

An Analysis of Objective Reality towards Surgical Nursing Public Service Management at the Makassar Regional Hospital

Harniati¹, Arjang², Abd. Rahman³, Fadlyah⁴, Sudiarti Dewi Kurra⁵

¹ Master of health, Universitas Indonesia Timur Makassar, Indonesia

² Management, Universitas Indonesia Timur Makassar, Indonesia

³ Universitas Indonesia Timur, Indonesia

⁴ Faculty of Nursing, Universitas Indonesia Timur, Indonesia

⁵ Faculty of Social and politic science, Universitas Indonesia Timur, Indonesia

Email : arniearc89@yahoo.com¹

ABSTRACT

The aim of this research was to describe, interpret, and analyze an objective reality of surgical nursing service management at Makassar Regional Hospital. A qualitative approach has been employed since the data were gathered through interviews, observation, and documentation. Some significant findings to emerge from this research are the general performance of surgical nursing service management at the Makassar Regional Hospital which have utilized management resources as inputs. Those are also determinably managed through proper managerial processes with some outputs referring to the hospital service standard indicator. The process of supervision in the context of surgical nursing service management automatically runs by forcing the implementation of valid Standard Operating Procedure in surgery. In line with that, the management evaluation have been done periodically but not in the context of core business process analysis. As a result, it is recommended for three features of the business process analysis to be further added: the first is by measuring the performance quality towards customers' (patients) attributes for improving service accuracy and precision; the second is by updating the system to increase the process effectiveness of nursing service management through identified evaluation; and the last is by optimizing an efficient productivity.

Keywords: Objective analysis; Surgical nursing; Service Management.

INTRODUCTION

In the context of management, surgical nursing service is a process of sequential integration of men (Arakelian et al., 2017; Ignatavicius & Workman, 2015; Meredith et al., 2020; Odeny et al., 2012), material, method, and machinery or equipment in an environment to increase some output values towards customers. Its process converts a measurable input into a measurable output through a number of organized sequential steps as stipulated in the surgical SOP (Ching et al., 2020; Pool et al., 2011; Zhang et al., 2014).

Such a view of surgical nursing management is the result of a process approach where it is one of the treatment options in management analysis related to this research topic (Gagnon & Duggleby, 2014; Joshi et al., 2014; Lewis et al., 2016; Trzpuć & Martin, 2010). As a matter of fact, the management implementation is regarded by Makassar Regional Hospital as one way to efficiently achieve some expected results, that is through managing activities and related

resources. The mechanical orientation of the process approach towards the management is intended as continuous efforts of improvement (Ates et al., 2013; Singh & Singh, 2010).

Thus, the process approach can function as a re-emphasis of its relevance and urgency as well as a service management sub-system in the hospital (Mulutsi, 2017; O'Brien, 2010; Wears et al., 2015). It is further explained that the general management performance of Makassar Regional Hospital is subordinately supported by surgical nursing service management. Moreover, in service context, surgical nursing management is a variant of the hospital's core business. This means that its general service quality is specifically affected by the performance of surgical nursing service management (Alhidayah & Somantri, 2020; O'Brien, 2010; Pandin et al., 2021; Pont, 2022).

In line with previous arguments, it has been verified that Makassar Regional Hospital achieved the category of excellent service for various indicators (Abdullah et al., 2011; Eboli & Mazzulla, 2012; Mattah et al., 2018). The published data of standard service performance achievement include 22 minimum services with 175 indicators. Referring to all indicators, only one that has not been completed, in particular blood transfusion service commonly known for its special term, Si Merah (The Red) extended from 'blood management information system' (Laudon & Laudon, 2013; Leahy et al., 2014; Shander et al., 2016; Waheed et al., 2015).

All of these managerial achievements can be critically perceived as momentum to maintain and improve the service quality including surgical nursing services (Aggett & Busby, 2011; Falkner, 2016; Mahabeer, 2018). Therefore, through the process approach to the management of surgical nursing services, it can emphasize some of its important aspects as the hospital's core business, where it is closely related to the necessity of maintaining and improving the service quality as well. In an investigation, found that the necessity of a hospital to maintain and improve its service quality is motivated by his philosophy of Human Service Organization (Fatima et al., 2018; Mohammad Mosadeghrad, 2013; Mohebifar et al., 2016).

However, the existence of several aspects correlated to uncertainty in human service activities becomes the fundamental reason why Makassar Regional Hospital must conduct a continuous review of the managerial performance for its nursing services. Ideally, the function of the human service organization at individual level is to become a media where a person receive an education, health services, and materials to fulfill their needs. It is actually not a partial function but simultaneously given and obtained through hospital service programs. For instance, while providing required surgical medical treatment towards patients to improve their well-being condition, in the process of surgical nursing management, certain materials or equipments with medical relevancy are also applied as supporting devices.

At the same time, in providing its services through surgical nursing management, it is considered that Makassar Regional Hospital as a human service organization put a concern to specific types of clients (patients) that is, normal functioning and malfunctioning types. In certain conditions, those patients has a potential to lose their lives. Hence, special medical treatments are provided based on special standard performance of medical nursing services as well. What is more, the analysis of management processes helps organizations to identify key processes in various conditions (specific and normal) to detect and/or measure any bigger impact on patients as customers.

METHOD

This research was conducted at Makassar Regional Hospital, located in Jalan Perintis Kemerdekaan Km. 14, Daya, Biringkanaya Subdistrict, Makassar City, postal code 90243, South Sulawesi Province. The classification of this research design referring to its essential objectives which also relates to the applied method as an effort to approach the research problems makes a qualitative design as an effective way. This research applied a case study approach where it was used to allow a research on an event that contains a problem or case that needed to be further studied and resolved.

a. Primary Data

Primary data source is categorized as qualitative data which the data information obtained from several interviews with key informants and undisclosed informants. The source is aimed at providing data related to the implementation of surgical nursing service management at Makassar Regional Hospital.

b. Secondary Data

Secondary data source is obtained through the study and analysis of various documents related to the management of surgical nursing services as well as various written documents that are relevant to the research focus.

Several key informants for surgical nursing service management at Makassar Regional Hospital are listed below:

- a. Director of Makassar Regional Hospital;
- b. Head of the Medical Service of Makassar Regional Hospital;
- c. Head of the Nursing Service of Makassar Regional Hospital;
- d. Ten specialist doctors and ten nurses were directly involved in the implementation of Standard Operating Procedures surgical which were experienced in several significant related tasks to the research focus (until data saturated).
Some undisclosed informants of this research consist of:
- e. Ten patients and/or their relatives (until data saturated).

The main technique for data collection is done through interviews by using an interview guide. It is carried out to obtain some information by directly asking several questions to the selected informants as discussed previously. The technique of data validity is carried out to prove the level of validity and reliability of the data collected. Technique of data analysis for this research is done through qualitative descriptive analysis.

RESULTS AND DISCUSSION

Results

Taken together, several facts of the five principal components implementation of surgical nursing management are prerequisites which also categorized as managerial functions. In a basic concept, those functions refer to scientific management functions in general, but are arranged based on some adjustments to nursing treatments or processes.

It has been reported from the data that it is regarded as saturated by considering the set of information obtained because an answer provided by an informant are mutually complementing and reinforcing to other answers. The data type is confirmed in its description which obtained from undisclosed informants. It is not in management context, but rather as a confirmation of information source (further discussed). Thus, the data information of inputs utilized in the nursing management of Makassar Regional Hospital as presented by the key informant (Deputy Director

of Service Division of Makassar Regional Hospital) are the results of some collected information from other key informants:

“...In surgical nursing management, there are numerous information inputs, because almost everything can be interpreted as information. But in specific cases, as your previous question which is to relate to a patient, then a confidential information may involve the results of identification and validation of the patient's condition. It is because he (patient) will undergo an operation and get surgical treatment. That is why, the other important thing is the time contract and providing an explanation or information concerning the purpose and procedures that will be performed on the patient.” (Data result: August 20, 2018).

In the meantime, another type of information is also asked whether there is a difference in information inputs where a patient is a participant of National Health Insurance (JKN). Several information has reached the saturation point provided by three key informants (Head of the Medical Service, Head of the Nursing Service, and Surgeon) as presented below:

“...Medical and nursing services do not discriminate patient categories. Whether the patient finance himself or their hospital costs covered by JKN, they will be treated equally because we need their health record as consideration for future medical and nursing treatments.”

As regards, data input in surgical nursing management when confirming two undisclosed informants (relatives of surgical patients (regular and JKN participant)) has provided the following information:

“...Yes, doctor and nurses ask patients about their state of pain or illness. When did the patients' start to recognize their illnesses and symptoms along their complaints were recorded.”

Returning to the earlier discussion, the core information managed as input which also implemented in the nursing management are patient-related information. In terms of the information, there are no discrimination between regular patients who are self-financing and those as members of JKN whose hospital's costs funded by the insurance. In addition, such information contains patient's medical record which is further needed in projecting medical treatment and nursing.

On the other hand, the information related to resource inputs in the management of surgical nursing is entirely sourced from the key informants without the involvement of the undisclosed informants. Accordingly, the saturation point of the data collection process is achieved through information correlation of all the informants.

However, those various information compiled from several key informants prove that the process of surgical nursing management starts from the highest hierarchy to the lowest level of surgical Standard Operating Procedures implementers. The implementation process specifically refers to the details of Standard Operating Procedures which contain several stages, mechanism, and related supporting tools.

Discussion

Regarding several facts found in the surgical nursing service management at Makassar Regional Hospital as objective realities, it can be described through several essential components which build the management process such as input, process, output, control, and evaluation.

In the same way, the management of patient-related information as inputs for nursing management at Makassar Regional Hospital includes subjective and objective information of surgical patients. An earlier information conveyed by patients at first consultation concerning their health condition is categorized as subjective information. While physical examination results

(lab, X-ray, CT-scan, etc.) are categorized as objective information. These information capacity of patients' conditions can differ from one another according to their classification.

These data are summarized as information concerning patients' medical diagnosis. Besides the needs of further medical development (if required), those information are also conveyed to patients. Moreover, the previous description contains the process of three stages of generic functions, in particular information planning, information controlling, and decision making.

It is demonstrated through the use of policy material (The Decree of the Director of Makassar Regional Hospital) which underlies all actions taken in the surgical nursing management as forms of hospital services. In addition, other informational issues in the surgical Standard Operating Procedures are scientific terms related to surgical procedures.

The input process of surgical nursing service management is also related to human resources and several equipments. Through the implementation of the prerequisite qualifications by the implementers of Standard Operating Procedures for surgical nursing service management, it appears that resource inputs are sufficiently concerned for its urgency and relevance. As a core business process at Makassar Regional Hospital, the inputs play an important role because the implementers also become the determinants of the process and performance of surgical nursing service management.

Then for the equipment resources, it may differ depending on the type of surgical procedure to be applied. The needs of equipment are various, it can include less or more. For example, in a preparation for burn treatment, there must be at least five types of sterile instrument trays and eleven other types of related equipments.

CONCLUSION

The objective reality of surgical nursing service management at Makassar Regional Hospital held as the service management sub-system mechanism has showed optimal management for its resources as in the factual mechanism management such as input, process, output, control and evaluation with the following explanation:

The role of the input components leads to achieve the objectives of process management which is to show its relevance to the patients, bring the process to be more effective, and make quality caring interaction towards patients;

The whole process of surgical nursing management is carried out referring to the entire Standard Operating Procedures framework where from the beginning to the end of the process potentially create dynamic interactions between implementers and patients; The output components that are found indicate managerial achievements as expected to the targets of surgical Standard Operating Procedures. As elaborated through managerial performance, the output management also shows that the surgical nursing service management is a sub-system of production/operation of medical services at Makassar Regional Hospital;

The control components that are found indicate consistent implementation of surgical Standard Operating Procedures. Moreover, the implementation supervision can be an indicator of a good quality, as the achievement of KARS accreditation awarded in 2018.

REFERENCES

Abdullah, F., Suhaimi, R., Saban, G., & Hamali, J. (2011). Bank service quality (BSQ) index: an

- indicator of service performance. *International Journal of Quality & Reliability Management*, 28(5), 542–555.
- Aggett, M., & Busby, G. (2011). Opting out of internship: Perceptions of hospitality, tourism and events management undergraduates at a British university. *Journal of Hospitality, Leisure, Sports and Tourism Education (Pre-2012)*, 10(1), 106.
- Alhidayah, T., & Somantri, I. (2020). *Factors related with nurse compliance in the implementation of patient safety indicators at hospital*.
- Arakelian, E., Swenne, C. L., Lindberg, S., Rudolfsson, G., & von Vogelsang, A. (2017). The meaning of person-centred care in the perioperative nursing context from the patient's perspective—an integrative review. *Journal of Clinical Nursing*, 26(17–18), 2527–2544.
- Ates, A., Garengo, P., Cocca, P., & Bititci, U. (2013). The development of SME managerial practice for effective performance management. *Journal of Small Business and Enterprise Development*, 20(1), 28–54.
- Ching, T., Duncan, M. E., Newman-Eerkes, T., McWhorter, M. M. E., Tracy, J. M., Steen, M. S., Brown, R. P., Venkatasubbarao, S., Akers, N. K., & Vignali, M. (2020). Analytical evaluation of the clonoSEQ Assay for establishing measurable (minimal) residual disease in acute lymphoblastic leukemia, chronic lymphocytic leukemia, and multiple myeloma. *BMC Cancer*, 20(1), 1–15.
- Eboli, L., & Mazzulla, G. (2012). *Performance indicators for an objective measure of public transport service quality*.
- Falkner, R. (2016). The Paris Agreement and the new logic of international climate politics. *International Affairs*, 92(5), 1107–1125.
- Fatima, T., Malik, S. A., & Shabbir, A. (2018). Hospital healthcare service quality, patient satisfaction and loyalty: An investigation in context of private healthcare systems. *International Journal of Quality & Reliability Management*.
- Gagnon, J., & Duggleby, W. (2014). The provision of end-of-life care by medical-surgical nurses working in acute care: A literature review. *Palliative & Supportive Care*, 12(5), 393–408.
- Ignatavicius, D. D., & Workman, M. L. (2015). *Medical-Surgical Nursing: Patient-Centered Collaborative Care, Single Volume*. Elsevier Health Sciences.
- Joshi, G. P., Schug, S. A., & Kehlet, H. (2014). Procedure-specific pain management and outcome strategies. *Best Practice & Research Clinical Anaesthesiology*, 28(2), 191–201.
- Laudon, C. K., & Laudon, P. J. (2013). *Essentials of management information systems*. Pearson Education, Inc.
- Leahy, M. F., Roberts, H., Mukhtar, S. A., Farmer, S., Tovey, J., Jewlachow, V., Dixon, T., Lau, P., Ward, M., & Vodanovich, M. (2014). A pragmatic approach to embedding patient blood management in a tertiary hospital. *Transfusion*, 54(4), 1133–1145.
- Lewis, S. L., Bucher, L., Heitkemper, M. M., Harding, M. M., Kwong, J., & Roberts, D. (2016). *Medical-Surgical Nursing-E-Book: Assessment and Management of Clinical Problems, Single Volume*. Elsevier Health Sciences.

- Mahabeer, M. (2018). *Pay for Performance compensation models: assessing Service Consultant's perceptions at Momentum Health Durban.*
- Mattah, P. A. D., Kwarteng, A. J., & Mensah, J. (2018). Indicators of service quality and satisfaction among graduating students of a higher education institution (HEI) in Ghana. *Higher Education Evaluation and Development, 12*(1), 36–52.
- Meredith, L. W., Hamilton, W. L., Warne, B., Houldcroft, C. J., Hosmillo, M., Jahun, A. S., Curran, M. D., Parmar, S., Caller, L. G., & Caddy, S. L. (2020). Rapid implementation of SARS-CoV-2 sequencing to investigate cases of health-care associated COVID-19: a prospective genomic surveillance study. *The Lancet Infectious Diseases, 20*(11), 1263–1271.
- Mohammad Mosadeghrad, A. (2013). Healthcare service quality: towards a broad definition. *International Journal of Health Care Quality Assurance, 26*(3), 203–219.
- Mohebifar, R., Hasani, H., Barikani, A., & Rafiei, S. (2016). Evaluating service quality from patients' perceptions: application of importance–performance analysis method. *Osong Public Health and Research Perspectives, 7*(4), 233–238.
- Mulutsi, E. N. (2017). *Implementation of the mental health care act in psychiatric hospitals.* University of the Witwatersrand, Johannesburg.
- O'Brien, F. Y. (2010). *Grounding service-learning in South Africa: the development of a theoretical framework.*
- Odeny, T. A., Bailey, R. C., Bukusi, E. A., Simoni, J. M., Tapia, K. A., Yuhas, K., Holmes, K. K., & McClelland, R. S. (2012). *Text messaging to improve attendance at post-operative clinic visits after adult male circumcision for HIV prevention: a randomized controlled trial.*
- Pandin, A. R., Pasinringi, S., & Saleh, L. M. (2021). The Effect of Work Satisfaction and Leadership on Patient Safety Culture in Nurses at Lagaligo Regional Public Hospital I East Luwu Regency. *Journal Wetenskap Health, 2*(2), 8–21.
- Pont, A. V. (2022). Contaradiktif Doctor's Authority Regulated in Law No. 29 of 2009 concerning The Practice of Medicine and Government Authority In Law No. 30 of 2014 concerning Government Administration. *Baltic Journal of Law & Politics, 15*(1), 258–280.
- Pool, A., Wijngaard, J., & Van der Zee, D.-J. (2011). Lean planning in the semi-process industry, a case study. *International Journal of Production Economics, 131*(1), 194–203.
- Shander, A., Isbister, J., & Gombotz, H. (2016). Patient blood management: the global view. *Transfusion, 56*, S94–S102.
- Singh, J., & Singh, H. (2010). Assessment of continuous improvement approach in SMEs of Northern India. *International Journal of Productivity and Quality Management, 5*(3), 252–268.
- Trzpuć, S. J., & Martin, C. S. (2010). Application of space syntax theory in the study of medical-surgical nursing units in urban hospitals. *HERD: Health Environments Research & Design Journal, 4*(1), 34–55.
- Waheed, U., Kruzik, H., Knels, R., & Zaheer, H. A. (2015). Analysis of management information

system in blood transfusion services. *Pakistan. J Blood Disorders Transf*, 6(283), 2.

Wears, R. L., Hollnagel, E., & Braithwaite, J. (2015). *Resilient health care, volume 2: the resilience of everyday clinical work*. Ashgate Publishing, Ltd.

Zhang, J., Zhou, Y., Wang, R., Xu, J., & Fang, F. (2014). Modeling and constrained multivariable predictive control for ORC (Organic Rankine Cycle) based waste heat energy conversion systems. *Energy*, 66, 128–138.