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Service Agencies Policy and Nurse Motivation as Determinants of Information for Family Patients in Critical Care Unit

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ABSTRACT

The family is a system, so if one family member is treated in a critical care unit, then the family will experience stress and anxiety, even a crisis. Therefore, nurses should help the family in reducing stress and anxiety, one of which is by providing information. This study aimed to analyze the relationship between service agency policies and nurse motivation with information for patient families in critical care rooms. The subjects of the study were 45 nurses and 45 patient family members selected by total sampling technique. The collected data were analyzed using logistic regression test. The results show that there is a relationship between policy and external motivation with information for the family. Therefore, critical nursing services need to consider family conditions, so that family stress and anxiety can be lowered.

Keywords: Policy, Nurse motivation, Information for family

INTRODUCTION

Critical nursing is a specialized care unit aimed at treating patients with severe and critical illnesses and injuries with life-threatening complications, involving trained health personnel and supported by the completeness of specialized equipment. In addition, nurses should be able to combine the high technology and specialized skills in medicine and nursing needed to care for critical patients. Critical care areas include the response of patients who have health problems in maintaining their lives (Health Ministry of Republic of Indonesia, 2005).

Critical nursing is a nursing service that needs to be developed in Indonesia. Most hospitals in Indonesia already have critical care services but adequate and standardized nursing support is still minimal. In general, the qualifications of nurses in the critical care unit are still the same as the nursing qualifications in the general care unit. In addition, nursing service is also not optimal, as evidenced by the many public complaints about the low performance of nurses (Health Ministry of Republic of Indonesia, 2005).

In critical care units, patients should be isolated and families are required to wait outside the treatment room (Health Ministry of Republic of Indonesia, 2005). Family is a system, a change from one member will affect all family members. The condition is likely to cause anxiety for the whole family. The attitudes and attitudes of family members are shaped by relationships between family members (Rivai, 2005).

The inclusion of one family member in a critical care room will lead to a family response to a range of stressful behaviors to a coping response. In this case, the family balance will be disrupted. The responsibilities that have existed in the patient should be transferred to other family members. Thus there is a change in the role of each family member, and each family member tries to adapt to this change. This condition can cause stress to the family and if it continues then there can be a crisis situation. Families of patients who are under stress outside the critical care room are in need of nurse information about the patient's condition. Such information can help reduce their stress and anxiety. Information required by the family include the patient's condition, prognosis, patient development, nursing actions performed, visiting hours, telephone numbers, routines, room settings and equipment used for patients. In addition, families usually want to be informed of changes about the patient's condition, the cost of care as well as spiritual activities (Linda & Sheila, 1999). To reduce family anxiety, there is a need for explanation or information about the patients of the nurses working in critical care rooms because they are always with the patient for 24 hours a day.

Assistance provided by nurses can reduce family anxiety. In this case, the role of nurses in reducing family anxiety in critical care rooms may be influenced by agency policy and nurse motivation. Motivation is all the power that exists in a person who gives power, gives direction and maintains behavior. Factors that influence motivation can be distinguished on: internal factors contained within the nurse and external factors that come from outside the nurse. Internal factors include personal maturity, personal desires and expectations, personal fulfillment, fatigue, boredom and job satisfaction. While external factors include: pleasant work environment, adequate compensation, good supervision, respect for achievement, status and responsibilities and prevailing policies (Saydam, 2005).

The results of interviews with the families of patients in critical care rooms on 3 to 8 August 2013 show that most (90%) families feel a lack of communication between nurses with the patient's family or between families and patients, this is due to the absence of hours to visit. The things the family wants to know are about the prognosis, the condition of the patient, the actions of the treatment performed, and the spiritual activities that he can do. Families are notified only when the patient is transferred to a non-critical care room or when the patient is dying. The majority of families (90%) want the nurse to explain the patient's prognosis, the progress of the patient, using a language that is understandable to the family, and the family being called upon to change the condition of the patient. The family says when the nurse explains about the patient's condition, they feel calm.

METHODS

This study aimed to analyze the relationship between service agency policies and nurse motivation with information for patient families in critical care rooms, using the cross sectional design. The study was conducted at weeks II and III of November 2013 in critical care room (IRD, ICU, ICCU and RR). The subjects of the study were 45 nurses and 45 patient family members selected by total sampling technique. The collected data were analyzed using logistic regression test.

RESULTS

The result of logistic regression test showed that from three independent variables suspected to be related to information for the patient's family, there were only two variables that significantly correlated with the nursing agency policy and the external motivation of the nurse (p < 0.05). If the agency policies are flexible, the family is 4.251 times more likely to receive adequate information. If the nurse's good external motivation is good then the chances become 25,165 times bigger. The final model of the analysis was: Z = -3.061 + 1.447 (policy) + 3.225 (external motivation).

DISCUSSION

A holistic approach in critical nursing care includes patients and families. Family means everyone who shares intimately and routinely throughout the day in the patient's life. In critical nursing care, people with familial relationships will experience a homeostasis disorder if one family member has to be treated for critical illness (Hudak, Gallo & Morton, 1998). Stressful events that threaten family change, problem-solving activities are inadequate or not performed can lead to family imbalances. If the family can not survive, there will be a decline in the ability of the family to adapt and this will increase the tendency for a crisis (Bucher & Melander, 1999). In order to reduce the imbalance that occurs in the family, it is necessary to have a clear agency policy on the provision of information to the family. As a consequence of the policy, a parameter of clear operational management in the nursing service order is required. But there is one thing that can be used as a starting point, namely service to customers. Reliable nursing services must be professionally managed, both in terms of service to the patient's family, in the sense that for every patient who becomes a direct customer there are additional other customers who are waiting for patients or visiting patients who directly or indirectly share how they feel nursing services are provided in critical care units.

The plurality of hospital customers is like a double-edged sword with its multiplier effect. If the services they feel are positive, then the potential for words of mouth is high, and vice versa. Service standards include hospitality, quality of service speed and nursing. Perhaps the patient did not express his/her dissatisfaction, but his/her family will express dissatisfaction to the hospital or worse often negative words of mouth.

As a solution, a clear policy of giving information to the patient's family should be implemented in order to realize customer care. Characteristics of customer care most expected by the patient's family are responsive, caring, problem-solving and helping the patient's family in the face of obstacles. The patient's family demanded that the hospital provide clear and transparent information. As a healthcare provider including nursing, professional human resources support is needed, which not only performs professionally but also respects the rights of patients and their families, uses a dialogical approach, and is willing to foster good relationships with their customers. To protect the nurse, a hospital requires a policy (hospital by law), which is a set of regulatory documents to protect anyone associated with the hospital. "Hospital by law" is composed by hospitals according to the availability of facilities, equipment and technology, so the rules in different hospitals are not the same, depending on the internal rules of the hospital. The need for hospital by law refers to "Law No. 23 1992 on Health. "The regulation refers to health, medicine and hospital law, as well as for the development of hospitals not only for the treatment of patients, but also for prevention, education and recovery and improvement of the health of patients." In Sidoarjo Hospital, which serves as a guide for nurses in providing information to the patient's family.

The nurses are highly motivated to provide information to the patient's family. The sources of such motivation are the nurse's maturity, wants and expectations, rewards, passionate feelings, work environment, policy, supervision, working conditions and workload. In addition, nurses aged 25 to 40 years old, with minimum education of Nursing Dilpoma, have BLS and ECG certificates. Thus, respondents have high motivation to provide information to the family.

Factors that motivate professional nurses, not just rewards and promotions. Nurses tend to be well paid (at least according to the regional minimum wage) and enjoy what they do. In this case, work in a critical care unit is a challenging job. Professional nurses prefer or be motivated to handle problems and find solutions, and appreciate supervisor support. They want their colleagues to think what they are doing is important. Professional nurses tend to focus their attention on work as a life interest rather than just a reward.

CONCLUSION

The results showed that agency policy and external motivation were related to the information for the patient's family.

REFERENCES

- Abels, L. (1986). Critical Care Nursing A Physiologic Approach. Toronto: C.V. Mosby Company.
- ACCN, (2006). Synergy Model For Patient Care, http://www. kritis\The AACN Synergy Model for Patient Care.htm. diperoleh 16 September 2006
- ACCN, (2006). Critical Care Nurse, http://www.NursesForTomorror.htm diperoleh 16 September 2006
- Black, J M & Hawks, J. (2001). *Medical Surgical Nursing: Clinical Management For Positive Outcomes.* 7th. Philadelphia: Elsevier Saunders
- Bucher, L & Sheila, M. (1999). Critical Care Nursing. Philadelpia: W. B. Saunders Company
- Curley, M & Harmon, P. (2001). Critical Care Nursing of Infants and Children. 2th, Philadelphia : PT. W.B Saunders Company.
- Health Ministry of Republic of Indonesia. (2005). Nursing Service Standards in ICU (Standart Pelayanan Keperawatan di ICU), Jakarta: Health Ministry of Republic of Indonesia.

Dossey, B etc. (1992). Critical Care Nursing : Body-Mind-Spirit. 3th, Philadelphia: J. B Lippincott Company.

Hastono, S P. (2001). Data Analysis (Analisa data), Fakultas Kesehatan Masyarakat, tidak dipublikasikan

- Hasibuan, M S.P. (2003). Human Resource Managemnt (Manajemen Sumber Daya Manusia). Jakarta: Bumi Aksara
- Hudak, M C & Gallo, M B & Morton, P G. (1998), *Critical Care Nursing A Holistic Approach*. Philadelphia: Lippincott
- Jesse, B H & Gregory, A S & Lawrence D H. (2000). *Principles Of Critical Care*. New York: McGraw-Hill Health Professions Division
- Rope, J. (2005). Nursing Diagnoses Identified During Parent Group Meeting In a Neonatal Intensive Care Unit. http://www.proquest.umi.

com/pqdweb?did=977577141&sid=3&Fmt=7&clientld=45625&RQT=309&Vname=PQD. Diperoleh 16 September 2006

Zimmerman, D Ell & Sole, M I, (2001). *Study Guide For Introduction To Critical Care Nursing*. Philadelphia: W.B Saunders Company