0,010201)}$$

$$ST = \sqrt{(0,0035887514) + (0,0008112243) + (0,0000558607)}$$

$$ST = \sqrt{(0,0044558364)}$$
$$ST = 0,0667520517$$

The regression coefficient value for nursing care management (X) is $\beta = 0.282$ with a significant level of $0.005 < 0.05$. This implies that the nursing care management variable (X) significantly affects work commitment (Z). These findings support the theory, which states that nurses who are highly committed in their profession have inequalities in their thinking and work performance towards not committing. The regression coefficient value for nursing care management (X) is $\beta = 0.454$ with a significant level of $0.000 < 0.05$. This implies that the nursing care management variable (X) significantly affects the quality of nursing services (Y). That the more professional nurses are, the better the quality of nursing services.

The coefficient value of the indirect effect of nursing care management (X) is $\beta = 0.072$ with a significant level of $1.081 < t$ table 1.98. Thus, it can be interpreted that the nursing care management variable (X) has no significant effect on the quality of nursing services (Y) through work commitment (Z). However, this indicates that if the a and b coefficients are significant, it is sufficient to prove the existence of mediation even though the coefficient c is not substantial.

5. Discussion

Nursing Care Management is a series of nursing actions that include general management, including planning, organizing, directing, and controlling or evaluating. In Nursing Care, what is done first for the patient is to foster trust so that there is a continuous bond between the two; this is to make it easier for nurses to carry out nursing care according to what the patient needs. Nursing as a profession is obliged to increase its knowledge as participation in maintaining and improving to improve patients' health condition in hospitals or PHC and other clinical settings. In increasing their knowledge, nurses are required to care about things that change in their environment.

Nurses who carry out their profession are required to meet standards based on their ability to carry out nursing care, including assessment, diagnosis, planning, implementation, and nursing evaluation (Umar, Amrin, et al.; Ahdan et al.). This is, of course, carried out in realizing the desires of patients by going through a nursing management process that is under the standards of nursing practice so that it can improve the quality of nursing services in health care, in this case, inpatient PHC.

These results show that nurses who carry out good nursing care management with an exemplary work commitment will affect the quality of nursing services. There are similar research findings but explain otherwise (Tamsah et al.; Ansar et al.; Umar, Hasbi, et al.; Sawitri et al.; Rijal et al.). However, the researchers conclude that these findings may be that other mediators outside the existing concepts can improve the quality of nursing services.

6. Conclusion

Based on the results of research and discussion stated previously, the researchers can conclude that in improving the quality of nursing services: Implementing good and professional nursing care management can directly affect nursing care quality at PHC in Gorontalo district; The role of the implementation of nursing care management can directly affect nurses' work commitment properly; An exemplary nurse's work commitment can directly affect the improvement of the quality of nursing services; The indirect effect of nursing care management on nursing services through work commitment mediators can affect. Still, it is not significant, or it can be said that the mediator model is not perfect. There may be other mediators outside the existing concepts who can significantly improve the quality of nursing services—for example, carrying out efforts, quality control including nursing audits, nursing supervision, patient satisfaction surveys, percentage of cases, and nursing rounds that can be carried out at inpatient health centres.

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