THE CORRELATION BETWEEN NURSE PERFORMANCE & THE LEVEL OF JAMKESMAS PATIENT SATISFACTION IN DAHLIA II WARD, NGUDI WALUYO WLINGI HOSPITAL

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INTRODUCTION

The main purpose of health service is to enhance degree of health and to prevent the disease with the main target were the society. There were several public health assurances in Indonesia, such as Jamkesmas, Jamkesda, SPM, Askes. People could uses these assurance or with own payment. Jamkesmas was the social program from the Indonesian government for the poverty. This program organized nationally with the cross-subvention to gain the whole of health service in poverty[1].

Poverty had same right with other people, including the right to get the health services. Many people felt that health service was so expensive. This condition generates a barrier for the poverty. Government action to distribute health service for low economic class was by applies Jamkesmas Program. This program was including public health service (Puskesmas) with their networks, like a advance health service, emergency health service, and the other limited health services. Jamkesmas program was run in many health care service units like hospital, public health service, some private hospital, etc.

Nurse was the biggest number in of these areas, and cares the patient in 24 hours. As a front liner health provider, nurse performance was very importance in hospital success. Nurse performance is means the work accomplishment done by nurse when nurse care process, this include assessment, diagnose, intervention, implementation, and evaluation.

Nurse performance can be evaluated by using nursing practice standard. Nursing practice standard is norm or explanation about nurse work quality. Nurse work quality can be considered as good, right, or correct. This can be used as guideline for nursing practice and evaluation of nurse performance[3].

The main purpose of Jamkesmas program was to increase the access and quality of health care for the poverty which could rise the people health degree optimally and efficiently[4]. In the other hand, some opinions consider that the service for Jamkesmas patient was different.

Ixora (2008) studied about the comparation of Social Safety Net (Jaring Pengaman Sosial) dan Non Social Safety Net (Non Jaring Pengaman Sosial) perception in Seruni and Raflesia Ward, Dr. Soedomo Public Hospital, Treggalek showed that mayority perception was negatif. This study taken in 9 days with 40 respondents.

Saputra (2010) studied about The Effect of Nurse Performance and Patien's Satisfaction as the user of Jamkesmas Card in RSUD Cengkareng, West Jakarta showed that nurse performance influenced patient's satisfaction. But, the questionair used in this research was not based on nursing process, which includes; assesment, nursing diagnose, intervention, implementation and evaluation.

Linder-Pelz (1982) in Krowinski and Stevens (1996), stated that client satisfaction was positive evaluation in the scope of health services (caring process evaluated in single clinical visit, gradually medical intervention, planning or health service and general health service. Generally, patient satisfaction is showed by the suitable result with patient's hope during or after service.

Patient satisfaction was generated from comparison between hope and services during health services in hospital. In this case, nurses has great impact for the patient satisfaction. During 24 hours nurses always dealing with patient. So, nurse performance could be the patient attention.

The patients of Jamkesmas program were poverty. Some health problem were suffered from them such as tuberculosis, malaria, malnutrition, sexual transmitted disease, and the other communicable disease. Generally, these disease could be found in internal ward.

From the preliminary studies in Dahlia II Ward, Ngudi Waluyo Wlingi Hospital on 05-06 September 2012 by interviewed the head ward indicated that all of the Jamkesmas patient had same right and intervention with the other patient (non assurance or other assurance). But, administration process influenced the nurse time respone to do nurse or medical intervention. Some requirement should be prepared to claim the

medicines, medical tools, etc. More over, emergency intervention could be delayed by this process.

Patient perspective to health services indicate the quality of nursing care. To understand the real condition, researcher investigated the correlation between nursing performance & the level of Jamkesmas patient satisfaction in dahlia II ward, Ngudi Waluyo Wlingi Hospital.

The aim of this research was to understand the correlation between nursing performance & the level of Jamkesmas patient satisfaction in Dahlia II ward, Ngudi Waluyo Wlingi Hospital. Researcher expected to this research could be usefull for the nurse, institution and researcher. Nurses were expected to enhance the performance while care the Jamskesmas patient in Dahlia II ward, Ngudi Waluyo Wlingi Hospital. Institution was expected to create policy for enhancing the performance while care the Jamskesmas patient in Dahlia II ward, Ngudi Waluyo Wlingi Hospital. Researcher was expected to improve the insight and understanding related to nurse performance the level of Jamkesmas patient satisfaction in dahlia II ward, Ngudi Waluyo Wlingi Hospital.

METHOD

Design, setting, and population

This was a cross sectional, descriptive correlation study of nurse and Jamkesmas patient. The numbers of nurse were 16 and Jamkesmas patient were 35. The study was approved by the institutional review board. Independent variable was nurse performance and dependent variable was the level of Jamkesmas patient satisfaction.

The instrument used to measure nurse performance and the level of Jamkesmas patient satisfaction was questioner. The measurement of nurse performance besed on nursing practice standard (assessment, diagnose, intervention, implementation, and evaluation). The measurement of the level Jamkesmas patient satisfaction based on 5 criterias, including reliability responsiveness, assurense, emphaty and tangibles.

RESULTS

A total of 51 sampel (16 nurses and 35 Jamkesmas patient) were abstracted for this study.
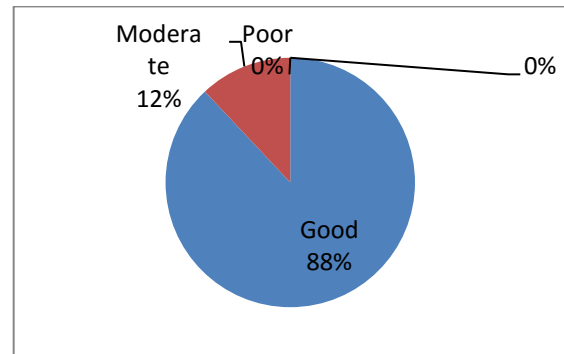
Nurse performance

Figure 1.1 The percentage of nurse performance score in Dahlia II Ward, Ngudi Waluyo Wlingi Hospital

Good nurse performance was good if the score between 76-100, moderate 56-75 and poor < 55.

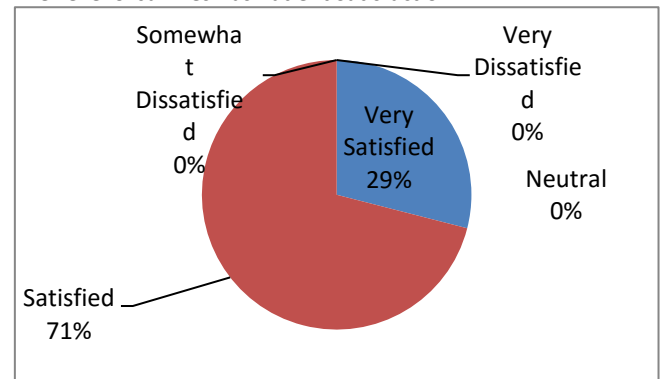**The Level of Jamkesmas Patient Satisfaction**

Figure 1.2 The percentage of Jamkesmas patient satisfaction in Dahlia II Ward, Ngudi Waluyo Wlingi Hospital

Spearmen's rho was used to analyse the correlation of two variables (nurse performance and the level of Jamkesmas patient satisfaction). The significance score (α) were 0,05. Correlation Coefficient was 0,561 with ρ value was 0,024. ρ value less than 0,05, its means Ho was rejected and there was correlation between nurse performance & the level of Jamkesmas patient satisfaction in Dahlia II ward, Ngudi Waluyo Wlingi Hospital.

DISCUSSION

Nurse performance is the nurse activity which delivered to the patient as a nursing care for increasing adaptation respond[3]. Gibson (1996) explained that there was three factors influenced behavior and performance, that were individual factor, psychology, and organization. Individual factors consisted of ability and skill, background and demography. Ability and skill were the main factor which influenced individual performance.

Based on the study, the majority nurse performance in Ward Dahlia II was good performance (88%). It showed that nurses were competent to do nursing care. Competence means

capable to assess the patient immediately (less than 5 minutes), keep attention in every patient complaint, asking medical history, current medical condition, allergy, drug history, feeling, perception, anxiety, hope, discuss the patient hope from nursing intervention , discuss health progress . But, from these indicators, nursing intervention to discuss patient hope were lowest score, this phenomenon caused by patient habit was not usual and rarely implement.

From the data of nurse performance which related to implementation, 86% had good performance. In this standard, several question were asked to the responden, such as; the use of standard operating procedure (SOP) when implement the intervention, greeting when met the patient, delivering medication in right schedule, explained purpose of intervention to the patient, implemented good communication skill, no nervous in front of patient, explained hospital regulation to the patient and their family, honored patient tradition, cooperated with other health provider, and fast respond in all patient complaint. From all of these intervention, the lowest score was give a greet to the patient.

From these explanations, nurse performance in Ward Dahlia II, Ngudi Waluyo Wlingi Hospital was good. This condition indicate that factors influenced nurse performance (individual factor, psychology, and organization) had good impact for the nurse.

Satisfaction is consumer respond in their hope. Satisfaction is the result from evaluation of consumer that the product or service gives pleasure in which the fulfillment will be enough or not[8]. Satisfaction included needs and received results. If the performance was more than expectation, so the consumer would be satisfied.

Cristoper Lovelock (1994, in Rangkuti, 2004) found that consumer had criteria in which basically same with some of the services in other consumer's satisfied. Generally, this criteria used to evaluate the quality of services. These criteria are reliability, responsiveness, assurance, empathy, and tangibles.

Based on the study, the level of Jamkesmas patient satisfaction in Ward Dahlia II was 71 % satisfied. For further details, 57 % patient claimed satisfied (the criteria related to reliability and tangible). The questionnaire asked in this criteria were about nurse skill, asking complaint, past medical history, recent medical condition, allergy, drug consumption, does nurse examined head to toe to the patient, ability for the nurse to keep clean and quiet in the ward. From these questions, the ability of nurse to keep clean and neat was the lowest score.

In the criteria related to responsiveness, as much as 54 % patient claimed very satisfied. In this criteria, researcher asked the patient satisfaction when they received examination as soon as got on the ward, etc. From several question in this criteria, patient satisfaction related to nurse ability to ask about feeling, perception, and anxiety had lowest score.

In satisfaction criteria related to assurance, as much as 63% patient claimed satisfied. In this criteria, researcher asked about satisfaction when received nurse intervention, explaining nurse diagnose, discussed with the patient about hope of nurse intervention, explained intervention procedure, etc. from these questions, satisfaction related to ability of the nurse to explain the patient diagnose was the lowest score. Potential cause was the nurse still focused on medical problems.

Satisfaction criteria related to empathy showed that 60 % patient claimed satisfied. Several question related to these criteria were ability of the nurse in good speech, friendly, smile when give care, confidence, and honored patient believe and tradition. From these question, patient satisfaction related to ability for honoring the patient believe was the lowest score.

Satisfaction is subjective perception. Every patient could represent different satisfaction when received same intervention. Its depend on patient background, value, and other aspects.

Based on statistical analysis result with *Spearment Rho* by using SPSS software for *windows* 16, its represent correlation between nurse performance and the level of Jamkesmas patient satisfaction in Ward Dahlia II, Ngudi Waluyo Wlingi Hospital. The correlation between two variables prooven with p value 0,024 (p ≤ 0,05).

Performance and the level of satisfaction are two difference things. But, performance has relation with satisfaction. The reason is, performance is the result the action or intervention. Nurse performance is the activity of nurse to the patient as a nursing care to enhance adaptation responds[3]. Nurse performance can be observed by the process when they implement the nursing care (assesment to evaluation).

From the theory stated that there is correlation between performance with level of satisfaction. In this research already prooven that nurse performance and the level of Jamkesmas patient satisfaction has positif correlation.

CONCLUSION

The conclusions from this research show that the averages of nurse performance in Ward Dahlia II Ngudi Waluyo Hospital were good. And the averages of Jamkesmas patient satisfaction level

were very satisfied. From the correlation test with Spearmen Rho represents there was correlation between nurse performance and the level of Jamkesmas patient satisfaction on 2012.

REFERENCES

1. Allen, Carol Vestal. 1998. *Memahami Proses Keperawatan Dengan Pendekatan Latihan*. Jakarta; EGC

2. Arikunto, Suharsimi. 2010. *Prosedur Penelitian; Suatu Pendekatan Praktik*. Jakarta; Rineka Cipta

3. Azwar, Azrul. 1996. *Pengantar Administrasi Kesehatan.* Edisi 3. Jakarta; Binarupa Aksara

4. DeLaune, Sue C. 2011. *Fundamentals of Nursing; Standards and Practice*. Fourth Edition. United States; Delmar

5. Gibson, James dkk. 1996. *Organisasi Prilaku Struktur dan Proses*, Jilid I. Jakarta; Binarupa

6. AksaraHidayat, A Aziz Alimul. 2008. Pengantar Konsep dasar Keperawatan. Edisi 2. Jakarta; Penerbit Salemba Medika

7. Ilyas, Yaslis. 2000. *Perencanaan SDM Rumah Sakit*. Jakarta; Pusat Kajian Ekonomi Kesehatan FKM. UI

8. Ixora. 2007. *Perbandingan Persepsi Pasien Asuransi Kesehatan Miskin (Askeskin) dan non Asuransi Kesehatan Miskin (non Askeskin) Tentang Kepuasan Pelayanan Keperawatan di Ruang Seruni dan Raflesia Rumah Sakit Umum Daerah dr. Soedomo Trenggalek.* Tidak diterbitkan, Fakultas Kedokteran Universiitas Brawijaya, Malang

9. Irawan, Handi. 2000. *10 Prinsip Kepuasan Pelanggan.* PT. Elex Media Komputindo: Jakarta

10. Kemenkes RI. 2010. *Pedoman Pelaksanaan Jaminan Kesehatan Masyarakat (Jamkesmas),* diakses pada tanggal 16 Juli 2012 pukul 19.30 WIB

11. Krowinski, William J dan Steven R, 1996. *Measuring and Managemant Patien Satisfaction*. American Publiser and Hospital Assosition Company

12. Muljadi, M Arief. 2006. *Pokok-Pokok dan Ikhtisar Manjemen Stratejik Perencanaan dan Manajemen Kerja*. Jakarta; Prestasi Pustaka Publisher

13. Notoatmodjo, Soekidjo. 2010. *Metodologi Penelitian Kesehatan*. Jakarta; Rineka Cipta

14. Nursalam. 2011. *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan :* *Pedoman Skripsi, Tesis, dan Instrumen Penelitian Keperawatan*. Jakarta: Salemba Medika

15. Nursalam. 2007. *Manajemen Keperawatan; Aplikasi Dalam Praktik Keperawatan Profesional.* Jakarta; Penerbit Salemba Medika

16. Nursalam. 2011. *Manajemen Keperawatan; Aplikasi Dalam Praktik Keperawatan Profesional.* Jakarta; Penerbit Salemba Medika

17. Peraturan Menteri Kesehatan Republik Indonesia Nomor 2581/Menkes/Per/Xii/2011 Tentang Petunjuk Teknis Pelayanan Kesehatan Dasar Jaminan Kesehatan Masyarakat

18. Peraturan Menteri Kesehatan Republik Indonesia Nomor 903/Menkes/Per/V/2011 Tentang Pedoman Pelaksanaan Program Jaminan Kesehatan Masyarakat

19. Pranoto, Agus W. 2010. *Hubungan Antara Beban Kerja dengan Kinerja Perawat di Ruang Rawat Inap Rumah Sakit "Ngudi Waluyo Wlingi".* Tugas Akhir. Tidak diterbitkan., fakultas Kedoteran Universitas Brawijaya, Malang

20. Rangkuti, F. 2002. *Measuring Costumer Satisfaction.* Jakarta; PT. Gramedika Pustaka Utama

21. Rivai, HV, 2005. *Performance Apraisial*. Jakarta; Penerbit PT.Rajawali Press

22. Sarwono, 2006. *Analisis Data Penelitian Menggunakan SPSS.* Yogyakarta; ANDI

23. Siregar, Parsaulian. 2004. *Analisis Hubungan Kepuasan Pelanggan, Nilai Pelayanan dan Kepuasan Kerja Pegawai di PT. Garuda Indonesia*. Tesis. Tidak Diterbitkan, Fakultas Ilmu Sosial dan Ilmu Politik Univesitas Indonesia, Jakarta

24. Supranto, J. 2006. *Pengukuran Tingkat Kepuasan Pelanggan: Untuk Menaikkan Pangsa Pasar.* Rineka Cipta: Jakarta

25. Swanburg, Russel C. 2000. *Pengantar Kepemimpinan dan Manajemen Keperawatan*. Alih Bahasa: Suharyati Samba. Jakarta; EGC

26. Tjiptono F, Chandra G. 2005. *Service,Quality & Satisfaction.* Edisi I. Yogyakarta; Penerbit ANDI

27. Wijono, Djoko. 2000. *Manajemen Mutu Pelayanan Kesehatan: Teori,Strategi dan Apikasi.* Volume I. Surabaya; Airlangga University Press