

An integrative review of Indonesia's quality of care

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ABSTRACT

High-quality health care services would give good health outcomes to society. Nursing service is part of the quality-of-care process. The study aimed to investigate the quality of care in Indonesian hospitals over the last 20 years. The integrative review method was used, and 36 studies in Indonesia were analyzed, following the procedure: problem recognition, literature finding, data assessment, data review, and presentation of the results. Currently, the quality of care in Indonesia is low. The quality of care has increased over time in line with technology and science, and the factors which are related to quality have increased broader. Those factors are hospital management factors, nurse, and nursing organization the hospital management factors, including nurses staffing, environment, and job design. Nursing staffing factors are nursing shortage, workload, job satisfaction, burnout, and turnover. Meanwhile, work environment factors include supervision, empowerment, nurse-physician relationship, managerial, surveillance, and case management. Job design factors are nursing rounds, care delivery, competencies, training needs, roles, and documentation. Besides, personal factors are education, gender, ability/skills, and critical thinking. Therefore, the complicated factors related to nursing quality need further studies to explore whether they give significant results to improve quality of care.

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1. INTRODUCTION

Quality is the standard about something as gauged against other things that are recognized as the standard or level of excellence [1]. Quality of care is the “provision of safe care based on standards” [2]. Conceptually, nurses and patients have similar ideas about quality. Meeting human needs through caring is an essential aspect of the quality of nursing [3]. Second, patients need comfortable environmental conditions, and nurses are responsible for providing it [4]. All of these are linear with patient-centered care principle [5]. Thus, there is no significant difference in the quality of care between patients' and nurses' perspectives, and they are in line with patient-centered care.

Factors related to quality of care are complex and significantly impact outcome. A study found patient characteristics, individual (medical staff) factors, job position, and environmental factors [6]. The outcome is not limited to the patient but also impacts to the nurse and hospital, including nursing job

satisfaction [7], nursing turnover [8], intention to stay [9], and leave [7]. Additionally, quality of care impacts patient satisfaction, hospital commitment, and revisit intention [10], [11].

In Indonesia, a former study found low quality of care [12], [13]. However, the lack of the study related to quality of care in Indonesia becomes a barrier to improving quality of care. In particular there is no study of factor related to quality of care in Indonesian hospitals. Moreover, a qualitative study found quality of care as a research priority [14]. Those problems lead this review to explore quality of care and its factors. This review would help the further study of quality of care in the future.

2. RESEARCH METHOD

This study wanted to review any evidence related to quality of care in Indonesia, qualitative, quantitative, and review study. To consider the reason, the integrative review method by Whittemore and Knafl [15] was used. The process included problem identification, literature search, data evaluation, data analysis, and presentation.

2.1. Search strategy

The time limitation of the articles was set from January 1, 2000 to December 31, 2020. Pubmed, Ovid, Web of Science, and Google Scholar were used with publication limitations, as follows clinical nurse population and quality of care as the outcome search strategy used medical subject headings keyword or MeSH. There were “nurse,” “quality,” and “care.” We used a boolean search strategy with the operator are OR and AND, as follows “quality” OR “nurse” OR “care,” “quality” AND “nurse,” “quality” AND “Care,” “nurse” AND “care,” “quality” AND “nurse” AND “care.”

2.2. Inclusion and exclusion criteria

This study’s inclusion criteria were any research methods (systematic or literature review, experiment study, observational study, case study, and qualitative study), published and unpublished articles, thesis/dissertation, conducted in Indonesia, and full-text access. The exclusion criteria were the study’s outcome involving the quality of care from other healthcare workers and the article was neither English nor Indonesia. The study removed the outpatient ward, primary healthcare, although it had an inpatient ward and quality of care hospital due to the outcome involve another healthcare.

2.3. Screening and quality appraisal

All of the authors did the screening. First, the researchers (I.G.J, Y.A, M.L.F, J.G, and A.S.I) screened by checking the same article and out of the topic. Second, the title was screened by using a minimum of one term of “quality” or “nursing” or “care.” The final screening was done by using the inclusion and exclusion criteria. Studies were not excluded if they referred to inpatient and hospital settings. The details are shown in Figure 1.

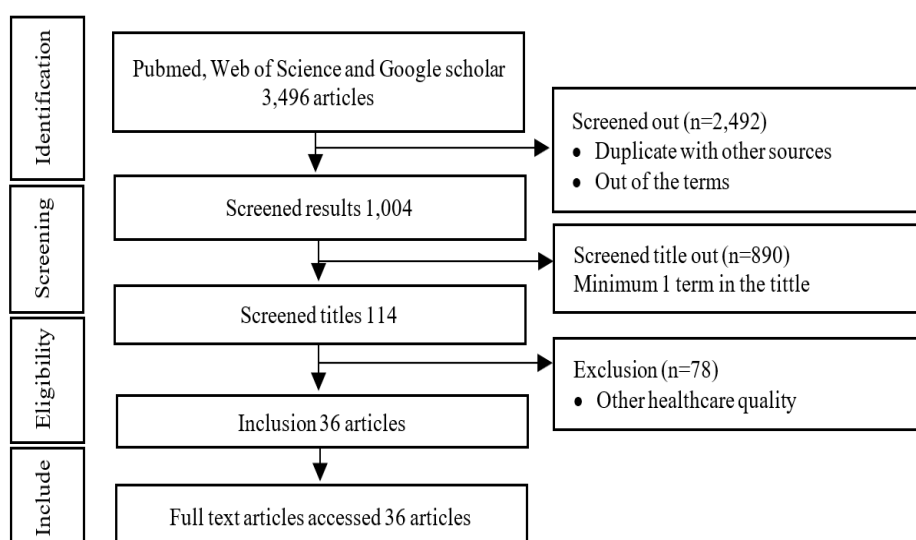


Figure 1. Study framework

There were 36 articles out of 114 articles remained which matched with inclusion criteria. A critical appraisal that used tools from Joanna Brings Institute checked the quality of the article. The tools for case reports were eight questions [16], qualitative was ten questions [17], cross-sectional were eight questions [16], non-randomized experimental studies were nine questions [18], and systematic review and research syntheses were eleven questions [19]. We answered the questions based on the checklist guidance with “yes,” “no,” “unclear,” and “not applicable.” The overall appraisal was “include,” “exclude,” and “seek further info.”

2.4. Data extraction and analysis

Data were extracted and recorded using a table that consisted of author names, years, methods, and findings. In addition, data analysis used content analysis. I.G.J, Y.A, M.L.F, J.G, and A.S.I read and re-read the articles. They marked the meaningful sentences in each paper and mapped the content. The final step was grouping the content to categorize. The researchers discussed every different notion until they reached agreement.

3. RESULTS AND DISCUSSION

Quality of care in the hospitals in Indonesia encompasses administration, patients, nurses, and environmental aspects. This is the first integrative review study related to quality of care in Indonesia, with detailed quality of care problems and antecedents. The finding of the evidence of quality of care in Indonesia was divided into overall results, and factors related to quality of care. The study overview can be seen in Table 1.

Table 1. Study overview

References	Year	Method	Findings
[20]	2003	LR	i) Nursing shortage; ii) Low standard of nursing education; and iii) Standard of nursing delivery
[21]	2006a	Qn	i) Competency; ii) Training needs; iii) Work environment; iv) Nursing roles; and v) Central registration of nurses
[22]	2006b	Qn	Central registration of nurses
[23]	2007	Qn	Low QNC is related to negative patient satisfaction
[24]	2007	QI	Nurses' empowerment
[25]	2007	Qn	Burnout has a negative impact to QNC
[26]	2009	Qn	Low QNC is related to low patient satisfaction
[27]	2010	Qn	QNC has a relationship with patient satisfaction
[28]	2010	Qn	Nursing care delivery models predicted quality of care
[29]	2012	Qn	Training will impact QNC
[30]	2012	Qn	Nursing perception related to documentation
[31]	2012	Qn	Nursing care delivery models will impact QNC and increase patient satisfaction
[32]	2013	Qn	Supervision will increase QNC
[33]	2013	Qn	Workload has a significant relationship with QNC
[34]	2013	Qn	i) Period of employment; ii) Training; and iii) Workload
[35]	2013	Qn	Supervision will increase QNC
[36]	2015	Qn	QNC impacted patient satisfaction
[37]	2015	SR	i) Healthcare delivery risk infection; ii) Medication errors; iii) Quality care delivery; and iv) The quality of healthcare overall.
[38]	2016	Qn	Nurse-physician relationship has a relationship with QNC
[39]	2016	Qn	Critical thinking influences nurse work
[40]	2017	Qn	Discharge planning influences QNC
[41]	2017	Qn	Standard will improve QNC
[42]	2017	Qn	Nursing rounds will improve QNC
[43]	2017	Qn	i) Knowledge; ii) ability/skills; iii) education; and iv) gender have relationships with nursing action
[44]	2018	Qn	Job satisfaction will impact QNC
[8]	2018	Qn	Turnover impacted QNC
[45]	2018	Qn	QNC impacted patient satisfaction
[46]	2018	Qn	Training of Soft Skills Caring will increase competency, that would impact patient satisfaction
[47]	2018	QI	Competence
[48]	2018	LR	It helps nurse work effectively and efficiently for increasing quality
[49]	2019	Qn	Significant relationship
[50]	2019	Qn	Insufficient nursing activities could not fulfill the patient needs
[51]	2019	Qn	Primary nursing care delivery model has influenced QNC
[52]	2019	Qn	Significant relationship
[53]	2019	Qn	Caring behavior has a relationship with QNC
[54]	2019	Qn	Nurse managerial function has a significant relationship

*Qn=Quantitative, QI=Qualitative, LR=Literature review, SR=Systematic review, QNC= Quality nursing care

3.1. Overall quality of care

Four studies found low-level quality of care. Those were low patients' perception of quality of care and low nursing services. Those have a negative effect on patient satisfaction [23], [26], [36], [49]. Moreover, low nursing activities could not reach the patient's needs [50]. In addition, three studies found that

reported low quality of nursing was linked to poor quality of care [27], [30], [41]. A systematic review study in ASEAN countries found that four interrelated safety and quality concerns included the risk of patient infection in healthcare delivery, drug error/use, quality delivery care, and overall healthcare provision quality [27], [37].

Low quality of care impacts patient satisfaction [23], [26], [36], [49]. It might be not only patient satisfaction, but also patient loyalty [55]. It will decrease hospital performance in the long term. It will be hard for the hospital if they cannot improve as soon as possible due to the management ignored the standard of nursing care problem. Izumi's study showed an inefficient healthcare system, a lack of systematic evaluation, and insufficient staffing caused quality problems [56]. Those showed how necessary regular review is to maintain and develop quality in the healthcare system.

3.2. Factors related to quality of care

Table 1 shows the findings related to Indonesia's low quality of care. The study revealed issues concerning hospital management factors, nurses, and nursing organizations. The hospital management factors included nurses' staffing, environment, and job design. Those nursing staffing factors were nursing shortage [20], high workload [33], low job satisfaction [28], [44], high burnout [25], and high turnover [8] which impacted on low-quality of care. Meanwhile, the work environment factor was the surrounding context and the social elements and physical facilities where nurses do their job. Environment factors were synthesis from seven studies, as follows work environment [21], supervision [32], [35], empowerment [24], nurse-physician relationship [38], managerial [54], surveillance and case management [37].

The previous nine studies found job design related to quality of care. Job design refers to a job description that includes everything needed to complete the work as described by the position and responsibility. Job design factors were nursing care delivery [20], [31], [51], training needs [21], nurse competencies [46], nursing roles [21], nursing rounds [42] and nursing documentation [23], [29], [30], [40], [48]. In addition, the other important factors came from the nurses that were reported from four studies. Those were education [20], [43], gender [43], ability/skills [43], and critical thinking [39]. All of those factors need support from nursing organizations to provide central registration of nurses [21].

The results showed that factors related to quality of care were connected with each other. Gender and education might be associated with critical thinking that strongly relates to the nursing process's quality [39]. In addition, quality of care is often determined by professional competence. Two studies have found that preparation needs to be offered regularly to satisfy the demand for the clinical competence of nurses [22], [47]. Competency could be connected with training needs, nursing care delivery, nursing activities, and nursing roles. A former qualitative study confirmed that improving quality of care needs increased competency, education, and training [57].

Nevertheless, some variables are redundant with the variables measured for quality, including nursing documentation, nurse empowerment, and ability or skills. This study considers that nurse empowerment refers to the work environment factors that related to the teamwork and leadership, knowledge or skill related to nurse personal competency, and nursing documentation as a nurse outcome. However, further study is needed.

Meanwhile, the timeline evolution of quality-of-care evidence in Indonesia was divided into four eras. In 2005, nursing shortage, low standard of nursing education, and nursing care delivery standards were related to the quality of care [20]. The next era indicated competency, training needs, work environment, nursing roles, central registration of nurses, burnout, and nurse satisfaction were needed to reconstruct in order to increase the quality of care [21], [22]. Nursing documentation, nursing care delivery models, workload, supervision, the inadequacy of patient evaluation, necessary supplies, and case management were the problems 2011-2015 [29], [31], [33], [37]. Finally, in the last five years, 2016-2020, the actual situation of nursing in Indonesia were common interest or nurse-physician relationships, nursing rounds, nursing documentation, nursing competency, knowledge, ability or skills, gender, training needs, critical thinking, caring behavior, nursing care delivery models, turnover, and managerial function [8], [38], [40], [42], [43], [46], [48], [51]–[54], [58]. Those problems arose from the hospital needs, and the standard became broader, including nurse characteristics.

The hospital organization factors are very crucial. The nursing shortage will impact nurse's workload. Workload significantly affects nurses' performance, explicitly providing ample time between patient and administration tasks [33], [34], [50]. Overload of work and lack of staff would decrease their quality of care and efficiency. They would also make worse the feeling of burnout, and the nurses turnover. When nurses experience burnout, their performance will go down before nurses want to leave their job [25]. The nurses' turnover will affect the quality of care and hospital losses [8].

4. CONCLUSION

Based on the review of the studies, we found two significant problems related to quality of care. The majority of the results showed that Indonesia's quality of care has low-quality of care. The factors, which related to quality of care, included hospital management factors, nurse and nursing organization. The hospital management factors, included nurses' staffing, environment, and job design. Nursing staffing factors were nursing shortage, workload, job satisfaction, burnout, and turnover. Moreover, work environment factors included supervision, empowerment, nurse-physician relationship, managerial, surveillance, and case management. Job design factors were nursing rounds, care delivery, competencies, training needs, roles, and documentation. Besides, personal factors were education, gender, ability/skills, and critical thinking.

The complicated factors related to the quality of nursing care is needed further studies to explore whether they can give a significant result that can improve the quality of care. Additionally, there is no indicator related to quality of care in Indonesia. It made the researcher have to conduct a broad topic related to quality of care. Large-scale studies are required to define the full range of quality of care issues in Indonesia.

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