The Relationship Between The Nurses' Performance And The Patients' Families' Satisfaction At Abepuramental Hospital, In Jayapura City

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Abstract: Family satisfaction is an imperative indicator for quality improvement of medical care services provided by a hospital. Oneway to evaluate and to gather feedback regarding patient's family satisfaction is through a survey.This research was conducted to identify the relationship between the performance of the nurses and thefamily's satisfaction of mental disorder or mental illness patient. This research was done by using the design of cross sectional method. The samples that used were 30 people, consisted of the nurses and the mental disorder patient's families. Data was analyzed by applying the analysis of unvaried and bivariate Chi-Square. The P value is 0.008, which indicates that there is a relationship between the quality of the nurses' service performance and the patients' family satisfaction. Therefore, it is strongly recommended that the hospital should improve the knowledge and the skill of the nurses in serving the mental disorder patients in Abepura RSJ, provide good facility. And for the government is suggested to legalize the amendment about the mental disorder patients who are uncontrolled by the hospital and the social department of government who handle about it.

Keywords: Nurses' performance, Family's satisfaction

I. INTRODUCTION

Mental health is one of the unity that is not separated from health. It is part of integral in supporting the quality of human life. The amendment of Indonesia number 36 in 2009 about healthy in chapter 144 verse 1 tells that "*upaya kesehatan jiwa ditujukan untuk menjamin setiap orang dapat menikmati kehidupan kejiwaan yang sehat, bebas dari ketakutan, tekanan, dan gangguan lain yang dapat mengganggu kesehatan jiwa.* Beside this, the amendment of mental health at the number of 18 in 2014 in chapter 4 verse 1 tells that *"upaya-upaya kesehatan jiwa dilakukan melalui kegiatan promotif, preventif, kuratif, dan rehabilitatif.* In chapter 5 verse 1 tells *"mengamanatkan agar upaya kesehatan jiwa sebagaimana yang dimaksud dapat dilaksanakan secara terintegrasi, komprehensif, dan juga berkesinambungan sepanjang siklus kehidupan manusia* and verse 2 emphasis that "*dalam rangka menjamin pelaksanaan upaya-upaya kesehatan jiwa yang terintegrasi, komprehensif,* *dan berkesinambungan, maka upaya tersebut harus dilakukan secara terkoordinasi".*

The severe mental disorder is a mental disorder which is marked by the disturbed of capability to evaluate the reality. The symptom that follows this disturbance such as; hallucination, illusion, suspicion, thinking process disturbance and strange behavior; for instance is aggressiveness. The severe mental disorder is familiar with the philological term, skizofrania (Idaiani,.and friends, in basic research, 2013).

The result of the research of basic health (Riskedas, 2019) has shown that the prevalence of heavy mental disorder at the national in the amount of 1.7%, the prevalence in west Java 1.6 %. These amount are a bit lower than the previous research in 2007, which is said that the national prevalence of heavy mental disorder nationally is 4.6 %. This amount is the picture of the health mental disorder in west Java. According to Torrey (2016) in Muliyani (2011), 5-6% the patient of heavy mental disorder need a treatment in a mental disorder hospital.

The performance of the hospital is not achieved yet for the indicator of BOR (Bed Occupancy Rate), LOS (Left of Stay), TOR (Turn over Interval) and also BTO (Bed Turn Over) which is contradictive with the high amount of receive treatment patient who must be treated in an intensive room.

A service blue print is one of multidiscipline in the design service in which is a combination from some methods and as a tool of every knowledge disciplen. It is a result of a planning system and a process with the goal to the service holistically for every user of services (Stickdorn & Schneider, 2011) (7.1).

The main principle according to Stickdorn & Schneider (2011) (7.2) is the focus of user (user centred), to be involved with all the stakeholders in designing cooperative service (co-creative). The service is visualized as an activity series which is related one to another (sequencing), the service must provide the physical evidence (evidencing), also involve all the service environment as a consideration holistically.

Stickdorn & Schneider (2011) (7.3), classify 25 tools which are used to design the services, the one is blue print which is used by the author in this research. Blue print service is an approach to write in details all individual service. Blueprint usually involves the activity which is visualized a scheme relation from the perfective of the costumer, the service giver, and the other people who are involved. So it is about making details in everything from the perfective of costumer until the process at back of stage (Stickdorn & Schneider, 2011) (7.4).

Blueprint service is used when we want to observe the services from all sides, with the aim to find the starting point, the development and the new opportunity. This blueprint service explains the physical evidences. It is essential to facilitate the development strategy and tactic innovation, (Viena, et al., 2011) (8).

The blueprint component is found by Bitner, Ostrom, & Morgan (2007) (7.5), they consist of five components such as Physical evidence; everything which is tangible or which is felt by the costumer and preceived in their perception, Costumer action; which involves all steps which are done as a part of a process. The action of costumer is shown chronologically at above of blueprint, the visible contact employee action; all employees' action at the front stage represents the organization because of the direct contact with the costumer and the invisible contact employee actions (backstage); all the things which cannot be seen by any customrs. At the visibility stage, all the employee action involve the interaction with the costumers, for instance by making a phone call, and also the other activities which are done in preparation. It is part of their responsibility.

Every support processes which are included all activities done by the individual and the group in the company. They does not have a connection with the employee. There is a vertical line of supporting process which connects to the other side of blueprint. It shows a functional connection and support in giving service to the costumer.

These five sides are separated by three lines below;

✓ Line of interaction; it show there is a direct interaction between costumer and the Provider Company.
✓ Line of visibility; the line which separates among activities of services is invisible by the costumers.

✓ Line of internal interaction; it separates backstage or the contact of employee action from the other support services.

The one that blueprint is different from other flowcharting approach is the action of costumer is important for blueprint creation, and they are tied up previously so all activities are seen as a proposition support value that is offered (Bitner, Ostrom and Morgan 2017) (9.2).

PANSS-ECPANSS (Positive and Negative Syndrome Scale) is one of evaluation instrument which is very important for the patient with severe mental disorder or skizofrenia (Obermeier, at al,.2001) (10.1) PANSS was established firstly by Stanley Key, Lewis Opler, and ABRAHAM fIzsbein in 1987 which was taken from two previous instruments; Brief Psychiatry Ratting Scale (BPRS) and Psychopathology Rating Scale (PRS). The rehabilitee test of inter-rate and test retest was done by Kay and Opler in 1987 with the high result (Kay, 1987 in Ambarwati, 2019) (11.1).

PANSS is 30 items of marking which is divided in positive sub scale, negative, and psychology generally. This scale usually is used by the doctor who has trained to evaluate each item by giving a point (1-7) for the severe symptom. PANSS can show the high internal reliability, the well-ordered validity, and the good sensitivity for alteration symptom in short and long term. PANSS is the sensitive and specific measurement from pharmacology in positive and negative symptom of schizophrenia.

The validity from each sub scale is confirmed by an exploration from the clarification of patient based on pre dominant symptom. One of PANSS strength is the consistence of scoring patient individually based on time and the illness (Escobar, at.,2007) and pridomer 2008 in Khalima 2009) (12.1). The rehabilitee, validity and sensitivity test has been done in Indonesia to use at the patient of schizophrenia by Kusumawardhani and also from the team of UI (Universitas Indonesia, *Fakultas Kedokteran*) in 1994 (Kusumawardhani 2008, dalam Khalimah 2009) (12.1).

PANSS –EC (The Positive and Negative Syndrome Scale-Excited Component) is a sub scale that has validated from PANSS that is used to measure the agitation symptom and five symptoms namely; the bad control of impulse, strain, hostility, uncooperation, and excitement scale. Each symptom is evaluated by the doctor in the scale 1-7 (Kay SR, 1986. in Khalima 2009) (12.2).

The evaluation scale of PANSS-EC which is evaluated from a jurnal ARSI/JANUARY/2015 by YuyunYulianti, a Blueprint patient service at RSJP west Java in 2014 reveals that there is none till 7 (the worst) the score around 5-35. If the average is found 25-35 score in measurement of PANSS a scale excited patient, so that the patient can be categorized in indication to be taken care of the hospital. (Kay SR 1986 in Khalimah 2009) (12.3).

The service of nursing is a form of provisional service which is included from integral services of health which is given to the individual, family and generally to the society that has involved in human life process. The form of services of byo-physico-social- spitual-(Asmuji, 2013).

Some factors that influence the satisfaction of the user of health services are the kinds of services which will be received by the patients, the caring attitude from nurse to the patients,

the cost, the patients' health condition, the safety room, the health assurance from nurses in giving the service, the appearance physical of nurses in doing their job, and the speed of nurse's reaction (Mulyani and Purwoastuti 2015). The factor that influences the patient's satisfaction is internal and external factor (Simamora, Bilson 2003).

The mental disorder hospital of Abepura Jayapura is one of the mental disorder B type hospital. This hospital, in July 2018 has 125 mental disorder patients. The total amount of the doctors is 6. The permanent patients are 45 who are treated intensively in the hospital. The total amount of the room is 112 and the toilets are 12.

The background of the problem in this research is a lot of mental disorder patients are on the street around Jayapura, Entrop and Waena. They could disturb the safety of the society in doing their activities.

The previous research has shown that the mental patients who are not treated well in the hospital, who wander around the cities and distrub other people around. This issue becomes our main concern:

✓ How is the treatment of mental disorder patients from the mental hospital in Abepura?
✓ How is the relation between the nurses' performance and the patients' family in RSJ Abepura-Jayapura?

II. METHOD

Research method that was conducted in this research was analytic survey method with cross sectional approach. Where the researcher would like to know whether there was relation between independent and dependent variable in this research.

This research was done in Abepura RSJ as a mental disorder hospital of type B. This research was done by a direct observation on the street around Jayapura-Waena on March – August 2018.

A. POPULATION, SAMPLE AND SAMPLING TECHNIQUE

The population in this research were all the patient in Abepura RSJ who are registered in the report book with the total amount of 45 patients. The sample technique was purposive sampling technique.

B. RESEARCH INSTRUMENT

The instrument in this research used Gutman scale. The nurses' performance variable used questionnaires with 10 questions. Every question with the right answer got the score 1 and with the wrong answer got the score 0. The highest score is 10 and the lowest is 0. The questionnaire was directly given to the respondent/sample.

III. RESULTS

Taking conclusion was the last step in data evaluation which was based on receiving and refusing 0 (Ho) hypothesis. The statistic test was a result from statistic test and level of meaning (α). Generally, the decision of hypothesis refuse 0 was (Ho) taken if x^2count > x^2 table or meaning level got (p) < α (Hidayat, 2009). And this research used α=0.05.

Nurse performance	Patient's family satisfaction				Total	p
	Satisfy		No		N	%
	f	%	f	%	%	0.008
Good	6	20	3	10	9	
Less	3	10	18	60	21	
Total	9	30	21	70	30	

Source; Primer Data, 2018

Table 1: The relation between the nurses' performances with the patient's family satisfaction level. The patient in nursing services in Abepura RSJ

The Result analysis above, the patient's family characteristic distribution showed that the nurses' performance was good and the patient's family who feel satisfied was around 6 respondents (20%), and the patient's family who were unsatisfied are 18 (60%) out of 21 respondents (70%).

Based on the patient's family calculation, the total number of family who were unsatisfied is around 3 respondents (10%), from 9 respondents (30%). the Nurses' performance who felt satisfied around 3 respondents (10%).

IV. DISCUSSION

The result of this research then is compared with the related theory the results are formulated below;

A. NURSES' PERFORMANCE

Unvaried analysis shows that from 30 respondents, the distribution based on the characteristic of the nurses' performance reveals that the good performance is around 9 respondents (30%) and the less is around 21 respondents (70%).

Yusuf (2004) said that work evaluation is the continuous process to evaluate the work of individual quality and the effort to fix individual work in organization. A Nurse is a profession of humanity which has a responsibility to serve. In this case, the nurse needs the integrity, respect each other and be wise to other people.

This research supports the research which has been done by Zaini (2001), Kurniasih (2002) which mentions that there is a relation or influence between the nurses' performance and the patient's family satisfaction (p Value<0,05).

The result of this research, shows that the nurses' performance influence the patient's family at Abepura RSJ. The evaluation of the nurses' performance should show the things what make the patients' family satisfied and the things which are needed to be considered to be fixed.

B. PATIENT'S FAMILY SATISFACTION

The result of unvaried sample of 30 respondents shows the characteristic of the patient's family satisfaction with the amount of 9 respondents (30%) feel satisfied and the others are not.

Based on theory that the patients' satisfaction depend on the services quality of nurse. The service in this case, all effort which are done by the nurses as profession or professionalism in serving the patients. The indicator of service, can be classified as well determined based on the service that is given to the patient, by using the perception of patient about the service which they got from the nurses (whether is satisfy or unsatisfied).

This research is similar to the research which has done by Evi Jayanti (2012), that she concluded that there is a quality relation between the nurses and the patient satisfaction. This result also same as the result of a research conducted by Irawan (2008) that he mentions that satisfaction is the feeling of happy or disappointed from a person that get the impression from the result of the expected services performance.

This research is generally shows that the nurses' performance at Abepura RSJ there are some nurses who are incapable in giving services to the patient which is around 6 respondents (30%). Besides that, there are some patients are satisfied, around 3 (10%).

The result of Chi-Square test, the test with alpha ($\alpha=0, 05$) can be concluded that Ho is refused and Ha is received. There is a relation between the nurses' performance and the patient's family in giving and receiving the health services.

By this research, it is expected for the RSJ Abepura to develop the nurses' performance by giving the nurses a regular training. It is not only nursing in health but also services, such as hospitality, appearance, neat and show a welcoming smile to the patient. It is intended to create the professional nurse in doing the nurse services in the hospital.

V. CONCLUSION

Based on unvaried analysis result which is conducted with the sample 30 respondents gets the result as below.

The respondent distribution based of characteristic of the nurses' performance shows that the nurses' performance is good around 9 people (30%) and enough 21 people (70%) said unsatisfied.

Based on the correlation test result reveals that there is a significant relation between the nurses' performance to the satisfaction level at Abepura RSJ with the alpha value ($p=0,008$).

There two masic recommendations that we can make based on this research. First, to the head of the nurses (human resource) at Abepura RSJ it is suggested to improve the nurses' performance by giving a training regularly in all health sectors. Second, to legislative of Papua, it is expeced to make special amendment for disorder mental patients, so the patients would not randomly hang around the town (Jayapura-Waena)

and also other city of Papua province. If there is an amendment which could organize it, there would no mental disorder patients on the street which disturb other people. Also the people who handle it would easily to work and handle them.

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