

BAB VI KESIMPULAN DAN SARAN

Pada bab VI, peneliti menyimpulkan hasil penelitian berdasarkan tujuan yang telah dibuat dan memberikan saran dari hasil penelitian ini kepada program studi keperawatan, rumah sakit secara khusus manajemen Keperawatan MMC, peneliti selanjutnya dan kepada masyarakat.

A. Kesimpulan

1. Analisa Univariat, ada keberhasilan intervensi edukasi *bedside handover* dengan peningkatan nilai pre dan post edukasi sebesar 4 poin.
2. Analisis Bivariat
 - a. Uji *Chi-Square*:
 - 1) Tidak ada pengaruh intervensi edukasi *bedside handover* terhadap peningkatan pelaksanaan *bedside handover* menunjukkan nilai $p = 0,233 (\geq 0,005)$.
 - 2) Ada pengaruh peningkatan pelaksanaan *bedside handover* terhadap peningkatan *bedside handover* yang dirasakan pasien menunjukkan nilai $p = 0,00 (\leq 0,005)$
 - b. Uji Beda Berpasangan (pre post kelompok intervensi)
 - 1) Ada perbedaan hasil intervensi sebelum dan sesudah edukasi *bedside handover* pada perawat kelompok intervensi secara signifikan dengan nilai $p = 0,00 (\leq 0,05)$.
 - 2) Ada perbedaan pelaksanaan *bedside handover* sebelum dan sesudah edukasi *bedside handover* pada perawat kelompok intervensi secara signifikan dengan nilai $p = 0,00 (\leq 0,05)$.
 - 3) Ada perbedaan *bedside handover* yang dirasakan pasien kelompok intervensi secara signifikan dengan nilai $p = 0,00 (\leq 0,05)$.
 - 4) Ada perbedaan kepuasan pasien kelompok intervensi secara signifikan dengan nilai $p = 0,00 (\leq 0,05)$.

c. Analisa Uji Beda Independen

- 1) Ada perbedaan peningkatan pelaksanaan *bedside handover* pada kelompok perawat kontrol dengan kelompok intervensi dengan nilai $p < 0,00$ ($< 0,05$).
- 2) Ada perbedaan *bedside handover* yang dirasakan pasien kelompok kontrol dan kelompok intervensi sebelum dan sesudah edukasi *bedside handover* dengan nilai $p < 0,00$ ($< 0,05$).
- 3) Ada perbedaan kepuasan pasien kelompok kontrol dan kelompok intervensi sebelum dan sesudah intervensi edukasi *bedside handover* dengan nilai $p < 0,00$ ($\leq 0,05$).

d. Analisa Uji *SEM Lisrel*

- 1) Ada pengaruh intervensi edukasi terhadap kepuasan pasien dengan nilai $t = 3,64$
- 2) Ada pengaruh peningkatan pelaksanaan *bedside handover* terhadap kepuasan pasien dengan nilai $t = 3,66$
- 3) Ada pengaruh *bedside handover* yang dirasakan pasien terhadap kepuasan pasien dengan nilai $t = 4,4$
- 4) Ada pengaruh usia pasien terhadap kepuasan pasien dengan nilai $t = 7,1$,
- 5) Ada pengaruh tingkat pendidikan pasien terhadap kepuasan pasien dengan nilai $t = 3,55$.
- 6) Tidak ada pengaruh jenis kelamin pasien terhadap kepuasan pasien dengan nilai $t = -3,34$
- 7) Tidak ada pengaruh status kesehatan pasien terhadap kepuasan pasien dengan nilai $t = -2,07$.
- 8) Secara simultan intervensi edukasi *bedside handover*, peningkatan pelaksanaan *bedside handover*, *bedside handover* yang dirasakan pasien, umur pasien, jenis kelamin pasien, status kesehatan pasien, tingkat pendidikan pasien terbukti berpengaruh sebesar $R^2 = 93\%$ terhadap kepuasan pasien.

B. Saran

1. Bagi Program Studi

Hasil penelitian ini diharapkan dapat memberikan informasi yang *evidence based* dalam praktek mahasiswa saat melakukan serah terima informasi pasien. Melalui ceramah/ tatap muka, menonton video *bedside handover* dan simulasi/ *roleplay* dapat meningkatkan pengetahuan perawat tentang *bedside handover*.

2. Rumah Sakit secara khusus manajemen Keperawatan MMC

- a. Edukasi formal pelaksanaan *bedside handover* dikelas dan terencana dalam penelitian ini dengan pendekatan tatap muka, tanya jawab dan pemutaran video, tidak signifikan mempengaruhi peningkatan pelaksanaan *bedside handover*. Pelaksanaan *bedside handover* yang meningkat dalam penelitian ini adalah akibat dari simulasi dan *roleplay* serta pendampingan terhadap pelaksanaan *bedside handover*.
- b. Hasil penelitian ini diharapkan dapat digunakan sebagai bahan pertimbangan pembuatan SOP serah terima pasien disebelah tempat tidur
- c. Diharapkan ada kebijakan dari manajemen untuk meningkatkan *nursing care* dengan menerapkan *bedside handover* sebagai metode serah terima perawat antar shift
- d. Hasil nilai kovarian matriks yang rendah dapat digunakan untuk bahan pertimbangan dalam pembuatan rencana tindak lanjut bidang keperawatan untuk meningkatkan kepuasan pasien pada aspek *nursing care* dengan *caring* serta aspek *nursing care* dengan ketanggapan perawat.

3. Peneliti Selanjutnya

Sebagai bahan referensi dan pertimbangan untuk penelitian selanjutnya dalam mengembangkan ilmu manajemen keperawatan khususnya tentang serah terima laporan disebelah pasien berbaring dengan metode yang lebih komprehensif dengan *mixmethode* dan sampel yang lebih banyak.

4. Bagi Masyarakat

Dari hasil penelitian ini diharapkan masyarakat sebagai pasien atau keluarga berkesempatan terlibat langsung sebagai *partner* dalam penatalaksanaan penanganan kesehatannya. Pasien berkontribusi untuk mengkonfirmasi dan mengklarifikasi informasi kesehatan yang tidak dimengerti selama dirawat.

DAFTAR PUSTAKA

- Agency for Healthcare Research and Quality. (2013). Nurse bedside shift report implementation handbook. Guide to Patient and Family Engagement in Hospital Quality and Safety, 1–20. Retrieved from http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/patfamilyengageguide/strategy3/Strat3_Implement_Hndbook_508.pdf
- Akyuz, A. M., & Ayyildiz, H. (2012). A Structural equation model test of patient satisfaction in the health service organization in Trabzon City. *International Journal of Economic and Administrative Studies*, 8, 47–65.
- Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool towards quality improvement. *Oman Medical Journal*. <http://doi.org/10.5001/omj.2014.02>
- Athwal, P., Fields, W., & Wagnell, E. (2009). Standardization of Change-of-Shift Report. *Journal of Nursing Care Quality*, 24(2), 143–147. <http://doi.org/10.1097/01.NCQ.0000347451.28794.38>
- Batbaatar, E., Dorjdagva, J., Luvsannyam, A., & Amenta, P. (2015). Conceptualisation of patient satisfaction: a systematic narrative literature review. *Perspect. Public Health*, 135(1757–9139 (Print)), 243–251. <http://doi.org/10.1177/1757913915594196>
- Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., & Amenta, P. (2016). Determinants of patient satisfaction: a systematic review. *Perspectives in Public Health*, XX(X), 1–13. <http://doi.org/10.1177/1757913916634136>
- Berkowitz, B. (2016). The Patient Experience and Patient Satisfaction: Measurement of a Complex Dynamic. *Online Journal of Issues in Nursing*, 21(1), 1. <http://doi.org/10.3912/OJIN.Vol21No01Man01>
- Bjertnaes, O. A., Sjetne, I. S., & Iversen, H. H. (2012). Overall patient satisfaction with hospitals: effects of patient-reported experiences and fulfilment of expectations. *BMJ Quality & Safety*, 21(1), 39–46. <http://doi.org/10.1136/bmjqs-2011-000137>
- Cairns, L. L., Dudjak, L. a, Hoffmann, R. L., & Lorenz, H. L. (2013). Utilizing Bedside Shift Report to Improve the Effectiveness of Shift Handoff. *The Journal of Nursing Administration*, 43(3), 160–5. <http://doi.org/10.1097/NNA.0b013e318283dc02>
- Centers for Medicare & Medicaid Services (CMS). Baltimore, M. U. (2014). HCAHPS: Patients' Perspectives of Care Survey. Retrieved January 1,

- 2017, from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>
- Chaboyer, W., McMurray, A., Johnson, J., Hardy, L., Wallis, M., & Chu, F. Y. (2009). Bedside Handover: quality improvement strategy to “transform care at the bedside.” *J Nurs Care Qual*, 24(2), 136–142. <http://doi.org/10.1097/01.NCQ.0000347450.90676.d9>
- Chaboyer, W., McMurray, A., & Wallis, M. (2008). Standard Operating Protocol for Implementing Bedside Handover in Nursing. Standard Operating Protocol for Bedside Handover, Research C.
- Chaboyer, W., McMurray, A., & Wallis, M. (2010). Bedside nursing handover: A case study. *International Journal of Nursing Practice*, 16(1), 27–34. <http://doi.org/10.1111/j.1440-172X.2009.01809.x>
- Dearmon, V., Roussel, L., Buckner, E. B., Mulekar, M., Pomrenke, B., Salas, S., ... Brown, A. (2013). Transforming Care at the Bedside (TCAB): Enhancing Direct Care and Value-added Care. *Journal of Nursing Management*, 21(4), 668–678. <http://doi.org/10.1111/j.1365-2834.2012.01412.x>
- Dempsey, C., & Reilly, B. A. (2016). Nurse Engagement: What are the Contributing Factors for Success? *Online Journal of Issues in Nursing*, 21(1), 2. <http://doi.org/10.3912/OJIN.Vol21No01Man02>
- Drach-Zahavy, A., & Hadid, N. (2015). Nursing handovers as resilient points of care: Linking handover strategies to treatment errors in the patient care in the following shift. *Journal of Advanced Nursing*, 71(5), 1135–1145. <http://doi.org/10.1111/jan.12615>
- Drach-Zahavy, A., & Shilman, O. (2014). Patients’ participation during a nursing handover: the role of handover characteristics and patients’ personal traits. *Journal of Advanced Nursing*, 71(1), 136–147. <http://doi.org/10.1111/jan.12477>
- Dunsford, J. (2009). Structured communication: improving patient safety with SBAR. *Nursing for Women’s Health*, 13(5), 384–390. <http://doi.org/DOI:10.1111/j.1751-486X.2009.01456.x>
- Evans, D., Grunawalt, J., McClish, D., Wood, W., & Friese, C. R. (2012). Bedside shift-to-shift nursing report: implementation and outcomes. *Medsurg Nursing*, 21(5), 281–4, 292. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/23243785>
- Ferreira, D. C., Marques, R. C., Nunes, A. M., & Figueira, J. R. (2017). Patients’ satisfaction: The medical appointments valence in Portuguese public hospitals. *Omega* (United Kingdom). <http://doi.org/10.1016/j.omega.2017.08.009>

- Kullberg, A., Sharp, L., Johansson, H., Brandberg, Y., & Bergenmar, M. (2017). Patient satisfaction after implementation of person-centred handover in oncological inpatient care - A cross-sectional study. *PLoS ONE*. <https://doi.org/10.1371/journal.pone.0175397>
- Greenhouse, Miller, Wisniewski, & Frank. (2008). Transforming care at the bedside: An ambulatory model for improving the patient experience. *The Journal of nursing administration*. DOI: 10.1097/01.NNA.0000312757.06913.2d
- Gordon, M., & Findley, R. (2011). Educational interventions to improve handover in health care: A systematic review. *Medical Education*. <https://doi.org/10.1111/j.1365-2923.2011.04049.x>
- Gardner, G., Gardner, A., & O'Connell, J. (2014). Using the Donabedian framework to examine the quality and safety of nursing service innovation. *Journal of Clinical Nursing*, 23(1–2), 145–155. <http://doi.org/10.1111/jocn.12146>
- Hanae Ibn El Haj, M. L. and N. R. (2013). Quality of care between the DONABEDIAN model and the ISO9001v2008 model. *International Journal for Quality Research*, 7(1), 17–30.
- Herceg, N. (2015). Improving Bedside Shift-to-Shift Nursing Report Process, 1–33.
- Iannuzzi, J. C., Kahn, S. A., Zhang, L., Gestring, M. L., Noyes, K., & Monson, J. R. T. (2015). Getting satisfaction: drivers of surgical Hospital Consumer Assessment of Health care Providers and Systems survey scores. *Journal of Surgical Research*, 197(1), 155–161. <http://doi.org/10.1016/j.jss.2015.03.045>
- Johnson, M., & Cowin, L. S. (2013). Nurses discuss bedside handover and using written handover sheets. *Journal of Nursing Management*, 21(1), 121–129. <http://doi.org/10.1111/j.1365-2834.2012.01438.x>
- Jafari Kelarijani SE, Jamshidi R, Heidarian AR, Khorshidi M. Evaluation of factors influencing patient satisfaction at social security hospitals in Mazandaran province, North of Iran. *Caspian J Intern Med* 2014; 5(4): 232-234.
- Kahn, S. A., Iannuzzi, J. C., Stassen, N. A., Bankey, P. E., & Gestring, M. (2015). Measuring satisfaction: Factors that drive hospital consumer assessment of healthcare providers and systems survey responses in a trauma and acute care surgery population. *American Surgeon*, 81(5), 537–543.
- Kobayashi, H., Takemura, Y., & Kanda, K. (2011). Patient perception of nursing service quality; an applied model of Donabedian's structure-process-outcome approach theory. *Scandinavian Journal of Caring Sciences*, 25(3), 419–425. <http://doi.org/10.1111/j.1471-6712.2010.00836.x>

Kwong, A. Y. Y. (2011). Using a standardized communication tool SBAR to improve LVN students' shift reporting. Using a Standardized Communication Tool Sbar to Improve Lvn Students' Shift Reporting, 138 p-138 p 1p. Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=109855097&site=ehost-live&scope=site>

Lorenz, H. L., Greenhouse, P. K., Miller, R., Wisniewski, M. K., & Frank, S. L. (2008). Transforming care at the bedside: an ambulatory model for improving the patient experience. *The Journal of Nursing Administration*, 38(4), 194–199. <http://doi.org/10.1097/01.NNA.0000312757.06913.2d>

McMurray, A., Chaboyer, W., Wallis, M., & Fetherston, C. (2010). Implementing bedside handover: Strategies for change management. *Journal of Clinical Nursing*, 19(17–18), 2580–2589. <http://doi.org/10.1111/j.1365-2702.2009.03033.x>

McMurray, A., Chaboyer, W., Wallis, M., Johnson, J., & Gehrke, T. (2011). Patients' perspectives of bedside nursing handover. *Collegian*, 18(1), 19–26. <http://doi.org/10.1016/j.colegn.2010.04.004>

Needleman, J., & Hassmiller, S. (2009). The role of nurses in improving hospital quality and efficiency: Real-world results. *Health Affairs*, 28(4). <http://doi.org/10.1377/hlthaff.28.4.w625>

Pohan, I. S. (2006). *Jaminan Mutu Layanan Kesehatan*. (P. Widyastuti, Ed.). EGC.

Prakash, B. (2010). Patient satisfaction. *Journal of Cutaneous and Aesthetic Surgery*, 3(3), 151. <http://doi.org/10.4103/0974-2077.74491>

Principe, I. C. (2017). Examining Nurse Satisfaction with a Bedside Handover Report Process, 1–74.

Rahmqvist, M., & Bara, A.-C. (2010). Patient characteristics and quality dimensions related to patient satisfaction. *International Journal for Quality in Health Care*, 22(2), 86–92. <http://doi.org/10.1093/intqhc/mzq009>

Randell, R., Wilson, S., & Woodward, P. (2011). The importance of the verbal shift handover report: A multi-site case study. *International Journal of Medical Informatics*, 80(11), 803–812. <http://doi.org/10.1016/j.ijmedinf.2011.08.006>

Radtke, K. (2013). Improving patient satisfaction with nursing communication using bedside shift report. *Clinical Nurse Specialist*. <https://doi.org/10.1097/NUR.0b013e3182777011>

Reinbeck, D. M., & Fitzsimons, V. (2013). Improving the patient experience through bedside shift report. *Nursing Management*, 44(2), 16–17. <http://doi.org/10.1097/01.NUMA.0000426141.68409.00>

- Sand-Jecklin, K., & Sherman, J. (2013). Incorporating Bedside Report Into Nursing Handoff. *Journal of Nursing Care Quality*, 28(2), 186–194. <http://doi.org/10.1097/NCQ.0b013e31827a4795>
- Sand-Jecklin, K., & Sherman, J. (2014). A quantitative assessment of patient and nurse outcomes of bedside nursing report implementation. *Journal of Clinical Nursing*, 23(19–20), 2854–2863. <http://doi.org/10.1111/jocn.12575>
- Scheidenhelm, S., & Reitz, O. E. (2017). Hardwiring bedside shift report. *JONA: The Journal of Nursing Administration*, 47(3), 147–153. <http://doi.org/10.1097/NNA.0000000000000457>
- Schoenfelder, T., Klewer, J., & Kugler, J. (2011). Determinants of patient satisfaction: A study among 39 hospitals in an in-patient setting in Germany. *International Journal for Quality in Health Care*, 23(5), 503–509. <http://doi.org/10.1093/intqhc/mzr038>
- Smeulers, M., Lucas, C., & Vermeulen, H. (2014). Effectiveness of different nursing handover styles for ensuring continuity of information in hospitalised patients. *The Cochrane Database of Systematic Reviews*. <http://doi.org/10.1002/14651858.CD009979.pub2>
- Staggers, N., & Jennings, B. M. (2009). The content and context of change of shift report on medical and surgical units. *The Journal of Nursing Administration*, 39(9), 393–8. <http://doi.org/10.1097/NNA.0b013e3181b3b63a>
- Sugiyono. (2013). *Metode Penelitian Kuantitatif Kualitatif dan R & D*. Bandung: Alfabeta, CV Bandung.
- Takeaways, K. (2013). How Patient and Family Engagement Benefits Your Hospital. Agency for Healthcare Research & Quality, 1–4. Retrieved from <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/patfamilyengageguide/>
- Triprabowo, C. (2016). Studi Kualitatif: Peran Handover dalam meningkatkan Keselamatan Pasien di rumah Sakit, 6(2), 72–79.
- Tucker, A., & Fox, P. (2014). Evaluating nursing handover: the REED model. *Nursing Standard (Royal College of Nursing (Great Britain): 1987)*, 28(20), 44–8. <http://doi.org/10.7748/ns2014.01.28.20.44.e7992>
- Vines, M. M., Dupler, A. E., Van Son, C. R., & Guido, G. W. (2014). Improving Client and Nurse Satisfaction Through the Utilization of Bedside Report. *Journal for Nurses in Professional Development*, 30(4), 166–173. <http://doi.org/10.1097/NND.0000000000000005>
- Wayne, G. (2014). Hildegard Peplau's Interpersonal Relations Theory. Retrieved from <https://nurseslabs.com/hildegard-peplaus-interpersonal-relations-theory/#assumptions>

Wijayanto, H.S.(2008). Structural equation modeling dengan Lisrel 8.8: konsep dan tutorial, Graha Ilmu

SH Wijanto - Yogyakarta: Graha Ilmu, 2008