

Capacity Building for Nurses in Health Services at Daya Regional General Hospital of Makassar City

Suprapto Suprapto¹, Rifdan Rifdan², Hamsu Abdul Gani³

¹(Public Administration, Universitas Negeri Makassar, Indonesia)

²(Public Administration, Universitas Negeri Makassar, Indonesia)

³(Public Administration, Universitas Negeri Makassar, Indonesia)

Abstract:

Background: Nurses are at the forefront of health services and even have a major influence in determining the degree of health services in hospitals. Nurses' knowledge, skills, and attitudes need to be improved, especially in the professional aspects of health service delivery.

Objective: Describe and review strategies for developing nurses' capacity building in health services at the Daya Makassar City Regional General Hospital.

Methods: This research is qualitative with a case study approach. The research focuses on the extent to which the nurse capacity building process steps in health services in Daya Makassar City Regional General Hospital. The instrument used in this study was the researcher himself. Data collection by interview 15 informants, observation, and literature review. Data analysis using; condensing data, presenting data, and drawing conclusions or verification and statistical analysis using Nvivo12 software.

Results: The hospital's capacity building process had gone well but needed to be improved in terms of spiritual and technological abilities for nurses to improve the quality of health services.

Conclusion: Capacity building for nurses in health services at the Daya Makassar City Regional General Hospital is needed by adding the concept of a spiritual and technological approach to improve the quality of health services.

Keywords: Capacity Building; Health Service; Hospitals; Nurse; Spiritual; Technological Approach

Date of Submission: 20-08-2021

Date of Acceptance: 05-09-2021

I. INTRODUCTION

Public service is an activity carried out by individuals or groups with factors based on systems, specific procedures, and methods to satisfy other interests according to the authorities they have (M. Khozin, 2010). Health service is every effort carried out individually or jointly in an organization to maintain, improve health, prevent, and cure diseases of individuals, families, groups, or communities. Health services can maintain and rehabilitate public health (P. Pundenswari, 2017). Study results show that the low patient satisfaction level is influenced by the low quality of services provided (S. Andriani, 2009). This condition is triggered because organizational planning and strategies are not yet mature or even carried out, so that health services are generally not implemented. The process of implementing this organizational capacity building will have implications for the organizational structure, which is still not well structured and effective due to weak coordination between personnel (A. M. Rachmawati, 2017). Factors limiting nurses' involvement in research include hierarchies of power among disciplines, scarce resources, lack of postgraduate and postgraduate educational opportunities, few senior mentors, and overly long nursing research funding (N. Edwards, J et al., 2009). An optimal approach to building capacity in global mental health care will require partnerships between professional resources (G. L. Fricchione et al., 2012). The nursing spiritual competency profile consists of assurance and quality of skills, dealing with one's own beliefs, handling the subject, gathering information, planning, evaluating, and integrating into policies (R. Van Leeuwen & B. Cusveller, 2004).

Nurses' presence in providing health services in the hospital is very important, accompanying patients 24 hours a day beside their families—the ability, skills, and professionalism of nurses and the existence of accountability in public health administration. So, there needs to be an effort made for nurses' capacity building in providing quality health services in hospitals. The purpose of this study is to describe and review strategies for developing the capacity building of nurses in health services at the Daya Makassar City Regional General Hospital.

II. MATERIAL AND METHODS

means of interviews, observation, and literary studies. The procedures include; the process of entering the research location (getting in). In this process, the researcher takes care of matters related to the research permit procedure in the field; when at the research location (getting along), by communicating to build trust in informants who will be used as one of the data in the study; data collection (logging the data). The ethics committee approved this research (number: 50/YM-RSUD-MKS/VIII/2020).

Data analysis

Data analysis procedures include; condensing data, presenting data, and drawing conclusions or verification. Data condensation refers to the process of selecting, shrinking, simplifying, summarizing, and transforming data.

III. RESULT

Capacity building is related to organizational structure, where capacity building is a continuous learning process to develop capacity. Therefore, to run, a small-scale frame is needed according to organizational conditions based on organizational structure. This implies there are many considerations to developing organizational capacity. Therefore, management is needed to place the right person in the right position (The Right Man in The Right Place). To achieve these goals, a structure is needed as an organizational strategy translation into its implementation process in the field to achieve organizational goals effectively and efficiently by making flexible structures to adapt to dynamic conditions (L. Brown et al., 2001). For decades, leadership models for health transformation exist in hospitals that administrators and medics have been operating professionally (H. W. Browning et al., 2011). Compensation and promotion are positively related to job performance in the hospital. This signals that the performance evaluation function needs to be clarified to employees and improved so that it can play a better role in improving job performance (P. Khatibi et al., 2003).

A nurse's capacity very much determines an organization's existence because nurses are at the forefront of providing health services in hospitals. Therefore, nurse capacity building is determined by the existence of shared commitment, leadership, regulatory reform, institutional reform, resources, and culture (R. Soeprapto, 2003). If the aspect of nurse competence can be realized, the capacity building of the hospital organization includes the capacity of the hospital in developing (1) Policy capacity, (2) Implementation Authority, and (3) Operational Efficiency. The role of support and involvement (stakeholder supporting) and efforts to consolidate changes have not been maximized (W. S. Daiyan, 2008). There is a positive and significant influence between organizational change on performance (A. S. Prawirodirjo, 2007). Satisfaction is proven to provide a relatively good relationship with improving work performance in the field of health services (Suprpto, 2019).

A model is needed as an approach to accelerate the new concepts in providing health services in hospitals to strengthen the nurse's capacity building process. The spiritual approach is a way of using meaning, values, goals, and motivation in making decisions that are made and everything that should be done; spiritual is the intelligence of conscience (D. Zohar & I. Marshall, 2007). The spiritual approach is characterized by certain values that appear good in oneself, other people, nature, and life (I. Ivtzan et al., 2013). In this study, the spiritual approach as a new model in developing nurse capacity building in carrying out the main tasks and functions of the spiritual dimension is based on religious practices related to the divine dimension as the owner of the highest power. To establish a close relationship with God through religious activities with the hope that it can be facilitated in carrying out their main duties and functions as a nurse. Therefore, a nurse's spiritual approach can be characterized by using a religious foundation to serve patients. A strong and sincere urge to work as an embodiment of worship rituals can even facilitate every work problem he faces.

The technology approach in this research is a model developed to encourage capacity building. The technology-based nursing service approach is the speed, ease, and accuracy in carrying out nursing actions, which means that nursing services also depend on the efficiency and effectiveness of the existing structures in the overall system of a hospital. Thus, spiritual and technological approaches are a strategy for developing the capacity building for nurses in order to produce health services that survive in hospitals. Ease of use and perceived benefits do not affect IT acceptance. On the other hand, ease of use affects perceived benefits. The city government of Palembang has benefited from using IT in providing services to the public sector. Conversely, even though information technology provides many conveniences and provides great benefits, technology acceptance is still limited (D. R. Rahadi, 2007). Developing a patient care system at the health center makes it easier for the public health center to process patient data and patient medical records into reports (J. S.-S. N. Mandiri, 2016). According to (D. Probowulan, 2016), information technology has a positive and significant effect on the application of e-government. The higher the level of technology used, the better the application of e-government in providing public services to the wider community. The use of information technology affects satisfaction (D. Rahmawati, 2010).

The dimensions of critical existential thinking and transcendental awareness have a significant effect on the assurance of the dimensions of human presence from caring behavior. The production of personal meaning and the expanded dimension of the conscious state have a significant impact on the perception of emotions and managing the emotional dimensions of IE. Managing the emotional dimension itself IE has a significant impact on respect for others and the assurance of the human presence dimension of nurse caring behavior (D. Kaur et al., 2005). The nurse needs to begin to develop spirituality is a specialized area of inquiry with its own knowledge, methodology, assumptions, and core discipline (J. Swinton, 2006). The views and values that women have about pregnancy and birth as well as the strong spiritual connection they have with the fetus (J. Hall, 2006). Spiritual action and spiritual care education and training in nursing are recommended as possible options to enhance spiritual care education in nursing (A. Narayanasamy, 1999). Personality and environmental factors can influence the nurses' levels of discipline in providing health services (T. C. M. Suprpto & N. S. N. Lalla, 2020).

IV. CONCLUSION

Capacity building for nurses in health services at the Daya Makassar City Regional General Hospital is needed by adding the concept of a spiritual and technological approach to improve the quality of health services.

V. SUGGESTION

For future researchers it is expected to use the hospital in greater numbers.

REFERENCES

- [1]. A. M. Rachmawati. (2017). Organizational Capacity Building in Health Services at Pucang Sewu Health Center. *Kebijak. Dan Manaj. Publik*, 5(1), 57–67.
- [2]. A. Narayanasamy. (1999). ASSET: a model for actioning spirituality and spiritual care education and training in nursing. *Nurse Educ. Today*, 19(4), 274–285. <https://doi.org/10.1054/nedt.1999.0637>
- [3]. A. S. Prawirodirjo. (2007). Analisis Pengaruh Perubahan Organisasi dan Budaya Organisasi Terhadap Kepuasan dan Kinerja Pegawai Dirjen Pajak.
- [4]. D. Kaur, M. Sambasivan, & N. Kumar. (2005). Impact of emotional intelligence and spiritual intelligence on the caring behavior of nurses: A dimension-level exploratory study among public hospitals in Malaysia. *Appl. Nurs. Res.*, 28(4), 293–298. <https://doi.org/10.1016/j.apnr.2015.01.006>.
- [5]. D. Probowulan. (2016). The Impact of Information Technology and Human Resources on the Implementation of E-Government as a Form of Public Service. *Balanc. Econ. Business, Manag. Account. J.*, 13(1).
- [6]. D. R. Rahadi. (2007). The role of information technology in improving services in the public sector. *Seminar Nasional Teknologi*, 2007, 1–13.
- [7]. D. Rahmawati. (2010). The Influence of the Use of Information Technology on the Quality of Service for Administrative Staff and the Effect of the Quality of Service for Administrative Staff on Student Satisfaction in FISE UNY. *J. Pendidik. Akunt. Indones*, 8(2).
- [8]. D. Zohar & I. Marshall. (2007). *SQ-Kecerdasan Spiritual*. Mizan Pustaka.
- [9]. G. L. Fricchione, C. P. C. Borba, A. Alem, T. Shibre, J. R. Carney, & D. C. Henderson. (2012). “Capacity building in global mental health: Professional training.” 20(1), 47–57. <https://doi.org/10.3109/10673229.2012.655211>.
- [10]. H. W. Browning, D. J. Torain, & T. E. Patterson. (2011). Collaborative healthcare leadership: A six-part model for adapting and thriving during a time of transformative change. *Cent. Creat. Leadersh. White Pap.*
- [11]. I. Ivtzan, C. P. L. Chan, H. E. Gardner, & K. Prashar. (2013). Linking religion and spirituality with psychological well-being: Examining self-actualisation, meaning in life, and personal growth initiative. *J. Relig. Health*, 52(3), 915–929.
- [12]. J. Hall. (2006). Spirituality at the beginning of life. *J. Clin. Nurs*, 15(7), 804–810. <https://doi.org/doi:https://doi.org/10.1111/j.1365-2702.2006.01650.x>.
- [13]. J. S.-S. N. Mandiri. (2016). Web-Based Health Center Service Information System. *J. Softw. Eng*, 2(1).
- [14]. J. Swinton. (2006). Identity and resistance: Why spiritual care needs ‘enemies. *J. Clin. Nurs*, 15(7), 918–928. <https://doi.org/10.1111/j.1365-2702.2006.01651.x>
- [15]. L. Brown, A. LaFond, & K. Macintyre. (2001). *Measuring Capacity Building*, Carolina Population Center. Chapel Hill Univ.
- [16]. M. Khozin. (2010). Evaluation of the Implementation of the Minimum Service Standards Policy in the Health Sector in Gunungkidu Regency. *J. Gov. Polit*, 1(1), 29–51. <https://doi.org/10.18196/jgp.2010.0003>
- [17]. N. Edwards, J. Webber, J. Mill, E. Kahwa, & S. Roelofs. (2009). Building capacity for nurse-led research. *Int. Nurs. Rev.*, 56(1), 88–94. <https://doi.org/10.1111/j.1466-7657.2008.00683.x>

- [18]. P. Khatibi, R. Asgharian, S. Z. SeyedAbrishami, & M. Manafi. (2003). The effect of HR practices on Perceived Employee Performance: A study of Iranian hospitals,. *Interdiscip. J. Contemp. Res*, 4(4), 82–99.
- [19]. P. Pundenswari. (2017). Analysis of the Influence of the Quality of Public Services in the Health Sector on Community Satisfaction. *J. Publik J. Ilm. Bid. Ilmu Adm. Negara*, 11(1), 13–21.
- [20]. R. Soeprapto. (2003). Capacity Building of Local Government Towards Good Governance. *J. Ilm. Adm. Publik FIA Univ. Brawijaya*, 4(4).
- [21]. R. Van Leeuwen & B. Cusveller. (2004). Nursing competencies for spiritual care. *J. Adv. Nurs*, 48(3), 234–246. <https://doi.org/10.1111/j.1365-2648.2004.03192.x>
- [22]. S. Andriani. (2009). The Relationship between Health Service Quality and Inpatient Satisfaction at the Health Service Agency of the Regional General Hospital in Magelang Regency.
- [23]. Suprpto. (2019). Relationship between satisfaction with nurse work performance in health services in hospitals. *Indian J. Public Heal. Res. Dev*, 10(10), 785–788. <https://doi.org/10.5958/0976-5506.2019.02912.7>
- [24]. T. C. M. Suprpto & N. S. N. Lalla. (2020). Environmental and Personality Influences on Nurse Discipline Public Health Center. *Int. J. Nurs. Educ*, 12(4), 271–274.
- [25]. W. S. Daiyan. (2008). The Influence of Organizational Culture on the Performance of Health Workers in the Inpatient Installation of Rs Tadjuddin Chalid Makassar City. *Jurnal Mitrasehat*, 8(2).

Suprpto Suprpto, et. al. “Capacity Building for Nurses in Health Services at Daya Regional General Hospital of Makassar City.” *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 26(09), 2021, pp. 44-47.