

ORIGINAL RESEARCH

## Analysis of The Implementation Of Nursing Care and Exposure To 3s (Sdki, Siki, Siki) Ppni Community Area For Bandung City Health Center Nurses

### Análisis de la implementación de la enfermería como atención a la salud y la exposición de este sector a las 3S (SDKI, SLKI, SIKI) en centros de salud comunitarios de la ciudad de Bandung

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#### Abstract

Community nurses are required to provide nursing care in the scope of health centers which includes the focus on individual, family, group, and community. The situation has led Indonesian Nurses Association (PPNI) to issue standards for nursing documentation which are based on the 3S, including Indonesian Nursing Diagnosis Standards (SDKI), Indonesian Nursing Outcome Standards (SLKI), and Indonesian Nursing Intervention Standards (SIKI). Therefore, this research aimed to analyze nursing care and the 3S exposure of nurses at health centers in community areas of Bandung City. A descriptive quantitative design was used with a cross-sectional approach method. Furthermore, accidental sampling was used to select 77 people, and questionnaires were distributed to collect data in January 2023. The univariate data analysis method applied was descriptive frequency and the distribution showed that 93.5% of health center nurses implemented nursing care. It was observed that only 36.4% conducted nursing documentation properly, and a few, 40.3%, were exposed to 3S. This showed the need to organize a seminar or socialization on 3S for nurses in health centers.

**Keywords:** Documentation, Health Center, Nursing care.

#### Resumen

Las enfermeras comunitarias en Indonesia son responsables de brindar cuidados directos en los centros de salud, centrándose en individuos, familias, grupos y comunidades. En respuesta a la amplitud de este espectro, la Asociación de Enfermeras de Indonesia (PPNI) emitió estándares de documentación basados en el marco de las "3S": Estándares de Diagnóstico de Enfermería en Indonesia (SDKI), Estándares de Objetivos para Enfermería en Indonesia (SLKI) y Estándares de Intervención para Enfermería en Indonesia (SIKI). Este estudio tuvo como objetivo analizar las prácticas de atención a la salud desde la enfermería y los efectos concretos sobre el trabajo a partir de la implementación del marco de las 3S en centros de salud comunitarios en la ciudad de Bandung. Se utilizó un diseño descriptivo, cuantitativo y transversal. Se aplicó un muestreo accidental para seleccionar a 77 participantes, y los datos se recabaron mediante un cuestionario en enero de 2023. El análisis de datos univariados utilizando frecuencias descriptivas reveló que el 93.5% de las enfermeras de los centros de salud brindaron atención de enfermería, pero solo el 36.4% completó la documentación de enfermería adecuadamente. Además, solo el 40.3% estaba familiarizado con o tenía idea sobre el marco de las 3S. Estos hallazgos resaltan la necesidad de realizar seminarios o programas de socialización para mejorar la comprensión y la aplicación de los estándares 3S por parte de las enfermeras en los centros de salud.

**Palabras clave:** Documentación, Centro de Salud, Atención de enfermería.



## Introduction

Community nurses are professionals included in health services to collaborate with other workers in order to mobilize community participation in the process of increasing health at all levels.<sup>1,2</sup> Nurses are expected to implement nursing care based on the required standards. The stages associated with the process include assessment, diagnosis, planning and providing nursing interventions, as well as conducting evaluations. Moreover, nursing documentation can be explained as the process of recording events and objects during the provision of valuable and important nursing services.

This research aims to provide an overview of nursing care activities implemented at all Health Centers in Bandung City as well as the understanding of 3S by nurses. The 3S was formulated by Indonesian Nurses Association (PPNI) as nursing care process standards in the form of a series of books consisting of Indonesian Nursing Diagnosis Standards (SDKI), Indonesian Nursing Outcome Standards (SLKI), and Indonesian Nursing Intervention Standards (SIKI). Nurses in Indonesia are expected to provide nursing care professionally and in a standardized manner. However, a survey showed that the number of nurses with an exposure and understanding of the 3S books was small at an estimate of 42%. This is due to difficulties in adapting to work periods and time management.<sup>3</sup> which leads to the absence of uniform nursing care processes and continuous usage of old diagnoses, specifically in community areas. Some other reasons are the absence of motivation and poor management functions.<sup>4</sup>

The documentation is expected to be conducted by community nurses working in health centers through UKP (Individual Health Efforts) and UKM (Public Health Efforts) services to provide home care nursing. It is important to state that the community area includes individuals, families, groups, and the whole community (Wahyudi and Handiyani, 2023). Therefore, there is a need to ensure an understanding and exposure to nursing care process standards and documentation. This is necessary to support the 3S books introduced by PPNI and strengthened by the Decree of Health Minister Number HK.01.07/MENKES/425/2020 concerning professional standards nurses.<sup>5</sup> The

background information led to the focus of this research to analyze the implementation of nursing care and the 3S exposure by nurses in health centers located in community areas of Bandung City.

## Method

This research was quantitative with a descriptive method and a cross-sectional design. Moreover, accidental sampling was used to select 77 nurses as respondents. Data were collected through Gforms distributed on WhatsApp group of nurses at Bandung City health centers in May 2023 and analyzed using frequency distribution. The questionnaire designed contained the characteristics of the respondents followed by the understanding of the 3S and nursing care activities implemented by nurses in health centers in Bandung City.

## Result

**Table 1. Characteristics of Respondents Based on Gender in 2023.**

No	Characteristics	Amount	Percentage (%)
<b>Gender</b>			
1	Man	18	23,4
2	Female	59	79,6
	Sum	77	100
<b>Age</b>			
1	< 30 old	10	13
2	30-45 old	52	67,5
3	>45 old	15	19,5
	Amount	77	100

Table 1 shows the frequency data related to the gender of respondents and the largest percentage, 79.6%, is recorded for the female while the male has 23.4%. Most respondents were 30-45 years with 67.5% which were considered the productive age while only 19.5% were pre-elderly and above.

**Table 2. Overview of Respondents Based on the Frequency of Nursing Care Activities Implemented in a Week at Health Centers in Bandung City in 2023**

No	Variable	Amount	Percentage (%)
1	< 2 times a week	12	15,6
2	2-4 times a week	28	36,4
3	Every day	37	48,1
	Amount	77	100

The results presented in Table 2 showed that a total of 48% or 37 health center nurses at Bandung City conducted nursing care activities in the week. Another 36.4% implemented the activities for 2-4 times a week and 15.6% only <2 times.

**Table 3. Description of Nursing Care Implemented by Nurses at Health Centers in Bandung City in 2023**

No	Variable	Amount	Percentage (%)
1	Individual Nursing care	49	63,6
2	Individual, family Nursing care	20	26,4
3	Individual, family, group Nursing care	6	7,8
4	Individual, family, group, community Nursing care	2	2,6
	Amount	77	100

Table 4 shows the frequency of the order of nursing care implemented in the research area. The results showed that 63.6% or 49 nurses were focused on individual nursing care, 26.4% on family, 7.8% on group, and 2.6% on community.

**Table 4. Nursing Care Documentation Order in Bandung City Health Centers in 2023**

No	Variable	No	Yes	Amount
1	Nursing activities are carried out every day	5	72	77

	Percentage (%)	6,5	93,5	100
2	Orderly in documenting nursing care	49	28	77
	Percentage (%)	63,6	36,4	100
3	Documentation of Askep is reported to the health center coordinator	31	46	77
	Percentage (%)	40,3	59,7	100
4	Do you know the nursing diagnosis and know the 3S published by PPNI?	46	31	77
	Percentage	59,7	40,3	100

The results presented in Table 4 showed nursing care documentation implemented by nurses in the research area. It was observed that 72 nurses or 93.5% conducted nursing activities in health centers located in Bandung City. However, only 28 or 36.4% were orderly in nursing care documentation process, 46 or 59.7% reported to health center coordinator, and 31 or 40.3% had an understanding of the 3S nursing diagnosis standard issued by PPNI.

**Table 5. A comprehensive analysis of participants categorized by their professional experience and familiarity with 3S nursing personnel in the Health Centers of Bandung City in the year 2023**

No	Experience	Yes	No	Amount	Percentage (%)
1	< 5 Tahun	1	5	6	7,79
2	5-15 Tahun	7	21	28	36,36
3	15-30 Tahun	17	10	27	35
4	> 30 Tahun	6	10	16	20,85
	Total	31	46	77	100

The findings derived from the examination of the frequency data pertaining to the respondents' perceptions of 3S nurses in Bandung City, indicate that among the participants, 28 individuals possessed work experience ranging from 5 to 15 years. Furthermore, it is noteworthy that a significant proportion of respondents, specifically

21 individuals, representing 75%, lacked knowledge concerning the concept of 3S.

**Table 6. Understanding of Nursing Diagnosis by Nurses in Bandung City Health Centers in 2023**

No	Variable	Not Know	Know	Amount
1	Nursing diagnoses to remember	7	70	77
	Percentage (%)	9,1	90,9	100
2	Nursing diagnosis for patients/families/groups with subjective or objective data of good/positive condition	64	13	77
	Percentage (%)	83,1	16,9	100
3	Nursing diagnosis in hypertensive patients	5	72	77
	Percentage (%)	6,5	93,5	100
4	Nursing diagnosis in patients with hallucinations	14	63	77
	Percentage (%)	18,2	81,8	100

Table 5 shows that 70 nurses or 90.9% understand nursing diagnoses but only 13 or 16.9% focus on patients with subjective or objective data about good conditions. Meanwhile, most, represented by 93.5%, could diagnose hypertension, and some others, 63%, could identify psychiatric conditions.

## Discussion

### *Respondent characteristics*

The results showed that most respondents were women as reported by 79.6%. This was in line with the observation of previous research that women had the largest population in the world. Moreover, nursing is assumed to be a profession for women due to the need for more compassion and patience which are mostly considered maternal instincts.<sup>6</sup> Another important point is that the originators of nursing theory are mainly women, including Florence Nightingale (The Lady with the Lamp).

Most respondents, represented by 67.5%, were found to be between 30 and 45 years old. This was in line with the establishment of a relationship between age and motivation, understanding and knowledge in previous research.<sup>7</sup> In nursing documentation, age was observed to have an influence on attitudes, responsibility for nursing care, and experience. This research further showed the effect of age on nursing documentation. The trend was observed from the fact that middle-aged nurses had better nursing documentation. This was against the submission of Fithri Yani that age did not affect the quality of nursing care documents but the direction from the leaders was influential. Nursing care and understanding of PPNI 3S:

The results showed that most nurses, 93.5%, implemented nursing care but not every day. It was further reported that only 48% conducted nursing care every day and 36.4% for 2-4 times a week. Moreover, a total of 63.6% or 49 were skilled in individual nursing care, 26.4% for family 26.4%, 7.8% for group, and 2.6% for the community. This showed that only a few nurses in health centers of Bandung City focused on family and group nursing care. The trend is associated with the limited human resources to conduct home visits, except for when there are problems. For example, only 1 nurse was present in health center despite the large workload, leading to stress and subsequent effect on the provision of nursing care.<sup>8</sup>

Some of nurses were observed to be orderly in nursing documentation, specifically those skilled in family, group, and community care. The documentation is considered very important to ensure nursing process has a digital footprint. It also serves as proof that nurses have provided nursing care. The process provides responsibility and liability in case of any legal dispute in the future. Moreover, nursing documentation is a tool to communicate with fellow nurses or other health workers to ensure collaboration.<sup>9</sup> This shows the importance of the concept and the emphasis on its implementation by nurses during every nursing care process. Another important reason is that nursing care is a systematic, integrative, and structured series. It includes assessment, anamnesis, diagnosis, intervention plans, implementation, and

evaluation, and each stage is required to be well documented.<sup>10</sup>

The results showed that most nurses understood common diagnoses such as patients with ARI, gastritis, hypertension, mental disorders, and others. However, only a few were skilled in diagnosing or memorizing information on patients with good subjective and objective conditions or no health problems. In community areas, nursing care is not limited to individuals with health problems but also to patients having good subjective and objective conditions or no health problems. Each health center has a care area to be fostered and monitored. This is necessary because only 5-10% of patients and communities have health problems and the remaining needs to be provided with nursing care to ensure health levels remain the same and do not decline.<sup>11</sup>

Health center nurses that have been exposed to and understand the 3S issued and legalized by PPNI are only 40.3% despite the release of the book in 2018. This shows the need to intensively conduct socialization related to the 3S guideline book by PPNI to ensure more exposure for nurses, specifically in Bandung City. The process is necessary because the contents can assist nurses in providing nursing care. SDKI contains the right choice of diagnosis according to subjective and objective data available for patients and the community. This allows nurses to only adjust DO and DS obtained with the existing choice of diagnosis. The book also ensures easier nursing diagnosis without any hesitation. Moreover, SLKI contains a choice of objectives for each nursing diagnosis which allows nurses to only select the output. It is important to state that the book consists of general and specific objectives.<sup>12</sup>

SIKI is a book consisting of several possible nursing interventions based on the results of the diagnosis. The three books are designed to assist Indonesian nurses in determining nursing diagnoses, outcomes, and interventions without having to worry about the suitability of each patient. This shows that nurses are only required to match the existing DO and DS with the usage of 3S.<sup>13</sup> The weakness of this study is that not all nurses in Bandung City Health Centers participated in this study. So this study does not describe the

overall analysis of nurses in Bandung City Health Centers.

The documentation of nursing care plays a critical role in bolstering governmental health initiatives, particularly through the systematic recording of nursing interventions for both infectious and non-communicable diseases, as well as nutritional issues; efficacious nursing interventions have the potential to enhance program outreach while adhering to minimal service standards.<sup>14</sup>

A notable limitation and challenge within this investigation was the insufficient number of samples that followed the research. Consequently, there is a pressing need for comprehensive dissemination of research pertaining to these three significant areas.

### Conclusion and Suggestion

In conclusion, nursing care conducted by nurses in health centers located in Bandung City was not optimal due to several factors. This showed the need for a solution to ensure more optimal and effective nursing care provision. Moreover, it was observed that most of nurses did not understand the 3S book published by PPNI. The trend showed there was a need for socialization and dissemination of the 3S book for nurses to standardize diagnosis, outcomes, and interventions in addition to a workshop focused on the 3S methodology and its practical applications, it is imperative that the nursing professionals at the Bandung city health center are equipped to utilize the 3S compendium, thereby ensuring consistency in the diagnostic processes, external assessments, and the interventions that are executed. Further research was required to analyze the causal factors of non-optimal nursing care at health centers in Bandung City and the solutions to overcome existing problems.

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