



IN HOUSE TRAINING 3S (SDKI, SLKI, SIKI) TO IMPROVE NURSES' KNOWLEDGE OF 3S-BASED NURSING CARE

Ika Purnamasari^{1*}, Anisa Eli Raharyani¹, Yahya Karim²

¹Faculty of Health Sciences, Universitas Sains Al Qur'an, Jl. Kyai Hasyim Asyari No.Km.03, Kalibeber, Kec. Mojotengah, Kabupaten Wonosobo, Jawa Tengah 56351, Indonesia

²Rumah Sakit Islam Wonosobo, Jln Letjend S Parman Jl. Perum Purnamandala No.Km 3, Mendolo, Bumireso, Wonosobo, Jawa Tengah 56317, Indonesia

*ikapurnama@unsig.ac.id

ABSTRACT

Nurses are obliged to carry out nursing practice in accordance with established standards. The standards set by PPNI (Indonesian National Nurses Association) as standards in carrying out nursing care are SDKI (Indonesian Nursing Diagnosis Standards), SLKI (Indonesian Nursing Outcome Standards), and SIKI (Indonesian Nursing Intervention Standards). In-House Training is one of the efforts to increase nurses' knowledge and skills in conducting 3S-based nursing documentation in accordance with the standards set by PPNI. This training aims to increase nurses' knowledge about 3S-based nursing care. This study is a quantitative study with a pre - posttest design approach without control sample consisting of 131 nurses in a private hospital taken via total sampling. The instrument used was a knowledge questionnaire that had been tested for validity using judgment validity with the result > 0,3 that the all items were valid. Data normality test with Kolmogorov Smirnov with a significance value of 0.000 (abnormal data distribution). Data analysis using Wilcoxon test (sig 0.000). The mean value of the pretest was 43.84 and the mean value of the post test was 89.12. the lowest pretest value was 16 and the highest was 84, while the lowest posttest value (64), the highest posttest (100). A total of 130 nurses (99.23%) experienced an increase in post test scores. There was an increase in nurses' knowledge about 3S-based nursing care before and after training.

Keywords: 3S (SDKI, SLKI, SIKI); knowledge; nursing care

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INTRODUCTION

The Nursing Care Standards set by PPNI (Indonesian National Nurses Association) are Indonesian Nursing Diagnosis Standards (SDKI), Indonesian Nursing Outcome Standards (SLKI) and Indonesian Nursing Intervention Standards (SIKI). The use of these standards is an obligation for all nurses in carrying out nursing practice (UU No. 38 Tahun 2014). SDKI is a standard for Indonesian nurses in making nursing diagnoses as an important part of determining appropriate nursing care to help clients or patients achieve optimal health. The purpose of establishing the SDKI is as a guide or reference for nurses in making nursing diagnoses, increasing the autonomy of nurses in providing health services, facilitating intra-professional and inter-professional communication and improving the quality of nursing care. With this SDKI, it is hoped that it can be applied nationally in all regions of Indonesia (SDKI Working Team of DPP PPNI, 2017).

Indonesian Nursing Outcome Standards (SLKI) are nursing outcome standards that cover the condition, status, behavior and perceptions of individual clients, families and communities in a comprehensive manner. This outcome standard aims to assist nurses in determining nursing outcomes when providing nursing care. Standardized nursing outcomes can improve the quality of nursing care to be more professional and measurable (SLKI Working Group Team DPP PPNI, 2019). Another standard of Nursing Care Standards is SIKI (Indonesian Nursing Intervention Standards). SIKI is a standard that must be set after the nurse determines the diagnosis and nursing outcomes. With SIKI, nurses can provide interventions that are in accordance with the needs and problems faced by clients or patients. The three standards that have been set by PPNI refer to international standards that have been standardized and determined by the International Council of Nurses (ICN) with the development of local cultural wisdom elements of society and health services in Indonesia (SIKI Working Team DPP PPNI, 2018).

Nursing care based on 3S (SDKI, SLKI and SIKI) can be seen from the nursing documentation that has been carried out by nurses. The quality of nursing documentation is an indicator of the quality of nursing services in hospitals (Sulistyawati & Susmiati, 2021). To be able to carry out documentation properly and correctly, socialization and training are needed for nurses who carry out nursing care. Training on how to document 3S-based nursing care for nurses in hospitals is very useful to improve nurses' ability to document nursing care (Siswanto et al., 2013). It is expected that nurses can complete documentation in the same language and format (standardized), allowing nurses to continue their studies and attend nursing care training classes (Noorkasiani, Gustina, Maryam, 2015). According to Kirkpatrick in Sa'bani (2017), training is an effort made to increase knowledge, develop skills and change behavior. The training can be carried out in the form of In-House Training (Tirto et al., 2016).

In House Training (IHT) is training conducted at an institution at the request or needs of the institution, both profit and non-profit Khaerani (2016) in (Yadi, 2018). Meanwhile, according to Ayuningtyas (2017) in (Yadi, 2018), IHT is a program or activity carried out in a place with tools and materials that are in accordance with the problems faced with the aim of developing competencies which include improving knowledge, attitude, and skills. In this study, the problem in question is nurses' knowledge about 3S-based nursing care. The results of research conducted by (Sulistyawati & Susmiati, 2020) on the implementation of 3S on the quality of nursing service documentation in inpatient wards show the results of statistical tests obtained a $p \text{ value} = 0.001 < \alpha 0.005$ which indicates a relationship between the implementation of 3S and the quality of nursing care documentation in hospital inpatient rooms. Based on other research by (Sulistyawati & Susmiati, 2021), it also shows that nurses' knowledge of SDKI, SLKI and SIKI will also provide meaningful nursing documentation. The results of research related to training in the use of SDKI, SLKI and SIKI books at Kuningan Hospital have proven to have increased nurses' knowledge (Awaliyani et al., 2021).

Based on preliminary studies in several hospitals, the documentation and implementation of nursing care practices so far still vary greatly both in the stages of establishing nursing diagnoses, setting goals and nursing interventions. One of the private hospitals in Wonosobo Regency has not yet implemented 100% of the 3S-based nursing care. Delivered by the head of the nursing service section, that not all nurses in the hospital know and apply 3S-based nursing care so that in-house training is needed related to 3S-based nursing care to be able to improve the quality of nursing care in hospitals. The purpose of this study was to determine the effect of In-House Training on SDKI, SLKI and SIKI on Nurses' Knowledge of 3S-based Nursing Care.

METHOD

This type of research is a quantitative study with a pre-posttest design without control group approach. The sample in this study was total sampling, namely all nurses in private hospitals in Wonosobo Regency totaling 131 nurses who were divided into 4 groups according to the implementation of In-House Training which was held for 4 days. Data were obtained by means of researchers giving a pre-test before training and a post-test at the end of the training session. The instrument used was a knowledge questionnaire containing the theory of the Nursing Process Concept, 3S Legal Aspects, SDKI, SLKI and SIKI. The validity test of this study used judgment validity from expert opinion with the result $> 0,3$ that the all items were valid. Analysis of research data using non-parametric test Wilcoxon-test because the data is not normally distributed based on normality test with Kolmogorov Smirnov significance value 0.000. The Wilcoxon test was used to determine the difference in nurses' knowledge level about SDKI, SLKI and SIKI-based nursing care before and after IHT.

RESULTS

Respondent Characteristics

The results of the study involved 131 respondents with characteristics based on age, sex, education level, position, tenure and nursing service room according to table-1 as follows:

Table 1.

Respondent Characteristics (n= 131)		
Respondent characteristics	f	%
Age		
20 – 30 years old	56	42,7
31 – 40 years old	49	37,5
Older than 40 years	26	19,8
Sex		
Male	63	48
Female	68	52
Education		
Diploma III in Nursing	86	66
Bachelor of Nursing+ Ners	45	34
Position		
Head of Room	10	7,6
Team Leader and Acting	121	92,4
Tenure		
1—3 years	40	30,5
4—6 years	30	22,9
7—10 years	6	4,6
10—12 years	13	9,9
More than 12 years	42	32
Service Room		
Inpatient	78	59,6
Outpatient / Polyclinic	9	6,8
Specialized Room (Emergency Room, ICU, HD, OK, etc.)	44	33,6

Table 1 above, it is known that the number of nurses is 131 with the highest age range at the age of 20-30 years as much as 56% with a ratio of the number of men and women as much as 48% compared to 52%. The education level of nurses is still predominantly D III Nursing education level as much as 66% and 92.4% are acting nurses. The characteristics of the work

period of most nurses are more than 12 years with a total of 42 people (32%) and 59.6% of the workspace comes from the inpatient room.

Nurses' Level of Knowledge about Nursing Care based on SDKI, SLKI and SIKI

The results of the study related to the average pre and post-test scores of respondents can be seen in Table 2 below:

Table 2.
Nilai Pre dan Post Test Responden (n=131)

	Pre Test	Post Test
Mean	43.84	89.12
Median	40.00	92.00
Minimum	16.00	64.00
Maximum	84.00	100.00

Table 2 above, it is known that the average pre-test score is 43.84 and the average post-test score is 89.12. The lowest pre-test score was 16 and the highest was 84, while the lowest and highest post-test scores were 64 and 100, respectively.

Table 3.
Level of Knowledge (n=131)

Level of Knowledge	Pre (%)	N	Post (%)	N
Excellent	6,1%		94,7%	130
Sufficient	12,2%		5,3%	1
Poor	81,7%		0	0

The description of the respondents' level of knowledge before training was in the excellent knowledge category totaling 6.1%, some were still in the poor category (81.7%). After the research was conducted, the level of knowledge of respondents in the excellent category was 94.7% or 130 respondents.

Table 4
Results of Differential Analysis
Nurses' Knowledge Level before and after IHT

	N	Mean Rank	Sum of Ranks
Post-test - Pre-test	Negative Ranks	0 ^a	.00
	Positive Ranks	130 ^b	8515.00
	Ties	1 ^c	
	Total	131	

Wilcoxon Analytical Test

Table 4 above, it is known that there are no post-test scores that have decreased, and as many as 130 nurses (99.23%) have increased post-test scores and there is one nurse who has the same pre-test and post-test scores. Thus it can be concluded that there is a significant difference between pre and post-test scores. Or in other words, IHT is able to increase nurses' knowledge in the use of 3S-based askep with an Asymp sig value of 0.000.

DISCUSSION

Respondents' knowledge of SDKI, SLKI and SIKI-based nursing care based on pretest assessment was in the poor category (81.7%) with an average score of 43.84. This can occur because most respondents have not been exposed to the material, due to the lack of opportunities to attend seminars, workshops, continuing nursing education or similar training. In addition, based on the level of education as many as 66% are still at the diploma three nursing level with the time of education graduation before 2016 where SDKI, SLKI and SIKI have not been established. The results of this study are in line with research conducted by

(Awaliyani et al., 2021) where there was a significant effect on the group of nurses who received interventions on how to use SDKI, SLKI and SIKI books on increasing nurses' knowledge in conducting SDKI, SLKI and SIKI-based nursing care documentation at Kuningan Hospital. This shows that exposure to a learning topic will affect a person's knowledge.

Knowledge is the result of human sensing / the result of someone "knowing" about certain objects so as to produce knowledge. Another reference suggests that knowledge is a way to obtain the truth of knowledge by repeating the knowledge gained by solving the problem at hand (Notoatmodjo, S., 2017). Knowledge of an object, including in this case 3S-based nursing care documentation, is also influenced by a person's experience and education level (Vivin K, Ana F., 2017), based on work experience, where nurses who work longer, their skills will increase. The results of the characteristics of the respondents, the level of education of the respondents was mostly at the D-III Nursing level. The level of education correlates with a person's knowledge, where the higher the level of education, the easier it is to receive information (Notoadmojo, 2010). This is in line with research by Azis (2017), which states that there is a relationship between education level and nurses' knowledge about the completeness of nursing care documentation (Azis, Ahmad Ahsanul. 2017). The results of research (Winani et al., 2022) also showed a positive relationship between nurses' knowledge and the ability to implement SDKI, SLKI and SIKI-based nursing documentation. According to (Agustina et al., 2021) factors that influence the ability of nurses to carry out SDKI, SLKI and SIKI-based nursing care include knowledge, education level, attitude and motivation. Another factor that affects the level of knowledge of nurses about documentation is the exposure of this knowledge through training, workshops and other similar methods.

Other studies that are in line with the results of this research are evidence of the effectiveness of training on nursing care documentation using SDKI, SLKI and SIKI on nurses' knowledge (Kartini & Ratnawati, 2022). In House Training is a form of training that can be used to improve the competence and knowledge of a group of people in an institution organized to meet the needs of the institution. Based on the results of this study, it shows that in house training on nursing care based on SDKI, SLKI and SIKI has been able to increase nurses' knowledge with a significance value of 0.00. These results are in accordance with research conducted by (Ernawaty Siagian, 2019) where providing In House Training to nurses can increase nurses' knowledge in pain management with a p-value of 0.000. IHT has also been shown to be effective in increasing nurses' knowledge in reporting patient safety incidents correctly, which in turn can improve the quality of health services, especially patient safety services (Pramesona, et al, 2022) Implementation of In House Training for Special Mental Nursing Care for Children and Adolescents can also improve the optimization of the implementation of special mental nursing care for children and adolescents (Rizal & Agustina, 2021). Training on the application of SDKI, SLKI and SIKI books has also increased nurses' knowledge in applying them to patients (Sukesi, 2021).

CONCLUSION

One of the most important roles of a nurse is as a provider of nursing care. The quality of nursing care provided to patients can be reflected in the documentation of care provided. PPNI (Indonesian National Nurses Association) as the official organization of nurses in Indonesia has established Nursing Care Standards as mandated by Law No. 38 of 2014, namely SDKI, SLKI and SIKI. Every nurse who carries out nursing practice is obligated to comply with these standards in providing nursing services. For this reason, adequate knowledge is needed for all nurses to be able to implement nursing care standards in

accordance with the regulations set by the government. Efforts to increase nurses' knowledge can be done by organizing various activities such as seminars, workshops, training and in-house training as a form of Continuing Nursing Education. These activities have proven to be able to improve the knowledge and competence of nurses, thus nurses are obliged to continuously update their knowledge so that in the end it can improve the quality of nursing services.

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