

## Factors That Influence the Implementation of Nursing Care Process in Internal Medicine Men and Women at HNGV Dili Year 2022

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### Abstract

**Introduction:** The implementation of the nursing care process is concerned by nursing professional globally to implement in the health facility, based on the operational standard of nursing progress start by assessment, nursing diagnostic, planning intervention, implementation, and evaluation. **Methods:** This researcher uses a quantitative cross-sectional analytical approach which will be carried out the nurses in internal men and women HNGV Dili. Nonprobability sampling technique uses questionnaire, analyzes data uses Spearman Rank and Chi Square formula. **Objective:** The purpose of this study to find out the factors that influences the implementation of nursing care process. **Results and Discussion:** Of the 52 respondents the results that apply nursing care process 84.6% and does not apply nursing care process 15.4%, good knowledge 25%, sufficient knowledge 21.2%, less knowledge 53.8%, heavy service volume 80.8% and light service volume 19.2%. applies the service team 78.8% and does not apply 21.2%. **Conclusion:** The test Spearman Rank the results influence between knowledge with implementation nursing care process 0.377 with significant value  $0.006 < 0.05$ . there is influence between the volume of service and implementation nursing care process (P Value  $0.016 < 0.05$ ). has influence between team services with implementation nursing care process (P Value  $0.030 < 0.05$ ). **Keywords:** Factor; Implementation; Nursing Care Process;

## **Introduction**

The process of care for nursing is a dynamic and systematic method implemented by nurses, starting with assesment, nursing diagnostic, intervention plan, implementation and evaluation. The implementation of nursing care process is a concern for nurses in the world to be implement at health facilities, based by operational standard of nurse (Yasriq, 2019)

In addition by (Mwangi, Mengany, and Mbugua, 2019) bases on the reseach carried out to 69 nurses in the region of Kenia the results most (70.3%) assement for nursing care process, (48.3%) define the nursing diagnostic (24.1%) intevention, (20.7%) implementation and (34.5%) evaluation.

There for to implementation the process of nursing care and nurses must have and obligation to participate in activities linked to increasing the knowledge of nurses. There for evidence that most case, the nurse's process of implementation a systematic and well order (Alvarez, Dal Sasso, and Iyengar, 2017)

According to (Tadzung-Awasum and Dufashwenayesu, 2021) it was addes the problem that influences the implementation of the nursing processis namely: the nurses less of knowledge to implement nursing care process, the enviroment in the workplace is working with stress (increased volume, the nurses are limited to support from the organization).

In Asia, based on research carried out by (Akhtar et al., 2018) in Pakistan for 124 nurses in Lahore countries. The results showed (40,3) that lack of facilities to implement the nursing care process according to standards of care for nurses in the workplace.

According to (Oxandy, Malini, and Agustin, n.d.), research was conducted at the Indonesia Hospital to implementation of nursery care process for nurses, with 71.4% of the respondents had not yet applied optimally to the implementation of the nursing process based of standart.

Initial data by Mr. Domingos secretary for (Associação dos Enfermeiros de Timor-Leste) the nursing competencies in Timor-Leste have adopted the ASEAN system five pillars in the second pillar spoke of the implementation practices if nursing process from assesment to evaluation but are still a barrier because its does not include the official law defining the competence of the AETL from the Ministy of Health. Again, it is said that our nurses have already been implemented but not according to their operational standars (interview sources).

However, the initial data says that the Guido Valadares National Hospital (2022) has autonomy and works with the center for support são João de Deus to create a systematic method for implmentation of the nursing care process can be used for the patients who receive medical treatment at the HNGV. The other factors that influence the implementation of the nursing process are: increasing the volume work equipment facilities human resources of the team.

Also added by (Soares, 2010) that the HNGV does not yet have a proper and specific standard for nursing care and midwives, who provide services bases on their own

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experience, so the nurse can work by rejecting medical doctors from doctors to the patients, lack of implementing the principle of care process based on their nurse standar.

### Method

This research uses the quantitative method with a cross-sectional analytical approach that is nurses in internal medicine men and women HNGV Dili 2022. Population is the nurses in internal medicine men and women HNGV Dili with a total sample of 52 people. Non probability sampling technique with saturated sampling type. Data collection technique uses questionnaire, Data analysis uses Speaman Rank & Chi square formula.

### Result and Discussion

#### 1. Corresponding Characteristic Data

##### Respondent Characteristic Distribution

| Age   |       |           |            |
|-------|-------|-----------|------------|
| No    | Age   | Frequency | Percentage |
| 1     | 24-35 | 34        | 65,4%      |
| 2     | 36-45 | 11        | 21,2%      |
| 3     | 46-55 | 4         | 7,7%       |
| 4     | 56-65 | 3         | 5,8%       |
| Total |       | 52        | 100%       |

| Gender |        |           |            |
|--------|--------|-----------|------------|
| No     | Gender | Frequency | Percentage |
| 1      | Women  | 29        | 55,8%      |
| 2      | Man    | 23        | 44,2%      |
| Total  |        | 52        | 100%       |

| Level of Education |                    |           |            |
|--------------------|--------------------|-----------|------------|
| No                 | Level of Education | Frequency | Percentage |
| 1                  | Basic nurse        | 3         | 5,8%       |
| 2                  | Bachrael           | 14        | 26,9%      |
| 3                  | S1                 | 35        | 67,3%      |
| 4                  | Master             | 0         | 0,00%      |
| Total              |                    | 52        | 100%       |

| Staff |           |           |            |
|-------|-----------|-----------|------------|
| No    | Staff     | Frequency | Percentage |
| 1     | Permanent | 33        | 63,5%      |
| 2     | Contrac   | 19        | 36,5%      |
| Total |           | 52        | 100%       |

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| Work of Period |                |           |            |
|----------------|----------------|-----------|------------|
| No             | Work of Period | Frequency | Percentage |
| 1              | < 1 year       | 0         | 0,00%      |
| 2              | 1-2 year       | 17        | 32,7%      |
| 3              | 2-3 year       | 2         | 3,8%       |
| 4              | 3-4 year       | 3         | 5,8%       |
| 5              | 4-5 year       | 9         | 17,3%      |
| 6              | > 5 years      | 21        | 40,4%      |
| Total          |                | 52        | 100%       |

According to the results above the total number of respondents concluded that: the majority aged 24-35 respondents 34 with frequency (65.4%) and minority aged 56-65 respondents 3 with frequency (5.8%). The majority for gender respondents 29 women with frequency (55,8%) and minority of male respondents 23 (44.2%). The level of education majority graduate respondents 35 with frequency (67,3%) and 3 minoritises of SPK (5.3%). The majority of staff permanent 33 with frequency (63,5%) and minority of staff contrac 19 with frequency (36,5%). The majority of work period 1-2 years total 21 with frequency (40,4%) and minorities 2-3 years have 2 with frequency (3,8%)

**Table 1**

Results of analysis The Implementation nursing care process at HNGV

| No    | Nursing Care Process | Frequency | Percentage |
|-------|----------------------|-----------|------------|
| 1     | Apply                | 44        | 84,62%     |
| 2     | Not apply            | 8         | 15,38%     |
| Total |                      | 52        | 100%       |

Based on table 1 of the data result, respondent 52 is a respondent to implementation nursing care majority apply with frequency 44 (84,62%), and minority not apply with frequency 8 (15,38%)

**Table 2**

Results of analysis the factors of knowledge that influence the implementation of the nursing care process

| No    | Knowledge  | Frequency | Percentage |
|-------|------------|-----------|------------|
| 1     | Good       | 13        | 25.00%     |
| 2     | Sufficient | 11        | 21,15%     |
| 3     | Less       | 28        | 53,85%     |
| Total |            | 52        | 100%       |

Based on table 2 of the data result, respondent 52 is a respondent shows that less of knowledge is being implementation the nursing care process with frequency 28 (53,85%), sufficient knowledge for the implementation of minority nursing care process with frequency 11 (21,15%)

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**Table 3**

Results of analysis the factors of volume service that influence the implementation of the nursing care process

| No           | Volume Service | Frequency | Percentage |
|--------------|----------------|-----------|------------|
| 1            | Heavy          | 42        | 80,77%     |
| 2            | Light          | 10        | 19,23%     |
| <b>Total</b> |                | 52        | 100%       |

Based on table 3 of the data results, respondent 52 is a respondent majority heavy the volume of hard work factors to implement the nursing care process with frequency 42 (80,77%), and minority light with frequency 10 (19,23%)

**Table 4**

Results of analysis the factors of team work that influence the implementation of the nursing care process

| No           | Team Work | Frequency | Percentage |
|--------------|-----------|-----------|------------|
| 1            | Apply     | 41        | 78,85%     |
| 2            | No apply  | 11        | 21,15%     |
| <b>Total</b> |           | 52        | 100%       |

Based on table 4 of the data results, respondent 52 is a respondent majority the team has been implementing the nursing care process with frequency 41 (78,85%), and minorities the team work with frequency 11 (21,15%)

## 2. Analyze data bivariate

**Table 1**

Cross tabulation analyzes knowledge and the nursing care process. Frequency Distribution Analyzes Crosstabulation with Spearman Rank Correlation Test to Respondent 52's knowledge and nursing care process

| Knowledge  | Nursing Care Process |      |       |       |       |     | Spearman Rank           |          |
|------------|----------------------|------|-------|-------|-------|-----|-------------------------|----------|
|            | No apply             |      | Apply |       | Total |     | Coefficient Correlation | P- Value |
|            | F                    | %    | F     | %     | F     | %   |                         |          |
| Good       | 0                    | 2    | 13    | 11    | 13    | 100 | 0,377                   | 0,006    |
| Sufficient | 0                    | 1,69 | 11    | 9,31  | 11    | 100 |                         |          |
| Less       | 8                    | 4,31 | 20    | 23,69 | 28    | 100 |                         |          |
| Total      | 8                    |      | 44    |       | 52    |     |                         |          |
|            |                      | 8    |       | 44    |       | 100 |                         |          |

Based on table 1 of the result respondent 52 is a respondent to the test Spearman Rank correlation shows that there is influence between knowledge and the nursing care process 0.377 with the value of  $P\ 0,006 < 0.05$  which means in influence over the correlation.

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**Table 2**

Cross tabulation analyzes volume service and the nursing care process

| No    | Volume service | Nursing Care Process |       |           |      | Total |    | RP(95%CI)               | P-Value |
|-------|----------------|----------------------|-------|-----------|------|-------|----|-------------------------|---------|
|       |                | Apply                |       | Not apply |      |       |    |                         |         |
|       |                | N                    | %     | N         | %    | N     | %  |                         |         |
| 1     | Heavy          | 38                   | 35,54 | 4         | 6,46 | 42    | 42 | 6,333<br>(1.239-32.376) | 0.016   |
| 2     | Light          | 6                    | 8,46  | 4         | 1,54 | 10    | 10 |                         |         |
| Total |                | 44                   | 44    | 8         | 8    | 52    | 52 |                         |         |

The result analyzes the Chi Square statistic test which found P value ( $0.016 < 0.05$ ) that there is influence. From the 6.333 RP results, the increased volume of service in a lower risk than the volume service provides for the implementation of nursing care process.

**Table 3**

Cross tabulation analyzes team work and the nursing care process

| No    | Team work | Nursing care process |       |          |      | Total |    | RP(95%CI)               | P-Value |
|-------|-----------|----------------------|-------|----------|------|-------|----|-------------------------|---------|
|       |           | Apply                |       | No apply |      |       |    |                         |         |
|       |           | N                    | %     | N        | %    | N     | %  |                         |         |
| 1     | Apply     | 37                   | 34,69 | 4        | 6,31 | 41    | 41 | 5.286<br>(1.063-26.289) | 0.030   |
| 2     | No apply  | 7                    | 9,31  | 4        | 1,69 | 11    | 11 |                         |         |
| Total |           | 44                   | 44    | 8        | 8    | 52    | 52 |                         |         |

The result analyzes the Chi Square statistic test which found P value ( $0.030 < 0.05$ ) that there is influence. From the 5.286 RP results, the influence team service has been working under the category of risk compared to the team service not apply on the implementation of the nursing care process.

## Discussion

### Respondents Characteristic

Related to the sample result 52, based on the table above shows that respondent nurse, is majority aged 14 – 35 with frequency 34 (65,4%), majority gender women a total of frequency 29 (55,8%), education level respondent most graduate education level respondent 35 (67,3%) and most staff permanent respondent total 33 (63,5%). The work period for respondents is the most > 5 year with frequency 21 (40,4%).

According to Asmadi, (2008) the aged have productive and high initiative no implement the work well, they have innovative and creative ho apply work compare with aged advance. According by (Sugiharto, 2018) about his research for 67 nurses the results majority gender women.

According to Notoatmodjo (2005), said that education is like a need that is a priority to increase capacity, when good knowledge is easy to adapt with modern technology and increases productivity will be mature.

Based for the result current research and theory of the above researcher concludes that the nurse's characteristic is important to implement nursing care process more characteristic level of education and period of work.

#### **Analysis of knowledge factors for the implementation of nursing care process**

Based on an analysis of the results of the research on the application of the knowledge system for nurses in the medicine interna men and women HNGV with a total respondent of 52 based on table 1. Of the spearman rank explained that there was an influence between knowledge and process of nursing care of 0,377 on the value of  $P$   $0.006 < 0.05$  which means in the influence of the correlation.

According to (Andini, 2018), nurses less the knowledge high influence in the implementation of nursing care is poorly confident with all the actions they have undertaken to influence the handling of nursing. Leading up the knowledge of nurses to implement nursing care and knowledge should be improved through training so that new information can be implemented with nurse evidence.

Conclusion linked to theory and research by people shows that nurse still less knowledge to apply the process of nursing at workplace, in the hospital more patient care and a lot of work to care for optimal patients, and education for professional Nears and maestro is less and majority of nurses contractors are hired for period of just one year.

#### **Analysis of volume of work factors for the implementation of nursing care process**

Based on analysis of the results these research on the volume work for implementation of nursery care process for nurses in medicine interna men and women HNGV with total respondents based on table 2 the results of the confident analyzed by Chi Square ( $0.016 < 0.05$ ) that there is influence between the variable factors volume work with implementation of the nurse care process by result 6.333 RP, the increased volume of work in a lower risk than volume of services provided for implementation of the nursing process.

Based on research by Kholifah (2016) that conducted research for a total of 60% of respondents who stated that the workload was heavy and 40% of respondents said that they were working on a smaller volume. In addition to attending patients, a nurse is a responsible for 6 patients and the work of other health professionals such as raising blood, distributing medicine, injecting patients, helping to care for personal hygiene.

Conclusion related to the research findings show that nurses working in internal medicine men and women HNGV with a large percentage heavy workload at 80,8% and a smaller volume of work with 19,2%. Because the nurse had a lower focus to attending to the patients one nurses attend 6 patient's bed.

### **Analysis of team work factors for the implementation of nursing care process**

Based on analysis of the results this research on the volume work for implementation of nursery care process for nurses in medicine internal men and women HNGV with total respondents based on table 2 the results of the coefficient analyzed by Chi Square statistic test ( $0.030 < 0.05$ ) that there is a influence between variables working team and implementation of nurse care process. From the 5.286 results of the RP, the team has been working under the category of risk compared to the work team not applying on the implementation nursing care process.

Research was carried out by (Madonni and Woferst, 2016) on towards the implementation of the nurse's care team, implementing the quality of care to implement the patient's care, because the team shift worked together and supported each other to result in better work done by himself.

The survey by Kholifah (2015) the team worked was 72.6% and in 27.4% of respondents who said that it was not optimal because there was not yet working with working team. He added that the team needs to implement nursing care, without working with the nurse, to implement nursing care because there are some activities in the hospital and health staff limitations.

Conclusion related to theory and research shown in the HNGV are 41 respondents (78,8%) who apply the working group for a full range of health professionals, nurses, laboratory, nutrition, and pharmacist.

### **Conclusion**

A knowledge factor that influences the implementation of nursing care process conducted for 52 respondents shows that the greatest frequency is knowledge for 28 (53,85%). The volume of work factors that influence the implementation nursing care process for 52 respondents indicated that the highest volume of work was 42 (80,8%). Factors working team that influence the implementation of the nursing care process were conducted for 52 respondents indicated that the highest frequency applied to 41 team work (78,8%).

There is a influence between and independent variable (knowledge factor) with and independent variable (implementation of nursing care process) in internal medicine men and women HNGV the test Spearman Rank result show that there is a influence between knowledge and the process nursing care for the nurse and the amount of 0.377 with value of P 0.006, which means influence less correlation.

There is an influence between and independent variable (volume of work) with and independent variable (implementation of nursing care process) in internal medicine men and women HNGV the test chi square show that ( $0.016 < 0.05$ ) that there is a influence between the variable factors volume of work with the implementation of nursing care process.

There is an influence between and independent variable (team work) with and independent variable (implementation of nursing care process) in internal medicine men



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and women HNGV the results of the coeffect analyzed by Chi Square statistic test ( $0.030 < 0.05$ ) that there is an influence between variables working team with implementation of nurse care process.

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