The Need to Develop Nursing Care System in West Java

Y Hermayanti\textsuperscript{1*}, A Purwandari W P\textsuperscript{2}, T Adikusuma\textsuperscript{2}

\textsuperscript{1}Nursing Faculty, Universitas Padjadjaran, Bandung

\textsuperscript{2}Faculty of Sport and Health Education, Universitas Pendidikan Indonesia, Indonesia

* yhermayanti@yahoo.co.id

Abstract. Health care system at variety of services in west Java used patient center care which focused on medical treatment, whereas the patient needs other intervention to resolve their problems. The aim of this research focus on knowing the nursing care services problems which effect quality of care. This study used mixed method and the techniques to collect data were observation, provides question sheets to be filled and small group discussion. The samples were taken purposively which involve 40 chief of nursing officer from 40 hospitals in west Java. The results shows that only two of forty hospital developed a standard operational procedure for nursing services. No system for nursing care for patient. Most of them used routine strategy which not related to the patient needs while the services should covered several aspects to meet the patient needs (physical, psychological, social and spiritual). Inadequate facilities and infrastructure for the services. No privacy room for nurse’s activities. Nurses should done other activities which no related to nursing care. These conditions indicate the need of change and the system of nursing care should be developed based on patient needs. Key words: Nursing Care, Nursing Care System, Patient Needs.

1. Introduction

Recently, cervical cancer is the second most deaths in women worldwide [4]. Around 273 000 women died each year because of this disease, and it is predicted increase to four times. Mostly (80\%) of the death occurred in developing countries, and almost entirely (99\%) caused by human papilloma virus (HPV) infection of the reproductive system [27].

According to data Household Health Survey 2001 in Indonesia, the death rate because of cancer in 1992 was only 1\%, in 1995 was 5\%, and in 2001 was 6\% [6]. Recent data, the incidence rate of cervical cancer in Indonesia was 21, 7\%, and take first place in all cancer cases [9]. According to [28], in each year, there will be 15,000 new cases of cervical cancer, and half of them will die. The case will continue to increase because most of Indonesia women are not aware to the danger and not free from risk factors of the disease, such as: old age, low levels of education, low economic level, exposed to smoke more than an hour a day, rarely eat fruits, used cooking oil in cooking, frequently exposed to stress, sexual intercourse under the age of 17 years, sexual intercourse partners more than one person, never pap smear, frequent discharge from the vagina, using family planning pills more than five years, and gave birth baby more than four [6].

The evidence that can be seen from most (70\%) Indonesian women affected by cervical cancer come to the hospital with advanced stage. Generally, these women experience hemorrhage and pain and had a variety of other complications such as kidney disorders, lung disorders and systemic...
disorders, so that alternative management becomes more difficult and very limited [11] [21]. These data illustrate that there will be a lot of cervical cancer women hospitalized with advanced-stage condition, the nurse must be ready to prepare nursing care in accordance with the conditions of cervical cancer patient.

Based on previous studies, the problems occurred in patients with cervical cancer is very complex and require a holistic approach. First thing that they must be prepared is to accept the loss of reproductive organ and functions [2] [7] [17] [23] [25] [26]. They also must accept the consequences of the treatment such as damaged mucosal of the skin, damaged healthy cells around the cancer, nausea, vomiting and hair loss [2] [20]. These conditions showed that the patients need support and mental readiness.

The mental readiness is very important because the physical changes impact directly to the psychosocial and spiritual condition of the patient. Psychologically the patients and their family’s usually feel anxious, afraid, disturbance of self-image, self-esteem and self-perception, feeling guilty and some of the patient looks depressed [1] [2] [13] [20] [25]. They also should change the patterns of daily activity to fulfill the needs of social functions. According to [12] [25] [26] most patient who hospitalized should be separated from their families and unable to perform routine daily activities and could not meet the sexual needs, which may increase the suffering of the patient. For certain conditions, some of the patient must prepared to accept the stigma of this disease [18] [16], and some of them may lose their jobs [12]. They also should prepared to accept the possibility of death at any time [24]. According to [15] those who experience prolonged suffering due to illness and unable to care for they generally will have additional problems for at least three to four issues within one year.

Based on the background and the problems of cervical cancer patient above, a holistic management is needed and the nurses should prepare a strategy to help patient dealing with various problems by implementing a holistic approach. According to [8] [10] [15] [19], during the activities of holistic approach, the nurses should see the patient as a whole, because the physical conditions can affect psychological, social and spiritual, and vice versa. Nurses should be able to see that the human body and spirit could not be separated and are determined by the ability to think, attitudes and behavior of the patient. The nurses also required the concept of adaptation process in order to help patient managing the problems [22].

To what extend nurses in west java know the need to develop nursing care system for cervical cancer patient? What activities should be made to help patients adapt to the changes? How the nurses should prepare the process? Where the process should be made? Who will be involved in the process? When the best activities should be start? To answer these questions required a data base. This study focuses on knowing the nursing process that has been given to cervical cancer patient in 40 hospitals in west Java.

2. Research Question
To what extend nursing care has been given to cervical cancer patient in west Java?

3. Methods
The methodology of this research was mixed method and the techniques to collect data were Observation, provides question sheets to be filled and small group discussion. The samples were taken purposively which involve 40 chief of nursing officer from 40 hospitals in west Java, and was conducted on June to August 2014. Before study begun, all respondents should agree to be a participant prior to the study and should be able to communicate verbally and nonverbally.

3.1. Data Collection Process
To gain the aim of the study, researchers create several variables to know the condition of the service by giving 54 item questions for cervical cancer clients to look at the five main variables. It consists of 30 positive questions, 24 negative questions based on theory that needed during hospitalization. The
instrument is designed to assess patient’s perception about nursing care, using Likert scale (0-4) with Cronbach alpha value, s 0.866. This shows that the instrument is reliable and will stable when used at different times [3] [14].

Researcher also create other instrument for nurses, to show the quality of nursing care by using six main variable, with 46 questions, consists of 28 positive questions 18 negative questions. This instrument is designed to assess nurse’s experiences by self-evaluation, using Likert scale (1-5) with Cronbach Alpha, 0.783. This shows that the instrument is reliable and will stable when used at different times [3] [14].

Researcher also use open question for nursing manager or head of nurses to know the condition of nursing services during focus group discussion.

All participant who agree with this study are asked to fill questionnaire based on what they felt, and returned it after finish. Within the period of study, 30 questioner from patient and 29 questioner from nurses and data from 40 head nurses were collected.

3.2. Ethical Consideration
To ensure that this study is safe to all participants, ethical clearance procedures have been done. The participants were explained about the purpose of the study. Informed consent was obtained prior to the study. Confidentiality and anonymity was maintain throughout the study. The participants were informed they could stop at any time without discrimination during the study.

3.3. Data Analysis
All data collected were analyzed through the stages of editing, coding, and tabulating [5]. Two criteria are used to process data from patient perception namely done and not done, while quality of nursing actions tabulated into two conditions, namely performed not performed. The average presentation is used for each variable, so that all variables can be valued, and can be described objectively. Thematic data also used to describe the condition of nursing services for cervical cancer patients.

4. Results
The quality of nursing care for cervical cancer can be seen through the table below both from patient perception and nurses activities.

| No. | Variable                              | Felt | %    | Not Felt | %    |
|-----|---------------------------------------|------|------|----------|------|
| 1   | Feel comfortable and safe             | 10   | 33.3%| 20       | 66.7%|
| 2   | Nurse communication with the client   | 10   | 33.3%| 20       | 66.7%|
| 3   | Get attention and be appreciated     | 11   | 36.7%| 19       | 63.3%|
| 4   | Receive assistance as required        | 7    | 23.3%| 23       | 76.7%|
| 5   | Feel that the nurses have the appropriate skills | 11   | 36.7%| 19       | 63.3%|

The result shows that 2/3 (66, 7%) of patient did not feel safety and comfort at the ward. The same result also happened for communications process which is very important between patient and nurses. Only 1/3 (33,3%) of patient said that nurses did this job. 63,3% of patient said that nurses did not pay attention and appreciation to them, and most of the patient (76,7%) did not feel that nurses help them to fulfill their needs, and more than half of patient (63,3%) not feel that nurses have the appropriate skills.
Table 2. Preliminary Study about the Experience of Nurses in Providing Services of Nursing Care to Cervical Cancer Patient at Several Hospitals in Bandung (n=29)

| No. | Variable                               | Performed | %   | Not Performed | %   |
|-----|----------------------------------------|-----------|-----|---------------|-----|
| 1.  | Communication with patient             | 28        | 97% | 1             | 3%  |
| 2.  | Providing security and comfort          | 15        | 51.7% | 14           | 48.3% |
| 3.  | Assessing the problems                 | 27        | 93% | 2             | 7%  |
| 4.  | Planning with clients                  | 22        | 76% | 7             | 24% |
| 5.  | Perform nursing actions                | 19        | 65.5% | 10           | 34.5% |
| 6.  | Conduct the evaluation process         | 17        | 58.6% | 12           | 41.4% |

The above table shows that almost all nurses (97%) said that they performed communication with the patient, only 51.7% had been providing security and comfort to patient, but there were 48.3% nurses did not do this responsibility. This shows that quality of nursing care services is low. Although 93% of nurses have been doing the assessment stage, only 76% of them have been doing the planning stage, and only 65.5% performed nursing action, and 58.6% performed evaluation process. The result show that there are some different capabilities among nurses in applying the nursing process, so that the current services provided have not been able to guarantee the quality of services.

Table 3. Nursing Care Services in West Java (n=40)

| No. | Variable                               | Yes/ Complete | %   | No/Not Complete | %   |
|-----|----------------------------------------|---------------|-----|-----------------|-----|
| 1.  | Standard Operational Procedure         | 2             | 5%  | 38              | 95% |
| 2.  | A systematic process                   | 2             | 5%  | 38              | 95% |
| 3.  | Continuity nursing care                | 0             | 0%  | 40              | 100% |
| 4.  | Equipment for nursing care             | 2             | 5%  | 38              | 95% |
| 5.  | Facilities for nursing intervention    | 2             | 5%  | 38              | 95% |

The table above show only two of forty hospital had standard operational procedure, a systematic process, equipment, and facilities for nursing services. No one had program for continuity nursing care services for patient. Most of them used routine strategy which not related to the patient needs while the services should covered several aspects to meet the patient needs (physical, psychological, social and spiritual). These conditions indicate the need of change and the system should be developed based on patient needs.

5. Discussion
Based on the result study above, the current service provided by nurses have not been able to guarantee the quality of services. The service does not guarantee safety and comfort environment to all patients. There are also problems in communication, giving attention, appreciation, and assistance and nursing action to patient. This study also shows that nurses do not perform all phases of nursing care properly, because each step of the process, have different result. This also shows that nurses have different ability to perform nursing process. Inadequate standard, facilities and infrastructure mostly happened to almost all hospitals in west java, which indicate the need to develop nursing strategies and activities to full fill the patient need.

6. Limitation
This research performed at several hospitals which may not be able to describe the whole of the services provided in West Java. Samples taken purposively so that has not been able to describe all events in the nursing process.
7. Nursing Implication
The results can be used as baseline data to develop the necessary programs, to improve quality nursing care services and to develop a service system that ensures quality of nursing services.

8. Conclusion
The current service which nurses given to the cervical cancer patient have not been able to guarantee quality of services, which is very important in the adaptation process of the patient. This study indicate a need for changes that can help nurses to ensure quality of nursing care services provided to patients.

References
[1] Braeken et.al. 2009. “The effectiveness of the screening inventory of psychosocial problems (SIPP) in cancer patients treated with radiotherapy: design of cluster randomized controlled trial”. BMC Cancer 2009, 9: 177doi: 10.1186/1471-1407-9-177. Netherlands.
[2] Brown, et al. (2005). Gynaecological Cancer Guidance for Nursing Staff. London: Published by the Royal College of Nursing, 20 Cavendish Square.
[3] Burns, RB & Burns RA. (2008). Business Research Methods and Statistics Using SPSS. London: SAGE Publication.
[4] Cibas, E S., & Ducatman, B S. (2009). Cytology Diagnostic Principles and Clinical Correlates. Philadelphia: Saunders, an imprint of Elsevier Inc.
[5] Danim, S. (2003). Riset Keperawatan Sejarah & Metodologi. Jakarta: Penerbit Buku Kedokteran EGC.
[6] Dep. Kes. RI. (2006). Laporan Assessment Faktor Risiko Kanker Leher Rahim & Kanker Payudara Pada 6 Rumah Sakit di 5 Propinsi di Indonesia Tahun 2006. Jakarta: Sub Direktorat Penyakit Kanker Direktorat Penyelidikan Penyakit Tidak Menular Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan.
[7] DeWit R dan Van Dam F. (2001). “From Hospital to home care; a randomized controlled trial of a pain education programme for cancer patients with chronic pain”. Journal of Advanced Nursing. Volume 36, Number 6, Desember 2001, pp. 742-754(13). Blackwell Publishing.
[8] Dossey & Keegan. (2009). Holistic Nursing A Handbook for Practice. 5th Edition. Canada: Jones & Barlett Publishers.
[9] Elit, L, & Froese, J C. (2007). Women’s Health in the Majority World. Canada: Nova Science Publishers, Inc.
[10] Elizabeth, Simon. (2011). Critical Care Nursing Practice Guide A Road Map for Students and New Graduates. Canada: Jones & Barlett Publishers.
[11] Farid AM., Julianto W., Imam R. (2008). Panduan Pelayanan Medik: Model Interdisiplin Penatalaksanaan Kanker Serviks Dengan Gangguan Ginjal. Jakarta: EGC.
[12] Foster C. et.all. (2009). “Psychosocial Implications of Living 5 years or More Following a Cancer Diagnosis: a Sematic Review of Research Evidence”. European Journal of Cancer Care, 18, 223-247. Blackwell Publishing Ltd.
[13] Hamid. (2009). Bunga Rampai Asuhan Keperawatan Kesehatan Jiwa. Jakarta: Penerbit Buku Kedokteran EGC.
[14] Henerson ME., Morris LL., & Fitz-Gibbon CT. (1988). How to Measure Attitudes. California: SAGE Publication Inc.
[15] Margerison & Trenoweth. (2010). Developing Holistic Care for Long-Term Conditions. USA and Canada: Routledge.
[16] Mills,N. et al. (2005). Population screening for Chlamydia trachomatis infection in the UK: a qualitative study of the experiences of those screened. Received 14 September 2005; Revised 24 April 2006; Accepted 23 May 2006. nicola.mills@bristol.ac.uk
[17] Rock dan Howard. (2008). Te Linde’s Operative Gynecology. Philadelphia : Wolter Kluwr Lippincott Williams & Wilkins Health.
[18] Rose M, et al., (2000). Human Papilomavirus, genital warts, pap smears, and cervical cancer:
knowledge and beliefs of adolescent and adult women. *Health Care for Women International*, Volume 21, Issue 5 July 2000, pages 361 - Medical Sociology: Women374.

[19] Schilling, et al. (2007). *Emergency*. United States of America: Lippincott Williams & Wilkins.

[20] Sjamsuhidajat, R dan Wim de Jong (2004). *Buku Ajar Ilmu Bedah cet. 2*. Jakarta: ECG.

[21] Tapan, E. (2005). *Seri Kesehatan Keluarga Kanker, Antioksidan, dan Terapi Komplemener*. Jakarta: PT Elex Media Komputindo.

[22] Tomey, A.N., Alligood, M.R. (2006). *Nursing Theory and Their Work*. Sixth Edition. United States of America: Mosby Elsevier.

[23] Toril, R. (2005). Hysterectomy: effects on quality of life and psychological aspects. *Best Practice & Research Clinical Obstetrics & Gynecology*, Volume 19, Issue 3, June 2005, Pages 419-430 Hysterectomy. Copyright © 2010 Elsevier B.V.

[24] Van Dyk, Small., dan Zietsman. (2000). “The pain experience and its management in cancer patients during hospitalization”. *Health SA Gesondheid*, vol.5 No. 4-2000.

[25] Van Weert. (2007). *Cancer rehabilitation: effects and mechanisms*. Thesis University of Groningen, the Netherlands – With ref. – With summary in Dutch ISBN 978-90-367-3132-4.

[26] Watson, Tracy. (2008, Nov 14). Body narrative interrupted: the relationship between body disfigurement, depression and self-concept. *UJDigiSpace @ The University of Johannesburg, DSpace Software* http://hdl.handle.net/10210/1696Department of Psychology.

[26] WHO. (2010). *Cervical cancer and the human papilloma virus (HPV)*. June 7, 2010. http://www.who.int/reproductivehealth/topics/cancer/en/.

[27] Wilopo S.A. (2010, 6 Maret). *Epidemiologi dan Pencegahan Kanker Leher Rahim*. Paper presented at Seminar Dies Natalis FK-Universitas Gadjah Mada ke 64, Yogyakarta.

[28] Zaccagnini & White. (2011). *The Doctor of Nursing Practice Essentials A New Model for Advanced Practice Nursing*. Canada: Jones & Barle.