

DEVELOPMENT AND VALIDATION OF A QUALITY CARING IN NURSING TOOL FOR INDONESIANS

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DEVELOPMENT AND VALIDATION OF A QUALITY CARING
IN NURSING TOOL FOR INDONESIANS

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ABSTRACT

The Community Health Center (Puskesmas) is a primary health care service facility. Quality caring in nursing in the Puskesmas is the quality (effectiveness, efficiency, equity, patient centeredness, safety and timeliness) conducted by nurses where the measure of caring action is based on Transpersonal Caring Relationship Jean Watson (1979). The study aimed to develop and validate the Quality Caring In Nursing (QCIN) tool for Indonesians. The research utilized sequential exploratory - Mixed methods design. There are four sets of participants. In the qualitative stage 20 participants, five experts were involved in the content validity index/ CVI and for face validity 50 participants in two parts. For the reliability stage there were 300 participants. Interview guide and the developed tool were the instruments used. The study data were analyzed using thematic analysis, CVI, Face validity score, exploratory factor analysis (EFA), Intra class correlation and the Cronbach alpha for reliability. The researcher found six themes. There are 1). Effectiveness Caring in Nursing actions relates to actions that are fast, precise and according to standards. 2). Efficiency Caring in nursing actions is an act that is not long-winded, so that the action is completed on time. 3). Caring in Nursing action does not discrimination one patient from another patient. 4). Caring in Nursing are centered on patients with the aim of healing patients so that patients are able to be independent. 5). Caring in Nursing actions must be safe for each patient, and 6). Timeliness is the basic of every caring in nursing actions. From the themes, the researcher designed a questionnaire consisting of 48 items. The validity test showed that the developed tool is valid. While the QCIN tool for Indonesians showed very good Intra class Correlations Coefficients of 0.836 and a Cronbach's alpha of 0.981. EFA showed the factors were divided into five domains. Enhancements were proposed to further improve the developed tool. Moreover, the tool has to be utilized to be able to improve it further.

Keywords: *Development tool, Community Health Center/ Puskesmas, Quality Caring, Nursing.*

INTRODUCTION

Indonesia is a country that wants to give the health needs and demands of all Indonesian citizens, whether individuals, families, groups or communities. To improve national health, the State of Indonesia has implemented a National Health System better known as SKN. SKN is a system that reflects the efforts of the Indonesian people to improve their ability to achieve optimal health status as a manifestation of public welfare.

The health care system in Indonesia includes referral services in the form of basic health services and referral health services. In general, basic services are accomplished in Puskesmas and other services in the work area of the Puskesmas in addition to the hospital services, while referral health services are performed in hospitals. They only show that nursing services are needed, in both the basic health services (Puskesmas) and the referral health service².

The Community Health Center (Puskesmas) is a primary health care service facility that organizes public health effort and first-rate individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest level of public health in its area of responsibility. The client goes to Puskesmas when they have health problems. The professionals manage the client problems or refer the client to the hospital if the client needs higher level of care. The client meets the nurse at least twice when he or she visits the Puskesmas. Thus, the client experiences with regards to quality caring in nursing are among the measures to determine the effectiveness of the service provided at this level. Many Puskesmas programs have been proclaimed by the government in order to improve the life of the community.

The efforts executed by Puskesmas are those that involve the participation of nurses and patients as centers in this program. Because nurses are ones who play an active role, the quality of nursing care is needed so that the results of health services go well. Therefore, the quality caring in nursing is instrumental in the success of this program. At present, there is no instrument that is able to assess the quality of caring made by nurses, especially those working in the health center setting. The WHO definition of quality of care is "the extent to which health care services provided to individuals and patient populations improve desired health outcomes.

So in the Puskesmas, there needs to be a close and interconnected collaboration between nurses, patients and families. This means there is a transpersonal relationship between nurses, patients and families. To be able to assess the quality caring in nursing, it is necessary to have a tool that can measure the quality caring in nursing in a health care setting especially in the Puskesmas level.

Statement of the Problem

Specifically, it pursued answers to the following:

1. What are the emergent themes of Quality Caring in Nursing?
2. What proposed Quality Caring in Nursing Tool can be developed based on the identified emergent themes?
3. How valid is the Quality Caring in Nursing tool with respect to:
 - 3.1 Content Validity Index?;
 - 3.2 Face Validity?; and
 - 3.3 Factor Validity?
4. How reliable is the proposed Quality Caring in Nursing Tool in terms of:
 - 4.1 Inter rater reliability?; and
 - 4.2 Inter item reliability
5. What are the underlying factor structures of the developed tool?
6. What enhancements were incorporated to further improve the developed tool?

METHODOLOGY

The study utilized the sequential exploratory design. In an exploratory design, qualitative data is first collected and analyzed, and themes are used to drive the development of a quantitative instrument to further explore the research problem (Creswell and Plano Clark 2011; Teddlie and Tashakkori 2008; Onwuegbuzie, Bustamante, and Nelson 2010). As a result of this design, three stages of analyses are conducted: after the primary qualitative phase, after the secondary quantitative phase, and at the integration phase that connects the two strands of data and extends the initial qualitative exploratory findings (Creswell and Plano Clark 2011). In this study, the researcher used the Tool Development Framework in Nursing by Benson & Clark (1982) with modifications.

Research Design

In this study, the researcher already has done the steps:

Qualitative Phase

Step 1: The researcher made qualitative questions given to patients and nurses. This was to get data with a qualitative approach. Question type used was the open-ended data with protocols. Step 2: Data that has been obtained from participants were processed to get the theme.

Quantitative Phase

Step 3: The researcher already had tested the validity of the instrument by the experts in term of Content Validity Index's/ CVI by only answering relevant / not relevant in each question. If not relevant is found, the item will be corrected according to expert input / feedback. Step 4: The researcher has finished face validity at this phase qualitative. Face validity in the study with the patient were conducted by simply answering clear / not clear understanding of each question. If it is found to be unclear in more than one participant, the researcher revised according to the input submitted by the respondent. If it has something to do with the topic of the item, the researcher consulted with experts. The quantitative phase steps were as follows: content validity, qualitative evaluation by judges (CVI/ Content validity index), revised items, and prepared instrument for first pilot testing, first pilot testing administration, calculate reliability, and run item analysis. Step 5: The researcher conducted a reliability test using closed - ended questions with five answer choices (6 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree, 5 = Very strongly agree).

Participants of the Study

There are four sets of participants. In the qualitative stage 20 participants, five experts were involved in the content validity index/ CVI and for face validity 50 participants in two parts. For the reliability stage there were 300 participants.

Research Instruments

In this study, there are three tools that utilized:

Semi-structured Interview Guide. The researcher explored the phenomenon which is the Quality Caring in Nursing.

Quality Caring in Nursing Tool (QCIN TCR tool). This tool measured quality caring in nursing. It was developed from the qualitative sharing of the patient-participants and nurse-participants. Items taken from the codes or interpreted from the answers to the open-ended questions were asked in the semi-structure interview guide. This guide was utilized by the patient-participants for the pre-testing and reliability test.

Content Validity (Experts). The QCIN TCR tool utilized in this tool. Only that the scoring choices changed wherein the experts evaluated the relevance of each of the items that were identified. It also asked the expert for inputs or remarks about the items in the research instruments/ questionnaire. Experts asked to assess each question item that the researcher has made by checking the relevant or irrelevant column. If the experts fill out it is not relevant, they asked to write down the reasons, and input. After that, the researcher revised according to the feedback from the expert.

Reliability Coefficient. A measure of the accuracy of a test. In this study, the researcher already done with reliability test with 300 Patients.

Data Collection Procedure

The researcher has gone through the following steps ¹⁴ for the conduct of the study:

1. The researcher presented the research to the Graduate School Dissertation Committee.
2. The researcher applied for the Ethics Review Committee/ ERC Approval at St. Paul University of Philippines.
3. The researcher has arranged permission to carry out the research.
4. The researcher recruited the participants at Gondokusuman and Berbah Puskesmas in Yogyakarta for the Qualitative phase.
5. The researcher interviewed the participant ¹¹ in accordance with the guidelines/ protocol that has been developed for the interview.
6. For the nurse participants, the informed consent was also given prior to the interview.
7. The researcher conducted interviews with ten nurses who had worked more than one year and ten patients based on the inclusion criteria. After the researcher found the themes, 48 items have been arranged. The next step was according to the instructions for preparation, the researcher discussed with the expert.
8. The Content Validity by Expert Panel. The researcher used five experts. Of the 48 items, there were seven items that were irrelevant; the researcher revised according to input / feedback from experts. Then the researcher sent the revision results via email to the experts for input. When there was no more input, then the items were prepared for face validity.
9. For Face validity, the researcher conducted face validity tests on instruments that have been given input by experts. 50 participants who visited the Gondokusuman II, Community Health Center with visits of more than once. The participants were asked to answer the instrument and identify those that are clear and not clear. For those that are not clear, the researcher already revised them.
10. The next step for the reliability test was when the researcher administered the instrument to patient participants who visited the Community Health Center in Puskesmas Gondokusuman II (Kota Yogyakarta/ Urban area), Puskesmas Berbah I (Sleman/ Rural area) and Puskesmas Tepus I (Gunung kidul/ mountain area). The researcher conducted a trial of 300 participants. Reliability test type using inter-rater

reliability was utilized. For the item reliability test, the researcher used the Cronbach's Alpha test (α) using SPSS Statistics.

Data Analysis

The study used the following data analysis:

1. Thematic Analysis done for the qualitative data. It done through the following steps:
 - 1.1 Researchers prepared the data that has been obtained from each participant (choose participants consisting of depend on the data saturation in Puskesmas Gondokusuman II) at Yogyakarta.
 - 1.2 Researchers organized data.
 - 1.3 Researchers performed data reduction into the form of themes which are interconnected through the coding process.
 - 1.4 Researchers made a theme's summary.
2. Validity test
 - 2.1 Content Validity of percentage of the experts rating for the different items in the tool/questionnaire. Lawshe's CVR (content validity ratio) is one method that is widely used to measure content validity.
 - 2.2 Face validity
The researcher conducted face validity tests on instruments that have been given input by experts. The instrument was given to 50 participants (20% of participants for reliability testing).
 - 2.3 Factor Validity
Factor validity is necessary to have χ^2 test that knows whether the data can be analyzed by factor. One of them is Kaiser-Meyer-Olkin Measure test/ KMO test and Bartlett's test of Sphericity (William, B. Osman, A & Brown, 2010). This study used Kaiser-Meyer-Olkin Measure test/ KMO test and Bartlett's test of Sphericity.
3. Reliability
This study used *inter-rater reliability*. The researcher conducted an inter rater reliability test using Intraclass Correlations Coefficients/ ICC. To see this inter item-reliability tested using alpha (α) Cronbach. For the inter item-Reliability test, the researcher used the Cronbach's Alpha test (α) using SPSS Statistics. Cronbach's alpha is the most common measure of internal consistency (reliability).

RESULTS AND DISCUSSION

1. The Emergent themes of Quality Caring in Nursing.
The Researcher has found six themes, namely:
 - 1.1. Effectiveness of caring in nursing actions relates to actions that are fast, precise and according to standards.
 - 1.2. Efficiency caring in nursing actions is an act that is not long-winded, so that the action is completed on time.
 - 1.3. Caring in nursing action does not distinguish one patient from another patient.
 - 1.4. Caring in nursing is centered on patients with the aim of healing patients so that patients are able to be independent.
 - 1.5. Caring in nursing actions must be safe for each patient, and

- 1.6. Timeliness is the basic of every caring in nursing actions.
2. Validity
 - 2.1. Content Validity
From the results of this study, it is found that S-CVI 0.942 (more than 0.80). It is valid.
 - 2.2. Face Validity
The face validity result shows 100% clear after the second face validity.
 - 2.3. Factor Validity
The cumulative % of variance had a total of five component factors. The ⁷KMO Index and the Bartlett's Test of Sphericity showed that the data is suitable.
3. Reliability
 - 3.1. Inter – Rater Reliability
The results of the ¹³reliability test checking the Intra class Correlations Coefficients/ ICC with a ¹³two way mixed and consistency with a 95% confidence interval was very good.
 - 3.2. Inter ¹²Item Reliability
The ¹²Reliability of the Item Statistic using Cronbach's Alpha state that the tool is acceptable.
4. Underlying Factor Structure
These are the factors that were divided into five domains with new labels, namely: 1. Nursing Actions Domain, 2. Nursing Attitude Domain, 3. Nursing Suggestion and Motivation Domain, 4. Nursing Reinforcement/ Expressions Domain, and 5. Nursing Basic Behavior Domain.
5. Enhancement were incorporated to further improve the developed tool
 - 5.1. To disseminate the process of the tool development among probable users.
 - 5.2. To encourage the use of the tool in the Puskesmas.
 - 5.3. To gather feedback with regards to improvement of the QCiN tool.

CONCLUSION

The Quality Caring in Nursing Tool for Indonesians came from the six themes using the Quality Domain and Watson's Transpersonal Caring Relationship/ TCR Theory. The tool was found to be valid and reliable. And that the tool has to be utilized to be able to improve further.

RECOMMENDATIONS

⁹Considering the findings of the study the researcher have the following recommendations to:

1. Patients in Puskesmas.

This tool will be useful for evaluating the nurses in health services, especially at Puskesmas. They could use the tool to assess the care that they received from the Puskesmas.

2. The Nursing Profession.

The nursing profession will get an overview of the Quality of Nursing Services in Health services in the Community and nurses will have tools to measure the quality of care in Health Services in the community. The nursing profession will be guaranteed more quality if it has the right guidelines for quality services. The tool that measures Quality

caring in Nursing particularly at the Puskesmas, when used documents ¹⁷ the care provided by the nurses.

3. For Health Care Institutions / Indonesian Nurses Association.

Persatuan Perawat Nasional Indonesia/ PPNI will get an overview of Quality Caring in Nursing in a Community Health Center Setting. So that it can be used as a tool to evaluate the program aimed at the Community Health Center for the advancement of patients and nurses.

4. Nurse Practitioners.

Nursing practitioners have instruments that so far have not been owned by health nursing services in health centers setting, especially the quality of nursing services. The existence of this tool will make nurse practitioners be guided in conducting a measure of Quality Caring in Nursing in a community health center setting.

5. Researcher.

The study is the researchers' first experience in conducting research with the Mixed Exploratory method and gaining experience in developing new tools.

6. Future researchers.

As a source of initial data and the reference to conduct further research related to quality caring in nursing in a community health center setting, the study could be utilized as basis for their own research ventures.

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