

## OPTIMIZATION OF NURSE MANAGER PLANNING FUNCTION IN NURSE FORMAL EDUCATION DEVELOPMENT: *PILOT STUDY*

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**Received: 02 May 2018**

**Accepted: 08 May 2018**

**Published: 25 May 2018**

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### **ABSTRACT**

*The development of formal education is one type of continuing professional development in Nursing. A Nurse Manager should have an educational development plan as an effort to align the achievement of quality health services. Nurse Manager in the one of the National General Hospital in Jakarta has a nurse formal education development planning that has been made by the Nurse Manager, but not become an optimal yet. The method used pilot study to optimize the function of Nurse Manager planning in developing nurse formal education with situation analysis using fish bone diagram, making Plan of Action (POA), implementation, and evaluation. The results of the assessment indicate the main problem that occurs is not optimal the function of Nurse Manager planning in the development of nurse formal education. The problem was solved using the Kurt Lewin planned change and Plan-Do-Check-Act (PDCA) approach. Implementation is the draft of guidelines for planning in the nurse formal education development and socialization of draft of guidelines with brainstorming. Implementation made resulted in guidelines for planning in nurse formal education development and interests and positive responses from participants who attended. The recommendations are the proposed draft of guidelines for planning in nurse formal education development that has been compiled should be coordinated with the Medic and Nursing Directorate, Human Resources and Education Directorate, and Financial Directorate, should be approved by the President Director of the hospital, should be socialized, monitoring and evaluation of planning in nurse formal education development, a budget plan should be developed for the development of formal education, and it is expected that the hospital no longer receives a Nurse Diploma.*

**KEYWORDS:** *Development of Formal Education, Nurse, Nurse Manager, Optimization, Planning Function*

### **INTRODUCTION**

One type of continuing professional education is formal education. Formal education such as higher education in Nursing Diploma level, Nurse Profession, Master, Nursing Specialist, and Nursing Doctoral Program (Hariyati, 2014). Formal education becomes the place to start professional value development (Kantek, Kaya, & Gezer, 2017).

This formal education becomes very important for the nursing profession. Because of the nurse profile currently required by the health system is an educated nurse at the master's level (Massimi et al., 2017). The subsequent causes of new diversity and nursing education are increasing, but do not meet the recommendations of the Institute of Medicine (IOM) regarding the increasing diversity of nurses who earn bachelor's degrees and interprofessional education

(Kovner et al., 2017). This is also due to the continuous development of professionals, one of which is formal education has become a significant global investment to meet current and future public health needs and challenges in view of the complexities of 21<sup>st</sup>-century services (Massimi et al., 2017; Weglicki, Reynolds, & Rivers, 2015).

Some countries have different reasons or motivations regarding the importance of formal education. One example in low-resource countries such as Latin America and Sub-Saharan Africa, has identified continued education as a critical area of the nursing development agenda and as an approach to strengthening the nursing profession (Clark et al., 2015). Indonesia has highly motivated nurses to pursue continuing professional development and demonstrate fair and excellent performance and competence (Suangga & Tuppal, 2017).

Not only are different reasons or motivations related to the importance of formal education, but the policies governing the continuing development of the nursing profession are also varied. Twenty-three States in the United States have enacted legislation to require nurses to participate in continuing professional development with the aim of renewing licenses (Chong et al., 2014). Indonesia sets out the rules relating to the continuing professional development of nurses in the Nursing Law No.38 (2014) in article 53 paragraphs 1 and 2 (UU Keperawatan No.38, 2014), Law no. 36 health workers (2014) in Article 30 paragraphs 1 and 2 (UU No. 36 tenaga kesehatan, 2014), Regulation of the Minister of Health Republic of Indonesia No. 40, 2017 (Kemenkes, 2017) on the Development of Professional Clinical Nurse Career Levels in Articles 2 and 3, and Qualifications of Education Standards 8 (KPS) 8 in the Hospital Accreditation Commission, 2012 (Komisi Akreditasi Rumah Sakit, 2012), as well as in the standards of Hospital Governance TKRS) 3 on standards of the Hospital Accreditation Commission, 2017 (Komisi Akreditasi Rumah Sakit, 2017).

The importance of formal education is also inseparable from the function and role of Nurse Manager. Nurse Manager plays a role and is responsible for promoting educational activities and supporting nurse attendance in sustainable professional development (Coventry et al., 2015; Marquis & Huston, 2013). Nurse Manager should also have plans to improve nurse education in an effort to harmonize the achievement of quality health services (Hariyati, 2014).

One of the National General Hospitals in Jakarta that in realizing quality nursing services and the equivalent of world-class health services needs to increase the competence of all nurses. Increased competence is also one of the requirements to be able to provide quality nursing services for patient comfort and safety. One of the efforts undertaken by the hospital is through the implementation of sustainable development programs through formal nursing education.

The development of nurse formal education conducted by the hospital is faced with several obstacles. The hospital has 2,193 nurse staff as of August 2017, with the proportion of 123 "nursing high school" (5.6%), Nurse Diploma 1654 (75.4%), Nurse Bachelor and Nurse Profession 263 (12.0%), Master of Nursing and Nurse Specialist 16 (0, 7%), and other education 137 (6, 3%). This is still very far with the proportion of nursing staff assigned by the President Director: Master of Nursing, Nurse Specialist and Doctoral of Nursing 10%, Nurse Profession 30%, and Nurse Diploma 60%. One of the efforts undertaken by Nurse Manager is to make the planning of nurse formal education development, so that the hospital is able to reach and in accordance with the proportion of determined nursing staff.

The planning of nurse formal education development made by the Nurse Manager is not optimal yet and not yet become the standard system. This causes the number of nurses to feel less clear and confusion related to the implementation of the development of formal education. The hospital also does not have a standard quota that should

implement formal education and is certainly not a guide in the planning of nurse formal education development. It becomes an interesting thing to learn, especially to optimize of Nurse Manager planning function in nurse formal education development.

## **METHODS**

This activity was conducted at one of the National General Hospital in Jakarta, Indonesia. The implementation process of this activity is done on October 16, 2017, until November 17, 2017. The method used is pilot study starting from assessment, data analysis, Plan of Action (POA), implementation and evaluation.

The assessment was conducted using document observation techniques, interviews, Focus Group Discussion (FGD), and questionnaires. Observation is done by looking at and reviewing documents related with the development of nurse formal education. Interviews were conducted to the Head of Nursing Division using a structured interview guide. FGDs are performed on the Head Nurse from outpatient, inpatient, emergency unit (ER), Room of Operation (OK), Intensive Care Unit (ICU), and procedure /action room using FGD guidelines.

Questionnaires were administered to all nurses of both Primary Nurse and Associated Nurse at the hospital. The population of nurses in the hospital was 1923 people. The sample determination was then performed using probability sampling with random sampling. Samples obtained by 357 implementing nurses. The questionnaire consisted of three parts, namely the characteristics of the nurse, the knowledge of the development of nurse formal education, and the perception towards the development of nurse formal education

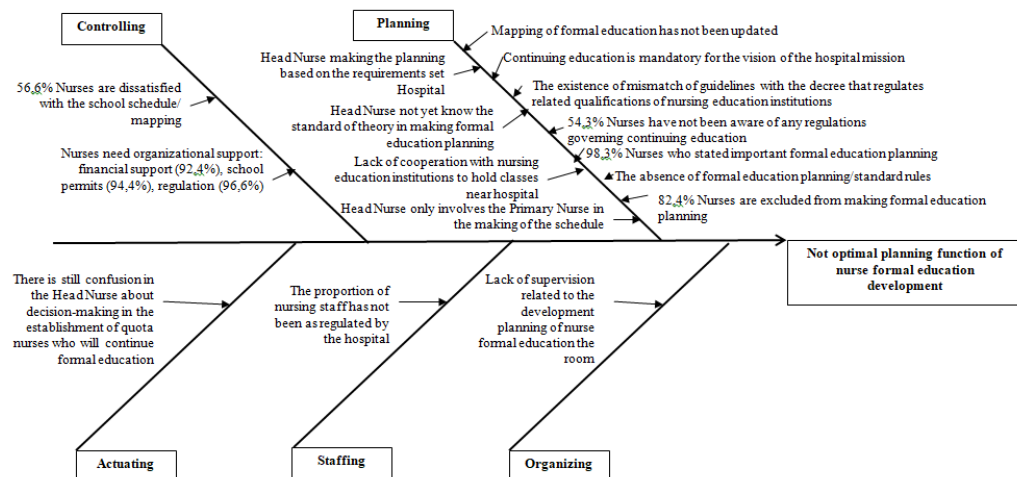
The results were then analyzed by using a fishbone diagram to establish the main problem in the hospital. The key issues raised are resolved with Kurt Lewin's planned change approach and Plan-Do-Check-Action (PDCA). The innovation program is made in detail in the form of POA made in conjunction with the hospital. Activities undertaken are to make a guide of the planning of nurse formal education development used as a reference in planning of the nurse formal education development.

## **RESULTS**

The results of the assessment were analyzed using a fishbone diagram as shown in Figure 1.

The main problem that is obtained is not optimal Nurse Manager planning function in the planning of nurse formal education development. Various causes of this main problem are the data mapping of education of nurses has not been updated, the incompatibility of guidelines with the decree that regulates related qualifications Educational Institutions. This is also due to 54.3% of nurses not yet aware of any regulations about continuing education

Other causes related to the main problem are 98, 3% of nurses who stated important formal education planning, the absence of formal education planning/standard rules. 82.4% nurses are not included in making formal education planning; Head Nurse making planning based on requirements established of the hospital, Head Nurse does not yet know the theoretical standards about formal education planning. The absence of cooperation with Nursing Education Institutions to hold classes near hospitals and Head Nurse involving only Primary Nurse in the making of schedules is also the cause of the major problems that exist.



**Figure 1: Analysis of Assessment Results in Fish Bone Diagram**

Implementation made under the Plan of Action (POA) to address the problem. Problems resolved with Kurt Lewin's planned change approach and nursing problem solving using the Plan-Do-Check-Act (PDCA) approach. Kurt Lewin's planned change consists of three stages that must be executed by a change agent.

The three stages of Kurt Lewin's planned change approach are unfreezing, movement (movement), and refreezing. The unfreezing stage includes data showing the need for a change of which 98.3% of nurses stated that the planning of nurse formal education development is important, the current situation that is not in line with the vision and mission of the hospital. The data also indicate the need for a change in the absence of formal education planning rules/standards and 82.4% of nurses stated that they were not included in the planning of nurse formal education development.

Stage movement involves all processes of change communicated in the form of POA changes made to achieve the objectives of the organization, making the guide to planning of nurse formal education development, all nurses involved in the process of change include listening inputs, and consider the input in the process of change, changes made are also based on evidence based. The changes are supported by the Head Nurse and all the nurses in the hospital.

Opportunity to change by accommodating all aspirations for change. The joint change and the change process involve input from all stakeholders so it is necessary to coordinate the Nursing Division with the Directorate of Medical and Nursing, the Directorate of Human Resources (HR) and Education, and the Directorate of Finance. This needs to be done because when the preparation of guidelines HR and Training section cannot attend.

The refreezing stage by evaluating the changes that have been made and generated, sustain the change with the guide of nurse formal education development.

Kurt Lewin's planned changes were achieved from the unfreezing stage, movement, and refreezing covers only the scope of the Nursing Division. However, planned changes cannot be resolved if faced with the scope of the hospital. The planned changes made when faced with the scope of the hospital are still at unfreezing stage. This is due to the complexity of hospitals that are National General Hospitals and national referrals with many nurses.

The main problem solving is also done using PDCA approach. The PDCA approach consists of four stages: plan (planning), do (implementation), check (evaluation), and act (follow up plan). Activities undertaken in the planning

stage (planning) that is identifying problems and analyze problems. Problem identification and analysis is done by using the Fish Bone diagram. Problem-solving planning is outlined in the POA form to optimize Nurse Manager planning function in the development of nurse formal education.

Activities undertaken in the do stage (implementation) is to develop solutions and implement existing solutions. Solutions are given to overcome the main problems that exist in the preparation of the guide draft of the planning of nurse formal education development and socialization of that through brainstorming. The guidebook made comes from previous guidelines, existing regulations, journals, and mapping of the nurse formal education development plan is based on the proportion of the nursing staff in the hospital.

Activities undertaken in the check stage (evaluation) are to evaluate the results and objectives that have been determined. Evaluation that has been done by observation and interview is the guide draft of the planning of nurse formal education development and the interest and positive response from the participants who attended during the socialization of the guide draft. However, evaluation of the results of planning of nurse formal education development cannot be done because it takes a longer time while the activities are limited.

Activities undertaken in the act stage (the follow-up plan) is to propose a guide draft for nurse formal education development should be approved by the President, Director of the hospital, socialize to the Nursing Manager, Nursing Supervisor, Head Nurse, and nurses. Head of Nursing Division is also expected to have a Draft budget for nurse formal education development, and expected to the hospital in the future no longer receive Nurse Diploma.

## **DISCUSSIONS**

Nurse Manager is often agents of change within an organization. A planned change is certainly a conscious and deliberate effort to bring about something that results through change (Marquis & Huston, 2013; Robbins & Judge, 2017). The planned change is made possible by the efforts of the change agent that is implementing slowly after consultation with others (Marquis & Huston, 2013).

The main problem that is obtained is not optimal Nurse Manager planning function in nurse formal education development. Marquis & Huston, (2013) stated that the planning phase the management process is very important and directs all other functions. This becomes the basis of other management functions that are also not optimal to be one cause in the main problem.

Nurse Manager who is considered agents of reformers requires a plan in the nurse formal education development. This is supported by the opinion of Adami & Kiger (2005) and Chong, Sellick, Francis, & Abdullah (2011) who stated that the development of nurse formal education is necessary and advocated the existence of effective planning.

One of the efforts that Nurse Manager makes in solving major problems using Kurt Lewin's planned change approach. This is because planned changes can improve patient service and can help achieve organizational goals such as individual goals (Swansburg & Swansburg, 1999). Other causes are to improve the organization's ability to adjust to the environment and change the behavior of employees (Robbins & Judge, 2017).

Kurt Lewin's planned change consists of three stages that must be executed by a change agent. Marquis & Huston (2013); Robbins & Judge, (2017); Swansburg & Swansburg (1999) divided into three stages of Kurt Lewin's planned alteration approach: unfreezing, movement, and refreezing. The unfreezing stage occurs when there is an imbalance occurring in a

system that degrades the need for a change. Movement stage is to identify, plan, and implement the right strategy for a change. The refreezing stage is to maintain and stabilize the change.

The unfreezing stages carried out in overcoming the main problems include data showing the need for change among which 98.3% of nurses stated that the planning of nurse formal education development was important. Research conducted by Marzuki, Hassan, Wichaikhum, & Nantsupawat (2012) stated that 79.5% of nurses strongly agree that continuing education programs are the most important. Govranos & Newton (2014) also stated that continuing education is important by nurses regardless of the difference in nurse values and perceptions of continuing education. Education is one factor that is considered important by nursing because it affects the performance of a person and has a very close relationship with work (Hariyati, 2014).

Another thing that causes formal education is important because it has many benefits. The benefits are beneficial for patients receiving evidence-based care, providing safe and high-quality care (Hicks & Patterson, 2017; Vévodaa, Vévodaa, & Prošková, 2017). Formal education is important because it also provides many benefits to the nurse's own self such as maintaining, improving and expanding the knowledge, skills and competence, and personal development of the nurse, career mobility, personal satisfaction, and breaking the chain of boredom (Hariyati, 2014; Hicks & Patterson, 2017; Katsikitis et al., 2013; Pool et al., 2016; Ross, Barr, & Stevens, 2013; Vévodaa, Vévodaa, & Prošková, 2017).

The need for change is the current situation that is not in line with the vision and mission of the hospital. The vision and mission of the hospital is a simple statement consisting of the purpose and reasons for the existence of a hospital that will move the organization (Swansburg & Swansburg, 1999). This is certainly the reason the hospital should continue to strive to achieve the vision and mission because of the vision of the mission of the hospital as a guide in planning (Marquis & Huston, 2013). The vision of this mission would be a reference in the planning of nurse formal education development.

The absence of formal education planning rules and standards also causes the need for change. Just as the vision and mission of the hospital, these standards or rules are just as important in a plan. These rules and standards are plans that limit specific actions or non-action (Libner, 2016; Marquis & Huston, 2013). It is intended that the nurse formal education planning still has limits to avoid excessive planning or inadequate planning.

Nurse Manager needs to involve staff and related units in the planning process, when she making the planning of nurse formal education development. The data obtained show that 82.4% of nurses stated that they were not included in the planning of nurse formal education development. This is certainly one of the concerns for Nurse Manager. Marquis & Huston (2013) stated that the involvement of staff and work units in the planning process can improve the commitment to the achievement of goals.

The next stage of Kurt Lewin's planned change is movement. All processes of change communicated in the form of POA changes made to achieve the objectives of the organization. This is certainly necessary because in the changes it needs to be communicated or clearly the individual's specific goals and responsibilities to all implementers of the planner so that the work is coordinated (Robbins & Judge, 2017).

At this stage change also needs support from all members of the organization (Robbins & Judge, 2017). This, of course, makes changes are also done together and of course the process of change involves input from all



stakeholders so it needs coordination between the Nursing Division of the Training and Human Resources Division. The changes are also supported by the Head Nurse and all the nurses at the hospital. Opportunity to change by accommodating all aspirations for change. All nurses are involved in the change process such as listening to inputs, and considering them in the process of change. Changes made are also based on evidence-based. It is expected that the changes made can be justified (Masic, Miokovic & Muhamedagic, 2008).

Activities undertaken in the movement stage also include making a guide for the development of nurse formal education. There are no journals to suggest that this guide is important in planning the development of nurse formal education. However, guidance is one of the products of planning, so this guide is certainly important as a benchmark for Nurse Manager in developing nursing education planning. Marquis & Huston (2013) stated that planning is a necessary proactive function required by all nurses so that the needs and goals of individuals and organizations can be met.

The final stage of Kurt Lewin's planned change is the refreezing stage. This stage requires commitment and policy support for change to persist (Hussain et al., 2016) by evaluating the changes that have been made and generated, sustaining the changes with the guidelines for the development of formal education of nursing staff that have been ratified.

Another effort that Nurse Manager also does in solving a major problem is using the PDCA approach. This effort is also intertwined with Kurt Lewin's planned change approach. PDCA is an excellent method for continuous improvement processes (Johnson, 2016). PDCA can be used in the effort to control and quality assurance of nursing resources (Hariyati, 2014). PDCA consists of the plan, do, stage of a check (evaluation), and stage act (follow-up plan).

Fish Bone diagram is one of the methods used in analyzing the problem (Hariyati, 2014). This, of course, can be used in the stage plan (planning) that is identifying problems and analyzing the problems. Problem identification and analysis is done by using the Fish Bone diagram. Planning is done in solving the problem set out in the form of POA to optimize the Nurse Manager planning function in the development of nurse formal education. POA serves as a guideline for achieving the objectives as well as guidelines for evaluation of the objectives that have been set (Hariyati, 2014).

Activities undertaken in the do stage (the implementation) is to develop solutions and implement existing solutions (Johnson, 2016). Solutions are given to overcome the main problems that exist is the workshop about guide draft development about the development of nurse formal education and socialization the guide draft through brain storming. It is the same as the movement stage of Kurt Lewin's planned change.

The guidance made comes from previous guidelines, existing regulations, journals, and mapping of the nurse formal education development plan is based on the proportion of the nursing staff of the hospital. The proportion of nursing personnel is prioritized on increasing the number of Nurse Bachelor and Profession. Blegen, Goode, & Park (2013) stated that hospitals with nurses with Nurse Bachelor have a low incidence of heart failure, relief failure, and long-term shortening of care.

Activities undertaken in the check stage (evaluation) are to evaluate the results and objectives that have been determined. Evaluation that has been done by observation and interview is the guide draft of nurse formal education development and the interest and positive response from the participants who attended during the socialization of the guide draft. However, the evaluation of the results of the guide of nurse formal education development planning cannot be done because it takes a long time while the activity is limited. The guide is the product of the planning. Surely it should be

flexible and allow for re-adjustment when faced with unexpected events and all plans should contain evaluation steps (Marquis & Huston, 2013).

Activities undertaken in the act stage (the follow-up plan) are to propose a guide draft of nurse formal education development should be approved by the President Director of the hospital, socialize to the Nurse Manager, Nursing Supervisor, Head Nurse and nurses. This follow-up plan is similar to the last stage of Kurt Lewin's planned change of the refreezing stage. This stage requires commitment and policy support for the change to persist (Hussain et al., 2016).

## CONCLUSIONS

The conclusion that can be drawn as follows planning of nurse formal education development is very important to be made and implemented, and one of effort in optimizing the Nurse Manager planning function in the development of nurse formal education that is using an approach of Kurt Lewin planned change and PDCA. The guide of nurse formal education planning includes one of the products of the planning so that the guidance is very important to be made and needed by all nurses so that individual and organizational needs can be met.

The implications of this residency activity as the hospital as a vehicle for the practice of students are able to plan the nurse formal education development, so can help the hospital to improve the quality of nurses and the quality of nursing service. The results of this residency can be used as a reference for future relevant research in identifying the influence of planning guidance on the development of nurse formal education to optimize the nursing manager planning function and efforts to improve the quality of nurses and achieve the proportion of nursing staff that has been established.

Suggestions that can be submitted in this residency activity as follows Nursing Division is expected to coordinate draft guidance proposal to Directorate of Medical and Nursing, Directorate of Human Resources (HR) and Education, and Directorate of Finance, then propose draft of guide of planning of nurse formal education development arranged to be endorsed by the President Director of the hospital, Nursing Division is expected to socialize the planning of nurse formal education development which has been approved by the President Director of the hospital to Nurse Manager, Supervisor, Head Room and Nurses, is expected to conduct monitoring and evaluation of the activities of planning of nurse formal education development, Head of Nursing Division is also expected to have a Draft budget for nurse formal education development, and expected to hospital in the future no longer receive Nurse Diploma.

## ACKNOWLEDGEMENTS

The authors would like to thank to Indonesia Endowment Fund for Education (LPDP), The Ministry of Finance Republic of Indonesia as a full scholarship provider as long as the authors are studying Nursing Master's Degree Program, Leadership and Nursing Management, Faculty of Nursing, Universitas Indonesia.

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