The Influence of Nurse Performance Models Based on Knowledge Management: SECI with Caring Approach on the Quality of Nursing Services

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ABSTRACT

Hospital health services are strongly influenced by the performance of nurses. This study aimed was to explain the effect of performance model based on knowledge management to reduce adverse events and increase client satisfaction. A descriptive quantitative analytic study with a quasi-experimental approach with a pre and post-test research design. The research sample was 31 respondents for each group with a purposive sampling technique. The data collection tools used the nurse's performance intervention module in the knowledge management-based patient safety goals: SECI with the caring approach which is an independent variable; quality of nursing services (patient satisfaction and adverse events) which is the dependent variable. Data analysis used general linear model-multivariate (GLM-M). The increase in client satisfaction which included assurance, tangibles, empathy in the intervention group, where the statistical results of p <0.05 meant that there was a significant change in patient satisfaction which included. assurance, tangibles and empathy. The patient identification variables which are good influence to improve patient satisfaction include responsiveness, assurance, tangibles, empathy, reliability after giving nurse performance module (all p < 0.05). Conclusion: Nurse performance modules based on knowledge management with the caring approach can improve the quality of nursing services in hospitals.

INTRODUCTION

Hospital health services are strongly influenced by the performance of nurses (Havig *et al*., 2011; Kieft *et al*., 2014). The performance of nurses greatly affects the quality of nursing services in hospitals (Aiken *et al*., 2017). The main key in improving the quality of health services is nurses who have high performance (Karaca and Durna, 2019). High performance will result in patient safety and become the highest hight profile that directly reflects the quality of service, as an indicator of unsafe service in the form of adverse events (AE) or Unexpected Events (Tingle, 2011; Organization, 2017).

Patient safety from nursing services is seen from the incidence of misidentification of 7000 patients over a 2.5 year period (Syarif and Jakarta, 2013; Oktarlina and Wafiyatunisa, 2017), and 0.064% of 1 million drug orders (Standard and Errors, 2006). Lestari Aini's research (2015) found 96.7% of identification errors because they did not use the name and age / date of birth / address before giving drugs and procedures. Communication / handovers were ineffective by 60-70% from 1995-2005 (Mitchell *et al*., 2016), America at 70% KTD (Rutledge, Retrosi and Ostrowski, 2018), and one of the hospitals in Indonesia at 45.8% (Febri and Suryanto, 2018). Inaccuracies in treatment were 10% in patients undergoing treatment in the UK, due to drug interactions and unexpected drug reactions of 7% and incidence of treatment errors of 0.4% (Ashcroft *et al*., 2015). Procedure inaccuracy, location of surgery, and patients at surgery for 6 months obtained 14% procedure error, 59% side error, 23% marking, and 5% patient (Oak *et al*., 2015). It is estimated that 1 in 31 (3%) hospital patients have a reduced risk of infection with HAIs / nosocomial infections (Joynt and Gomersall, 2013; Khan, Baig and

Mehboob, 2017). The results of research by Andi, *et al* (2015) in a hospital in Riau, the rate of surgical wound infection was 6.8%. The incidence of falls experienced by patients until injury was 3-20% and 30-50% (Berriós-Torres *et al*., 2017).

Patient satisfaction is also a very important concern in addition to KTD, based on initial studies that obtained the quality of inpatient services at a hospital in Jakarta, it is known that patient satisfaction with inpatient services in December 2015 was 92, 70% and the average was in 2016. is 92.51% (Kuntoro and Istiono, 2017; Laeliyah and Subekti, 2017). This figure still shows inconsistencies in providing satisfaction to patients in general, but even though it is very small there is a tendency to decrease in satisfaction. The high number of adverse events indicates the failure to fulfill patient safety which has an impact on increasing the recurrence rate, length of hospital stay, and complications related to service (Hospital Patient Safety Committee, 2015a; Mitchell *et al*., 2016). The achievement of patient safety goals and increased patient satisfaction in receiving care is the result of the nurse's performance. A preliminary study conducted at a hospital in Indonesia explained that there was a difference between the control group and the group that was given intervention after being given performance interventions in Knowledge Management-based patient safety goals: SECI in a hospital in Jakarta (Fadhillah *et al* ., 2018). However, this study is not comprehensive because apart from the relatively short time it has not been linked to the measurement of service quality. The performance of nurses will provide high work achievement results which are strongly influenced by various factors, including the work system applied to hospitals / institutions, adequate work support resources, and nurse characteristic factors in the form of

knowledge, skills, abilities. to do, the motivation, attitudes, norms and values adopted (Dawson, Nkowane and Whelan, 2015).

Efforts to improve quality are by improving nurse performance based on Knowledge Management: SECI (Socialization, Externalization, Combination, Internalization) with a caring approach (Maintaining belief, Knowing, Being with, Doing for, Enablings). Researchers examined the development of the Nurse Performance model in patient safety goals based on SECI Knowledge Management with a caring approach to the quality of nursing services in hospitals (Easa and Fincham, 2011; Baldé, Ferreira and Maynard, 2018). Caring values in measuring the performance of nurses regarding patient safety will have a better impact on nurses and patients. The integration of KM theory: SECI with the caring approach is as follows: Socialization (through maintaining belief, knowing and being with), Externalization (through doing for), Combination (through enabling and doing for), Internalization (through maintaining belief and enabling). The impact of this performance model is expected to improve patient safety goals based on KM: SECI with a better caring approach which in turn can reduce adverse events and increase client satisfaction. This study aimed was to explain the effect of performance model based on knowledge management to reduce adverse events and increase client satisfaction.

METHODS
A descriptive quantitative analytic study with a quasi-experimental approach with a pre and post test research design with a control group (Creswell, 2014; Polit and Hungler, 2001). The study population was all nurses who worked as administrators in inpatient units at hospitals in DKI Jakarta and West Java with criteria: 1) the nurses working in hospital inpatient units; 2) Age 20-40 years; 3) Minimum education respondents; 4) Length of cooperation with 5 (five) years; and 5) Schedule of work included in shifts. The research sample was 31 respondents for each group with a purposive sampling technique. The data collection tools used by the researcher were the nurse's performance intervention module in the knowledge management-based patient safety goals: SECI with the caring approach which is an independent variable; quality of nursing services (patient satisfaction and adverse events) which is the dependent variable.

The data analysis used was multivariate analysis, namely general linear model-multivariate (GLM-M), namely a linear model to determine the effect of changes in a value based on factors. The GLM used is multiple linear regression statistical test. This study has obtained an Ethical Review Passing Statement in the form of an Ethical Approval issued by the Health Research Ethics Committee of the Faculty of Nursing, Airlangga University with number 1910-KEPK.

RESULTS
Distribution of Research Respondents Characteristics
The results of the normality test for the characteristics of the respondents which included age, salary, length of work obtained p value <0.05, it was found that the two groups were not normally distributed in the two groups, namely intervention and good control. The results of the homogeneity statistical test obtained p value <0.05, meaning that the data variants of the respondent's characteristics, namely age, length of work were not the same or not homogeneous, but the variance of salary data was the same or homogeneous in both groups, namely intervention and control (p value> 0.05).

Table 1. Distribution of the characteristics of research respondents based on age, salary and length of work in the hospital

Variable	Group	Mean ± SD	Normality test	Homogenity test	
				Levene's test	Sig.
Age	Intervention	33,74 ± 8,863	0,007	4,996	0,004
	Control	33,14 ± 5,276	0,000		
Salary	Intervention	4849914.29 ± 2696042.354	0,002	1,222	0,341
	Control	6271428.57 ± 2072590.228	0,000		
Working duration	Intervention	11,51 ± 9,892	0,001	3,581	0,008
	Control	9,26 ± 6,270	0,000		

The results of the homogeneity statistical test obtained p value> 0.05, which means that the variant data on patient characteristics, namely gender, employee status, continuing nursing education are the same or homogeneous, only the variants of education level data are not the same or are not homogeneous in the two groups, namely intervention and control (p value <0.05). The results of the normality test of patient satisfaction which included responsiveness, assurance, tangibles, empathy, reliability, obtained p value <0.05, it was found that both groups were not normally distributed in both groups, namely intervention and control, both pretest and posttest. The results of the homogeneity statistical test obtained p value <0.05, which means that the variant of client satisfaction data which includes responsiveness, assurance, reliability is not the same or not homogeneous in the two groups, namely intervention and control both pre-test and post-test, only the data variant tangibles are the same or homogeneous in both groups. both groups, namely intervention and control, both pretest and posttest (p value> 0.05). While the data variants of empathy were not the same or not homogeneous in the two groups, namely intervention and control, both pre-tests, but the variants were the same or homogeneous in both groups, namely intervention and control, both post-test (p value> 0.05). The results showed that there was an increase in client satisfaction which included assurance, tangibles, empathy in the intervention group, where the statistical results of p <0.05 meant that there was a significant change in patient satisfaction which included assurance, tangibles, empathy in the intervention group before and after giving the nurse performance module KM: SECI-based patient nursing goals with caring approach compared to the control group. While patient satisfaction which includes responsiveness, reliability in the intervention group, and patient satisfaction which includes responsiveness, assurance, tangibles, empathy, reliability in the control group shows the results of

statistical tests p> 0.05 means that there is no change in patient satisfaction before and after giving the performance module. nurses in KM: SECI-based patient nursing with the caring approach. Adverse events which include phlebitis, decubitus, risk of falling in both the intervention group and the control group show statistical test results p> 0.05, meaning that there is no adverse event change before and after administering the nurse performance module in KM: SECI-based patient nursing goals with the caring approach.

Table 2. Distribution of respondent characteristics based on gender, education level, employee status and continuing nursing education

Characteristics	Intervention (n₁=35)		Control (n₂=35)		Total (n=70)		p value
	n	%	n	%	N	%	
Gender							1,000
Male	7	14,3	4	11,4	11	15,7	
Female	28	85,7	31	88,6	59	84,3	
Education Level							0,000
Bachelor	32	91,4	35	100	67	95,7	
Master	3	8,6	0	0	3	4,3	
Employee Status							0,974
Temporal	14	40	30	85,7	44	62,9	
Permanent	21	60	5	14,3	26	37,1	
Continuing Nursing Development							0,875
Do not have certification.	7	20	7	20	14	20	
Have sertification	28	80	28	80	56	80	

Table 3. Frequency Distribution of Client Satisfaction Variables

Variable		Group	Mean ± SD	Normality test	Homogenity test	
					Levene's test	Sig.
responsiveness	Pre	Intervention	17,257 ± 2,454	0,000	3,388	0,022
		Control	16,800 ± 1,967	0,000		
	Post	Intervention	18,057 ± 1,999	0,000	4,070	0,010
		Control	17,114 ± 2,055	0,000		
assurance	Pre	Intervention	17,257 ± 2,343	0,000	3,998	0,007
		Control	17,286 ± 2,230	0,000		
	Post	Intervention	18,371 ± 2,016	0,000	4,850	0,015
		Control	17,229 ± 2,352	0,000		
tangible	Pre	Intervention	16,771 ± 2,184	0,000	0,691	0,604
		Control	16,657 ± 2,028	0,000		
	Post	Intervention	18,114 ± 2,259	0,000	2,689	0,065
		Control	17,057 ± 2,351	0,000		
emphaty	Pre	Intervention	17,342 ± 2,484	0,000	2,727	0,048
		Control	17,429 ± 2,279	0,000		
	Post	Intervention	18,629 ± 1,682	0,000	1,040	0,403
		Control	17,457 ± 2,292	0,000		
reliabilitity	Pre	Intervention	17,457 ± 2,267	0,000	7,764	0,001
		Control	16,771 ± 2,237	0,000		
	Post	Intervention	18,286 ± 2,190	0,000	3,054	0,043
		Control	16,943 ± 2,351	0,000		

Table 4. Patient Satisfaction and Adverse Events Before and After Giving Intervention

Variable	Group	Pre		Post		p value
		Mean	SD	Mean	SD	
Responsiveness	Intervention	17,257	2,454	18,057	1,999	0,073
	Control	16,800	1,967	17,114	2,055	0,182
Assurance	Intervention	17,257	2,343	18,371	2,016	**0,022**
	Control	17,286	2,230	17,229	2,352	0,975
Tangibles	Intervention	16,771	2,184	18,114	2,259	**0,004**
	Control	16,657	2,028	17,057	2,351	0,192
Empathy	Intervention	17,343	2,485	18,629	1,682	**0,006**
	Control	17,429	2,279	17,457	2,292	0,916
Reliability	Intervention	17,457	2,267	18,286	2,190	0,071

	Control	16,771	2,237	16,943	2,351	0,510
Phlebitis	Intervention	0,857	2,972	0,457	1,379	0,339
	Control	0,229	0,690	0,600	1,479	0,254
Decubitus	Intervention	14,086	5,853	14,257	6,261	0,897
	Control	17,743	3,509	17,886	3,504	0,588
Fall Risk	Intervention	32,143	26,632	30,857	28,167	0,895
	Control	32,286	26,244	30,429	25,448	0,102

Table 5. Effect of Nursing Performance Module Intervention in Patient Safety Targets

Dependent Variable	Independent Variable		Pre		p *value*
			Mean	*SD*	
Responsiveness	Patients identify cation	Bad	16,000	1,000	0,001
		Good	18,571	1,854	
Assurance		Bad	16,143	1,676	0,000
		Good	18,929	1,698	
Tangibles		Bad	15,571	0,534	0,000
		Good	18,750	2,066	
Empathy		Bad	16,857	1,464	0,001
		Good	19,071	1,438	
Reliability		Bad	15,857	1,464	0,000
		Good	18,893	1,912	
Phlebitis		Bad	0,429	1,134	0,952
		Good	0,464	1,452	
Decubitus		Bad	16,000	7,211	0,418
		Good	13,821	6,068	
Fall Risk		Bad	25,714	34,812	0,597
		Good	32,143	26,854	

Patient satisfaction and adverse events before and after the intervention

The results showed that there was an increase in client satisfaction which included assurance, tangibles, empathy in the intervention group, where the statistical results of p <0.05 meant that there was a significant change in patient satisfaction which included assurance, tangibles, empathy in the intervention group before and after giving the nurse performance module KM: SECI-based patient nursing goals with caring approach compared to the control group. While patient satisfaction which includes responsiveness, reliability in the intervention group, and patient satisfaction which includes responsiveness, assurance, tangibles, empathy, reliability in the control group shows the results of statistical tests p> 0.05 means that there is no change in patient satisfaction before and after giving the performance module. nurses in KM: SECI-based patient nursing with the caring approach. Adverse events which include phlebitis, decubitus, risk of falling in both the intervention group and the control group show statistical test results p> 0.05, meaning that there is no adverse event change before and after administering the nurse performance module in KM: SECI-based patient nursing goals with the caring approach

Effect of nurse performance module intervention on patient safety goals

The results showed that the patient identification variable is the variable that most influences the provision of nurse performance module intervention in KM: SECI-based patient safety targets with the caring approach to patient satisfaction and adverse events, namely good identification has a higher average value than those that do not. The results of statistical tests obtained p value <0.05, meaning that the patient identification variables which are good influence to improve patient satisfaction include

responsiveness, assurance, tangibles, empathy, reliability after giving nurse performance module intervention in KM: SECI-based patient safety goals with caring approach. than patient identification is not good. Meanwhile, the patient identification variable is good and bad, which does not affect to improve the adverse evaluation which includes phlebitis, decubitus, and the risk of falling after the intervention of the nurse performance module in the patient safety goals based on KM: SECI with the caring approach.

DISCUSSION

Patient satisfaction and adverse events before and after the intervention

Changes in patient satisfaction including assurance, tangibles, empathy were significant in the intervention group before and after administering the nurse performance module in KM: SECI-based patient nursing goals with the caring approach compared to the control group. While patient satisfaction which includes responsiveness, reliability in the intervention group, and patient satisfaction which includes responsiveness, assurance, tangibles, empathy, reliability in the control group shows no change in patient satisfaction before and after giving the module. Research by Widiasari, Handayani H., Novieastari E (2019) found that there was a relationship between the application of patient safety and patient satisfaction (p = 0.001; OR = 1.216; α = 0.05). Research conducted by Ahsan, Nursalam and Nyoman Anita Damayanti, (2017) shows that there is a difference between the implementation of Knowledge Management before and after training, there is a difference in the performance of nurses before and after training, there is a significant relationship between the performance of nurses in preventing nosocomial infections and the

incidence of infection, no There is a significant difference in the implementation of nursing care to the incidence of nosocomilal infection before and after training.

Based on the results of Jeong-Im Ryu's research, Kisook Kim (2018) that job satisfaction, nurses' scores from integrated nursing services are higher than nurses from general care on professional status, autonomy and job requirements. Changes in patient satisfaction that are important are assurance, tangibles and empathy with the provision of nurse performance module interventions in knowledge management-based patient safety goals: SECI with the caring approach, which is the nurse's satisfaction in carrying out nursing services, this is because of their ability to apply caring behavior so that it raises the trust of patients to get direct service from nurses who provide nursing services.

Effect of nurse performance module intervention on patient safety goals

Good patient identification variables affect to improve patient satisfaction which includes responsiveness, assurance, tangibles, empathy, reliability after giving nurse performance module intervention in patient safety goals based on KM: SECI with the caring approach compared to poor patient identification. Meanwhile, the patient identification variable is good and bad, which does not affect to improve the adverse evaluation which includes phlebitis, decubitus, and the risk of falling after the intervention of the nurse performance module in the patient safety goals based on KM: SECI with the caring approach. Satisfaction is someone's happy feeling that comes from a comparison between pleasure and the activity of a product with expectations (Nursalam, 2011). The feelings that arise are through internalization of the quality of service received. According to Parasuraman (2001), the concept of expected and perceived service quality is determined by service quality. The quality of the service consists of responsiveness, assurance, fixic evidence, empathy and reliability. In addition, the expected service is strongly influenced by various perceptions of word of mouth communication, personal needs, past experiences and external communication. These perceptions affect the expected service and the perceived service that forms the concept of service quality.

The satisfaction felt by patients cannot be separated from the ability of nurses to provide nursing services according to standards, where the research standards referred to by the researcher are related to patient safety goals, one of which is patient identification with a caring approach which is carried out through therapeutic communication techniques. The caring process that occurs is how nurses understand meaningful events in someone's life, are present emotionally, do things to others as well as do themselves, provide information and facilitate a person's path in undergoing life transitions and put one's trust in living life (Swanson 1991, in Potter & Perry 2009). This is influenced by a significant relationship between Knowledge Management, organizational culture and patient safety (Stanley and Pollard, 2013; Liu *et al.*, 2018).

According to Elyrose Sousa Brito Rocha, Patricia Negliate, Claudia Elisangela Bis Furlan, Karson Rocha Jr., Maria Auxiladora Trevizan, Isabela Amelia Costa Mendes (2012), it was found that the contribution of knowledge management in the health system was categorized into 5 (five) themes, namely developing a knowledge system. management in health, application of knowledge management in occupational safety and health, the role of nurses in knowledge management, assessment of knowledge management in health institutions, transformation of tacit knowledge and explicit in practical health knowledge.

The results of the research show that the accuracy of patient identification is important in getting to know patients to carry out nursing care through a process of therapeutic communication stages: orientation, work, temporary termination so it is important to increase patient satisfaction and trust. Another thing is to improve the ability of nurses through competence and expertise in accordance with their field of knowledge.

The limitation in this study is that the implementation of nurse intervention as a respondent has different working time variations and in the midst of the Covid-19 pandemic conditions it is necessary to synchronize the timing of the intervention. But this does not experience any significant obstacles because it is adjusted to the agreement of the nurse as a respondent.

CONCLUSION

The development of knowledge management-based nurse performance models in the preparation of nurse performance modules towards patient safety goals with the caring approach has a significant effect and has been found to improve, this can improve the quality of nursing services in hospitals.

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