



## IMPLEMENTATION OF NURSING CARE DURING COVID-19 PANDEMIC IN OUTPATIENT INSTALLATION OF HOSPITAL

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### ABSTRACT

Nursing care must follow a new lifestyle during Covid-19 pandemic, called the new normal. Nursing care during the pandemic in outpatient installations feels somewhat reduced. The purpose of this study was to analyze the factors that influence the implementation of nursing care during Covid-19 pandemic in the outpatient installation of hospital. The research method used is descriptive correlation design with a cross-sectional approach. The population used is nurses and patients in outpatient hospitals. Total sampling technique is involving 46 nurses and 46 patients. Each research subject is only observed once and measurements are made on the status of the character or subject variable at the same time. The results showed that there was a relationship between nurses' age, nurses' perceptions of the management tools in the form of money and materials and machines on the implementation of nursing care perceived by patients. Implication: if nursing care is not optimal, if it continues, it will result in a decrease in the quality of health services.

**Keywords:** covid-19 pandemic; nursing care; outpatient

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### INTRODUCTION

Hospital services consist of inpatient, outpatient and other services. During Covid-19 pandemic, hospitals became centers for handling various diseases, both infectious and noncommunicable diseases, even some hospitals were appointed by the government as Covid-19 referral hospitals. Covid-19 pandemic has also seen changes in people's lifestyles known as the new normal. Nursing care services that are integrated with all health services in hospitals must be able to adapt to the new normal pattern (Kemenkes RI 2021, 2021; Perencanaan et al., 2020).

Outpatient services in hospitals are in the form of services to patients who do not require hospitalization but still provide health services and other services (Ferland et al., 2016; Inayah et al., 2017). Hospitals must make some changes and adapt to the conditions Covid-19 pandemic but still according to the health standards provided by the Indonesian Ministry of Health consisting of various medical and nursing services including health education which should be given when the patient needs it as a form of outpatient service (Nathan & Scobell, 2012). Nursing is a professional service and the backbone of hospital health facilities, a large proportion of nurses who dominate can be used a picture of health quality (De Alwis & Kumari, 2015).

Nurses in hospital outpatient units have short frequency meetings with patients and their families, especially during Covid-19 pandemic. Condition of outpatient services during Covid-19 pandemic in hospitals, both the role of doctor and nurse consultants, nursing care, communication and training for health workers related to outpatient services (McKee & Waghorn, 2000; Pokorski et al., 2009) should be the main concern of hospital management. Task of nurses on duty in the current outpatient ward is to help doctors prepare equipment, weigh patients, check patients' blood pressure, and provide therapy according to doctor's instructions (Mariyanti & Citrawati, 2011). Outpatient nurses are ultimately unable to provide optimal nursing care due to a short time, a lot of administrative work and the density of patient visits. This must be dealt with immediately so that changes and adjustments can be made Covid-19 pandemic.

Lack of knowledge of nurses, excessive workloads, poor quality of professional education and minimal ability of nurses in conducting systematic patient assessments make it difficult to implement every nursing process (Pokorski et al., 2009) in outpatient units of hospitals during Covid-19 pandemic. According to research by Hagos (2014) other factors that also influence when providing nursing care to patients are demographic status (age, education level, length of work, certificates), nurse attitudes, level of knowledge nursing process, training and strengthening factors in the form of promotion and motivation and must adapt to the lifestyle of the community during Covid-19 pandemic.

Patients coming to the outpatient unit of the hospital from the beginning until the end of the service received less attention and optimal nursing care services became a problem that had to be found the best solution. The results of observations and interviews conducted with the head of the ward and outpatient installation that nurses have not carried out nursing care in outpatients optimally, both from the initial assessment to the evaluation. Nurses should, when placed in all areas of health care, still have to carry out their roles and functions according to nursing care standards. This incident is very encouraging for researchers to conduct research related to factors that affect the implementation of nursing care in outpatients during Covid-19 pandemic. The purpose of this research to analyze the factors that influence the implementation of nursing care during the covid-19 pandemic in the hospital's outpatient installation and must make appropriate improvements to create quality, excellent and professional service quality during Covid-19 pandemic and be able to adapt to there is a change in the new normal lifestyle (Perencanaan et al., 2020).

## **METHOD**

This study aims to determine the factors that influence the implementation of outpatient nursing care during Covid-19 pandemic in hospitals. The purpose of this research is to see the implementation of nursing care during the covid-19 pandemic in outpatients of Hospital. The research design used descriptive correlation with a cross-sectional approach. Each research subject is only observed once and measurements are made on the status of the character or subject variable at the same time. (Nursalam, 2014)

The population used is nurses and patients in outpatient hospitals. Sampling technique of this research is total sampling involving 46 nurses and 46 patients, with the inclusion criteria for each sample and with the questionnaire form. Total sampling is selecting samples among the population with what the researcher wants, so that sample can represent previously known population characteristics. Validity and reliability test involving 30 nurses and 30 patients. Cronbach's Alpha questionnaire for nurse factor is 0.870, management function and device is 0.930, and patient questionnaire is 0.920,  $r\text{-value} \geq 0.361$ . The nurse questionnaire contains

questions related to variables nurse characteristics, nurse factors, functions and management tools. The patient questionnaire consisted of questions describing the patient's perception of the implementation of nursing care. This research was conducted at the Outpatient Installation Mayjend HM Ryacudu hospital (RSRC) on 20 May – 11 June 2021.

**RESULTS**

The results were obtained in the form of nurse characteristics, nurse factors, patient perceptions, management functions and management tools that affect the implementation of nursing care during Covid-19 pandemic.

Table 1.  
Characteristics of the age and working period of nurses (n=46)

| Variable         | Mean  | SD   | Min-Max | 95% CI        |
|------------------|-------|------|---------|---------------|
| Age              | 32.50 | 4.38 | 22 – 52 | 31.24 – 36.57 |
| Years of service | 8.61  | 4.82 | 2 – 24  | 6.08 – 10.78  |

Table 1, it is known that the mean age of nurses is 32.50 years. The mean tenure of nurses is 8.61 years.

Table 2.  
Factors of nurses on the implementation of nursing care (n=46)

| Variabel             | Implementation of Nursing Care |      |         |      | p value |
|----------------------|--------------------------------|------|---------|------|---------|
|                      | Not Optimal                    |      | Optimal |      |         |
|                      | N                              | %    | N       | %    |         |
| <b>Nurse Factors</b> |                                |      |         |      |         |
| a. Knowlegde         |                                |      |         |      |         |
| Not Enough           | 14                             | 56   | 11      | 44   | 1       |
| Good                 | 10                             | 55.6 | 8       | 44.4 |         |
| b. Perception        |                                |      |         |      |         |
| Not Enough           | 19                             | 67.9 | 9       | 32.1 | 0.64    |
| Good                 | 5                              | 33.3 | 10      | 66.7 |         |
| c. Motivation        |                                |      |         |      |         |
| Not Enough           | 9                              | 45   | 11      | 55   | 0.31    |
| Good                 | 15                             | 65.2 | 8       | 34.8 |         |

Table 2 describes the factors of a good nurse, namely knowledge and motivation, which were found to have a larger proportion of non-optimal care implementation. In contrast to the perception, it was found that nurses had a good perception of the implementation of good care. The results of the analysis did not find a relationship between nurse factors and the implementation of nursing care.

Table 3.  
Implementation of nursing care based on patient perceptions (n=46)

| Category    | Implementation of Nursing Care |      |
|-------------|--------------------------------|------|
|             | f                              | %    |
| Not optimal | 26                             | 55.5 |
| Optimal     | 20                             | 43.5 |

Table 3, it can be seen that based on patient perceptions, it can be seen that the implementation of nursing care in hospital outpatient installations has not been carried out optimally during Covid-19 pandemic.

Table 4.  
The relationship between management functions based on nurses' perceptions and the implementation of nursing care based on patient perceptions (n=46)

| Variabel                   | Implementation of Nursing Care |      |         |      | p value |
|----------------------------|--------------------------------|------|---------|------|---------|
|                            | Not Optimal                    |      | Optimal |      |         |
|                            | f                              | %    | f       | %    |         |
| <b>Management Function</b> |                                |      |         |      |         |
| a. Planning                |                                |      |         |      |         |
| Not optimal                | 11                             | 47.8 | 12      | 52.2 | 0.45    |
| Optimal                    | 15                             | 65.2 | 8       | 34.8 |         |
| b. Organizing              |                                |      |         |      |         |
| Not optimal                | 13                             | 48,2 | 14      | 51,8 | 0.58    |
| Optimal                    | 11                             | 63.2 | 8       | 36.8 |         |
| c. Man Power               |                                |      |         |      |         |
| Not optimal                | 11                             | 52.4 | 10      | 47.6 | 0.89    |
| Optimal                    | 13                             | 59,1 | 9       | 40.9 |         |
| d. Briefing                |                                |      |         |      |         |
| Not optimal                | 13                             | 50   | 13      | 50   | 0.58    |
| Optimal                    | 12                             | 60   | 8       | 40   |         |
| e. Controlling             |                                |      |         |      |         |
| Not optimal                | 12                             | 48   | 13      | 52   | 0.21    |
| Optimal                    | 13                             | 61,9 | 8       | 38,1 |         |

Table 4 explains that nurses who perceive optimal nursing management from head nurses, found that non-optimal results in implementing nursing care are planning 65.2%, organizing 63.2%, manpower 59.1%, directing 60% and controlling 61.9%. It can be seen that optimal management is inversely related to the implementation of optimal nursing care.

Table 5.  
The relationship between management devices based on nurses' perceptions and the implementation of nursing care based on patients (n=46)

| Variabel                   | Implementation of Nursing Care |      |         |      | OR<br>(95% CI)        | p value |
|----------------------------|--------------------------------|------|---------|------|-----------------------|---------|
|                            | Not Optimal                    |      | Optimal |      |                       |         |
|                            | f                              | %    | f       | %    |                       |         |
| <b>Perangkat Manajemen</b> |                                |      |         |      |                       |         |
| a. Man                     |                                |      |         |      |                       |         |
| Not optimal                | 12                             | 57,1 | 9       | 42,9 | -                     | 0.94    |
| Optimal                    | 14                             | 56   | 11      | 44   |                       |         |
| b. Money                   |                                |      |         |      |                       |         |
| Not optimal                | 20                             | 69   | 9       | 31   | 9.625<br>2.117-43.753 | 0.005   |
| Optimal                    | 5                              | 29,4 | 12      | 70,6 |                       |         |
| c. Methods                 |                                |      |         |      |                       |         |
| Not optimal                | 15                             | 55,6 | 12      | 44,4 | -                     | 1       |
| Optimal                    | 10                             | 52.6 | 9       | 47.4 |                       |         |
| d. Materials and machine   |                                |      |         |      |                       |         |
| Not optimal                | 8                              | 36,4 | 14      | 63,6 | 0.119                 | 0.04    |

| Variabel               | Implementation of Nursing Care |      |         |      | OR<br>(95% CI) | p value |
|------------------------|--------------------------------|------|---------|------|----------------|---------|
|                        | Not Optimal                    |      | Optimal |      |                |         |
|                        | f                              | %    | f       | %    |                |         |
| Optimal                | 17                             | 70,8 | 7       | 29,2 | 0.030 – 0.472  |         |
| <i>e. Informations</i> |                                |      |         |      |                |         |
| Not optimal            | 9                              | 40,9 | 13      | 59,1 | -              | 0.19    |
| Optimal                | 15                             | 62,5 | 9       | 37,5 |                |         |

Table 5 describes the optimal management tools, namely money, materials and machines, resulting in a more optimal implementation of care. These results can be seen in relation to the results of p values of 0.005 and 0.04. Meanwhile, man, methods and informations found results that were inversely proportional to the implementation of nursing care

### DISCUSSION

RSRC nurses have an average age of 32.50 years. There is a relationship between age and the implementation of nursing care. These results are in line with research conducted by Siagian (2010) which emphasizes that the higher the age, the more able to show mental maturity, the more able to think rationally, wisely, able to control emotions and be open to the views of others. There is a relationship between age does not always increase performance. There is a relationship between age and work performance that decreases with age, but a certain age can also increase productivity (Robbins & Judge, 2017).

The average tenure of nurses is 8.61 years. There is no relationship between the working period and the implementation of nursing care. According to research, it is stated that tenure does not have a significant relationship with the implementation of nursing care (Shewangizaw, 2015). In contrast, Rofii's research states that nurses with 1-9 years of service are more likely to plan discharge to patients than nurses with more than 9 years of service. Patient perceptions related to the implementation of pandemic outpatient nursing care were found to be not optimal at the RSRC, while knowledge and motivation were optimal. Nurses have good motivation to carry out nursing care, but in practice, the overall outpatient nursing care for pandemic homes is still not optimal. Motivation greatly affects individual behavior resulting in work productivity. The three factors were not statistically significant.

Even though it is not related, the knowledge of nurses must be increased, the higher the knowledge of the nurses, the better the impact of carrying out the nursing process compared to nurses with minimal knowledge (Shewangizaw, 2015). Rahim's (2009) perception, although not related, a good perception must be created by the leadership because nurses are good at their work and motivate nurses in achieving treatment goals. Nurses perceive that management functions are carried out by the head of the room to optimize the implementation of nursing care. However, only the planning function is optimal in RSRC, the other four functions are not yet optimal. The not yet optimal management function illustrates the not yet optimal implementation of outpatient care. Statistically, there is no significant relationship between management function perceived by nurses and nursing care perceived by patients. There is an optimal planning function, which is not the basis for optimizing the implementation of care. Non optimal care is not only the result of the management function of the head nurse, but there are other factors related to the management device.

Briefing is done to motivate nurses to communicate with patients. Briefing is done by building awareness of nurses carrying out the role of care givers. Nurses are reminded and

their perception is built to be better in carrying out care, to rearrange their way of thinking and perception to help improve the final outcome of care (García-Sierra et al., 2017). Importance of outpatient nursing care during a pandemic by using a management function with the application of a good directive function. Good communication between patients and families with multidisciplinary hospitals greatly helps the success and effectiveness of the nursing plans that have been made. Good communication needs to be built to create patient trust in the health team. Patients need information, support and attention from their families and health workers such as nurses and doctors. Role as a provider of outpatient nursing care by increasing communication, direct support, providing information will optimize the quality of service (Jacobsohn, 2017) in hospitals during Covid-19 pandemic.

Management tools at RSRC are not optimal, there is a relationship between the implementation of nursing care and financial (*money*) and equipment and machines (*material and machine*) while information (*informations*), consisting of human resources (*man*) and method (*methods*) results are not related. Money in question includes hospital support for providing financial assistance for seminars on the latest information science updates for Covid-19 pandemic, appropriate overtime payments, education, skills, and availability of medical devices as well as all facilities for the process of providing nursing care. The picture of money is not optimal (69%). Optimal money support shows that implementation of nursing care is not optimal (29.4%) while optimal (70.6%).

Financial planning must be proactive, flexible, clear and measurable in the short and long term and involve all parties, the budgeting and financing process (Marquis & Huston, 2017) in hospitals. The head of the room identifies the need for development, training of nurses. Able to make more optimal education and training budgets to support the implementation of nursing care. The head of the room makes standard professional operational procedures for implementing outpatient professional nursing care according to the new normal changes.

The relationship between money in management tools and the implementation of nursing care, there is a relationship between money and the implementation of nursing care in the outpatient installation Covid-19 pandemic RSRC. Nurses who are supported by the availability of adequate money have 9,625 times the opportunity to perform optimal nursing care compared to nurses who are not supported by the availability of adequate money. Money is a part that motivates nurses in performing nursing care. There needs to be an effort to raise the motivation of nurses to carry out professional nursing care, there is a relationship between remuneration, staff development, rotation, supervision and motivation to nurse job satisfaction (Purwaningsih et al., 2008). Hospital support in an effort to facilitate money can increase the work motivation of nurses. Opinions are not in tune with research stating that there is no relationship between the reward system and the performance of nurses in providing care (Royani et al., 2012).

Description of material and machine availability is not optimal as much as 70.8% and optimal as much as 29.2%. Planning and availability of materials and machines is an important part of planning during a pandemic. Results of observations that the availability vital signs, scales and height measurements are not evenly distributed in every polyclinic and waiting room, location of the nurse station, availability of information boards is not strategic.

Nurses supported by materials and machines have not been optimal in carrying out nursing care as much as 36.4% do not provide care, nurses are supported by materials and

machines optimally carry out nursing care 63.6%. There is a relationship in line with the increase in nursing care on the availability of facilities and equipment in outpatient installations. There is a significant relationship (p-value 0.030) and an OR value of 0.472, nurses who are supported by the availability of adequate materials and machines have a 0.472 times chance of performing nursing care compared to nurses who are not supported by the availability of materials and machines. Research in line with research conducted by Shewangizaw & Mersha (2015) and Baraki et al (2014) stated that the lack of completeness of facilities affects the implementation of the nursing care delivery process. Implementation of nursing care is 0.07 times better than nurses who are not supported by complete materials and facilities for the nursing implementation process.

Almost all activities during Covid-19 pandemic were carried out using online devices. Information technology media are needed by hospitals to improve health services even though they do not provide significant value. The advantages of technological developments are very useful in helping patients, hospital nurses achieve optimal nursing care at all times. Outpatient communication during Covid-19 pandemic can be done by optimizing the use of mobile phones, useful for monitoring patient conditions after being treated and reminding control schedules. This is the first choice to increase satisfaction and quality of care during Covid-19 pandemic (Monllor-Nunell et al., 2017).

## CONCLUSION

Implementation RSRC outpatient care during Covid-19 pandemic is not optimal, if this condition is not addressed immediately, it can affect patient satisfaction and trust in the hospital, becoming a barrier to the implementation of the RSRC hospital's vision, which is to become the community's first choice hospital. Optimizing outpatient nursing care during Covid-19 pandemic requires the support of all parties, both hospital management & nurses, because nursing care is not carried out optimally, which has an impact on patient safety and security, which is the main concern and the standard of success of a health service.

The not yet optimal implementation of nursing care does not only occur because of nurse factors or management functions and management tools, but there are other factors that have a significant influence, namely age, money, materials and machines. The availability of hospital support facilitates nurses in terms of financing in self development, especially in the field of education, providing greater opportunities for implementing optimal outpatient nursing care during Covid-19 pandemic. Improvements in outpatient facilities, equipment and equipment have the opportunity to further optimize the implementation of outpatient nursing care during a pandemic.

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