

Case study: review of nursing management and it's implementation in the Ar-Rahman Room Islamic Hospital Purwokerto

Indri Heri Susanti^{1*}, *Tri Sumarni*¹, and *Innazza Nur Alifiya*¹

¹Faculty of Health, Universitas Harapan Bangsa, Indonesia

Abstract. This study aims to analyze the implementation of nursing management in Ar Rahman Room, Purwokerto Islamic Hospital, focusing on the implementation of pre and post conference, therapeutic communication, and handover meeting efficiency. This study was conducted through patient satisfaction and nurse job satisfaction questionnaires, documentation studies, interviews, and observations of nurses and the head of nurse. The results showed that the implementation of pre and post conference had not been fully carried out, which had an impact on the lack of effective communication between shifts. After implementation, there was a significant improvement in therapeutic communication and handover meeting, which successfully reduced the time from 55.5 minutes to 30 minutes per session. The prioritized problems found were the ineffective implementation of pre and post conference, lack of therapeutic communication, and inefficient handover meeting process. The implementation was carried out using the CARL method to prioritize problems and corrective actions. This study concluded that improving communication skills and time management in the nursing process can directly contribute to improving the quality of nursing services. Recommendations include increased nursing training, management support, and the use of assistive technology to improve the efficiency of nursing management.

1 Introduction

Hospitals are the institutions that play a strategic role in improving public health services, both those managed by the government and the private sector. Along with the development of technology and increasing public demands for service quality, hospitals are required to always innovate in maintaining and improving the quality of services they offer. The quality of health services is a crucial factor for the continuity and reputation of the hospital, and is an important element in achieving patient satisfaction [1]. In this context, the role of health workers, especially nurses, is vital.

The prevalence of poor nursing management in hospitals has a significant impact on the quality of care. A global study found that non-ideal nurse-to-patient ratios can increase the risk of patient mortality by 7% for every additional patient per nurse, as well as increase the likelihood of nurse burnout by 23%. In addition, poor communication during weigh-ins and

* Corresponding author : indriherisusanti@uhb.ac.id

nurse conferences leads to medical errors and decreased patient satisfaction. In Asia and Indonesia, lack of management standards increases nurses' workload, leading to suboptimal care and medical errors. Ineffective nursing management also impacts patients with increased risk of nosocomial infections, delayed diagnosis, and longer treatment times. For nurses, this contributes to high stress levels, burnout, and turnover, exacerbating the global health workforce crisis. Improvements to standards such as pre and post conferences and adjustments to nurse staffing ratios are needed to mitigate these adverse impacts [2].

The development of the nursing world shows that nurses are not only tasked with providing physical care services, but also have the responsibility to carry out a broader role in promoting health, preventing disease, and providing holistic care to patients. Nurses also function as clinical decision-makers, patient advocates, and managers of various aspects related to patient health, which requires adequate knowledge and skills in various fields [3].

Nursing management is an important aspect in supporting the quality of services provided. The nursing management process includes planning, organizing, directing, and controlling, all of which aim to ensure nursing care runs according to established standards. Each of these management functions is interrelated and forms a framework that supports the improvement of service quality [4]. However, the challenge faced by many hospitals, including Purwokerto Islamic Hospital, is that the implementation of nursing management has not been optimized, especially in terms of pre and post conference implementation, therapeutic communication, and handover meeting.

A hospital study showed that 70% of nurses involved in pre and post conferences felt these activities improved coordination between teams, established better therapeutic communication, and reduced clinical errors in care delivery. Effective implementation of pre and post conference is crucial in ensuring the smooth operation of shift changes and continuity of care. Lack of implementation of this procedure can result in a lack of information needed by nurses in carrying out nursing actions, which ultimately affects the quality of care [5]. Likewise, effective therapeutic communication between nurses and patients is essential in creating a trusting relationship, as well as increasing patient engagement in the healing process [6]. In addition, efficiency in the handover meeting process between shifts is necessary to ensure that nurses have sufficient time to intervene directly with patients, without compromising the quality of information delivered [7].

Based on the results of observations and interviews with 6 nurses regarding the application of therapeutic communication from nurses to patients in the Ar-Rahman room, the results were quite good, namely 61.3%. The results of observations made during the 5-day assessment were obtained for the pre and post conference aspects were not carried out. Based on the results of observations, it is known that the handover meeting in the Ar-Rahman room is included in the good category, namely 66.6%. However, handover meeting time is not efficient, the documentation of the handover meeting sheet is still done manually on paper using a pen at the time of handover meeting.

Based on these problems, this study was conducted to analyze the implementation of nursing management in the Ar Rahman Room, Purwokerto Islamic Hospital, especially related to the implementation of pre and post conference, therapeutic communication, and handover meeting efficiency. This research is expected to provide insight into improvement strategies in nursing management in order to improve the quality of services that are more professional and holistic.

2 Research Method

In collecting data used for problem identification, questionnaires are used to determine patient satisfaction with nursing care, and nurse job satisfaction. Activities were carried out to collect data on patient characteristics, staffing, types of services, nursing process

documentation, nursing care standards, standard operating procedures and room inventory. Interviews were conducted with the head of the room, nurses and patient families to collect data on the nursing management process including: planning, organizing, directing, and controlling the head of nurse in the Ar Rahman room. Observations were made to obtain data on the physical condition of the room, the service process, the state of the room inventory, nurse communication, handover meeting, pre and post conference, patient safety, discharge planning, task implementation (head of nurse, team leader, executive nurse), professional relationships between nurses and doctors, and nurse compliance with operational procedures standard. Observations made by following the handover meeting in the morning shift, pre and post conference morning shift, and observation during nursing actions in the Ar-Rahman Room, Purwokerto Islamic Hospital.

3 Results and Discussion

3.1 Data Analysis

The assessment start from 20th February 2024 until 23rd February 2024 has obtained some problems that exist in the Ar-Rahman Room, Purwokerto Islamic Hospital. The following analysis results are showing in the table bellow

Table 1 Data Analysis of Nursing Management Studies from Ar-Rahman Room Islamic Hospital Purwokerto in 2024

No	Data	Problem
1	<i>Therapeutic Communication:</i> Application of therapeutic communication which is sometimes practiced	Nurses do not getting used to therapeutic communication with patients. There is an assumption that therapeutic communication prolongs nursing actions
2	<i>Pre and Post Conference:</i> The results of observations made during the 5-day assessment found that the pre and post conference aspects were not carried out.	Pre and post conferences were not conducted due to time efficiency during handover meeting
3	<i>Handover meeting:</i> Inefficient time during the handover meeting	The documentation of handover meeting sheet is still done manually/ written in the patient report (Read through the Electronic Medical Record and written manually on paper using a pen during handover meeting).

3.2 Problem Prioritization

The method for prioritizing problems from the results of data analysis uses the CARL method. The CARL method is a method based on a set of criteria that must be scored 1-10.

Table 2 Prioritization of Nursing Management Study Problems from Ar-Rahman Room Islamic Hospital Purwokerto in 2024

Problems	C	A	R	L	Score	Priority
<i>Therapeutic Communication</i> Application of therapeutic communication which is sometimes practiced	8	9	7	8	32	1
<i>Pre and Post Conference</i> The results of observations made during the 5-day assessment found that the pre and post conference aspects were not carried out.	2	3	7	5	17	2
<i>Handover meeting</i> Inefficient time during the handover meeting	2	3	5	5	15	3

From the prioritization data above, it can be seen that the sequence of the problems in Ar-Rahman room are:

3.2.1 Pre and Post Conference

The results of observations made during the 5-day assessment found that the pre and post conference aspects were not carried out.

3.2.2 Therapeutic Communication

Application of therapeutic communication which is sometimes practiced

3.2.3 Handover meeting

The priority problems found in the Ar Rahman room include: pre and post conference, therapeutic communication, handover meeting efficiency. Data collection was carried out from 12th February 2024 until 19th February 2024, then the presentation of the assessment results, namely the initial dissemination on February 24th, 2024. Pre and post conference was conducted on 5th March 2024. Implementation of therapeutic communication updates, on March 5th, 2024, implementation of hand over meeting efficiency was carried out on February 27th until March 5th, 2024. Evaluation was conducted on March 6th until March 7th, 2024.

3.3 Implementation

Implementation began on February 27th, 2024 starting with pre and post conference conducted on March 5th, 2024, then implementation of therapeutic communication reforms, on March 5th, 2024, implementation of handover efficiency was carried out on February 27th until March 5th, 2024.

3.3.1 Pre and Post Conference

Before implementation

Pre and post conferences have not been carried out or applied during each shift change in the Ar-Rahman Room of Purwokerto Islamic Hospital. In the initial research findings, pre and post conferences have not been carried out routinely at every shift change. This shows a gap between theory and practice of nursing management in the field. In recent references on nursing management, as stated by Marquis and Huston (2021) effective communication during shift changes is essential to ensure continuity of patient care. Pre and post conferences, which fall under the therapeutic communication of the nursing team, should be an integral part of the operations in every nursing unit [10]. Lack of implementation of pre and post conferences can result in the loss of important information related to the patient's condition and the plan of action to be taken. The literature shows that a lack of effective communication during surgery can increase the risk of medical errors and decrease the quality of nursing care [5].

After implementation

Based on the Standard Operating Procedures (SPO) established by RSI Purwokerto, it states that the pre and post conference standards are not incorporated with handover meeting. The pre conference should be carried out by the team that has received the duty pass to discuss the nursing plan and actions to be taken during one shift and led by the PPJA. In addition to this, in the pre conference PPJA will be in charge of distributing patients to implementing nurses based on the patient's level of dependence. Meanwhile, the post conference should be carried out by the implementing nurse to report to the PPJA that nursing actions have been carried out, and also not to forget to report the patient's response after nursing actions.

The results of the sharing discussion on March 5th, 2024 in the Islamic Hospital Purwokerto turned out to be many internal and external factors that influenced why the pre and post conference had not been implemented or applied. The results of observation and reassessment after sharing discussion on March 6th, 2024, on the morning shift change to the afternoon pre and post conference still cannot be applied. This is related to internal and external factors in the Ar Rahman room.

After the implementation of pre and post conferences in accordance with the established Standard Operating Procedures (SPO), there were several significant changes. One of them is the division of roles between PPJA and more structured implementing nurses. Marquis and Huston mentioned that the role of the lead nurse in pre and post conferences is very important for team coordination and evaluation of the results of nursing actions [4].

However, although pre and post conferences have started to be implemented, findings show that implementation is still constrained by internal and external factors. Internal factors may include a lack of understanding or adequate training on the importance of these conferences, while external factors could be related to workload or time constraints [8]. These factors are common in the nursing context, where time management and efficiency challenges are often barriers to the ideal execution of nursing procedures [9].

In a discussion held on March 5th, 2024, it was found that there are internal and external factors that hinder the implementation of pre and post conferences. These factors could be change resistance from staff, lack of awareness of the importance of pre and post conferences, or high work pressure. According to a study by Kim et al. (2020), change resistance often occurs when staff do not understand the benefits or feel the workload is increasing without clear compensation. Therefore, there is a need for ongoing education and training to increase staff acceptance and understanding of these procedures [10].

In addition, research by Ward (2021) suggests the need for support from upper management to overcome these barriers. Proactive management in creating an environment that supports communication and collaboration between nurses will go a long way in improving the quality of pre and post conferences [11].

3.3.2 Therapeutic Communication

Before implementation

The results of the assessment of therapeutic communication in the Ar Rahman room Islamic Hospital Purwokerto, before implementation, namely: therapeutic communication has not been fully applied in every nursing action. Before implementation, therapeutic communication has not been fully implemented in every nursing action.

Therapeutic communication is very important in the interaction between nurses and patients. According to the theory proposed by Marquis and Huston (2021), therapeutic communication is a key element in providing holistic care, where nurses function not only as physical service providers but also as providers of psychological and emotional support to patients. Effective communication helps nurses better understand the patient's condition and increases patient engagement in the healing process [4].

These preliminary findings indicate that there are limitations in the implementation of therapeutic communication that can have an impact on the quality of nursing care. As stated by Balzer-Riley (2020), without adequate therapeutic communication, patients may not feel heard or understood, which could affect their overall recovery [6].

After implementation

After sharing discussion, the implementation of therapeutic communication has been carried out by most nurses, from the initial 61.3% (good enough) to 81.8% (good). Nurses have carried out therapeutic communication to explore patient problems, while carrying out nursing actions. Nurses have performed therapeutic communication techniques to explore the necessary data, such as asking about the history of the disease, drug allergies, the chronology of the patient's admission to the hospital, and asking about the patient's complaints, so that nurses are able to come up with nursing diagnoses.

This improvement illustrates the positive effect of the training and sharing discussion, in accordance with the findings in various studies. The use of therapeutic communication techniques allows nurses to be more effective in extracting information from patients, such as asking about the history of illness, complaints, and the chronology of hospitalization, which is very important in determining nursing diagnoses [12].

Therapeutic communication not only serves to gather medical information, but also to build a trusting relationship between the nurse and the patient. When patients feel valued and heard, they are more likely to be open and active in the care process) [13].

The results of this study show that by improving therapeutic communication skills, nurses in the Ar-Rahman Room are able to explore better data from patients. This helps nurses to make a more accurate nursing diagnosis. In addition, better communication also helps nurses identify the patient's basic needs more thoroughly, so that the fulfillment of patient needs can be done more optimally.

Some of the benefits of implementing effective therapeutic communication are: increase Patient Trust: Patients become more open and feel heard, which is important in creating a good therapeutic relationship, improved quality of nursing care: nurses can respond to patient needs more appropriately and comprehensively, which contributes to improved quality of

nursing care, reduction of patient stress: therapeutic communication helps patients manage stress related to illness or hospitalization, which contributes to a faster recovery process [6, 12, 13].

3.3.3. Handover meeting

Before implementation

Assessment results before implementation related to handover meeting efficiency during the day from February 20th until February 23th 2024:

Table 3 Handover meeting time in Ar Rahman Room Islamic Hospital Purwokerto on February 20th until February 23th 2024

Date	Handover meeting time
Tuesday, February 20th, 2024	60 Minutes
Wednesday, February 21th 2024	54 Minutes
Thursday, February 22th 2024	58 Minutes
Friday, February 23th, 2024	50 Minutes
Average Time	55,5 Minutes/ handover meeting

The results of the pre-implementation assessment showed that the handover meeting process took quite a long time, with an average time of 55.5 minutes per session. Time-consuming handover meeting can interfere with nurses' work efficiency and the quality of nursing care provided. Handover meeting is an important process performed at shift change, where information regarding the patient's condition, action plan, and status updates are given to the nurse taking over responsibility.

McFadden et al. (2022) mentioned that ineffective communication in handover meeting can lead to misinformation that leads to delays in diagnosis or inappropriate interventions. In addition, a lengthy handover meeting process can also interfere with the time available for direct patient interventions [7].

Prior to implementation, handover meeting process took between 50 to 60 minutes. This suggests that there was a lot of time wasted during the process, most likely due to poorly structured communication methods or redundancies in information delivery [5].

After implementation

Observation results after Implementation related to the efficiency of the afternoon handover meeting, the time required:

Table 4. Handover meeting Time in Ar Rahman Room, Islamic Hospital Purwokerto on February 27th-March 1st, 2024

Date	Handover meeting time
Tuesday, February 20th, 2024	30 Minutes
Wednesday, February 21th 2024	35 Minutes
Thursday, February 22th 2024	25Minutes
Friday, February 23th, 2024	30 Minutes
Average Time	30 Minutes/ handover meeting

After implementation, the handover meeting time was significantly reduced to an average of 30 minutes per session. This is a positive result and is in line with recent literature which states that handover meeting process should be carried out effectively and efficiently without compromising the quality of information delivered [5]. This increase in efficiency is likely due to the implementation of more structured communication methods, such as the use of standardized templates or handover meeting guides that ensure any important information is conveyed in a concise yet clear manner.

These improvements are also consistent with findings showing that when the handover meeting process is well-organized, nurses have more time to focus on direct patient care, which ultimately improves quality of care and patient safety [12]. An efficient handover meeting process also helps in reducing the chances of errors, as the information provided is more focused and clearer.

Efficient handover meeting is essential to maintain smooth operations in nursing units. According to research by Johnson et al. (2020), handover meeting processes that take too long can be frustrating for nurses and reduce the time that can be allocated for direct patient interventions. When handover meeting is done efficiently, nurses can get enough information to make clinical decisions quickly without having to spend a lot of time in the communication process [14].

In addition, according to Cherry and Jacob (2021), the existence of guidelines and standards in the implementation of handover meeting will increase efficiency while maintaining the quality of information conveyed. These standards can be in the form of important points that must be conveyed, such as the patient's current condition, changes that occurred during the previous shift, and action plans that must be carried out during the next shift. This process not only saves time but also ensures that all crucial information is covered [9].

With the average handover meeting time reduced from 55.5 minutes to 30 minutes after implementation, it is evident that efficiency improvements not only save time, but also potentially improve patient safety. When nurses have more time to carry out nursing interventions, patients receive faster and more appropriate care. The literature also suggests that an organized handover meeting process can help reduce the incidence of medical errors as each nurse has a better understanding of the patient's condition and needs [15].

4 Conclusion

The implementation of nursing management study activities in the Ar Rahman Room of Purwokerto Islamic Hospital began on February 19th until March 9th, 2024. Researchers

conducted an assessment of the management process in the Ar Rahman Room for four days, from February 20th until 23th, 2024, followed by analyzing and formulating management problems in the Ar Rahman Room. Based on the results of the study and implementation, researchers can conclude that the implementation of pre and post conferences is an important step in improving communication between nurses during shift changes, which contributes directly to the quality of nursing care. The implementation of therapeutic communication skills on training and sharing discussions can be an effective strategy to improve the quality of nurse-patient interactions, helps nurses to provide more holistic nursing care, increase patient satisfaction and involvement in the care process. The implementation of a more structured method of handover meeting, the time required for this process can be significantly reduced without compromising the quality of information delivered. This increased efficiency provides more time for nurses to focus on direct patient interventions, which can ultimately improve patient safety and satisfaction.

5 Sugestion

Training on the importance of pre and post conferences, ongoing training programs about therapeutic communication and standardized formats in handover meeting for nursing staff needs to be improved in order to increase understanding of their impact on the quality of patient care. Management can conduct regular monitoring and evaluation of the implementation of pre and post conferences, therapeutic communication, and handover meeting. Implementation of technology such as a digital-based nursing information system can help reduce the time needed in the handover meeting.

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