



NURSES' EXPERIENCE IN IMPROVING HEALTH SERVICES FOR PATIENTS WITH ACUTE CORONARY SYNDROME IN EMERGENCY UNITS OF RURAL HOSPITAL IN PAMEKASAN, INDONESIA

Dessy Rindiyanthi Harista^{*1}, Dr., Titin Andri Wihastuti², Septi Dewi Rachmawati³, Kumboyono Kumboyono⁴

¹BSN; Nursing Master's degree Student; School of Nursing, Medical Faculty, Brawijaya University; Malang, East Java, Indonesia.

²BSN, M.Sc.; Lecturer; School of Nursing, Medical Faculty, Brawijaya University; Malang, East Java, Indonesia.

³BSN, MNg.; Lecturer; School of Nursing, Medical Faculty, Brawijaya University; Malang, East Java, Indonesia.

⁴BSN, MN, (Community Health Nurse Specialist); Lecturer; School of Nursing, Medical Faculty, Brawijaya University; Malang, East Java, Indonesia.

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Corresponding Author: Dessy Rindiyanthi Harista

BSN; Nursing Master's degree Student; School of Nursing, Medical Faculty, Brawijaya University; Malang, East Java, Indonesia.

ABSTRACT

Introduction: Rural and remote areas generally have higher number of mortality and cardiac morbidity case compared to urban areas. Nurses run an important function within the health care system in rural areas, in which they are required to provide health services for people across ages. **Method:** This research was conducted using a descriptive phenomenology design. There were 8 nurses in emergency units of rural hospitals in Pamekasan, East Java - Indonesia who participated as the samples of this research who were chosen through a purposive sampling technique based on an inclusive criterion: having at least 1 year experience working in emergency unit and taking care of patients with acute cardiac coronary syndrome.

Results: There are two main themes which were pointed out from this study; nurses' initiation in dealing with limited resources and the role of the Heads of ward in solving various obstacles. Nurses' initiation in dealing with limited resources covers sub-themes including request for medical equipment and replacement of doctors in charge. Meanwhile, the role of the Heads of ward in solving various obstacles covers the procedure in summoning nurses who were off duty and reaching other parties when problems occur. **Conclusion:** Nurses of rural hospitals in Pamekasan have been known to have adequate initiation to deal with limited resources in performing their jobs. In addition, the role of hospital leaders in taking situational policy has been strong enough to improve the quality of health services.

KEYWORDS: Phenomenology, emergency nursing, health, quality service, acute cardiac coronary syndrome.

BACKGROUND

Acute coronary syndrome (ACS) is the main factor causing cardiac morbidity and mortality in the world. Acute coronary syndrome (ACS) involves various cardiac diseases including acute myocardial infarction and angina.^[1]

People living in remote areas have higher case of mortality and cardiac morbidity compared to those in urban areas, but they lack of access to health services.^[1] In Canada, "rural areas" are classified based on geographical location which refers to the population who live outside the commuter zone of a city with less than 10.000 population. Within the context of access to

cardiac health service, "rural areas" refers to the calculation of distance and time required to travel to the cities in which health care for patients with cardiac reperfusion available.^[2] Usually, patients with ACS living in rural areas who were taken care in rural hospitals had worse condition than those who were taken care in metropolitan hospitals. The number of mortality caused by cardiac coronary disease has been reported to improve as much as 10% in regional areas and 15% higher in remote areas compared to the one in urban areas. A number of research have been done to explore the gap of health service in rural areas and in metropolitan areas.^[3]

Nurses hold an important in the health care system in rural areas in which nurses are required to provide health care for people across ages. Nurses need to have adequate skills and knowledge on various fields.^[4] Chiefs of nurses in rural areas are responsible to monitor the professionalism of the nurses and microsystem of rural hospitals which eventually determine the quality and the security targeted by the service.^[5] Therefore, it takes nurses' effort and commitment to improve the quality of the health services offered by hospitals in rural areas.

This research was intended to explore nurses' efforts in improving the quality service in taking care of patients with acute coronary syndrome (ACS) in emergency units of rural hospitals in Pamekasan. The result of this research is expected to be used as an evaluation material for hospitals and nurses to improve their health services in rural areas.

METHOD

This research employed a qualitative research approach using the descriptive phenomenology design conducted by a team of researchers led by a nurse whose expertise is in cardiovascular issues. Participants were previously told about the objectives, significance and the procedure of this research before they provided the data of this research. Researchers had to visit the emergency units in rural hospitals in Pamekasan to approach the participants to provide trustworthy data related to their nursing experience. Their acceptance to participate in this research was proven by consent letters they signed. There were 8 nurses working in emergency units of rural hospitals in Pamekasan participated in this research. The samples of this research were chosen using the purposive sampling technique (Streubert & Carpenter, 2011) based on the criteria: having a minimum 1 year experience working in emergency units and having some experiences in taking care of patients with ACS.

This research has received an ethical acceptance form the Medical Faculty, Brawijaya University number 216/EC/KEPK/06/2017. This research was conducted in September to December 2017.

In this study, nurses shared their experience in improving their quality services in taking care of patients with ACS during in-depth semi-structured interviews. The interviews were done privately using some open-ended questions in emergency units. Each interview lasted for 30-69 minutes. The interviews were recorded in MP3 audio files which were kept anonymous and secured.

The results of the interviews were then manually analyzed using a thematic method^[6] in which further steps could not be taken before completing previous steps. Analysing qualitative data manually provides more precise result because the data contain information on attitudes, values, and feelings that cannot be detected by software.^[7] The steps of the data analysis were: a)

familiarization with the data, done by reading the results of the interviews for several times; b) coding, done by categorizing some important utterances which might answer the research questions; c) searching for themes which was done by categorizing the data based on subthemes derived from the main themes; d) reviewing theme, done by rechecking the relevance between each theme and each category; e) defining and naming themes, done by describing each theme to obtain its essence; and lastly, f) writing up, in which researchers wrote down the research report by referring to previous literature.

RESULTS

Four different nurses' initiations in dealing with limited resources and the role of the ward chiefs have been identified from interviews. The sub-themes of nurses' initiation included the request for medical equipment and the replacement of doctors in-charge. Request for medical equipment refers to the problems occurred in emergency units related to unavailability of certain medical equipment which required the nurses to borrow the equipment from other departments. Some participants shared their experiences as follow.

When the wards are full, we prepared 8 brancard and 1 permanent brancard. But if those are not enough, we usually borrow ones from ICU. (P2)

If medical supplies are running out in an emergency case, we borrow ones from ICU. (P4)

Replacement of doctors in charge refers to a condition that requires nurses to seek for other doctors when the doctors in-charge could not be reached, as stated by a participant.

Within this situation, I demanded for a replacement. Unfortunately, there was only one I actually asked for a replacement doctor since there was only one cardiologist, so I asked for a help from an internist (P5).

This situation appears as an obstacle in a health service since it directly influences the next medical procedure that should be given to patients with emergency cases.

Another theme is related to how ward chiefs solve problems as leaders of emergency units. This theme involved actions to summon off-duty nurses and to contact any other parties when necessary.

Ward chiefs are allowed to summon off-duty nurses when special cases occur such as mass accident that needs more nurses to take care of the patients.

..ward chiefs created whatsapp group which function as a communication tool when special cases happen such as massive accident ...(P2).

...there was a huge accident, there were many patients in that afternoon. We had only three nurses available who could not handle all of the survivors, then the chief of the ward called all of off-duty nurses to immediately come and help us...(P4).

Those statements show that ward chiefs are allowed to take decision that is considered effective in solving certain problem. One of the policy is to call off-duty nurses to come when special cases occur such as massive accident.

Ward chiefs are also allowed to ask for other parties' help when problems occur such as calling technicians when the telephone line was down and caused communication problems between emergency units and other units.

..whatsapp group functions to report special cases or problems in emergency units that can be solved by certain parties such as problems related to telephone line. Even if the problem was simple, if it was not taken care of then it would be troublesome since nurses were not able to directly reach the pavilion (P2).

The statement shows that when technical problems occur, head of the wards are allowed to call for help from other parties to fix the problem. This action is important in order to maintain good services offered by emergency units.

DISCUSSION

Results of this research indicates that nurses already have adequate initiation in solving various problems in order to maintain the excellent service of the emergency units. Nurses' skills in finding solution of any problems are highly important within the system of a hospital^[8] since it improves the quality service offered by the hospital. Initiation can be made by nurses by finding appropriate solutions toward certain problems that occur. Nurses are also required to be creative and work effectively in providing high quality health care even though only few nurses are available in a unit. Nurses should take effective actions to deal with issues that occur, and they should also be able to effectively utilize the available resources in performing their jobs.

The other theme explored in this study shows that in order to improve the quality of service offered by a hospital, leaders or ward chiefs should be dare to make situational decisions. This view is supported by Meedleman (2009) who stated that policies should be made by hospital leaders.^[8] Nurse leader is a role that is developed to solve issues related to the quality and security of a health care service provider that allows nurses to participate as members of the highly respected nurses in rural hospitals.^[5]

Overall, nurses are allowed to take initiation related to the quality and the security of rural hospitals by

improving the quality of the human resource, financial resource and relevant technology that helps hospitals in providing appropriate health care for people in rural areas.^[5] Ability to adapt the nursing knowledge to fit the condition in rural areas is the key to the success, considering the lack of facilities in rural areas.^[9]

Nurses are elements that support the quality of a hospital since they give feedback toward professional practices and effectiveness in providing services. Hospitals as independent organizations in health industry regard nurses as the closest members to the patients and nurses should always be aware of their quality service and professionalism. Nurses should also be able to understand patients' feeling and necessities.^[10]

CONCLUSIONS

Nurses or rural hospitals in Pamekasan, Indonesia have been known to have adequate initiation in dealing with limited resources to provide excellent services by finding appropriate solution to every problem that occurs. For instance, they took the initiation to request for additional medical equipment form other units or replace the doctors in-charge for the patients. Hence, medical services in emergency units for patients with ACS can be comprehensively provided. In addition, hospital leaders have been able to make appropriate policies within certain situation to improve the quality service of the hospitals such as summoning off-duty nurses when special cases occur and contacting other relevant parties to certain problems that occur. Therefore, the quality service provided by the hospitals can be improved.

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